

**Dean Philip Pizzo's Newsletters
Stanford University School of Medicine
2001-2012**

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Acknowledgments

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Dean's Newsletter

April 2, 2001

Beginning

Today marks my first “official” day as a member of the Stanford University community. I am enormously pleased to be here and will do my best to help serve the Medical School, Medical Center and University. In order to keep you informed of the many issues and challenges that are going on, I will use this email Newsletter to communicate with you about important issues – at least as I am seeing them. In turn, I will welcome any comments or suggestions that members of the faculty, student body or staff wish to offer.

During the past months I have spent considerable time meeting with faculty, department chairs and students at Stanford as well as medical school, hospital, and university administrators and trustees. I have tried to listen carefully to the issues felt to be most important to the Stanford community and I have begun to offer some of my views and vision for the future. As part of this information exchange, I developed and then circulated a list of strategic initiatives to department chairs and faculty leaders some weeks ago as a vehicle to shaping our collective vision for the future.

There is no doubt that the last several years have been enormously challenging as well as exciting for Stanford University Medical School. In many ways, the events that have transpired during the past several years depict the current polarity of academic medicine. On the negative side, the events and consequences emanating from the Stanford-UCSF merger and de-merger delineate the enormous financial external and internal forces that have been impacting academic medical centers during the last decade. At the positive pole, the incredible contributions to new knowledge by faculty, along with the exceptional clinical care delivered to children and adults and the quality and contributions of remarkable students provides a promissory note of the incredible opportunities that lie ahead.

Without doubt, the financial challenges impacting academic medical centers today are significant and unrelenting. The impact of some of these pressures was underscored by an article in the San Francisco Chronicle and the San Jose Mercury News on Friday, March 30th. It is imperative that the appropriate efforts are made to stabilize and optimize every facet of the medical center that is within our control and which improves our financial position without impacting the quality of clinical care and missions in education and research. I know that Dr. Gene Bauer is committed to achieve these objectives. It is equally imperative that we work to change the external forces impacting our school and medical center, through advocacy and public education efforts with the patients and families, employers, insurers and state and federal government. Such efforts are essential and will help assure that the exceptional contributions of our research and education programs can be fulfilled. I pledge to work on your behalf to help facilitate some of these changes. However, they can only be achieved if we work together for the mission of our school, medical center and university.

In order to assure that we can work closely together I believe it is important that we define our mission clearly in conjunction with the overarching goals we seek to achieve. Accordingly, I am going to take the liberty of offering my views as shared recently with department chairs and senior faculty:

Mission:

To be a leading research-intensive School of Medicine that improves the health of adults and children through education and biomedical research.

Overarching Goals:

1. To make Stanford the national leader in the reformation and rejuvenation of research intensive Medical Schools in the education and career development of thought leaders.
2. To transform the future of biomedical research by novel and innovative alignments and collaborations between basic and clinical scientists and through interdisciplinary partnerships and collaborations with investigators and scholars throughout the University as well as with public and private partners worldwide.
3. To re-engage the public trust in respecting the value and importance of Medical Schools and academic medicine because of their contributions to outstanding patient care through education and research.

In order to achieve these goals, I have outlined ten strategic initiatives in my communication with Department Chairs in February. These focused on (1) Education and Training; (2) Research; (3) Clinical Care; (4) Advocacy, Community Service and Public Policy; (5) Academic and Career Development; (6) Governance, Administration and Finance; (7) Facilities, Infrastructure and Support Systems; (8) Communication; (9) Development/Fundraising; (10) Stanford as a Global Model. I am taking the liberty of highlighting the first five of these in order to share some of my directional signals with you. I will welcome your input and during the next weeks work I will review these with various members of our community to further prioritize them and develop the timelines for achieving them. However, in order to engage faculty and students in this process, I want to outline them with you at this very early juncture.

Education and Training

1. Carry out a comprehensive review and renewal of the medical education curriculum with the overriding goal of educating future thought leaders by focusing on the development of physician-scientists and leaders in academic medicine and biomedical research, as well as related leadership opportunities in the public and private sectors. To achieve this it is necessary to define the core competencies of requisite knowledge that serve as the essential underpinnings for all MD students. This platform should then permit creative pathways for interdisciplinary education and individualized career development, including, for example, opportunities in: Basic and clinical sciences (broadly defined) including also bioengineering, computer sciences, biocomputation, informatics; Public Health/International Affairs;

Advocacy/Public Policy/Government; Education; Law; Arts and Social Sciences; Religion and Ethics; Business/Health Care Financing

2. Value the importance of outstanding clinical training at Stanford Medical Center and its valued affiliates at the VA Hospital and Santa Clara Medical Center in order to foster excellent clinical skills and knowledge in students and faculty.
3. Sustain and enhance the most outstanding Medical School-based Graduate Education Program which attracts the best students and that prepares them for success as leaders in academia or the public and/or private sector.
4. Create opportunities for graduate students to be acquainted with the principles and practice of clinical medicine in order to foster an understanding and interest in translational clinical research.
5. Develop a continuum for training physician-scientists that extends throughout medical school, graduate medical education and fellowship training. Such a program might be anchored in the M.D./Ph.D. curriculum. Further, efforts to expand the M.D./Ph.D. training program should be sought.
6. Review, expand, and seek to endow the Medical Scholars Program.
7. Seek new funding source to support educators as well as Medical and Graduate School education programs.
8. Address faculty education opportunities that foster knowledge exchange, communication and research opportunities among basic and clinical investigators and clinicians, including, for example: Faculty retreats can help promote dialogue, collegiality and collaboration. In addition, a robust role for the “teaching attending” which includes members of both the basic and clinical science communities can help forge new alignments.
9. Review and expand efforts in Continuing Medical Education to optimally engage and align community physicians with Stanford Medical School and Medical Center.

Research

1. Continue to develop and enhance excellence in basic and clinical investigation in conjunction with seeking ways to foster interdisciplinary research efforts that are either programmatic or represent areas of opportunity
 - a. Several programmatic areas have already been defined including: biocomputation, bioengineering, genetics/genomics, cancer biology, microbiology and host defense, neuroscience, and cardiovascular science. Wherever possible, there should be an alignment of basic and clinical research opportunities with the "centers of excellence" areas being developed through the Child Health Initiative and Stanford Hospital strategic initiatives.
 - b. Stimulate areas of special opportunities – especially those which pair MD’s with PhD’s, to stimulate translational research.
2. Develop an Office of Clinical Research to support academic alignment and an infrastructure that facilitates clinical investigation ranging from translational research to clinical trials, health outcomes, epidemiology and behavioral research.

3. Assess and overcome impediments to recruiting the best graduate students, postdoctoral fellows and junior faculty. Examples might include salary equity and housing.
4. Initiate a regular seminar for senior fellows/junior faculty to present research work to Dean, Senior Associate Deans and responsible Department/Division Chairs in order to provide interaction and exposure to Stanford's "rising stars".
5. Critically review space, facilities and utilization to develop a 5-10 year space plan.

Clinical Care

1. Value the important role that clinicians contribute to the community of excellence within a research-intensive academic medical center, including the VA Medical Center, Santa Clara Medical Center and other affiliated institutions.
2. With VP, CEO's and Chairs, evaluate strategic centers of excellence for clinical development and opportunity in adult and pediatric area.
3. With VP and Senior Associate Deans, seek ways to optimize and enhance education, research and clinical care goals and initiatives with community partners and affiliated institutions, especially the VA and Santa Clara Medical Centers.
4. With VP, CEO's and Chairs, determine the expectations, incentives and rewards for physicians who are clinicians, clinician/teachers, clinician-scientists.
5. Critical evaluation of finance and administration and related funds flow between the medical center, medical school and university.
6. With VP, CEO's and Chairs, critically assess the financial and organization structures guiding in-patient and ambulatory care in order to optimize the efficiency, quality and service of care delivery in tandem with the education and training of students, residents, fellows and faculty.
7. Evaluate the development of a faculty practice plan or related business models under the leadership of the Senior Associate Deans for Clinical Affairs.

Advocacy, Community Service and Public Policy

1. Use the office of the Dean to engage Community, State and Federal government around issues impacting the missions of the Medical School and Medical Center.
2. Promote opportunities for students and faculty to improve community benefits and relationships in order to align the school and medical center with local and regional neighbors and communities.

Academic and Career Development

1. Critically reassess and, where appropriate work to change, the current guidelines and structure for academic appointments and promotions. The goal should be to

- recognize and enhance career development that values the important roles played by clinicians, researchers and teacher/scholars.
2. Assess and optimize mentoring at all levels of career development.
 3. Create an Office for Women in Medicine and Science which oversees career development, salary equity, recruitment/retention and the diverse challenges and needs of the workplace.
 4. Create an Office for Minority Student and Faculty Diversity that works in parallel with the Office for Women in Medicine and Science to enhance and promote the same issues.
 5. Seek ways to overcome impediments to achieving more optimal work/family balance within the School and Medical Center. For example, this should include an assessment of services for infant, child and sick-child on-site care.
 6. Critically reassess the reappointment process surrounding the review of Departments and their Chairs.

Achieving these goals will take work, coordination and time. Moreover, faculty, students and other members of our community will propose additional challenge or opportunities to pursue. Naturally, it will require prioritization and focus to achieve our goals, but we must begin with a plan of direction. I have therefore outlined some of the broad directions that I think are important and look forward to working with you to help achieve these and others that we deem important. There is no doubt that we face some difficult choices and challenges but I do believe that if we are as unified as we can be, the future can be bright, and Stanford University Medical School can be the source of illumination.

Dean's Newsletter

April 16, 2001

Goals for Future Newsletters

Hopefully you have received and had an opportunity to review the first issue of the Dean's Newsletter in which I outlined some of the strategic initiatives I envision for the Medical School during the next several years. In the future, all issues will be posted on the Medical Center Home Page. I welcome your input and was pleased to receive comments regarding the April 2nd Newsletter from medical and graduate students, postdoctoral fellows, junior and senior faculty and department chairs. Their comments were very helpful, affirming the various directions I had outlined, as well highlighting some areas or issues of priority.

Future Newsletters will report various events or issues as I see them. I am currently planning on sending a Newsletter every other week, generally on Mondays, during the academic year. Again, I am providing these communications largely for information but welcome feedback or suggestions. The success of our future efforts will surely be

enriched by the active participation of our students, trainees, faculty and staff in defining the success of our school. Also, if you have comments or suggestions as well as announcements of events of general interest, or notice of honors or awards received by yourself or a member of your group, please let me know so that this good news can be shared with our whole community. Please address your queries and comments to: deansnewsletter@med.stanford.edu

Governance Changes in the Office of the Dean

In order to begin implementing the various strategic initiatives that I outlined in the [April 2nd Newsletter](#), it is essential that an outstanding leadership team be assembled within the Office of the Dean. During the last months, including before my official arrival, I have had discussions with many faculty and leaders regarding the School's Governance. This has led to some reorganization of responsibilities to better align key mission objectives.

Before I present the revised organizational governance, I want to thank the individuals who have served in key roles during the past several years. First and foremost is Dr. Gene Bauer who did an outstanding job in sustaining and enriching the School during the difficult transitions of the Stanford-UCSF merger and then de-merger. I am very pleased to be working with Dr. Bauer in his current role as Vice President for the Medical Center. I am also very pleased to be working closely with Mr. Mike Hindery who has done a truly superb job as Senior Associate Dean for Finance and Administration.

I would like to thank Dr. Richard Popp, who did such an excellent job as Senior Associate Dean for Academic Affairs, and Dr. Harry Greenberg for his numerous and important contributions as Senior Associate Dean for Research. Dr. Peter Gregory, Senior Associate Dean for Clinical Affairs and Chief Medical Officer at Stanford University Hospital, has also announced his retirement but has agreed to continue in his current role through August. Also, Dr. Phyllis Gardner has recently announced her decision to step down as Senior Associate Dean for Education and Student Affairs in order to pursue her interests in medical information technology and distance learning, areas where she has made very significant contributions.

In defining the new organizational structure and governance, my overarching goal has been to optimally align functions with key missions. A second but equally important goal has been to attract outstanding individuals who would engage other faculty, especially more junior faculty, to work with them. Finally, with rare exception, I felt it very important for individuals serving as Senior Associate Deans to do so for specific, albeit potentially renewable terms, so that they could also continue their primary work in research, education or clinical care. Accordingly, nearly all of these positions will be part-time. This means that accomplishing the work will require engaging new standing committees with administrative support.

Based on this, the new organization, recent appointments include:

Senior Associate Dean for Academic Affairs: Dr. David K. Stevenson, Harold K. Faber Professor of Pediatrics and Director of Neonatology and the Johnson Center, will begin officially on June 1st.

Senior Associate Dean for Research and Graduate and Postdoctoral Student Education: Dr. W. James Nelson, Munzer Professor and Chair of the Department of Molecular and Cellular Physiology will begin on May 1st. Professor Nelson plans to step down as Department Chair in order to devote the requisite time to this new position.

I am enormously pleased that Professors Stevenson and Nelson have agreed to assume these important new responsibilities. In the very near future they will be outlining the ambitious goals they will seek to accomplish and I will communicate these to you in future Newsletters.

In addition, plans are underway regarding the other important Senior Associate Dean Positions, including:

Senior Associate Dean for Medical Student Education. I am appointing an advisory committee to help find the very best individual for this enormously important position. I have communicated previously that education is among my very highest priorities and I look forward to working closely with the Faculty Senate, students, and faculty at large to develop a curriculum that respects flexibility and innovation and that trains thought leaders and physician-scientists. Accordingly, appointing an outstanding individual to this position is critical. We will not restrict our search to the Stanford community and I am interested in any suggestions that you might wish to share.

Senior Associate Dean for Clinical Affairs. As noted above, I am most appreciative that Dr. Peter Gregory will continue in this position through August. We are currently evaluating how to organize this important role to serve our clinical faculty in light of the many changes occurring within the Medical Center. Additional details are forthcoming.

Senior Associate Dean for Medical Information and Learning Technology. This position does not currently exist but we are examining its development in light of the enormous opportunities that exist and their impact on education, clinical care, research and communication.

Diversity and Minority Affairs

On Wednesday, April 4th I met with Drs. Fernando Mendoza, Gabriel Garcia, Ron Garcia, Ellen Porzig, Phyllis Dennery, Oscar Salvatierra and Ms. Charlene Hamada to learn more about the diversity and minority programs at Stanford. First I want to congratulate the individuals with whom I met about their impressive efforts to date. However, we all agreed that there is more that should be done to improve diversity among our community. Accordingly, I charged this group to consider what additional steps might be pursued and whether these could be more successful under the auspices of an Office for Student and Faculty Diversity within the Office of the Dean. I will report back to you about this most important issue in a future Newsletter. If you have interests or opinions to offer that will help further this review, please contact Dr. Fernando Mendoza.

Update from the Medical Center

As you surely know from the local newspapers and from various internal communications, the Medical Center and especially Stanford University Hospital, is

experiencing serious financial challenges in the wake of the failed merger with UCSF. This has resulted in very significant projected losses from operation, on the magnitude of \$40 million dollars in FY01 (the current fiscal year, which ends on August 31, 2001) and the potential for even larger losses in FY02. To address these critical challenges and reduce the projected operating losses, a "Turnaround Committee" chaired by Dr. Gene Bauer has been assembled that includes Hospital CEO's, Hospital Finance and Operations, the Dean, and senior faculty to address every approach possible to improving the current serious scenario. If unabated, continuation of such losses could threaten the financial viability of Stanford University Hospital. The Committee is working aggressively to reduce these losses. It is important to recognize that while the Lucile Packard Children's Hospital is part of the Medical Center and also faces the severe challenges from managed care and health care reimbursement system in northern California, its overall financial health is more secure at this time.

As you may also know, because of the recent announcement by Malinda Mitchell, the current CEO of SUH, that she will soon retire, a Search Committee has been appointed and is working with Korn-Ferry. An aggressive timeline has been established with the goal of appointing a new CEO for Stanford University Hospital this summer.

During the next 2-3 months, the Turnaround Committee will be addressing all programs within the Medical Center and, where necessary, making the difficult choices and decisions regarding their continued support. It is of course ironic that while this is happening, both Hospitals are filled with patients and yet are still losing money. This is because the reimbursement for the care provided pays only a portion of the cost of care. The real problem is the inadequate payment for care from insurers and HMOs, making the ultimate solution a fundamental change in health care financing. This will necessarily engage both private and public agencies (i.e., state and federal government) employees and consumers, and it will be important for our University and Medical School to take proactive stands for change. I will do my best to engage in these issues.

Executive Committee

The School of Medicine's Executive Committee includes Department Chairs and Senior Deans and has had the responsibility for reviewing academic appointments and promotions. Because this is the most senior leadership group in the School, I discussed at the April 7th meeting the important role that the Executive Committee should also play in overseeing issues and programs important to the Schools missions and future. In addition to the various topics that I outlined in my Strategic Initiatives that were shared with department chairs and faculty leaders, some of which are highlighted in the April 2nd Newsletter, I asked the Executive Committee to recommend topics that they felt important to consider in forthcoming meetings. Among those topics suggested by members of the Executive Committee include:

1. **Future goals of the educational program:** What type of physician should the School try to recruit and train? What is the mission? What is the admission process?
2. **Housing for students, postdoctoral fellows, and faculty:** How can the School help to address the housing problem?

3. **Space Planning Post-GALE:** Short- and long-term planning.
4. **Curriculum:** Defining the basic science and clinical science curriculum and postgraduate review.
5. **Relationship between the Executive Committee and the Faculty Senate:** Steps to be taken in order to avoid parallel planning and processing.
6. **Budget:** To gain a better understanding of the flow of funds of the School of Medicine and where the School is financially. How are operating budgets formulated? This item will need a series of serious discussions and review of all relevant data.
7. **Important issues affecting the School:** Discuss, deliberate and advise on important issues affecting the School of Medicine. Determine the process and discuss the goals, assuring quality within the faculty.
8. **Departmental issues:** Learn how other departments function. A short presentation by the department chair or representative.

If you have suggestions for additional topics that should be considered (other than those listed above or included in the [April 2nd Newsletter](#)) please let me know by responding to the above noted address.

Appreciation

During the past couple of weeks since my arrival I attended functions that I would like to acknowledge:

Dr. Thomas Quertermous, Professor of Medicine and his colleagues gave an impressive presentation on April 2nd to a Site Visit committee about the work they have accomplished since the inception of the Donald Reynold's Cardiovascular Clinical Research Center two years ago.

Dr. Branimir I Sikic, Professor of Medicine (Oncology and Clinical Pharmacology) and Program Director for the GCRC (General Clinical Research Center) and his colleagues did an outstanding job in preparing the grant and presentations to a Site Visit Team on April 10th.

Dr. Parvarti Dev, Director of SUMMIT and her staff, provided me with a wonderful introduction to the work they are conducting on the Web-based curriculum, the exciting research accomplishments in virtual reality learning, and the opportunities for developing a global campus. I was very impressed.

Dean's Newsletter

April 30, 2001

Executive Committee: Presentation by Professor James Nelson

At the Executive Committee Meeting on Friday, April 20th, Professor James Nelson, newly appointed Senior Associate Dean for Research, Graduate and Postdoctoral Education outlined some of his thoughts regarding the organization he proposes and some of the research themes he will be suggesting. The important principles outlined by Dr. Nelson include engaging a range of faculty of various ranks and appointments from both the basic and clinical science departments in helping to guide our institutional mission in research and graduate student and postdoctoral education. This will be accomplished through the appointment of a "research group" to both help develop and implement research initiatives; an "education group" to help guide programs in graduate student and postdoctoral fellow education; and a "compliance oversight group" to address conflict of interest, ethics, scientific misconduct, relationships with industry and liaison with the development office. The work of these Groups will be carried out through faculty lead Standing Committees that will work in conjunction with Associate and Assistant Deans.

Dr. Nelson and I are pleased to announce that Dr. Edward S. Mocarski, Professor of Microbiology and Immunology has agreed to serve as the Chair of the Standing Committee on Conflict of Interests and Ethics in Research. Dr. Mocarski will work along with Assistant Deans Mildred K. Cho and Barbara Flynn on this important Standing Committee.

We are also pleased to announce that Dr. Karla A. Kirkegaard, Associate Professor of Microbiology & Immunology has agreed to Chair the Standing Committee on Graduate Education and will work in collaboration with Dr. Ellen Porzig, the current Associate Dean for Graduate Education.

Appointments for leadership in other Standing Committees are forthcoming.

Dr. Nelson also discussed with the Executive Committee his plans to establish a number of faculty run research interest groups that will engage both basic and clinical science faculty. These groups will also form appropriate interfaces with other already committed interdisciplinary efforts (e.g., Bio-X, CCSR, Beckman Center and others). Some of the groups that Dr. Nelson discussed are already functioning or have constituencies that are currently being formed (e.g., Biocomputation, Neuro-X, Stem Cells/Bioengineering, Infectious Disease/Immunology, Genomics). He is also proposing new interest groups (e.g., Protein Networking, Chemicobiology/Synthesis, Post-Genomic Structure, Genetic Epidemiology/Policy, Molecular Machines, Cardiovascular Biology). This is not an exclusive list and Dr. Nelson will be seeking faculty participation and input for additional suggestions or recommendations. He also announced his plans to establish a Web Page "Research Bulletin Board" for the School of Medicine to facilitate information exchange and feedback among and between faculty members.

Feedback from the Executive Committee for Dr. Nelson's plans was enormously positive. I know that he is interested in receiving additional input from faculty as well

Update on Hospital Issues

A considerable amount of attention and concern is understandably directed at the ongoing financial challenges of the Stanford Hospital & Clinics. As noted in the April 16th Newsletter, the Turnaround Committee is working actively to reduce the ongoing losses for the remainder of FY'01 while also working toward a "breakeven" budget for FY'02 (the year beginning September 1, 2001). A number of approaches are being utilized, ranging from operational improvement as well as some of the external forces (i.e., payment for services) that have led to the current fiscal crisis. As you know from the numerous news articles during the past weeks, the projected loss from operations just a couple of months ago was over \$40 million. The various very difficult decisions made in the interval by the Turnaround Committee seem likely to reduce this FY'01 deficit to less than \$20 million, recognizing that there is still considerable work to be done to sustain even these improvements.

As important as the improvements are for FY'01, so too is the planning for FY'02. The impact of the decisions being made now are significant and their implementation will require the unfaltering commitment of physicians, hospital, school and university to work diligently and together. In recognition of these issues, the Faculty Leadership Group (FLG), which consists of all of the Chairs of the School's Clinical Departments, together with six elected representatives of the School of Medicine's faculty at large, offered a signed statement to President John Hennessy to be shared with the University's Board of Trustees. The statement represented a commitment by this important leadership committee to "work in true partnership with the leaders of the School of Medicine, the management of the hospitals, and with President Hennessy and other University leaders to establish a strategic plan that is both fiscally sound and academically responsible". Some of the comments and recommendations excerpted from this statement, which was shared with the University Trustees during their recent Retreat (see below) included the following:

- The nation's Academic Health Centers (AHCs) are in crisis.
- The financial challenges to academic health care are well known to those within the School of Medicine.
- We (the FLG) view as fundamental to any effective plan that the University retains ownership of the hospitals.
- We (the FLG) are not aware of another academic medical center in the country in which the organizational and physical infrastructure creates a closer and more productive relationship between clinicians, medical scientists and engineers.
- Given its pre-eminence in research and the strength of its faculty, Stanford can continue to be a world leader in the achievement of fundamental progress in basic (research), translational (research) and clinical medicine
- Aware of the seriousness of the financial circumstances that confront us, we (the FLG) commit to working closely with the leaders of the School of Medicine, the hospital, and the University to establish a strategic plan for the Medical Center that is both fiscally sound and academically responsible.

This expression of recognition and support is appreciated and important. Indeed, while it is true that AHCs across the country are experiencing significant financial challenges, our attention at this critical juncture must be focused on Stanford, and it is imperative that our faculty be united in helping to address the current and future problems of financial solvency of our Medical Center. It is true that faculty leadership, especially our clinical department chairs, is imperative to this solution. Importantly, the participation of every faculty member, whether in a clinical or basic science department, is needed as well. Although the current losses are largely in SHC, and much less at the Packard Children's Hospital, the stark reality is that the Hospitals, School and University are interconnected. It is not possible to simply isolate a part of the enterprise. Moreover, it is important to recognize that the financial losses in one sector impact all others.

In fact, the Medical Center was one of the four major topics being reviewed by the Board from Monday April 23rd through Wednesday, April 26th. As part of this review, which Dr. Eugene A. Bauer and I participated in, the various flows of funds between the Hospitals, School and University, was a topic of considerable discussion. There is no question that the University leadership values the School of Medicine and its Medical Center. There is also no question that the current fiscal challenges are of concern and will remain a topic of continued review. Even acknowledging that the cause of the crisis emanates from a failed health care finance system, the University leadership as does the School recognizes that physician leadership is an essential part of the solution. Accordingly, the expression of support by the clinical Faculty Leadership Group is important and appreciated.

Translating these expressed intentions into operating outcomes is important. I have asked Dr. Peter B. Gregory, Senior Associate Dean for Clinical Affairs, to work with the FLG and hospital leaders to further develop the best ways to implement physician leadership that is both responsible and accountable to the faculty and hospital as well as the school and university. Given the very significant reductions in service payments to the clinical departments and School for both FY'01 and FY'02, such accountable and responsible leadership will be essential. Equally, such leadership should also help guide creative solutions that transcend expense reductions per se and that offer new programmatic and strategic opportunities for clinical care and related academic programs.

Visit to Palo Alto VA Hospital

On Tuesday April 17th, Dr. Peter Gregory, Senior Associate Dean for Clinical Affairs and I visited with the Administration and a number of the Department Chairs at the Palo Alto Veteran's Administration Hospital. This was an introductory meeting and we are planning additional monthly visits. The VA Hospital is an enormously important and valued affiliation, playing an extremely important role in undergraduate and graduate medical education as well as clinical care and research.

Our discussions with Ms. Elizabeth J. Freeman, Director of the VA Palo Alto Health Care System, Dr. Javaid I. Sheikh, Chief of Staff and Associate Dean for Veterans Affairs, as well as a group of physician leaders at the VA, focused on opportunities for future program development between the faculties at SHC and the Palo Alto VA. It is

clear that there are a number of important opportunities for leadership at both sites and for potential synergistic interactions.

During the tour of the impressive facilities at the VA, we also had the opportunity to visit the simulation-learning center, an important and impressive model for training students, residents and faculty as well as for research and medical education.

Stanford Medical Student Research Symposium

On Friday, May 4th, beginning at 1:00 PM, the 18th Annual Stanford Medical Student Research Symposium will be held in the Fairchild Auditorium. Dr. Patricia C. Cross, Associate Dean for Preclinical Advising and Research and Dr. Julie Parsonnet, Associate Professor of Medicine will introduce and moderate the Symposium. An Award Ceremony will be held at 6:00 PM, presided over by Dr. Ross D. Bright, Associate Dean for Alumni Affairs.

When You're Sixty-Four

During an early morning meeting with Dr. Judy Swain, Chair of the Department of Medicine, the wonderfully talented medical student group "The Palpitations" swooped into my office to offer a cappella version (or forecast) of life marked by decreasing body parts and/or functions. Not taking that personally of course, I want to thank "The Palpitations" for a very talented "wake-up" song and the most unique welcome I have experienced to date at Stanford. Truly, they were great!

Founders Celebration

On Thursday evening, April 26th, I had the privilege to attend and speak at the Lucile Salter Packard Children's Hospital Annual Foundation Dinner. This year LPSCH will celebrate its 10th Anniversary. Thanks to the extraordinary support of the Packard Family and Foundation and the remarkable contributions by donors (a number of whom attended this dinner celebration), the Packard Children's Hospital is emerging as one of the centers of excellence in pediatrics in the nation. Its role as a pacesetter for pediatric clinical care, research and education will surely become even more significant and important during the years ahead. This is directly related to the very generous support that our community continues to provide to the Packard Hospital and its important programs. I am most indebted to all of these wonderful donors and supporters.

Appointments and Promotions

The Advisory Board and Provost's Office has informed the School of Medicine of the following promotions and appointments:

Promotions:

- David A. Relman to Associate Professor Medicine (Infectious Diseases) and of Microbiology and Immunology, with tenure, effective 4/1/01
- Michael Ward to Associate Professor of Medicine (Immunology & Rheumatology), with tenure, effective 4/1/01

- Ingela Schnittger to Professor of Medicine (Cardiovascular Medicine) at SUMC, effective 4/1/01 and for a continuing term.
- Stefanie S. Jeffrey to Associate Professor of Surgery at SUMC for the term 4/1/01-3/31/06

Appointments:

- Charles A. Taylor to Assistant Professor of Mechanical Engineering and of Surgery effective 4/1/01-3/31/05
- Congratulations to each.

Congratulations to Dr. Roger D. Kornberg

Dr. Roger D. Kornberg, Professor in the Department of Structural Biology, has been named the 2001 winner of the prestigious Welch Foundation Prize for Chemistry in recognition of his work on transcription.

Dean's Newsletter Goes Live!!

As of today, past and present Newsletters can be accessed via the URL:

<http://deansnewsletter.stanford.edu/>

In addition, there will be a link from the School of Medicine Home page, from the Local Home page, the Medical Center index page, the site map and the school department's page. We will, however, continue to email the Newsletter directly to you.

Dean's Newsletter May 14, 2001

Stanford Medical Student Research Day

On Friday, May 4th forty-three platform or poster sessions were presented by Stanford Medical School students in the Fairchild Auditorium. The topics ranged from basic to clinical science and engaged faculty from throughout the School. After the presentations and poster viewing, a selection committee chose six students for special recognition. Before announcing the Award winners, I want to underscore that each of the students who carried out research and presented their findings is a "winner" in my opinion. That said, the Award Presentations were divided as follows:

Poster Presentations

First Place:

Sarah A. Beckman for "Associated risk factors for hepatitis C prevalence and response to hepatitis B vaccine in acute leukemia patients at the National Children's Hospital in San Jose, Costa Rica". Other authors include Y. Maldonado, J. Carillo, M. Navarrete, L. Taylor and K. Visona.

Second Place was tied:

Amarjit Dosanjh for "Isolation of arteriolar and venular microvascular endothelial cells from postembryonic skin". Other authors include S. Naghshineh, L. Zhou, and M. Karasek.

Joshua Eby for "Caveolin-3 mutations in limb muscular dystrophy interfere with integrin signaling". Other authors include M-H Disatnik, B. Dueul, K. Langenbach and T. Rando.

Oral Presentations:

First Place:

Nirav R. Bhakta for "Calcium signals mediating thymocyte selection: imaging thymic slices". R.S. Lewis was co-author.

Second Place was tied:

Jeff Goldberg for "CNS regeneration: an irreversible neonatal switch from axonal to dendritic growth in the developing CNS". B. Barres was co-author.

Jacqueline Nerney Welch for "Real time freehand 3D ultrasound system for image-guided surgery". Other authors include J. Johnson, M. Bax, R. Badr and R. Shahidi.

Student Luncheon and Related Events

On Thursday, May 10th I was pleased to hold a luncheon on the Fairchild Lawn for medical and graduate students. This provided an informal opportunity to meet with students and learn more about the great affection they hold for Stanford – as well as some of their concerns. The latter include the need for curriculum reform, teaching during clinical rotations, education facilities, diversity of the student body and faculty, involvement in community service, housing (and for post-docs, stipends) and, worries about the financial well-being of the Medical Center. In addressing some of these issues with the students who attended, I informed them of my plans to have a regular informal luncheon series for small groups of medical and graduate students as a means to get to know them better and to engage with these and related topics.

I was pleased to learn that on Thursday evening, May 10th, Professors Bill Mobley (Neurology), Harvey Cohen (Pediatrics), Suzanne Pfeffer (Biochemistry) and Maury Druzin (Obstetrics/Gynecology), representing the faculty, along with leaders of the Stanford Medical Alumni Association, met with First and Second Year Medical Students (at their request) to discuss the establishment of a mentoring program. This group plans to engage a broader group of faculty, alumni, students and members of the Dean's Office in developing a mentoring program to commence in the next academic year. This is a wonderful and important initiative stimulated by our students and is deserving of our support.

Provost's Task Force on University Needs

On Tuesday, May 2nd, I presented the School of Medicine report to the Provost's Task Force on University Needs. This Task Force is evaluating the capital and programmatic plans of each of the University's Schools that are anticipated over the next decade or more. Because of limitations on land use, the Provost's Task Force will assure that critical priorities for both Schools and the University are aligned as best as possible.

In my presentation I reviewed how the School of Medicine's strategic initiatives in education, research, clinical care would impact on career development and both programmatic and facilities needs. Given the termination of the GALE project in early March, I underscored our need to prioritize facilities plans within the School and to focus first on a Learning and Information Center. I further outlined our plans to conduct a detailed facilities review to assess current space utilization as well as projected needs and opportunities over the next 5-10 years. This will help assure the optimization of our Stanford Medicine campus and its important relationship to the University for the 21st Century. I also noted the need to critically assess information systems within the Medical School and their functionality and relevance to key missions and relationships (e.g., between basic and clinical staff and among Medical School, Medical Center (including community partners) and the university). Finally, I highlighted the need for the School of Medicine to participate with the University in developing affordable on campus housing for students, trainees, faculty and staff.

Achieving these programmatic and facilities needs is impacted by our financial challenges, particularly in the Hospitals. This underscores the importance of the current work going on in the Hospital Turnaround Committee (see below) and the critical importance of philanthropy to help support our mission-critical programs in education, research and clinical care.

During the next weeks the Provost's Task Force will begin the process of summarizing and then ultimately prioritizing the various facilities plans and proposals, including those of the School of Medicine. I will comment further on this as information unfolds.

Stanford Medical Alumni Reunion

May 3-5th marked the Reunion for the graduating classes beginning 1951 along with the "senior classes" prior to 1950. More than 200 alumni returned to Stanford to participate in classes, attend lectures, tour the hospital and research facilities and meet old classmates, friends and colleagues at various social events. Special thanks go to Robert Cody, MD '57, the 2000-2001 President of the Stanford Medical Alumni Association and Ross Bright, MD '58, Associate Dean for Alumni Affairs, for coordinating the program and for making graduates young and old feel welcome and informed. Thanks also to members of the Development Office for all that they did to make the events so successful. Although my personal matriculation to Stanford is measured in only 5 weeks, I felt the esteem that Stanford graduates have of their alma mater.

The Alumni weekend began with the Senior Luncheon on Thursday May 3rd for Members of the Class of 1950 or earlier. I had the pleasure to interact with many of these alumni and learn about the medical school experience that included preclinical training on the Farm followed by clinical rotations in San Francisco. These senior graduates have also witnessed the tremendous progress that has occurred during the past 50 years in healthcare and biomedical research as well as some of the negative societal and economic forces that have eroded the perceived value of medicine as a profession. But they share a hope and optimism for a better future and the role Stanford can play in securing that.

In addition to classes on a variety of medical topics, including medical education and research venues, alumni attended an exciting Saturday morning Symposium entitled “What’s New? Recent Advances in Research and Clinical Medicine”. I want to thank the speakers at this symposium, Drs. Harvey Cohen (Pediatrics), Thomas Krummel (Surgery), Sandy Nepel (Radiology) and Paul Yock (Cardiovascular Medicine). I also want to thank our faculty who conducted various “Classes Without Quizzes” including Drs. Helen Bronte-Stewart (Neurology), Louis Halamek (Pediatrics), Christopher Payne (Urology), Charles Taylor (Surgery and Mechanical Engineering), Martha Terris (Urology), Chris Zarins (Surgery), Ron Davis (Biochemistry and Genetics) and Theo Palmer (Neurosurgery).

Update on Hospital Issues

Work continues on a number of fronts to address the financial issues challenging the Medical Center, especially Stanford Hospital and Clinics (SHC), I won’t repeat information already reported in the news media, including internal communications, regarding the decision of the Medical Center to exit capitated care plans. However, a couple of other updates are of note.

The Turnaround Committee continues to closely monitor the FY01 budget and the final planning for the FY02 budget. Although improvements in the FY01 budget have occurred with the various program closures, etc, SHC still faces a deficit of nearly \$20 million. This makes all the more important the effective planning for FY02 (the year beginning in September 2001). One of the important elements is this budget is accurate prediction of volume, especially in the “centers of excellence” that include neuroscience, cardiovascular, oncology and surgical services. Detailed reviews of volume projection are essential to an accurate budget forecast, since the related patient care expenses (personnel, supplies, etc.) follow accordingly. By the May 9th Turnaround Committee meeting, the group completed its review of each of these key areas and will next address the volume projections in all other medical and surgical areas, with surgery having presented on May 2nd and Oncology on May 9th. In addition, the Committee is addressing ways to improve patient service and to reduce roadblocks or impediments to evaluation and care.

Two areas will require considerable review for FY02 budget allocations. The first falls into the area of “strategic support” and represents a flow of funds from the Hospitals to the School of Medicine’s clinical departments for various professional services rendered. As with many academic medical centers, such support has historically been used to help fund faculty recruitment, cover medical direction (i.e., clinical leadership that is essential for hospital functions but not otherwise reimbursable), help fund new clinical program development or provide funding for clinical services that are not otherwise affordable through professional income. Because such hospital transfers often become encumbered by various historical agreements, it is important to set standards and re-base such hospital support. Accordingly, the VP, Dean and Hospital CEOs, in collaboration with the Turnaround Committee, have charged a group of subcommittees to address the distribution of Hospital support for important “purchased physician services” based on

clear guidelines and principles. These Committees will complete their work during the next 2-3 months. Updates will follow regarding this important but understandably sensitive issue.

Also, at the Internal Governing Council on Friday May 11th, I again addressed the importance of further defining physician leadership, including its requisite responsibility and accountability, for both SHC and the Packard Children's Hospital. A committee has now been charged to help define the important role that physician leaders must play in the governance and organization in the Stanford Medical Center. A report from this Committee (which will include both Department Chairs and Hospital Administration) is expected within the next 2 months.

News Media and You

As you certainly recognize, Stanford Medical Center has been in the news a good deal lately. Not only is Stanford Hospital's financial struggle receiving considerable print and air coverage, but (thankfully) so too have many of the School's accomplishments in education and research. I think it is important to keep our profile and image high to ensure that the excellent work being done by our faculty and students gets the appropriate notice. To help achieve this goal, your help is needed.

Should a member of the News and Public Affairs Staff, led by Mr. Ritch Eich, call you or a member of your department, please be certain that calls are taken and responded to promptly. Furthermore, please encourage faculty members to alert the News and Public Affairs Staff (call 36911) regarding upcoming research publications (they will assure that embargoes are not broken) as well as important presentations at national meetings or other exciting developments you think are important. We have much to be proud about and the News and Public Affairs staff can help communicate this to our communities locally and nationally.

Executive Committee: Report from David Stevenson

As you know from previous announcements, Dr. David Stevenson, Harold K. Faber Professor of Pediatrics and Director of Neonatology and the Johnson Center, has been selected to serve as Senior Associate Dean for Academic Affairs. Although Dr. Stevenson will not officially begin his new responsibilities until June 1, 200, he has been quite busy already in helping to outline the various initiatives he plans to pursue. At the May 4th Executive Committee meeting, Dr. Stevenson presented some of his plans. These include re-examining the appointments and promotions process. In particular, how to make the process run more smoothly and efficiently. He also plans to examine the search process and the understandable faculty concerns regarding the Principle Investigator (PI) waiver for MCL appointees. In addition, Dr. Stevenson plans to examine the leave policy, focusing on family and gender issues, and seeking to identify ways to be flexible without compromising academic standards. He also plans to revisit the issue of part-time appointments.

Members of the Executive Committee also posed some issues that they would like to see addressed, including: When is it appropriate for a department to propose a faculty

member for promotion? What is the role of a clinician-scientist or a basic science researcher? How to encourage the faculty of the School of Medicine to serve as members on University committees and other University activities in order to educate the rest of the University about the roles of the medical school faculty? How to deal with difficult tenure decisions and various issues surrounding the Medical Center Professoriate?

Again, updates on progress in these areas will be announced as they come forward.

Clark Center Update

Plans for the Clark Center Design and Construction continue to move forward. As you likely have already noted, the tunnel structure is moving forward and will be completed in early July. What you may not be anticipating, however, is that site excavation will begin right after graduation, June 18th. You will definitely notice since parking will no longer be permitted after that time. The Clark Center is due to be ready for occupancy by August 2003. Updates on program planning will be forthcoming.

Congratulations:

Dr. Alan Schatzberg, Kenneth T. Norris, Jr. Professor and Chairman of the Department of Psychiatry and Behavioral Sciences received the prestigious Edward Strecker, MD Annual Award from the University of Pennsylvania and The Pennsylvania Hospital for his “outstanding contribution to the field of clinical psychiatry”. The Award was presented on May 6th at the annual meeting of the American Psychiatric Association Meeting. Please extend your congratulations to Dr. Schatzberg.

Eugene C. Butcher, M.D., Director of the Serology and Immunology Section, Pathology and Laboratory Medicine Service at the VA Palo Alto Health Care System, and Professor of Pathology at Stanford, has been named the recipient of the 2000 William S. Middleton Award in recognition of his achievements in the field of immunology. The William S. Middleton Award, which was established in 1960, is given annually to honor the best scientist in medical research in the entire VA system nationwide. Please join me in offering congratulations to Dr. Butcher.

Gabriel Garcia, MD, Associate Professor of Medicine (Gastroenterology) and Director of Medical School Admissions, has been named the next Chair of the AAMC Western Group on Student Affairs.

Appointments and Reappointments

The University Advisory Board recommended the following decisions on May 10, 2001:

Randall Stafford was appointed Assistant Professor of Medicine (SCRDP) for the term May 1, 2001-June 30, 2004

Paul Buckmaster was reappointed as Assistant Professor of Comparative Medicine and of Neurology and Neurological Sciences for the term May 1, 2001-October 31, 2004

Congratulations to both Drs. Stafford and Buckmaster.

Dean's Newsletter

May 29, 2001

Executive Committee: An Overview of the Financial Landscape and Challenge Facing Stanford University School of Medicine.

At the Executive Committee Meeting on Friday May 19th, I reviewed with Department Chairs and other faculty leaders some of the broad financial factors and challenges that currently impact the missions of academic medical centers, including Stanford. I will review a portion of this discussion with you in this Newsletter. *I would strongly recommend that you read this presentation and become familiar with the issues being discussed.*

Although their balance varies, medical schools have four major missions: education, research, clinical care and community service. These discrete missions are unified under the general umbrella of an “Academic Medical Center” (AMC) and their interrelations can vary from school to school. There are 125 medical schools in the USA that are associated with both private and public universities. Some, such as Stanford, are “research intensive”, whereas others have a greater emphasis on clinical training or community service. Except for the Uniformed Services University for the Health Sciences in Bethesda, Maryland, which receives support through the federal government, the public schools are affiliated with state universities and receive various degrees of support from that association (e.g., UCSF is such an example).

Of course Stanford University School of Medicine is part of an extraordinary private university, but even within the University, it also has some unique features. Along with the School of Business, the School of Medicine is a “formula” school at Stanford and as such is responsible for its overall financial performance. Accordingly, it does not receive general operating dollars from the University *per se*, and maintains its own reserves and endowment to help support its mission. There are, however, a number of important financial, administrative and academic relationships that flow back-and-forth between the University and the School of Medicine. Overall these provide strength and excellence to the entire enterprise.

As do other medical schools, Stanford University School of Medicine and Medical Center supports four major missions: education, research, clinical care and community service. Although each of these four missions have different sources of funding, and different expenses they must bear, there are many interrelations among them. In many ways, the missions are inextricably linked and even interdependent. At Stanford, the

emphasis on research, and the excellence of its students, faculty and programs, makes it one of the very best schools in the nation.

To better understand the financial challenges facing AMC's in general and Stanford specifically, I have listed below the general sources available to support key missions.

	Sources (Revenue)	Uses (Expenses)
EDUCATION :	Student Tuition	Faculty/Staff Compensation
	Gifts	Financial Aid
	Endowment Earnings	Facilities Operations and Maintenance
	Earnings on Reserves	Academic Support Services
	Patent Income	General Administration
	Dean's Tax	
RESEARCH:	Direct Research Funding	Faculty/Staff Direct Research Compensation
	Indirect Cost Recovery	Facilities Operations and Maintenance
	Gifts	Academic Support Services
	Endowment Earnings	General Administration
	Earnings on Reserves	Unfunded Faculty Research Time
	Patent Income	Indirect Cost Recovery (Formula)
	Dean's Tax	
PATIENT CARE:	Professional Services Income	Faculty Physician Compensation
	Gifts	Facilities Operations and Maintenance
	Endowment Earnings	Clinical Staff Compensation
	Earnings on Reserves	Practice Expense
	Patent Income	Hospital Allocated Costs
	Dean's Tax	
	Clinical Program Development	
	Clinical Service Payments	

What do some of these terms mean and how do they relate to the School's current financial landscape?

Sources or Revenues

- **Student Tuition** includes the payments to the University for the student's enrollment and matriculation. The University transfers these payments to the School of Medicine.

- **Gifts** are contributions to the School for either a specific purpose (“restricted”) or for discretionary use (“unrestricted”) to support missions in education, research, clinical care.
- **Endowment Earnings:** a percentage from the interest earned from endowment (generally 5 %) is made available for support of missions. In the School of Medicine both the Departments and the School hold endowments and these are either restricted or unrestricted.
- **Earnings on Reserves:** Income in excess of expenses can be held in reserves and these reserves can earn income from investments. The Medical School’s Basic and Clinical Departments as well as the School and the Hospitals (SHC and LPCH) hold reserves that vary in size and utilization.
- **Patent Income:** When a discovery yields royalty payments, the money is distributed to the School, the department and the patent holder. These earnings can generally be used to support key missions.
- **Dean’s Tax:** The Professional Income (i.e., that which is billed and collected by physicians) from the School’s Clinical Departments is taxed directly and generally referred to as the Dean’s Tax. In most medical schools this is 10% of the “professional income”. At Stanford the Dean’s Tax is currently 6.1% of the professional income of the clinical faculty/departments. The Dean’s tax is used as a discretionary source to support basic and clinical science programs, initiatives and missions.
- **Direct Research Funding,** whether from Federal (e.g., NIH) or non-Federal (e.g., foundations, industry) is the payment to support faculty/staff/trainee salaries and/or research supplies
- **Indirect Cost Recovery (IDC),** whether from Federal or non-Federal sources, the IDC supports infrastructure costs (e.g., building services, administration, etc). The IDC has a calculated and negotiated rate with the federal government (i.e., NIH) as a percentage of the “direct research funding”. The IDC varies among non-Federal sources but generally falls below the negotiated federal rate and thus requires additional institutional support.
- **Professional Services Income** refers to payments from payers (e.g., HMOs, insurance companies, state (e.g. Medi-Cal) or federal sources (e.g., Medicare). These payments include support to the hospital or clinic (sometimes referred to as Part A) and professional income (e.g., for the services billed by MDs and other providers (e.g., Nurse Practitioners) and sometimes referred to as Part B. Of note, both the Hospital (net) collections and professional collections are only about a third of the “gross charges” for care. Moreover, as noted elsewhere, these payments almost always fall below the costs for rendering the care.
- **Clinical Program Development** generally includes support from the Hospital (as a transfer to the School’s Clinical Departments) to support new program development (e.g., a new or expanded clinical service that may require additional medical staff) whereby an investment is needed to get the program up and running
- **Clinical Service Payments:** These include payments by the Hospital that are transferred to the Medical School’s clinical departments to cover the expenses

related to physician supervision of necessary (albeit not reimbursable) services. This might include supervising a clinical laboratory, clinical program or an essential or mission-critical clinical service.

Uses or Expenses

- **Faculty/Staff Compensation** refers to the payment of faculty and staff salaries, including benefits. For the School this includes everyone: basic and clinical faculty, medical school and hospital staff.
- **Financial Aid** is support that offsets the costs for education and can come from either direct grants or loans. As noted below, Stanford has one of the most robust student aid programs in the nation. Clearly this is important for our students and their future, but it does require the use of School endowment funds to support this important need.
- **Facilities Operation and Maintenance** are the costs for operating land and buildings. Of note, the recent increased costs for energy add additional strain to this budget
- **Academic Support Services** are the programs that support the educational programs of medical students and graduate students. These programs include student services and Lane Library.
- **General Administration** is the support for Medical School administration. These can be central or departmentally based administrative services.
- **Practice Expense** includes the costs for staff (e.g., nurses, social workers, etc.) as well as supplies (e.g., medications, operating room supplies, etc.) to operate a comprehensive clinical program in both an inpatient and outpatient setting.
- **Hospital Allocated Costs** (a.k.a. “overhead) includes costs for space, administration, etc.) through a complex step formula.

The challenge facing AMCs, including Stanford University School of Medicine, is that the costs for education and research cannot be met by the tuition or research dollars alone and thus other sources are needed. For example, tuition payments cover only approximately a third of the expenses associated with medical education. Moreover, even though Stanford faculty achieve the highest per capita level of competitive grant support than any other medical school in the nation, there is still a shortfall of 10-20% of research expenses that are not covered from the direct or indirect dollars from research grants. In the past, clinical income was one of the sources used to help support the missions in education and research in academic medical centers. Today, that is increasingly difficult or impossible. Indeed, as you have read repeatedly in the newspapers, the revenue to pay for clinical care, especially in teaching hospitals that care for complicated patients or the uninsured, is not met by current insurance payments. Thus the dilemma and challenge facing academic medical centers today.

The relationships within AMCs vary at different universities and medical schools in the USA. In most American Medical Centers, the education and research programs reside in the medical school. Some medical schools “own” their teaching hospital whereas others have affiliations with hospitals that are independently owned and operated. Some teaching hospitals also have large research operations, including basic and clinical

science programs. Certain teaching hospitals are governed by Boards of Directors (i.e., Trustees) that are independent and separate from the medical school or university, whereas others have overlap or even joint governance. Each model has advantages and disadvantages, and the relationships between teaching hospitals and medical schools have evolved and changed during the last decades, influenced largely by the overall mission of the university and school as well as regional and local factors, cultures and, of course, financial support. Quite naturally, the relationships are either enhanced or strained when the funding sources for the interrelated missions are robust or limited.

The organizational interrelationships at Stanford are unique and enormously important for the future success of the School and the optimization of the health of our communities, locally and globally. At Stanford, both the Stanford Hospital and Clinics (SHC) as well as the Lucile Packard Children's Hospital (LPCH) are non-profit public benefit corporations affiliated with Stanford University. SHC and LPCH are led by separate CEOs but share selected administrative functions. Each Hospital is also governed separately by a Board of Directors, although there is overlap in composition.

The primary purpose of SHC and LPCH is to “support, benefit and further the educational, scientific and charitable purposes of the Stanford University School of Medicine”. Accordingly, SHC and LPCH are intimately and integrally related to the missions of the School of Medicine: the education and training of future physicians, and the acquisition of new knowledge through basic and clinical research that ultimately benefits the health of adults and children through high-quality and cost-effective health care services. These important affiliations, shared missions, and joint governance help assure that the discoveries which emerge from our research programs, now and in the future, will be available to patients cared for at SHC and LPCH. That will help assure that our community within Stanford, and its surrounding regions, benefit from excellent care and new discoveries.

However, these important relationships are clearly challenged in the current fiscal environment. Since education and research require supplemental support to sustain their excellence, new approaches must be found to help pay for these essential missions. This is also true for clinical programs that are not adequately and appropriately compensated in the current healthcare marketplace. However, because of the overlapping and intertwined flow of funds between the Hospitals and the School as well as with the University, shortfalls in one area create challenges in another. For example, as the current SHC operating budget has been in deficit, largely because of inadequate payments from HMOs and the government for clinical services, a reduction in payments from the Hospital to the clinical faculty for professional services has occurred. When that happens, it creates a challenge for the clinical departments and for the School to help make up these deficits. While such changes in funding create tensions and even divisiveness, they compel us to focus on our primary missions and to find ways to work creatively to assure they are sustained.

This will require making choices. Choices in the nature and scope of our educational programs, in the focus and size of our investments in research, and in the scope and depth

of the clinical programs that are provided. I outlined some of the areas of strategic focus and investment I think are important for the School of Medicine in my initial Newsletter (April 2, 2001) that is available on the Medical Center Homepage.

Choices are also necessary in our clinical programs, focusing on those we can do uniquely and well, and in a manner that complements those services offered by other providers in our community. At this juncture, the primary areas of focus for both the adult and pediatric clinical programs will be in Cardiovascular Diseases, Cancer, Brain and Behavior and Surgical Specialties. Wherever possible, these clinical centers of excellence will be enhanced by basic and clinical research agendas. Naturally this means that some other important areas of medicine will be de-emphasized at Sanford, largely because they can be offered by other providers or because they are not as prime for new development and innovation. This also means that we will need to work closely with our colleagues at the VA Hospital, Santa Clara Valley Medical Center and with other community partners to develop an integrated and more embracing academic medical center.

During this period of transition, however, one thing is absolutely clear. We must sustain the integrity and relationships between our Hospitals & Clinics, our School of Medicine and our University. This will require sacrifice and commitment by all. It will require rigorous management of hospital and school operations and resources. It will require accommodation to reductions in services that have been previously valued. It will require even more careful investments in program development, recruitment and capital expansion. It will require us to think rigorously about every decision that requires school or hospital resources and to do so with a Medical Center perspective, as well as that of a student, investigator, clinician or staff member.

The transitions in health care in general, and Stanford specifically, will also require time, patience and a community that is both deliberate, unified and committed. Although the financial challenges at SHC are significant and have an impact across the School and University, it is important that we stand with and behind our Hospitals. The problems they have encountered, especially at SHC, following the merger and de-merger, and in this difficult health care market, can and will be overcome. I am pleased that both our clinical and basic science faculty leaders have pledged their support to work on behalf of the Medical Center through this difficult period. I am pleased that our University leadership and Board of Trustees remain supportive. We have no choice but to work together to assure that future generations will benefit from the success of Stanford University School of Medicine and Medical Center.

Clinical Investigation Task Force

On Tuesday May 15th, Dr. Charles Prober, Professor of Pediatrics, chaired the first in a series of meetings for a Task Force I appointed to evaluate the resources and infrastructure needed to make clinical investigation as strong and successful at Stanford

as possible. Patient-oriented clinical research (which includes translational investigation and clinical trials as well as behavioral, epidemiological and health sciences research) requires institutional resources and commitment to optimize its success. Given the extraordinary opportunities now emerging in the immediate post-genomic era as well as those emanating from medical devices, information technology, and other clinical research venues, it is important for Stanford to seize these opportunities and become a pacesetter in clinical research.

Accordingly, Dr. Prober assembled nearly 50 individuals who expressed an interest in optimizing clinical research at Stanford and offered their insights and suggestions. The participating individuals came from the basic and clinical science faculty as well as from nursing and research administration. It is important to take note of the number of individuals who expressed an interest in clinical research and the various disciplines they came from.

In this first meeting, Dr. Prober requested that attendees comment on current impediments to conducting clinical research at Stanford along with suggestions for how to improve the opportunities. There were a number of important suggestions as well as considerable overlap in some of the areas of concern. Thankfully, many of the impediments (e.g., contracting delays, IRB reviews) that were raised are potentially solvable although resource utilization will need to be considered carefully.

Dr. Prober plans to meet biweekly and to have a report available within the next 2-3 months. If you have any suggestions to offer regarding clinical research at Stanford, please contact Dr. Charles Prober at CProber@stanford.edu.

Noteworthy Events

During the past weeks there were several celebrations commemorating success in important missions and accomplishments. Following are some highlights:

Student Financial Aid Dinner. Thanks to wonderful contributions from patrons for education, Stanford School of Medicine boasts one of the most generous grant-to-loan ratios of any medical school in the nation. This is of tremendous value to Stanford students, enabling them to graduate among some of the lowest debt burdens in the USA. On Tuesday evening, May 15th, faculty and students gathered for a festive dinner celebration at the Faculty Club to honor the wonderful donors who helped make the Student Financial Aid Program at Stanford so successful. It was a true privilege to witness how proud and committed donors and benefactors were about the students they helped support. It was equally wonderful to see how appreciative our students were about the financial support they had received and to learn more about the remarkable educational experiences they are having at Stanford. I was particularly pleased by the presentation of Cha Randle Jordon, George Matcuk, and Mary Pinder, who spoke eloquently on what the Financial Aid Program has meant to them and their families.

Wall Center Dedication. Thanks to an extraordinary anonymous gift of \$31.8 million, The Vera Moulton Wall Center was officially inaugurated at a celebration on Thursday May 17th. The Wall Center will unite the Lucile Packard Children's Hospital and the Stanford Hospital to help transform our knowledge and treatment of pediatric vascular disease in both adults and children. The Wall Center will support professorships as well as fellowships in both pulmonary medicine and bioengineering, and will promote interdisciplinary research and patient care in both children and adults. Special thanks go to the Center's Director, Dr. Jeff Feinstein, Assistant Professor of Pediatrics, Division of Cardiology and Dr. Romona Doyle, Co-Director of the Wall Center and Assistant Professor of Medicine, Division of Pulmonary Medicine and Critical Care. All of our heartfelt appreciation must go to the wonderful anonymous donor who helped make the Vera Moulton Wall Center a reality.

High-Tech High-Touch. On Thursday evening, May 24th, the Lucile Packard Foundation held its second High-Tech High-Touch Event. The theme was to demonstrate the important convergence of high tech research discoveries that impact the health of children in tandem with the importance of "high touch" supportive care that benefits children facing the challenge of serious disease. The event brought together parents, donors and pediatric faculty and featured show-and-tell demonstrations as well as wonderful presentations. I want to particularly thank Drs. Oscar Salvatierra, Professor of Surgery and Pediatrics and Dr. Allan Reiss, Professor of Psychiatry and Behavioral Sciences for wonderful presentations to an audience of families and donors. I also want thank Dr. Harvey Cohen, who epitomizes "high-tech high-touch" and served as the model host for the 'Packard Brand of Care'

Junior Faculty Gathering. Thanks to the Provost's Office, a gathering of junior faculty from the School of Medicine and Biological Sciences took place on Tuesday evening, May 22nd at the Faculty Club. This offered an opportunity for junior faculty to get to meet each other in an informal setting. Dr. David Stevenson, Senior Associate Dean for Academic Affairs and I represented the School of Medicine and were both pleased and privileged to meet new colleagues and learn about the exciting research they are conducting at Stanford.

The Asian Liver Center's Jade Ribbon Campaign. Nearly 15% of Asian Americans are infected with Hepatitis B and that of these, one-in-four will eventually die of liver cancer. Moreover, while Asian Americans represent only 4% of the current USA population, nearly 50% of the 1-1.5 million chronic hepatitis B carriers in the USA are Asian. To help address this important health disparity problem, Dr. Samuel So, Director of the Liver Cancer Program and of the Asian Liver Center at Stanford, has engaged with the Asian and Pacific Islander (API) American communities in the San Francisco area to develop a public awareness campaign regarding this problem. The Jade Ribbon campaign, which was launched officially on Monday, May 21st will consist of the

dissemination of public health information to the Asian community regarding knowledge about hepatitis B, its impact on health, especially in the Asian community, and its prevention. This is an excellent example of a program that addresses an important community health need. I want to congratulate and commend Dr. So and his colleagues for this important initiative.

Congratulations

Dr. Michael Levitt, Professor and Chair, Department of Structural Biology, was elected a Fellow in the Royal Society. The Royal Society was founded in 1660 to promote the natural and applied sciences and by election honors individuals who have made exceptional contributions. Professor Levitt's work on protein folding and computational analysis of structure is renowned and important. Please join me in congratulating Dr. Levitt.

Dr. Roeland Nusse, Professor and Chair of the Department of Developmental Biology has been elected to the American Academy of Arts and Sciences for his seminal work on the role of Wnt signaling in both development and cancer. Well deserved congratulations to Dr. Nusse.

Appointments and Promotions

- Promotion of **David J. Terris** to Associate Professor of Surgery, with tenure, effective May 1, 2001
- Promotion of **Mark A. Kay** to Professor of Pediatrics and of Genetics, with tenure, effective May 1, 2001
- Promotion of **Yueh-Hsiu Chien** to Professor of Microbiology and Immunology, with tenure, effective May 1, 2001
- Promotion of **Christopher K. Payne** to Associate Professor of Urology at SUMC for the term 5/1/00-4/30/06
- Reappointment of **Kenneth L. Cox** to Professor of Pediatrics at LPCH, effective 5/1/01
- Promotion of **Neyssa M. Marina** to Professor of Pediatrics at LPCH, effective 5/1/01
- Promotion of **Fernando S. Mendoza** to Professor of Pediatrics at LPCH, effective 5/1/01
- Reappointment of **Alistair G. S. Philip** to Professor of Pediatrics at El Camino Hospital, effective 5/1/01

Please extend your congratulations to each of these faculty members.

Dean's Newsletter

June 11, 2001

Commencement

Medical School Commencement will be held on Sunday, June 17th in the Dean's Courtyard. The official ceremony begins at 2 PM. This year's commencement speaker will be Dr. Gene Bauer. Please join us in celebrating the graduation of our medical and graduate students as well as the recipients of teaching and academic awards.

Also, please be aware that the Lane Medical Library's Instructional Facilities Group will present a live webcast of graduation. To watch the webcast, connect to the following URL:

[Http://www.med.stanford.edu/lane/ifo/medcommencement.html](http://www.med.stanford.edu/lane/ifo/medcommencement.html)

RealPlayer is needed to view the webcast. RealPlayer is available as a free download at:

<http://www.real.com/player/index.html?src+downloadr>

NIH Ranking in Research Awards

The faculty at Stanford University School of Medicine continues to excel in receiving competitive grants from the National Institutes of Health (NIH). For FY00, Stanford rose to 6th place in the NIH ranking, following Hopkins, Penn, Wash U., UCSF and Yale. Harvard is still the overall leader when its affiliated hospitals are combined with the medical school. Stanford's impressive position, which climbed to 6th place from 8th in FY99 is even more remarkable because its faculty is significantly smaller in size than any of the other research-intensive medical schools. For FY00 Stanford faculty received 428 research grants, 29 training grants, 47 fellowships, and 6 contracts. These are remarkable accomplishments.

Perspective on the Professoriate

At our Executive Committee Meeting on June 1st Dr. David Stevenson, Senior Associate Dean for Academic Affairs, reviewed the history and evolution of Medical Center Professoriate. This was poignant and relevant to the discussions that had arisen the prior afternoon at the University Faculty Senate. There are some converging issues: During the last decade the number of faculty in the MCL has risen disproportionately to other faculty positions in the University and School. At the same time, the role of the MCL faculty has changed, a large and increasing number of faculty are engaged in research and teaching in addition to the important work they perform in patient care. There is continued misunderstanding about the MCL faculty and the important role they play in our overall clinical and academic missions.

As a still relative newcomer to Stanford, I view the distinctions between faculty in an academic medical center as more of a continuum than sharply defined “lines”. Moreover, I consider the faculty to be equal in value and importance to the community of excellence we must continue to develop if we are to assure our success in education, research and clinical care. I am increasingly cognizant that the current structure (i.e., UTL and MCL) conveys separation and difference. I am also aware that these differences related to University policy transcend the authority of the Medical School per se. However, I know that Dr. Stevenson and I are committed to work toward a common Professoriate within the School of Medicine that recognizes, values and rewards faculty for their contribution as investigators and/or clinician-teachers. Each of these roles is critical to our future success.

Appropriate Process to Guide Program Evaluation or Change

I fully recognize that change, whether inferred or initiated, can create excitement as well as concern. Changes in organizational structure and leaders or in key missions (e.g., education, research or clinical care programs) will have both advocates and detractors. I believe that change is healthy for organizations and that periodic examination of areas of investment or concentration help assure that we sustain or even improve our excellence, both as individuals and as a School and University. My approach will be to continue to question what we are doing now and to ask whether there are better ways we might enlist for the future. My style is to engage faculty, students and staff in the discussions with the expectation that different views will be expressed and heard and that the steps we take will be as informed as possible. Naturally this does not mean that every change that is made will be affirmed by all involved. However, the process followed and the reasons for the conclusions or recommendations should be clear, direct and as transparent as possible. The process for change should be inclusive and those involved should communicate directly. These principles are likely self-evident but a recent set of events compels me to address whether they are embraced or shared by all members of our community. Because these events have challenged the integrity and value of our School, I want to share them with you and enlist your understanding and support.

The concerns I have relate to the work being carried out by a committee I recently asked to examine the School’s primary care clinical, education and research programs. This Committee was asked to examine the current programs in Family, General Internal and Community Medicine, and to determine whether we could build on current successes and even further improve medical student, resident and fellow education as well as clinical care and research. Dr. Peter Gregory, Senior Associate Dean for Clinical Affairs serves as Chair and is joined by Dr. Neil Gesundheit, Associate Dean for Medical Education, Dr Joe Hopkins, Co-Director of Family Medicine and Associate Chief Medical Officer, Stanford Hospital & Clinics, and Dr. Judy Swain, Chair of the Department of Medicine. The Committee is inviting input from various program leaders. Unfortunately, during this process, misleading and erroneous information has been communicated to the Society of Family Medicine, Office of the County Supervisor, Members of Congress, California Medical Registration Office and others, implying that the

School was terminating its programs and commitment to education in Family Medicine and primary care. This is untrue. Indeed, the goal has been to evaluate and strengthen the existing programs. One such approach is to combine the faculty and clinical leaders in family, general and community medicine into a new organizational structure that creates a greater critical mass and new synergies to improve clinical care, education and research.

Engaging constituencies outside of the School is, in my opinion, inappropriate when an internal process is fair, open and inclusive. Doing so also creates confusion among our public and private communities. That is especially the case when the information being transmitted reflects negatively on the School.

In an academic environment alternative views should be welcomed and expressed but they should come directly and not in a manner that circumvents or distorts a reasoned approach to evaluation, dialogue or change. We have a responsibility to be respectful to each other and to our School and University. During the months and years ahead we will want to engage in many discussions about change. We will want to debate these issues and examine various perspectives. We will want to be honest with each other and permit the choices we make to be informed and valued. We will not be successful if self-interest contaminates or confuses an appropriate process for examination and change. We should not engage or condone that kind of behavior.

Update on Hospital Issues

Physician Leadership Committee. I had previously announced the formation of a Physician Leadership Committee that has been charged to define and determine the role that physicians play as responsible leaders in the Hospitals and Clinics. Central to this is determining the authority and accountability that School of Medicine faculty physicians have in carrying out their responsibilities as institutional leaders at SHC and LPCH. The Committee and Subcommittee will focus initially on SHC exclusively. I am serving as the Chair of this Committee and am joined by Dr. Peter Gregory, Senior Associate Dean for Clinical Affairs as the co-chair. Three subcommittees have been formed with reports presented and discussed by the (Clinical) Faculty Leadership Group (FLG) which meetings early Thursday mornings. The Subcommittees include:

1. ***The Role of Faculty as Physician Leaders in SHC and LPCH.*** This subcommittee is chaired by Drs. Al Lane, Chair of Dermatology and Ron Pearl, Chair of Anesthesiology and will address the authority, responsibility and accountability of physicians' roles as department chairs, clinical service-line directors, clinical laboratory or program leaders. The work of this subcommittee should be completed by the middle of July
2. ***The Role of Physicians in Administrative Positions*** is chaired by Dr. Peter Gregory and is addressing the roles currently associated with the positions of Senior Associate Dean for Clinical Affairs, Chief Medical

Officer, Chief of Staff, President of the Medical Staff, etc. Dr. Gregory has presented recommendations to the FLG during its last two meetings and has received excellent feedback. The work of this subcommittee will be completed by mid-June.

3. **The Future Organization of Physicians at Stanford** is co-chaired by Drs. Mary Lake Polan, Chair of Gynecology & Obstetrics and Alan Schatzberg, Chair of Psychiatry and will address the potential value of forming a Physician's Organization (PO) or Physician-Hospital Organization (PHO). This subcommittee will also address whether the physician practice plan should be integrated with the Hospital or separated as a Faculty Practice Plan or Foundation model. This subcommittee will proceed more slowly, carrying out its review and discussions during the summer.

CEO Search. An Advisory Committee comprised of members of the Board of Directors and School leadership is working with Korn-Ferry, an executive search firm, to identify the next CEO of Stanford Hospital and Clinics, succeeding Ms. Malinda Mitchell who retired on May 31st. The CEO Advisory Committee, on which I serve, has begun interviewing potential candidates and during the next month will be inviting a selected group to return for more extensive interviews and discussions. This is obviously a most important search and is being carried forth with understandable confidentiality. However, it is fair to say that the Advisory Committee has been pleased and impressed with some of the potential candidates who have expressed interest in this important position. Details will follow.

Some Notable Events

Medical Staff Meeting. On Thursday evening, May 31st, I participated in the Medical Staff Meeting for Stanford Hospital & Clinics (SHC). Dr. Marty Bronk, the elected President of the Medical Staff, chaired the meeting. In my remarks to the Medical Staff I outlined the various initiatives the School of Medicine plans to pursue in education, research and clinical care during the years ahead. However, I also underscored that achieving some these initiatives is currently challenged by the fiscal problems facing SHC. Addressing these problems requires physician leadership, cooperation and unity regardless of whether one is a community-based practicing physician or a member of the clinical or basic science faculty. Unity, leadership and cooperation are needed throughout the Medical Center to address clinical service improvements, delivery and cost-effectiveness as well as our external relationships with payors and our communities, both public and private.

Annual ID Retreat and Dinner. The Department of Medicine's Division of Infectious Disease held its retreat on May 30-31 and invited me to participate in a discussion on the future of medical education at their annual dinner. The discussion was based, in part, on some the observations made by Dr. Kenneth Ludmerer in his important book entitled **Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care** (published by Oxford University Press in 1999). I strongly

recommend reading this book which addresses the significant impact on medical education during the past decade because of the dramatically reduced time for clinical teaching and clinical care as a consequence of managed care and the medical market place. Without question, finding creative and novel solutions to the loss of time to interact with students or with patients is one of our most important challenges in medical education and care in this era.

E-Learning for Cardiovascular Medicine Trainees. When the new fellows begin their training in the Department of Medicine's fellowship program this July, they will benefit from a new computer-based learning module. Developed by Drs. Judy Swain, Professor and Chair of the Department of Medicine and Stan Rockson, Associate Professor of Medicine, in collaboration with Stanford University Media Solutions, this model program brings computer-based learning to postgraduate clinical programs following the important computer learning systems already available for medical students. I had the privilege of previewing portions of the cardiovascular medicine program and want to commend Drs. Swain and Rockson for their efforts.

Visit with the Department of Psychiatry. I want to thank Dr. Alan Schatzberg, Professor and Chair, for permitting me to attend the Department of Psychiatry's faculty meeting, providing me the opportunity to meet with faculty and learn more about the issues and concerns of specific departments. I have asked to attend faculty meetings in both basic and clinical science departments throughout the School during the months ahead as a way of getting to learn more about the issues facing our faculty and School. I plan to continue these meetings on a regular basis in the future.

Congratulations

Karen J. Guillemin, PhD, a postdoctoral scientist in Dr. Stan Falkow's laboratory in the Department of Microbiology and Immunology, has been named a recipient of the prestigious Burroughs Wellcome Fund Career Award in the Biomedical Sciences. Dr. Guilleman works on the genetic and cellular basis of *Helicobacter pylori*-associated malignancies and was one of 23 award recipients from an applicant pool of over 200 from the nation's most research-intensive universities. This is a wonderful achievement.

Appointments and Promotions

Karla Kirkegaard was approved by the University Advisory Board for promotion to Professor of Microbiology and Immunology, effective June 1, 2001.

Dean's Newsletter

June 25, 2001

Commencement Events

It was a true privilege to participate in the graduation festivities during Commencement Weekend at Stanford. Although my personal time measured only 10 weeks at the time of Commencement, it was still wonderful to be included in the celebration and to witness the happiness and satisfaction of our graduates, their families and our faculty. Without question, the joy of our graduate and medical students as they received their Stanford degrees shined brightly and proudly. The 2001 Medical School Convocation held on the Dean's Lawn on Sunday June 17th, included 18 recipients of the Master of Science Degree, 74 recipients of the Doctor of Philosophy Degree and 99 individuals receiving the degree of Doctor of Medicine. I am pleased that University Trustee Denise O'Leary joined us for our graduation ceremony.

This year's Medical School Commencement featured wonderful speeches by two Class representatives: Laura Evenson Furstenthal spoke on behalf of the Graduate Students and Mark Michael Pomerantz represented the graduating Medical Students.

I was very pleased that Dr. Gene Bauer agreed to deliver this year's Commencement Speech, the text of which follows below. Dr. Bauer has played an enormously important role at Stanford during his years as Dean (1995-2001). During that period many changes occurred at the Medical Center, including the merger and then de-merger of Stanford with UCSF. Although these events and their consequences have continued to impact the School and faculty, it must also be noted that Dr. Bauer was also instrumental in helping the School to grow and achieve even greater excellence during this very challenging period. Importantly, during his tenure as Dean, the School recruited a number of exceptional faculty, added a number of Endowed Professorships, increased the number of NIH and other competitive grants and awards, expanded its research space to include the Center for Clinical Sciences Research (CCSR), and continued to attract superb students, including many in this year's graduating class.

I also had the interesting experience of traveling to Boston on June 19th for the graduation of the residents in Pediatric Medicine at Children's Hospital/Harvard whom I had helped train prior to moving to Stanford this April. There I not only presented certificates to the graduating seniors, but also welcomed the new interns, including two individuals (Drs. Brian Feldman and Patricia Kao) to whom I had presented diplomas at Stanford's commencement on June 17, 2001!

The lovely graduation ceremony and the events that preceded and followed it were done superbly. However, they could not have been so successfully accomplished without the dedicated and hard work of a large number of very hard-working individuals. On behalf of the School, I want to offer my personal gratitude and appreciation to Char Hamada,

and Zera Murphy along with Susanne Bethard, Duane Campbell, Jacob Christian, Lucie Cunningham, Doug Monica, Sharon Olsen, Candace Romandia, Mandy Rowe, Cassandra Sooter, Jacquelyn Ziegler and Marjorie Weesner for helping to make the graduation events so successful. I also want to thank Dr. Neil Gesundheit for his help as well.

Medical School Convocation Address: “Observations on Opportunity: Diseases of Mice and Men” by Dr. Gene Bauer

While the title of my remarks today is perhaps too cute by half, I hope that my theme is not. My goal is immutably to link the unity of biomedical science and the immeasurable opportunities that have been placed in your hands — whether physician or fundamental scientist — to use the tools of your education for the benefit of humankind.

The graduates here today represent the continuum of the biomedical community, MD, MD-PhD, and PhD graduates. Your education and approach to problem-solving are embodied in the diseases of mice and men. Pasteur noted that "there does not exist a category ... to which one can give the name applied science. There are science and the applications of science, bound together as the fruit to the tree which bears it."

Never has there been a greater need, or a greater opportunity, for you to find ways to work together and to share your unique talents, techniques, and insights.

But will you seize those opportunities?

Opportunities are framed by ideas.

Whatever else may be true, it is unambiguous that our perceptions of opportunity are framed by our experiences and our ideas. For each of us is unique. Gail Tsukiyama wrote in *The Samurai's Garden*, "Even if you walk the same road a hundred times, you'll find something different each time." And the distinguished scientist, Albert Szent-Gyorgi, noted that the essence of discovery consists of seeing what everybody has seen but thinking what no one else has thought.

Conversely, ideas are created by opportunity.

If our perceptions of opportunity are framed by ideas, it is also likely that ideas are framed by opportunity. In 1658, a physician, Johann Jakob Wepfer, was perplexed by the cause of stroke, then called apoplexy. At the time, while the symptoms of stroke were well-known, its etiology was not. Yet Wepfer followed his intuition that the brain must be involved and seized an opportunity to perform careful postmortem examinations, forever after linking cerebral hemorrhage to the etiology of stroke.

In more recent times, say 1960, who would have predicted that we, 40 years later, would possess the template of the entire human genome as a basis for experimentation, let alone for therapeutics?

- Indeed, despite a deep-seated intuition about the unity of biology, who then would have predicted that the genome of a roundworm, or of a fruit fly, or of a zebra fish, would approximate the human genome and present models for human developmental processes and diseases?

- Or, even if you were one of the handful of prescient scientists who absolutely knew that men — perhaps especially men — at their cores, were worms or mice, would you have predicted the human genome to consist of only 30,000 genes, rather than the 100,000 genes predicted only a couple of years ago?

How are we to bring the powerful unity of science to bear on human illness?

It is tragic that the pressures of providing cost-effective health care demand that patients be discharged from hospitals so quickly that students and trainees have no opportunity to observe the natural history of disease.

- Shall we be forced ultimately to rely upon disease models?
- And, if so, are transgenic models (for example) faithful replicas of their putative human counterparts — even in a genetic sense, never mind how environmental factors may play out in non-human species (e.g., mice versus men)?
- Or, are computer simulations sufficient (even with three-dimensional imaging and haptic feedback) to train our students in the nuances of human biology?

In commenting on...teaching hospitals, Dr. Kenneth Ludmerer (in, *A Time To Heal*) observed, "The medical effects of...a dramatic reduction in the length of stay and of moving...procedures out of the hospital were controversial... [but] one consequence was clearly apparent: the erosive effects on the learning environment... It became...harder for learners to acquire problem-solving skills when patients were admitted with...diagnoses...and treatment plans already determined. Surgical residents, meeting patients under the drapes of the operating table, could still learn how to remove a gall bladder, but their opportunity to develop the clinical experience and judgmental capacity to decide who might actually need the procedure was severely compromised."

And so, I repeat: Shall we be forced to rely only on disease models (either biologic or virtual)?

I think not. To do so would be an egregious example of hubris, for Mother Nature presents us many forms and patterns, and eventually she would have her revenge.

Rather, we must bring the power of science to bear and seize unprecedented opportunities to collaborate at all levels — virtual models, biologic models, and authentic human beings for the best educational — and clinical — outcomes.

Opportunities are defined by actions.

Feldman and Spratt in their book, *Five Frogs on a Log*, used a child's riddle to make this point. It goes as follows.

Five frogs are sitting on a log.

Four decide to jump off.

How many are left?

Answer: 5

Why? Because deciding and doing are not the same things!

To make a difference you must seize opportunities.

I shall offer a brief example of how one person did seize an opportunity offered by proximity to excellent fundamental science to help transform a field in the space of 30 years. It is the story of a colleague who has been a friend to Stanford on many occasions.

Dr. Irwin Freedberg is now the George Miller McKee Professor and Chairman of the Department of Dermatology at New York University School of Medicine, arguably one of the most distinguished departments in the world. In 1967, as an assistant professor at Harvard Medical School, he assayed the state of dermatologic research in a paper entitled, "Rashes and Ribosomes," in the New England Journal of Medicine.

He concluded that dermatology had progressed from its descriptive phase of naming rashes to one in which the tools of genetics and biochemistry could be used to characterize the skin. At the time, the subunits of the epidermal protein, keratin, had not been isolated, but Freedberg predicted that important insights about keratin synthesis and function would emerge from an incipient revolution in molecular biology.

Dr. Freedberg revisited the state of the science in a recent lecture. In the 30-year interval, the field has been transformed, and it is no longer one populated exclusively by dermatologists.

For a moment, let me engage in a brief sidebar. As all of you graduates know, we academics are prone to preface any description of our own work by the phrase, "My, or our, laboratory and others..." In this case, the "and others" includes such eminent scientists as Elaine Fuchs of the University of Chicago and Matthew Scott of Stanford. Now back to my anecdote. Freedberg's laboratory, and others, proved that the keratin family consists of at least 30 distinct keratins, proteins found in all epithelial tissues, not just in the skin. His laboratory, and others, showed that the cytoskeleton is comprised of keratin intermediate filaments, structures that play a pivotal role in normal development and in several debilitating — potentially lethal — genetic diseases, including epidermolysis bullosa and ichthyosis. And his laboratory, and others, defined the regulatory elements responsible for expression of the various keratin proteins that combine uniquely in various tissues during developmental processes or in diseases.

I believe we can extract a philosophy from this anecdote, one that is applicable to basic scientists and physicians alike.

The philosophy is simple: Provide students with resources, including free access to one's own knowledge, and allow them to formulate the hypotheses and develop the experiments.

- In short, the philosophy is one of opportunity.
- The necessary ingredients include facilities — and instrumentation — and reagents — and, yes, even hospitals and clinics, so that Mother Nature's own examples, the patients, who suffer from debilitating illnesses, can be defined, cared for, and learned from.
- The expectation of the students is one of creativity and hard work.

The product of such a philosophy will be the launching of the careers of biomedical scientists and physician leaders of the future.

- That is what Stanford **is** about.
- That is what your education at Stanford **has been** about.
- I hope that is also what your future lives **will be** about.

Learning and creativity are, or should be, lifelong goals. And as Yogi Berra said, "You can observe a lot by watching."

In closing, let me return to the beginning.

I have cajoled, even admonished, you to recognize the unity of science and to seize opportunities to link diseases of mice and men to improve the human condition. But what is opportunity and how do we measure it?

The Ancients offered us some examples of its fleeting nature.

- There is the old *Proverb* that "Opportunity knocks only once."
- The Romans offered that "Once lost, Jupiter himself cannot bring back opportunity."
- And Hippocrates said, "Healing is a matter of time, but it is sometimes a matter of opportunity."

We Moderns have been less poetic, if equally pithy.

- To quote Woody Allen, "Eighty percent of success is showing up."

So, I beg you, since you now have all of the other tools, please show up!

Close

I extend my deep congratulations on your accomplishments, culminating with your graduation today, and with all of the other faculty members, I shall eagerly await news of your many future successes.

Awards and Honors at Graduation

In addition to honoring our students, commencement is also a time to recognize faculty who have made major contributions to student teaching and who serve as role models for our graduate and medical students. Following are the faculty who received awards at the 2001 Medical School Convocation. I should note that while each individual is to be praised for his/her accomplishments, two members of our faculty, Drs. Kelly Skeff and Samuel Le Baron, are singled out for receiving two teaching awards each! Please take a moment to congratulate this year's recipients.

The Kaiser Award For Excellence In Preclinical Teaching

Lisa N. Gervin, Medicine
 Eric Glasgow, Human Anatomy (posthumously)
 Phillip M. Harter, Surgery
 David B. Lewis, Pediatrics

The Kaiser Award For Excellence In Clinical Teaching

Samuel LeBaron, Family and Community Medicine
Ann N. C. Leung, Diagnostic Radiology
Lars Osterberg, Medicine

The Kasier Award For Outstanding And Innovative Contributions To Medical Education

Kelley Michael Skeff, General Internal Medicine

The Arthur L. Bloomfield Award For Excellence In Teaching Clinical Medicine

Samuel LeBaron, Family and Community Medicine
Lawrence H. Mathers, Pediatrics
Kelley Michael Skeff, General Internal Medicine

The Franklin G. Ebaugh Jr. Award For Advising Medical Students

Helena C. Kraemer, Psychiatry

The Alwin C. Rambar-James B.D. Mark Award For Excellence In Patient Care

Youn H. Kim, Dermatology

Stanford University School Of Medicine Award For Graduate Teaching

W. James Nelson, Molecular and Cellular Physiology

Stanford University School Of Medicine Award For Outstanding Service To Graduate Students

Howard Schulman, Neurobiology

Again, congratulations to each of our award winners and to the many other members of our faculty and resident staff who contribute so much to the education and training of our students and each other.

Affirmation of Support for the Medical Center by the Chairs of Basic Science Departments

On June 21st, the Chairs of the Basic Science Departments sent a letter affirming their support for the Medical Center to the leadership and trustees of Stanford University. This letter, signed by all ten chairs (Richard Aldrich

(Molecular & Cellular Physiology), Helen Blau (Molecular Pharmacology), John Boothroyd (Microbiology & Immunology), David Botstein (Genetics), Stephen Galli (Pathology), Mark Hlatky (Health Research & Policy), Eric Knudsen (Neurobiology), Michael Levitt (Structural Biology), Roeland Nusse (Developmental Biology) and Suzanne Pfeffer (Biochemistry).

In their letter, the Basic Science Chairs noted that “Our hospitals play an extremely important role in our ability to train medical and graduate students and postdoctoral fellows, and to link our basic research enterprise with efforts to improve our understanding of disease pathogenesis and to make advances in patient treatment and care....We believe that maintaining the University’s close connection with the hospitals is necessary for our continued success, and we appreciate the efforts you and President Hennessy are taking in support of the Stanford School of Medicine”.

I want to thank the Basic Science Chairs for their initiative in expressing their support and commitment to the School, Medical Center and to their Clinical Science Colleagues. As I have underscored in prior communications, the important challenges we face today can be overcome, especially when we work together. This vote of support and affirmation is important evidence of such unity and I am enormously appreciative for that vote of confidence.

Presentation to the Medical Center Committee of the University Board of Trustees

On Thursday, June 14th, I presented to the Medical Center Committee of University Board of Trustees on the current and future strategic goals and challenges facing the School of Medicine. This was an opportunity to review with the Trustees that our mission, as a leading research-intensive School of Medicine, is to improve the lives of adults and children through research and education. After reviewing how we are planning to enhance our missions through strategic initiatives in education, research, clinical care, advocacy, public policy and community service, I also underscored how affected we are by the financial forces impacting academic medical centers. In addition we have important needs for renewed facilities for education, library, research, information technology and clinical programs (most recently including the Cancer Center/Ambulatory Care Program). Achieving these critical needs will require considerable financial support for capital development, a major portion of which will need to come from philanthropic support. Accordingly, I underscored with the Board members our pledge to work within the School as a faculty to improve our financial management and accountability but also to work collaboratively with the Development Office to help raise new funds to support critical operational and capital programs and projects. Equally importantly, I emphasized the importance of the University leadership, including the Board, in doing everything possible to help the faculty and School achieve its key needs and objectives. This will also require the support of the Trustees and University leadership in assuring that the School’s needs are given sufficient priority for a capital campaign for “Stanford Medicine” to assure our future success.

Dr. Richard Aldrich is Named Chair of the Department of Molecular and Cellular Physiology

I am pleased to inform you that Dr. Richard Aldrich, Professor of Molecular and Cellular Physiology and Investigator at the Howard Hughes Medical Institute, has agreed to serve as Chair of the Department of Molecular and Cellular Physiology effective June 1, 2001. He succeeds Dr. W. James Nelson who stepped down as department chair in order to assume the responsibilities of Senior Associate Dean for Research, Graduate and Postdoctoral Education.

Dr. Aldrich arrived at Stanford as an Assistant Professor in 1985 and achieved tenure in 1990. In 1997, he was named Associate Chair of Molecular & Cellular Physiology. His scholarly work focuses on the molecular mechanisms of ion channel function and their role in electrical signaling. He is the recipient of numerous awards for his research and, in 2000, was elected a Fellow of the Biophysical Society. He is currently the president of the Society of General Physiologists.

Dr. Aldrich is both a valued colleague and an outstanding University citizen. I know that each of you joins me in extending best wishes to Dr. Aldrich as he undertakes this important assignment.

Academic Appointments and Promotions

The June Advisory Board approved the following actions:

Appointment of Joseph Belanoff to Assistant Professor of Psychiatry and Behavioral Sciences

Promotion of Francis Blankenberg to Associate Professor of Radiology, with tenure, effective July 1, 2001.

Congratulations to Drs. Belanoff and Blankenberg.

Dean's Newsletter July 9, 2001

Summer Schedule

Commencement has passed. Medical students who graduated two weeks ago have now begun their internships at Stanford or around the country. In addition, new interns and residents are beginning their training at Stanford Hospital and Clinics, Lucile Packard Children's Hospital and our affiliated programs. It is a time of transition in teaching hospitals and despite the "summer season" is a period that is hectic, frenetic and exciting. I want to extend a warm welcome to all who have joined our community in the past two weeks.

Summer is also the season for the final steps of the Medical School budget planning. The next 6-8 weeks will bring to closure the results of months of intense planning by Department Managers, Chairs and staff regarding their FY02 budgets. During the next weeks we will be meeting with each of the basic and clinical science department chairs to review their budget projections as well as their programmatic plans for this next fiscal year which begins on September 1, 2001.

In addition to the completion of the Medical School budgets, our two major hospitals, SHC and LPCH, are also completing their budget planning for FY02. An additional part of this process will be to address the various intersections of this budget between the School and the Hospitals.

Medical School Class Entering 2001

According to Dr. Gabriel Garcia, the work is nearly complete in identifying the members of the medical school class who will enroll in September 2001. This year the Admissions Committee reviewed over 6000 applications and currently has 86 students holding a position with Stanford. Dr. Garcia and the Committee are thrilled with the quality of the students who will be joining Stanford this Fall. Our new medical school class will include 16 students from Stanford. The remaining 70 students come from 40 other schools. The average age of this year's incoming student is 23 (range 20-32) and 16 students (19%) already have a graduate degree. Nine of the incoming students will join the MSTP program and pursue both an MD and PhD degree. Women comprise 55% of the class and 28% of the new students are underrepresented minorities.

Finding outstanding students from such a large pool of highly qualified applicants is an awesome and daunting responsibility. I want to thank Dr. Garcia and the members of the Admission's Committee for their outstanding work.

New Appointments in the Office of the Dean

Special Assistant to the Dean. I am very pleased to announce the appointment of Beverly A. Simmonds to the position of "Special Assistant to the Dean", effective Monday, July 9, 2001. In this role Beverly will be responsible for providing administrative management and programmatic assistance, managing the coordination and implementation of special projects, and acting in a liaison capacity for the Dean. It is my hope that with Beverly's special assistance we will be able to respond even more promptly to the many important issues which come to the School's attention. In addition, Beverly will staff our Executive Committee and Medical Center Trustee meetings.

Beverly has been the Director of Finance and Administration for the Department of Biochemistry since November of 1998, where she directed all administrative and financial functions within the Department. Prior to this position Beverly was the Manager for Research Administration in the Department of Medicine at

UCSF, where she managed operations for the Department's Research Services Unit, including oversight of all Departmental research funds and management of a 15-person research administration team. From 1989 to 1993, Beverly held a Project Director position at SCRDP, where she worked with investigators from Medicine, Psychiatry and Pediatrics on adolescent health promotion and disease prevention research projects.

I am confident that Beverly will make strong and meaningful contributions to the School in her new position. Please join me in welcoming Beverly to her new role in the Dean's Office. Beverly may be reached via phone at 724-7233, via fax at 725-7368, or via email at simmonds@stanford.edu.

New Standing Committees in Academic Affairs. Dr. David Stevenson, Senior Associate Dean for Academic Affairs has invited Dr. Mary Lake Polan, Professor and Chair of Obstetrics and Gynecology to serve as the Chair of the Standing Committee on Women in Medicine and Biomedical Research. I am extremely pleased that Dr. Polan has agreed to assume this responsibility and I look forward to sharing with you her goals and plans in the very near future.

In addition, Dr. Fernando Mendoza has agreed to serve as the Chair of the Standing Committee on Diversity. He and his colleagues are developing a proactive agenda to improve diversity, especially in our faculty, and I am happy to share his plans as they become further established.

Noted Pediatric Cardiovascular Surgeon to Join Stanford and the Lucile Packard Children's Hospital

On Thursday, July 5th, Dr. Frank Hanley, Professor of Surgery and Chief of Cardiothoracic Surgery at UCSF announced his decision to join the Stanford faculty and Lucile Packard Children's Hospital. Dr. Hanley is internationally recognized as among the very top tier of pediatric cardiac surgeons in the world. His coming to Stanford and LPCH will help launch the Heart Center, and a major component of the Children's Health Initiative. I believe that Dr. Hanley's recruitment will play a significant role in moving LPCH into the group of leading children's hospitals in the nation.

I want to thank Dr. Bruce Reitz, Professor and Chair of the Department of Cardiothoracic Surgery, for the important role that he played in the recruitment of Dr. Hanley. In addition to his role in the Department, Dr. Hanley will surely play an important leadership role at LPCH and I fully anticipate in the School of Medicine. I look forward to working with Dr. Hanley and offer him a very sincere welcome.

I also want to acknowledge the very fine job that Dr. Michael Black, Associate Professor, has done in caring for children with congenital heart disease during the past several years. I am very appreciative of his efforts and know that the leadership at LPCH and Stanford is most grateful as well.

Update on Hospital Issues

CEO Search. The Search Committee for the next CEO of Stanford Hospital and Clinics is working closely with Korn Ferry to identify the next incumbent of this incredibly important position. During the past 2-3 weeks, the Committee (which is comprised largely of members of the Board of Trustees, in addition to the VP of the Medical Center, Dean and a Department Chair) has reduced the "short list" of 6 candidates down to 2-3 lead individuals. The Committee hopes to present the final candidates to the President within the next weeks. We all hope that the next CEO can be named during the summer and begin her/his responsibilities in early Fall.

At the same time I want to acknowledge the impressive work that our interim CEO, Mr. Mike Peterson, is performing during this transition period. He has become an integral member of the team and we are all very pleased by his many excellent contributions.

Budgets. The Turnaround Committee continues meeting 2-3 times each week to address operational improvements for both Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. With the FY01 fiscal year drawing to a close, the dominant focus is completing the budget plans for FY02. Although considerable work remains, and intense efforts will be necessary to assure that the recommendations are followed with discipline and precision. I am very pleased to say that the financial forecasts are significantly improved from where they were just a couple of months ago. Many individuals have been working very hard throughout the Medical Center to make expense reductions or improve sources of revenue. Those efforts are paying off and we are most appreciative. However, the message is still clear — much remains to be done in order to sustain these financial improvements during the months and years ahead.

Clinical Initiatives Advisory Committee. Dr. Eugene Bauer is chairing a new committee to examine opportunities for new ventures between the School and the Hospital. The goal is to create new creative partnerships that will permit us to achieve new areas for success consistent with our missions in clinical care, research and education. Careful attention is of course being given to all legal and ethical guidelines. However, seeking improved financial performance is an important goal, especially during these very difficult and challenging times.

Shifting Public Opinion. It should not be missed that the last weeks have also given evidence of a rising tide of public opinion about the financial impact of managed care on both patients and institutions. The debate in the US Congress and passage of a "Patients' Bill of Rights" by the Senate represents an enormous step forward and a hopeful swing in public opinion. Certainly this is well reflected in the reports, editorials and op-ed pieces that have appeared in newspapers across the country. Next will be the debate in the House and engagement with the White House. Almost regardless of the immediate outcome it now seems clear that the elected officials, almost surely because of the input they are receiving from their constituents, are finally beginning to address the enormous inequities that have emerged as a consequence of managed care. While the final solutions are likely still years away, it seems likely that a shift toward a more rational health care policy and financing is now more visibly underway. Clearly we still have much work to

do to help inform the public and the important debate over health care reform and the enormously important role of academic medical centers.

Important Changes in Benefits for Faculty and Staff

Ms. Cori Bossenberry, Director, Human Resource Group, School of Medicine, shared proposed changes in the benefit plans for faculty and staff at the Dean's staff meeting on Thursday, July 5th. Because I felt these were important to share with our community now, I asked Ms. Bossenberry to summarize them for Newsletter readers. The following is her summary:

Child Care Grant Subsidy Program - A project of BenefitSU and the Stanford WorkLife Office:

The University will be sending information to faculty and staff between July 15 and July 31 regarding this new grant pilot program. Up to \$5,000 in tax free child care assistance grants will be provided to all eligible employees based on a need-based formula with defined income ceilings. The program applies to children who are less than 6 years old at the time of application. The program will be administered via the Dependent Care Spending Account. Applications must be submitted not later than AUGUST 15, 2001 to be considered for the grant - which will be effective January 1, 2002. Contact Anne Klug at 5-6293 or klug@stanford.edu for more information.

Adoption Assistance Program:

Pending final approval - if approved, effective September 1, 2001, employees will be eligible to receive \$5,000 in tax-free assistance to adopt a child (benefit is paid per child).

BenefitSU Announcements:

Open Enrollment Preview: November 1 through November 19th; Web and IVR (interactive voice response) enrollment; Benefits Fairs - November 5, 6, 7

Focus on Medical Plans: Employee contributions for most plans will increase. Stanford may not continue contracting with all HMOs. With SHC discontinuing most HMO contracts there is the likelihood of adding another PPO that continues to provide access to SHC - employees will have to pay more.

Retirement Contributions - MasterRecordkeeper - coming soon - one consolidated statement per month; partnership with Fidelity to provide single interface to participants with Vanguard and TIAA-CREFF.

Retirement Plan Changes:

Good news! Increase in tax-free sheltered savings limits over the next several years: employee maximum contribution increases to \$11,000 in 2002; caps at \$15,000; total maximum contribution (Stanford and employee) increases to \$40,000; employees over 50 can make "catch up" contributions.

Enhancements to Tuition Programs, effective 9/1/2001:

The STAP (Staff Training Assistance Program) maximum benefit will increase to \$1200 per year (from \$800) and will also be applicable to certificate programs. The STRP (Staff Tuition Reimbursement Program) maximum benefit will increase to \$5250 (from \$2,000) in tax-free tuition reimbursement.

Effective 1/1/02, graduate course work will also be reimbursable on a tax-free basis.

More information will be distributed to departments from the School's Human Resources Group along with standard communication from Stanford's Benefits Office.

Notable Events

Department of Surgery Faculty Meeting. On Monday June 25th I had the opportunity to meet with the Faculty in the Department of Surgery. I am currently in the midst of holding meetings with departmental faculty across the School in order to learn more about the issues facing both the clinical and basic science faculty. These meetings also provide an opportunity to meet individual faculty members. I plan to meet with departmental faculty, generally during one of their regularly scheduled sessions, throughout the year. Naturally, if there are pressing issues that arise at other times, please do not hesitate to contact my office or me directly.

Diversity Summer Pipeline Program. On Monday evening June 25th, during an uncommon summer rain, I had the pleasure of attending the Welcome BBQ for minority or disadvantaged students who are participating in the Stanford Careers Opportunity Program, the Stanford Program in Biological Sciences and the Stanford Early Matriculation Program. Although the weather was unwelcoming, the students were bright and excited about their participation in their programs and the opportunities that stood before them. I want to thank Drs. Ronald Garcia and Fernando Mendoza for inviting me to visit and speak with the students. It was wonderful to do so.

Bioethics Steering Committee. Also on June 25th I attended the Steering Committee meeting for the Center of Biomedical Ethics. Two notable presentations were given. The first, by Dr. LaVera Crawley, a Soros Faculty Scholar, reviewed her ethnographic as well as quantitative data regarding the role and education needs of African American Physicians in the end-of-life care of

their patients. Importantly, Dr. Crawley's studies are demonstrating the important need for end-of-life training and education that is culturally diverse and includes both the providers as well as patients and families.

In addition, Dr. Maren Monsen described some of the remarkable work she is doing by combining her skills as a filmmaker and physician. Her 1998 award winning documentary "The Vanishing Line" that chronicles a physician's exploration of how to meet the needs of dying patients with the right balance of technology, compassion and care. This remarkable film is used in medical schools, universities and hospitals around the country. Dr. Monson also described her current project entitled "Worlds Apart" which will explore the impact of culture on medical decision making.

One of the joys of being at Stanford is learning about the wide range of important studies and projects being carried out. I want to thank Drs. Crawley and Monsen for sharing their important studies with me.

Appointments and Promotions

I am pleased to announce that the Advisory Committee has approved the following appointments and reappointments.

Promotion of **Juliana Barr** to Associate Professor of Anesthesia at PAVAHCS, 6/1/01-5/31/06

Reappointment of **Karlene Cimprich** to Assistant Professor of Molecular Pharmacology, 7/1/01-1/31/05

Promotion of **James Lock** to Associate Professor of Psychiatry and Behavioral Sciences at LPCH, 9/1/01-8/31/06

Reappointment of **Carl Feinstein** to Professor of Psychiatry and Behavioral Sciences at SUMC, 9/1/01 for a continuing term

Promotion of **Sabine Kohler** to Associate Professor of Pathology and of Dermatology at SUMC, 6/1/01-5/31/06

Promotion of **Sherril Green** to Associate Professor of Comparative Medicine at SUMC, 9/1/01-8/31/06

Reappointment of **Randall Morris** to Professor of Cardiothoracic Surgery (Research) effective 9/1/01, for a continuing term

Congratulations to all.

Dean's Newsletter

July 23, 2001

Update on Bio-X and the Clark Center

During the past month, the ever-deepening construction site adjacent to the Dean's Lawn and across from the Fairchild Building gives evidence to the future location of the Clark Center. This building, scheduled to open in 2003, will house investigators from the Schools of Medicine, Engineering, and Humanities & Sciences. It will be a unique opportunity to further extend the interdisciplinary research model that has been evolving at Stanford for some years, and which has been codified under the banner of Bio-X.

The focus of research in the Clark Center is likely to follow several themes (e.g., tissue engineering, biodesign, biocomputation, molecular imaging) in an environment that has been physically designed to foster interaction and collaboration, both within its walls and extending outward throughout the campus. Indeed, the Clark Center and Bio-X are experiments in their own right and will shed insight on how these unique interdisciplinary models will work and evolve.

To help guide the role of the School of Medicine in both the Clark Center and Bio-X, I have appointed an Advisory Committee that is meeting during the summer to address the opportunities as well as challenges relating to this exciting new venture. Importantly, the fundamental underpinning of our work is to do everything possible to assure that the Clark Center and Bio-X meet every expectation of success and that the participants of the School of Medicine help enhance the new partnerships that will emerge from this unique collaborative model unfolding. The Advisory Committee will present its recommendations to the Clark Center/Bio-X leadership on an ongoing basis. In addition, we are planning to have a presentation regarding the Clark Center/Bio-X to the Medical School Executive Committee in the Fall. I will provide a more detailed update in the Dean's Newsletter following those presentations.

More about Benefits

Since posting the highlights of the upcoming benefits changes in my newsletter, we have been advised by the Benefits Office that faculty and staff interested in the Child Care Subsidy Grant pilot program should contact the Work Life Office at 723-2660; or their web site: <http://www.stanford.edu/dept/ocr/worklife> rather than contacting the Benefits Office. Please note that Post Docs are not eligible for this program.

Also, we were informed that some of the other benefits programs have not yet been finalized. However, the Benefits Office will provide communication about each of these new or revised programs prior to the November 1, 2001 benefits open enrollment period.

New Senior Associate Dean for Clinical Affairs is Appointed

As you likely know, Dr. Peter Gregory will be stepping down from his positions as Senior Associate Dean for Clinical Affairs and Chief Medical Officer at SHC at the end of August. For more than a decade Dr. Gregory has played a critical leadership role and has served as a valued colleague and collaborator for the School and the Hospitals. In doing so he has won the respect and admiration of senior hospital administrators as well as faculty leaders. Although my personal acquaintance with Dr. Gregory has been limited to the past three months, I can understand why he has been so admired. He is enormously knowledgeable, diligent, collegial and collaborative. He is a problem solver and his contributions to the clinical programs and faculty, especially during these periods of dramatic change in health care, have been significant and enduring. We owe him a tremendous debt of gratitude and respect and I want to thank him for all the help he has provided to the School and Medical Center. Dr. Gregory has been a terrific advisor and colleague.

In anticipation of his retirement, Drs. Gregory, Bauer and I have given considerable thought to his succession and to the roles that individuals will play. Based on a careful examination of Dr. Gregory's current responsibilities, and a review and discussion with our Clinical Department Chairs (see report in June 11th Dean's Newsletter), we have decided to eliminate the role of the Chief Medical Officer. By doing so, we plan to distribute the related responsibilities to the Senior Associate Dean for Clinical Affairs and the Chief of Staff at SHC (currently Dr. Larry Shuer).

Anticipating Dr. Gregory's planned retirement, I have also spent considerable time and effort during the past several months in seeking the best individual to succeed Dr. Gregory as our next Senior Associate Dean for Clinical Affairs. I am very pleased to announce that Dr. Norm Rizk has agreed to accept this important position. As with our other Senior Associate Deans, Dr. Rizk will carry out his Decanal responsibilities part time (approximately 50%) so that he can continue to remain the Director of the Intensive Care Unit and serve as an ICU attending and pulmonary medicine consultant. I am very pleased that Dr. Rizk will carry out the clinical functions since I am certain they will enable him to be even more effective as the Senior Dean for Clinical Affairs. Dr. Rizk is currently Professor of Medicine (Pulmonary and Critical Care Medicine) at the Stanford University Medical Center. I have admired his intellect and leadership on a number of hospital and school-wide issues during the past three months and have every confidence that he will do a superlative job as Senior Associate Dean for Clinical Affairs.

Again, I am deeply appreciative for the many contributions that Dr. Peter Gregory has provided and continues to offer. I am also enormously pleased that Dr. Rizk will be assuming this very important role and I look forward to working with him in the years ahead.

Proposal for a Vision Center and an Important Partnership

At the Medical School's Executive Committee meeting on Friday, July 6th, Dr. Mark Blumenkranz, Professor and Chair of the Department of Ophthalmology, presented a proposal for the creation of a Vision Center. This Center would house the clinical, education and research programs of his department and which would be based at the VA Hospital. Dr. Blumenkranz has been working on a conceptual design for this proposal for

nearly a year and has won the support of the VA leadership to pursue more serious discussions. The opportunity to improve the diagnosis, care and treatment of eye disorders, to improve collaborations and important interactions with the VA Hospital, and to provide greater resources for research and education, was viewed with considerable enthusiasm by the Medical School Leadership. My own discussions with the leadership at the Palo Alto VA Hospital affirm that the Vision Center proposal offers an opportunity for a special partnership between Stanford and the VA.

As evidence of the School's support for the Vision Center proposal, the Executive Committee voted unanimously at its July 20th meeting in favor of Dr. Blumenkranz's proposal. He will proceed to further discussions with the VA leadership. I will keep you informed of the further developments in this important project as they unfold.

Thanks to the President and Trustees for the Thank You

On Friday, July 20th, we had the pleasure of having President John Hennessy, University and Hospital Trustees Isaac Stein, Denise O'Leary, and John Freidenrich along with VP for Development John Ford, attend our Executive Committee meeting. The President and Trustees wanted to thank the basic and clinical science chairs for the tremendous work they have been doing on behalf of the School and the Hospitals. President Hennessy and the Trustees indicated their continued commitment to the Hospitals during these very difficult times in academic medicine. They acknowledged the significant and tangible ways that the Chairs had demonstrated their support and how these efforts were helping the Medical Center to initiate important clinical and capital needs and opportunities.

Importantly, President Hennessy, Mr. Ford and the Trustees also affirmed their support for the important fundraising efforts that the Medical School and Medical Center wish to initiate in the months and years ahead. Recognizing that the University has a number of priorities, Mr. Ford acknowledged that the needs of the Medical Center were enormously important and that he understood them well having begun his own career at the Medical School.

Our next steps will be defining the components of the Stanford Medicine campaign that we will seek to initiate in the months ahead. To help with that, we are beginning to put together the foundations for a Trust Board comprised of volunteers who will work closely with the School, Medical Center Development Office and University. I am very pleased that Dr. Paul Berg, Robert W. and Vivian K. Cahill Professor of Cancer Research, Emeritus will play a lead role in interfacing between the School, Medical Center and Development Office on this important issue. I expect to be able to give you a more comprehensive update about our plans in the early Fall.

Good News from the LCME

You may recall that the Liaison Committee on Medical Education (LCME) had put Stanford University School of Medicine on notice in 1999 because it had neglected to renew its education and library facilities. I became intimately connected to this matter shortly after I accepted the offer to come to Stanford in December, 2000 because of the evolving plans regarding the GALE project. The latter was a \$185 million dollar project designed largely to renovate education, library, research laboratories, administrative

space and infrastructure support in the Grant, Always, Lane and Edwards Buildings. Unfortunately, the financial and physical constraints on this project, which was due to commence this summer, meant that no single component was fully satisfactory. Accordingly, following considerable review and discussion with Medical School leaders, faculty, students and others, I recommended that the GALE project be terminated. This was done in February, before my actual arrival in April. However, unresolved was whether the recommendation to cancel this project in favor of a more focused and prioritized effort to renew education and library facilities, depended on the favorable review and decision of the LCME. To address this question, Mike Hindery, Senior Associate Dean for Administration and Finance, I went to Washington in early March to make our case to the leadership of the LCME for an extension. That was followed up by a written proposal in April.

Thankfully, we received official notification last week that the LCME had favorably reviewed our petition to cancel the GALE project. This will permit us to now plan for education and library facilities that will provide a learning and information resource center to prepare our medical and graduate students for the important roles they will play in medicine and science in the 21st Century. In the next weeks we will be announcing our Planning Committees and will assure that the process engages students, faculty and the medical school leadership.

Visit to Santa Clara Valley Medical Center (SCVMC)

On Tuesday, July 17th, Dr. Peter Gregory and I visited with the medical and administrative leadership at the Santa Clara Valley Medical Center. We met with Dr. David Kerns, Chief Medical Officer, as well as with the Chairs of Medicine, Surgery, Pediatrics and Obstetrics/Gynecology. We also met with the Ms. Susan Murphy, Director of the Medical Center, Mr. Robert Sillen, Executive Director of SCVHHS, Mr. Robin Roche, Director of Ambulatory and Community Services and Dr. Kent Imai, President of the Medical Staff. I was extremely pleased and impressed with our visit.

SCVMC, an affiliate of Stanford University School of Medicine, provides wonderful medical care to the community and has been successful in securing impressive physical facilities which communicate a commitment to provide medical care with dignity, comfort and state-of-the-art medicine. In addition to the medical care provided, SCVMC plays an enormously important role in the education of Stanford students, residents and fellows. In reviewing the course evaluation by students, it is clear that the physicians and faculty at SCVMC are doing a superb job as clinician-teachers. We owe them our respect and gratitude for a job every well done.

I will look forward to future visits and discussions with our colleagues at SCVMC.

Update on Hospital Issues

Comments to the SHC Management Meeting on the Medical School and Physician Leadership: On Thursday, July 19th, I had the opportunity to address the Management Committee at Stanford Hospital and Clinics. I had been asked to offer my views about the future of the Medical Center. I thanked the Management Committee for their diligent work and considerable efforts during these past very challenging years of the merger, de-

merger and now financial recovery of Stanford Hospital and Clinics. I also pointed out how important and essential that I and the leadership of the School of Medicine believe that SCH and the Lucile Packard Children's Hospital (LPCH) are to the future of the School. Indeed, I pointed out that the Basic and Clinical Science Chairs had expressed that view in writing to the President and Trustees of the University. In addition, the Chairs are committing professional efforts and resources to assist the Hospitals achieve their programmatic, operational and capital objectives. In short, the commitment of the School of Medicine and the University to sustaining its close association with SHC and LPCH is unwavering.

I also pointed out that it was essential, in my opinion, that physician leadership be defined, embraced and engaged more fully at SHC and LPCH. Physician leaders, such as clinical chairs, service line directors, program directors (e.g., ICU) need to have roles that include authority, responsibility and accountability. In these roles they must work together with the Hospital administration as true partners and collaborators to achieve clinical and programmatic goals. I reaffirmed that I have been meeting regularly with the Clinical Chairs through a Physician Leadership Committee (see reviews in prior Newsletters) to help formalize the manner in which physician leaders will work in joint partnership with the Hospital to enhance patient care and service and to realize improvements in operational and financial arenas. Indeed, I underscored that, in my opinion, enhanced physician leadership and accountability is essential if SHC and LPCH are to achieve their objectives successfully.

More Work to Do on the SHC Budget for FY02. In previous Newsletters I have also commented on the efforts underway to improve the financial performance of both SCH and LPCH for FY01 (ending August 31st) and FY02 (beginning September 1st). It is important to note that very significant progress has been made to date and that this has required tremendous efforts by the Hospital Administration as well as faculty and staff. On July 18th, the budget proposals for SHC and LPCH were reviewed by the Finance Committee of the Hospital Board; while appreciating the progress made, the Board advised Hospital leadership at SHC to continue to work on expense reductions prior to the presentation of the final budget at the Board meeting scheduled for August 3, 2001. Although leadership at LPCH also anticipates further expense reduction, the budget proposal from Packard Children's Hospital was approved by the Finance Committee for submission to the August Board meeting.

Visits with Faculty and Departments

I have continued my visits to departmental faculty meetings and have very much appreciated the opportunity to meet faculty and learn about their goals and concerns in relation to the School, Hospitals and University. Since the past Newsletter I have visited with the Departments of Biochemistry, Ophthalmology and Obstetrics/Gynecology. I also visited with the Division of Cardiovascular Medicine in the Department of Medicine. I want to express my appreciation to the Department Chairs and their faculty for their candor, suggestions and hospitality. I will be continuing these visits with other departments in the weeks ahead and plan to continue them annually in the years ahead.

Student Lunches and Teaching

Soon after my arrival in April, I have been making teaching rounds on Thursday mornings with Dr. Harvey Cohen, Professor and Chair of Pediatrics, for students on their core rotation. It has been terrific and has allowed me to interact with both students and residents.

On July 12th, I began the first of weekly lunch meetings with medical and graduate students. Each week I am inviting about 12 students, from different years and programs, to join me for an informal exchange of ideas and topics. My goals are simple: to get to meet our students and to better understand their interests, concerns and experiences. We have had two sessions so far, each different from the other, but both highly enjoyable (at least to me). I will be continuing these sessions each Thursday.

Cautionary Notes

During the past weeks at least two issues have reached national and international prominence and deserve the attention of our faculty and students. Another issue requires the attention of selected faculty.

Stem Cells: The lay press and scientific journals have been filled with issues and concerns regarding embryonic stem cells. It is unfortunate indeed that the funding for this research has become so highly politicized. Indeed, it has led to a recent official comment regarding the use of NIH funds and this requires your awareness and attention. While our review does not demonstrate current involvement on the part of Stanford faculty in conducting such research, it is important to be aware of the current restrictions, even if one disagrees with them. The latest advice we have received is the following: Investigators are reminded that they may not use NIH direct, indirect, or construction funds for the derivation of human pluripotent cells from human embryos. That is, an investigator may derive human pluripotent stem cells from embryos in a university laboratory only if no NIH funds are used in support of the laboratory, its equipment, personnel working on the project, and/or building infrastructure costs usually charged to costs. In order to meet this requirement, universities seeking to derive human pluripotent stem cells from human embryos may have to establish separate research facilities for such work.

In sum, the work described above cannot be done on the Stanford campus at this time. Clearly this prohibition is being actively contested by researchers and leaders throughout the country, including several prominent Stanford faculty.

Clinical Research. The report this week that the Office for Human Research Protection has suspended almost all of the federally funded medical research involving human subjects at Johns Hopkins is a serious reminder of the need to maintain the strictest scrutiny and care in carrying out patient-related clinical care. Faculty and students are reminded that any deviations from approved practice can compromise an entire university and medical center, as evidenced by the actions at Johns Hopkins. Please be very attentive to these matters.

Conflict of Interest. Based on a recent survey, some 40 faculty have yet to submit their annual disclosure on conflict of interest. Those faculty who have not yet done so have received a number of warnings and on July 20th, their respective Department Chairs were

notified of faculty whose disclosure was not completed. Please know that if these forms are not completed by August 1, 2001, research privileges will be revoked for these individuals. If you have not completed your disclosure, please do so immediately.

Congratulations

I am pleased to announce that Suzanne Pfeffer, Professor and Chair of the Department of Biochemistry has been elected the president-elect of the American Society of Cell Biology. This is a wonderful accomplishment. Congratulations to Dr. Pfeffer.

I am also pleased to announce that Dr. Helen Blau, Professor and Chair of the Department of Molecular Pharmacology, has been named a recipient of the McKnight Endowment Fund for Neuroscience Award. Congratulations to Dr. Blau.

Dean's Newsletter August 6, 2001

Medical Technology Leadership Forum

Thanks to the leadership of Paul Yock, Martha Meier Weiland Professor of Medicine and, by Courtesy of Mechanical Engineering, and Mildred Cho, Senior Research Scholar in the Center for Biomedical Ethics, a forum on conflict of interest related to medical technologies was held at Stanford on Sunday, July 22nd and Monday July 23rd. Leaders from academia, industry, government, ethics and law from around the nation assembled to review the perceptions and realities of the "Risk and Reward in Medical Technology Innovation: Conflict of Interest at the Academic/Industry Interface". This Summit was sponsored by the Medical Technology Leadership Forum (MTLF), a not-for-profit membership organization dedicated to educating its own members, policy makers, the public, and the media about the critical issues affecting or arising from the development and adoption of advanced medical technology. The President of the MTLF is Hon. David Durenberger, who also participated in the Summit. Stanford President Emeritus Donald Kennedy, the Bing Professor of Environmental Science, served as the Chair of the Summit.

Although there is increasing clarity regarding the conflict of interest regulations with regard to clinical trials involving drugs and biological agents, there is less clarity around the role or participation of the inventor of a new medical device (e.g., a new stent) in the initial patient studies. This is the case when the inventor is also the most experienced and best individual to carry out the initial procedures (e.g., surgeon) to determine the feasibility of using the new device or technology. The perceived or real conflict arises when the inventor-surgeon also happens to be a faculty member as well as equity holder of the company that may ultimately market the new device. A governing principle is that research must be performed in a manner in which the conduct, management and oversight are not biased by potential financial gain to the investigator or the institutions. The MTLF

considered this scenario and others related to emerging medical technologies and will formulate a report that will be prepared by the MTLF and available from its Washington Office (1001 Pennsylvania Avenue, NW, Suite 850 North, Washington, DC 20004). Given the recent events at Johns Hopkins and the overall concerns around clinical research as well as conflict of interest, this Summit was timely and its final report is likely to be quite relevant.

Internal Governing Council Update on “Funds Flow”

In the May 29th Dean’s Newsletter (available on the Medical Center Home Page: <http://deansnewsletter.stanford.edu>) I reviewed the funds flow that occurs between the School of Medicine, the University, the Hospitals and Faculty Practice. An area of debate at Stanford as well as every other academic medical center in the nation concerns the funds that flow from the Hospitals to the School or clinical faculty. These have generally been referred to as “strategic support” or AS&T (administration, supervision and teaching). They include support for the role that clinical faculty play as directors of various services that are otherwise un-reimbursed, for the essential services to the Hospital or for new program development. I prefer to refer to these funds as payments for services rendered.

However, in the setting of decreased hospital revenue and negative bottom lines, the approach followed by academic medical centers around the country has been to challenge or reduce these payments from the Hospital to the clinical departments and faculty. This has happened at Stanford during the past year, placing an increased financial burden on the School and Clinical Department Chairs to accommodate the shortfalls, which have in some instances been quite significant. This challenge is made worse when the guidelines and rationale for the flow of these funds has been altered by years of special arrangements (a.k.a. “deals”) that advantage one department but may compromise others. Recognizing that these are issues that could challenge the financial and working relationship between clinical leaders, the School and the Hospitals, an effort has been underway during the past four months to address the principles governing funds flows from the Hospital to the School. Notably, this is not the first time there have been attempts to address this issue. The current goal has been to develop principles that are clear and fair, that are agreed to by the School, Clinical Department Chairs and the Hospitals, and that are transparent. Accordingly, during the past months several subcommittees comprised of Hospital and Medical School leaders have been working to develop the guidelines that will be used to support medical direction, essential and nonessential clinical services, program development and new ventures. Ultimately these funds would be “zero-based”. However, for the present they would be based on the historical aggregate (which has been reduced by over 20% in FY01), but redistributed using these new guidelines.

Dr. Norm Rizk, Professor of Medicine and soon to be Senior Associate Dean for Clinical Affairs, has led this effort. Dr. Rizk reported the updates from the subcommittees at the July 27th Internal Governing Council. While the initial expectation is that the new distribution of these funds will not occur in FY02, the Clinical Chairs have since agreed

to use the new definitions for FY02. That means that even though Departmental budgets are nearly complete and have factored in the distribution of these funds based on prior guidelines (and deals) they will now be redistributed based on the new definitions. The practical implication of this should not go without notice since the funds available to some departments will increase while they will decrease to others. Obviously this has a number of consequences but I applaud the willingness of the Clinical Chairs in moving forward with the new principles in order to make the overall funds flow process fairer, clearer and more transparent. We should know within the next couple of weeks how the redistribution will be allocated.

In the interim, I thought it would be helpful to remind all faculty and staff about the guiding principles for fund transfers from the Hospitals to the School of Medicine (specifically Clinical Departments) that has helped shape this important effort.

1. Fund transfers should represent payments for services rendered by the faculty to the Hospital or incentive payments from the Hospital to the faculty for services the Hospital wants to encourage and develop.
2. Payments made for specific services should be contingent on task and performance standards mutually understood by the faculty and the Hospital and should be reviewed annually by the standing committees that report to the Executive Funds Flow Committee.
3. Fund transfers should resemble ordinary business practices in other faculty and community practices and be transparent throughout the clinical enterprise.
4. Program development initiatives should be regarded as investment opportunities, with specific standards, risks and rewards for failure or success in meeting the standards. They should be subject to a maximal 3-year term, after which time they should expire, (unless specifically agreed in advance that continued support is needed for an essential service).
5. Ongoing program support should be restricted to specific services that meet productivity standards, are sized appropriately, and are deemed to be essential to the Hospital or School; other forms of program support should be withdrawn and be replaced by incentive payments for those services felt to be strategically or financially important.
6. Incentive payments should be based on overall financial health of the enterprise.
7. Some fraction of the profits from ancillary laboratory services should be returned to departments that direct and interpret the laboratory results, based on similar customs in the community and other academic medical centers. Fractions of the profits may also be apportioned to a pool within the practice, and/or to the Hospital. This should be individualized by the Executive Funds

Flow Committee and reflect the normal business practices in comparable practice settings.

8. New medical ventures should be encouraged but governed by a standing committee that describes boundary conditions for their development to avoid transfer of patient care outside of the hospital. The guidelines for the new medical ventures are being developed by a separate committee and will be presented in a subsequent report.
9. Implementation of this reorganization will require standing committees on medical direction, program development/incentives, essential services, and ancillary laboratories/medical ventures. These committees will report to the Executive Funds Flow Committee comprised of the VP, Dean, Hospital CEOs, CFOs, Senior Associate Dean for Finance & Administration and Senior Associate Dean(s) for Clinical Affairs.

Although the immediate management of the changes in funds flow from the Hospitals to the School of Medicine will be led by the Clinical Chairs, the results of this process will impact a number of faculty either directly or indirectly. Thus it is important to be conversant in these changes and to have them discussed within Clinical Departments and Divisions.

Senior Faculty Luncheon

On Monday July 30th I had the privilege to speak at the “Senior Faculty Luncheon”. This title only partially reflects the attendees and audience, where I was asked to address the role of Stanford in transforming American Medicine in the 21st Century. Indeed, this audience included not only the leaders of Stanford Medical School but the basic and clinical faculty who have literally transformed science and medicine during the past several decades. Addressing such an audience was both daunting and awe-inspiring.

My message at the beginning and end of my formal remarks was the hope that these leaders would help the School by being advocates for change and reaffirmation of our mission within the School and University to improve the lives of children and adults through education and research. I highlighted the remarkable incongruity of the exceptional scientific opportunities that stand before us and how they are challenged by the financial and clinical landscape impacting academic medical centers throughout the country and at Stanford specifically.

I pointed out how these challenges require making choices. This includes choices in the nature and scope of our educational programs, in the focus and size of our investments in research, and in the scope and depth of the clinical programs that are provided. Accordingly, it will be necessary to carry out a comprehensive review and renewal of our programs in the medical education curriculum. In doing so, our overriding goal should address educating future thought leaders by focusing on the development of physician-scientists and leaders in academic medicine and biomedical research, as well as related

leadership opportunities in the public and private sectors. We need to have creative pathways for interdisciplinary education and individualized career development, including, for example, opportunities in: Basic and clinical sciences, bioengineering, computer sciences, biocomputation, informatics; Public Health/International Affairs; Advocacy/Public Policy/Government; Education; Law; Arts and Social Sciences; Religion and Ethics; Business/Health Care Financing.

Stanford is special in that we admit an equal number of graduate students as medical students. Indeed, approximately 20% of the incoming medical class have an advanced degree and others pursue joint degree training programs. Thus, we must do everything possible to sustain and enhance the most outstanding Medical School-based Graduate Education Program which attracts the best students and that prepares them for success as leaders in academia or the public and/or private sector. In doing so, we should create opportunities for graduate students to be acquainted with the principles and practice of clinical medicine in order to foster an understanding and interest in translational clinical research. This should be increasingly feasible with the computer based virtual learning programs being pioneered at Stanford as well as with the use of various clinical simulation models.

We also need to move away from the compartmentalized learning that characterizes current medical education and seek to develop more of a continuum for training physician-scientists that extends throughout medical school, graduate medical education and fellowship training. Such a program might be anchored in the M.D./Ph.D. curriculum – this also being a program pathway we should seek to expand. As noted, each of these will require new funding sources, which will mandate that we convey a clear and understandable message about why these investments are necessary to secure the health and well being of future generations.

In addition to our mission in education, research excellence at Stanford is best secured by continuing to develop and enhance excellence in basic and clinical investigation in conjunction with seeking ways to foster interdisciplinary research efforts that are either programmatic or represent areas of opportunity. Wherever possible, there should be an alignment of basic and clinical research opportunities with the "centers of excellence" areas being developed through the Child Health Initiative and Stanford Hospital strategic initiatives.

Choices are also necessary in our clinical programs, focusing on those we can do uniquely and well, and in a manner that complements those services offered by other providers in our community. At this juncture, the primary areas of focus for both the adult and pediatric clinical programs that seem best pursued are in cardiovascular diseases, cancer, brain and behavior and surgical specialties. Again, wherever possible, these clinical centers of excellence will be enhanced by basic and clinical research agendas. Naturally this means that some other important areas of medicine will be de-emphasized at Stanford, largely because they can be offered by other providers or because they are not as prime for new development and innovation. This also means that we will need to work closely with our colleagues at the VA Hospital, Santa Clara Valley

Medical Center and with other community partners to develop an integrated and more embracing academic medical center.

During this period of transition, however, one thing is clear. We must sustain the integrity and relationships among our Hospitals & Clinics, our School of Medicine and our University. Not doing so will threaten the very relationship of our missions in clinical care, education and research. Needless to say, this will require sacrifice and commitment by all. It will require rigorous management of hospital and school operations and resources. It will require accommodation to reductions in services that have been previously valued. It will require even more careful investments in program development, recruitment and capital expansion. It will require us to think rigorously about every decision that requires school or hospital resources and to do so with a Medical Center perspective, as well as that of a student, investigator, clinician or staff member.

I also pointed out how pleased I am that both our clinical and basic science faculty leaders have pledged their support to work on behalf of the Medical Center through this difficult period. I underscored how equally pleased I am that our University leadership and Board of Trustees remain supportive. We have no choice but to work together to assure that future generations will benefit from the success of Stanford University School of Medicine and Medical Center.

Although our challenges are significant, they are achievable if we stay true to our principles and focused on our missions. We need to regain the public trust and their value of academic medicine, physicians and the future of health care. I asked each of the leaders present to help secure Stanford's future by being advocates for our continued excellence and for the choices we will need to make to secure an outstanding future as the role model of a research intensive School of Medicine for the 21st Century.

Some Notable Events

Departmental Faculty Meetings: Since the last Newsletter, I have had the pleasure of attending faculty meetings with the Departments of Dermatology, Comparative Medicine, and Urology. These meetings permitted discussions about issues relevant to different groups although some common themes understandably emerge (e.g., financial support, space, program development, physician leadership). I want to thank the respective Department Chairs for inviting me and the faculty for attending.

Visit to Cowell Student Health Center. On Tuesday July 24th, Dr. Peter Gregory and I had the opportunity to visit with Dr. Ira Friedman and his colleagues and staff at Cowell Student Health. Cowell provides care for 7,500 students and sustains a close working relationship with the Medical Center and faculty. We had the opportunity to discuss the programs currently conducted and to preview the plans for the new Center that is currently under construction. I want to thank Dr. Friedman and his staff for the excellent work they perform and for sharing information about their program with Dr. Gregory and me.

Update on the Johnson Center. On Tuesday July 31st, I had the opportunity to be updated on the work of the Johnson Center. Led by Drs. David Stevenson, Harold K. Faber Professor, and Maurice Druzin, Charles B. and Ann L. Johnson Professor, the Johnson Center represents a joint effort between the Lucile Packard Children's Hospital, SHC and the Departments of Pediatrics, Obstetrics and Anesthesiology. The Johnson Center includes the perinatal, neonatal and obstetric services at LPCH as well as neonatal and perinatal satellites at Washington Hospital in Fremont, Dominican Hospital in Santa Cruz, Salinas Hospital in San Jose, El Camino Hospital in Mountain View, ValleyCare Medical Center in Pleasanton, St. Louise Hospital in Gilroy and Sequoia Hospital in Redwood City. The Johnson Center is an outstanding model of integrated neonatal and perinatal services that represents an important resource to Stanford and LPCH and value to the community.

Congratulations

I am pleased to announce that Dr. Christopher Garcia, Assistant Professor of Microbiology and Immunology and of Structural Biology, has been named a 2001 Pew Scholar. Dr. Garcia represents one of only 20 Scholars nation-wide this year to receive this competitive award. Congratulations to Dr. Garcia.

Appointments and Promotions.

1. **Jan Matthijs van de Rijn** has been promoted to Associate Professor of Pathology at SUMC, effective 7/1/01-6/30/06.
2. **Alex Macario** has been promoted to Associate Professor of Anesthesia and, by courtesy, HRP, at SUMC, effective 7/1/01-6/30/06.

Congratulations to Drs. van de Rijn and Macario.

Dean's Newsletter August 20, 2001

Appointment of Senior Associate Dean for Medical Education

I am extremely pleased to announce that Dr. Julie Parsonnet has agreed to serve as our new Senior Associate Dean for Medical Student Education. She will officially begin her new responsibilities in October 2001.

Dr. Parsonnet is currently the Chief of the Division of Infectious Diseases in the Department of Medicine and an Associate Professor of Medicine. She has won international praise for her research on the role of *Helicobacter pylori* and gastric cancer. Dr. Parsonnet is also an outstanding clinician and wonderful Division Chief who has won the admiration and respect of her colleagues, fellows and students. Importantly she is an outstanding teacher and is enormously committed to the future of medical student

education. I am confident that her leadership and combined with her collaborations with the Faculty Senate, our faculty and students, will allow Stanford to excel even further as an institution committed to training tomorrow's thought leaders and physician-scientists. Dr. Parsonnet understands the scientific underpinnings of modern medicine as well as the art of care for human suffering.

Prior to joining the Stanford faculty in 1989 Dr. Parsonnet was a resident and then ID Fellow at the Massachusetts General Hospital as well as an EIS (Epidemic Intelligence Service) Officer at the Centers for Disease Control. She did her undergraduate at Harvard, where she graduated *magna cum laude* and was an AOA graduate from Cornell Medical College. She is the recipient of numerous awards and honors and has been elected to both the American Society for Clinical Investigation and the American Epidemiological Society.

As with the other recently appointed Senior Associate Deans, Dr. Parsonnet will perform her new responsibilities part-time. This will enable her to continue her important research and clinical care responsibilities. As such, she will stay engaged with faculty and students as both an active investigator and clinician. I am confident that this will make her even better prepared to carry out and manage the scope of her new responsibilities. She will work closely with the Faculty Senate and our other Senior Associate Deans to review and renew the medical student curriculum, training of MD/PhD students and other combined degree pathways. She will also have oversight over the Medical Scholars Programs and Continuing Medical Education. Dr. Parsonnet will also be the leader of our planning efforts for new education and information center facilities, working closely with other members of the Dean's Office and Stanford Medical Student Association and Graduate Student Association.

I want to thank the very large number of faculty and students who helped in the selection of Dr. Parsonnet for this important position. I am particularly grateful to an internal search committee that was chaired by Dr. Harvey Cohen, Professor of Pediatrics and that included Drs. Don Regula (Pathology), Charlotte Jacobs (Medicine), Mark Krasnow (Biochemistry) and Charles Prober (Pediatrics). I also want to acknowledge the help and guidance I received from the Faculty Senate.

Update on Hospital Issues

Although August generally brings closure to budget proposals and portends the beginning of a new fiscal year, the leadership at Stanford Hospital and Clinics (SHC) has been charged by the SHC Board of Trustees to carry out additional cost reductions before a final FY02 budget can be approved. This was driven by shortfalls in meeting expected budget forecasts and by rising costs, including those for employee health benefits. Accordingly, the Interim CEO, Mike Peterson, has assembled Hospital VPs and several faculty leaders, including Drs. Peter Gregory, Larry Shuer, Norm Rizk, Tom Krummel, Judy Swain and Richard Hoppe, to work collaboratively during the next three weeks to reduce expenses by an additional \$13 million. This requires a careful and expeditious

examination of major cost centers, including personnel as well as supplies and other services.

Without question these new cost reductions, which follow the very significant efforts made during the last several months, present challenges to hospital management. Nonetheless, they are necessary in order to assure continued financial recovery and ultimately, a more fiscally robust SHC.

Although cost-reduction and re-engineering efforts will surely continue into the future at SHC, and virtually every teaching hospital in the USA, it is important to underscore that they will ultimately yield more positive results. This has been the experience at other teaching hospitals and academic medical centers around the country and I am confident that it will take place at Stanford as well. I have been through a somewhat similar situation in the past and understand how difficult this process can be on an entire medical community. In an ironic way, it is similar to running a marathon (something else I have had lots of experience with over many years). Often the last several miles of a marathon are the hardest. Although it is hard to gauge exactly how many more miles we have to go in the current marathon affecting SHC, there will be an ending – and I do believe a victory. The only measure of success that we can accept is an institution that is able to carry out excellent and innovative patient care and which uses new knowledge gained from research to improve the lives of patients and families.

Congratulations to the Center for Clinical Immunology at Stanford (CCIS) Students and Mentors

The faculty members associated with the CCIS under the leadership of Drs. Paul Utz and Gary Fathman did another wonderful job by providing summer research internship to promising high school students. The 8-week internship experience not only exposed students (who were selected from an exceptional group of applicants) to outstanding science, but also helped to fuel their interests to pursue careers in medicine and biomedical research. The Internship culminated in poster presentations by students of their work to faculty, parents and, of course, each other. Dr. James Nelson, Senior Associate Dean for Research, Graduate Education and Postdoctoral Affairs, commented after viewing various posters that “I was impressed with [the students] knowledge of their work and, more importantly, their grasp of the significance of both the biological questions and answers they had obtained. They spoke confidently and all had clearly enjoyed their projects and interactions with CCIS faculty. It is clear that the experience has reinforced their goals to follow science in the future.” This, in the end, is the evidence of the success of such a program.

Again, congratulations to all the students who participated in the CCIS Summer Internship Program and thanks to the faculty of CCIS and the efforts of Drs. Utz and Fathman.

SUMMIT Site Visit

On Monday, August 12th, the SUMMIT (Stanford University Medical Media and Information Technologies) Program was site visited by the National Library of Medicine (NLM), which is part of the National Institutes of Health. Principle Investigator, Dr. Pavarti Dev, and Co-Principle Investigator, Dr. W. LeRoy Heinrichs, did an outstanding job in putting together an excellent series of presentations about a program that is enormously important to the future of medical education.

SUMMIT investigators and staff design, develop, implement and manage on line medical courses. The program has developed both CD-ROM and web based products that support the learning of human anatomy, neuroanatomy, microbiology and nutrition. Additional programs are in development. Moreover, SUMMIT investigators and staff are developing new technologies for education including real-time, remote simulation, virtual labs in physiology and interactive simulated patient experiences.

The NLM reviewers had the opportunity to tour the SUMMIT programs in current operation as well as those in development. Among the venues they learned about was the “Next generation internet gigabit test bed at Stanford”; the anatomy workbench; the surgery workbench; the interactive simulated patient. These and related programs and projects demonstrate how information technology is changing the way medical education will take place in the future and the important role it will play in the future training of medical and graduate students.

I want to thank Drs. Dev and Heinrichs as well as their colleagues and students for the important work they are conducting and for the impressive demonstration they offered to the NLM.

Visit to Palo Alto Medical Foundation

On Monday, August 12th, Dr. Peter Gregory, Dr. Norm Rizk and I visited the Palo Alto Medical Clinic and had the opportunity to meet with Drs. David Drucker and Francis Marzoni. The Palo Alto Medical Foundation began around 1930 and has a long history of medical care and research. A number of distinguished Stanford faculty also have their laboratory programs at the PAMF. Although I have heard much about PAMF since my arrival, this was the first opportunity available for a visit to the Clinic’s facilities on El Camino. During the visit we had an opportunity to learn more of the past history surrounding the PAMF and Stanford and to discuss the important role each plays in this community. We also had a tour of the new facilities, which are certainly impressive. I want to thank Drs. Drucker and Marzoni for hosting us and I will look forward to future visits and discussions with them.

Visit to SLAC

On Wednesday August 15th, Dr. James Nelson, Senior Associate Dean for Research, Graduate Education and Postdoctoral Affairs, and I had a wonderful visit to SLAC (Stanford Linear Accelerator Center). We were kindly hosted by Professors Jonathan

Dorfman, Director, and Keith Hodgson, Associate Director. The visit was stimulated because of the growing alliance between investigators at SLAC and the biomedical research community at Stanford. Ultimately this might lead to a BioX West facility at SLAC that would provide important new interactions enhancing Stanford's efforts in macromolecular crystallography, structural biology, structural genomics and proteomics, and biocomputation, as well as other areas interfacing physics, chemistry, biology, and engineering with potential applications for drug design, imaging, etc.

SLAC is a remarkable facility on a 340-acre campus leased by the federal government on Stanford land. There are two major areas: high energy physics/particle astrophysics and synchrotron radiation (which uses high-intensity x-ray beams for studies in physics, biology, chemistry, medicine and environmental sciences). In addition to the full time staff at SLAC (distinguished by 3 Nobel Laureates), SLAC and SSRL (Stanford Synchrotron Radiation Laboratory) host long and short-term students and investigators from around the world, including 89 U.S. and 58 foreign universities, as well as U.S. companies and laboratories. All the work carried out at SLAC is based on peer reviewed fundamental research that is unclassified and published in leading journals. The record of accomplishment has been exceptional. Among these are a number of very distinguished faculty members from the School of Medicine.

We also had an opportunity to tour some of the facilities and learn more about the future plans for SLAC and SSRL. It is clear that there will be considerable opportunities for important interactions between the School of Medicine and SLAC in the future. Indeed these interactions are likely to prove very exciting both in basic research as well as in applications that can improve approaches to drug development and medical treatment.

Appointments and Promotions

The following appointments and reappointments were reported from the August 15th Advisory Board meeting:

Miriam Goodman was appointed Assistant Professor of Molecular & Cellular Physiology, 9/1/01-8/31/04

Merritt Maduke was appointed Assistant Professor of Molecular & Cellular Physiology, 9/1/01-8/31/04

Marilyn Winkleby was appointed Associate Professor of Medicine (Research), 8/1/01-7/31/07

Sylvia Plevritis was appointed Assistant Professor of Radiology (Research), 9/1/01-8/31/04

Dean's Newsletter September 4, 2001

Notes added the week of Sept. 11:

**East Coast Attacks:
Important Communication to all
Medical Center staff**

CRONA Accepts 2-year Contract Extension

End of Summer and the Beginning of the New Academic Year

Labor Day weekend marks the traditional transition from end of summer to beginning of the school year. During the next week our incoming students will arrive with orientation beginning for medical students on September 10th and for Graduate Students on September 26th. Please do everything you can to welcome our new students.

Bio-X and Clark Center Proposals and Stem Cells

As you know, construction on the Clark Center is underway and is due to be completed in 2003. In recent weeks, the continued support for the Clark Center has come under question because of the impact of President Bush's recent announcements regarding limited federal support for human embryonic stem cell research. Because of the potential impact of this decision on research that might take place in the Clark Center, Mr. Jim Clark made his position and concerns clear in an op-ed piece in the August 31st issue of the New York Times

(<http://www.nytimes.com/2001/08/31/opinion/31CLAR.html?ex=1000274037&ei=1&en=0256adaa9d1e98ba>). Respecting the concerns expressed by Mr. Clark, whose generous support to Bio-X and the Center that will bear his name has made this project become a reality, a number of Stanford leaders, including President Hennessy, Drs Paul Berg, Irv Weissman and this writer, among others, have also noted that there is still important research on human embryonic stem cells that can be conducted, even with the limited number of cell lines that have been identified to date. Moreover, the change of President Bush's former position away from having no federal support for embryonic human stem cell research was at least a step in a direction more favorable to the future of biomedical research and medicine. Moreover, while research on stem cells is extraordinarily important and highly relevant to the future of Bio-X and the Clark Center, it is also clear that there are a number of equally important areas of investigation that can benefit from the fundamental principles guiding interdisciplinary research.

While the debate regarding stem cell research, influenced dramatically by religious and political concerns, as well as ethical issues, will continue to unfold during the months and years ahead, it is also clear that other significant events are transpiring around the Clark Center that will also impact its future. One is the investigators and areas of research that

will populate the Clark Center when it opens in 2003. It is likely that these investigators will be selected around a number of thematic or affinity areas that should, ideally, serve as magnets that draw students and faculty to the Clark Center and that, in turn, stimulate ideas, collaborations and research with students and faculty who are not physically located in the Clark Center. This bi-directional flow to and from the Clark Center will help foster the interdisciplinary research programs envisioned under the broader umbrella of Bio-X.

Currently, the individuals who originally considered joining the Clark Center are being asked to complete their proposals for the final selection process. The Dean's of Medicine, Engineering and H&S, along with the Clark Center leadership, have recently agreed that at this important juncture, the opportunity to become part of the Clark Center should be opened up to all faculty. Accordingly, I am attaching below the proposal application.

If you and your colleagues would like to submit a proposal to join the Clark Center, you are welcome to do so. Please complete the application that follows and submit it to Dr. James Nelson, Professor of Molecular and Cellular Biology and Senior Associate Dean for Research, Graduate and Postdoctoral Education by Friday, October 5th. We will then review and pass on the School of Medicine application to the Clark Center Leadership.

Following is the application:

Clark Center Tasks and Guidelines for Formulation of Thematic Initiatives

TASKS

Create a written document that describes the following:

I. The Science/Technology/Applications

- A. Theme identification, mission/vision/goals
 - a. Identify & describe your thematic plan, and provide the best name for your initiative
 - b. What is your science/technology/application base?
 - c. Describe its interdisciplinary nature
 - d. What Schools/Departments are involved? How are they involved? Who is involved? How is your thematic initiative novel/unique?
 - e. What sets it apart from similar activities here or elsewhere around the world
 - f. Is it sustainable?
- B. Connectivity within the Clark Center
 - a. How are members of your initiative connected to other Clark Center initiatives?
 - b. Describe plans to insure interactions with other proposed thematic groups within the Clark Center, to avoid balkanization or creation of "Centers within the Clark Center"
- C. Connectivity to the Bio-X community at large

- a. Describe plans for an intellectual outreach to the campus Bio-X community at large and satellite facilities
- b. Describe plans to connect with the departments outside the Clark Center who may also be involved in similar thematic research

II. The People

Faculty Participants

- a. Describe the kinds of talent and expertise that your theme will need to be successful in reaching its goals and meeting its vision.æ We want to learn how you plan to fill out the faculty participants in your theme.æ We expect there is a Stanford cadre in place already that will form a core: some of these people will move into the Center and some will not.æ Tell us about them.æ We also realize you may require new hires at either the senior or junior level or both to fill scientific/technical/application gaps.æ Tell us about these folks and the role they will play.æ Enumerate in the following way:
 - i. Colleagues at Stanford who will be part of the initiative/theme, but not move into the Clark Center
 - i. New hires for the Clark Center- number of proposed Junior and Senior positions
 - ii. New hires that need not be in the Clark Center- number of proposed Junior and Senior positions

B. Leadership

Who in your group will step up to provide the leadership to make sure the above goals are met and serve on a Leadership Council consisting of a Director and one member from each thematic initiative?

Who will be your backup in your absence?

III. The Operations

- A. Describe the facility requirements needed for your thematic initiative to be successful in reaching your vision
 - a. Total space needed [aside from "b" below].
 - b. Specialized facilities and space needed for them
 - c. Equipment needed [that you can and can not bring with you]
 - d. Explain how you plan to conserve space by sharing with your colleagues either in your theme or elsewhere in the Clark Center
- B. Describe the financial requirements needed for your thematic initiative to be successfully established in the Clark Center - this could include funds needed to conduct and consummate searches; start-up packages; equipment.æ Clark Center funds are limited [see below] but we do need to capture the financial needs of your theme so that Chairs and Deans are aware of them.

GUIDELINES

There are two major constraints under which we all have to work -- real estate and financial.

- A. Real estate -- Think about ~2000 sq ft assignable space on average throughout the Clark Center (can go above and below for particular members of your initiative, but the average has to land near that number). Clearly full wet space users need something closer to 2500 sq ft on average, while full dry space users need

something closer to 1500 sq ft on average. This is the space occupied by the faculty, students, postdoctoral fellows, administrators, other laboratory personnel and associated wet and dry laboratory facilities, including any offices and support space such as cold rooms and the like.

- B. Financials – Funds available for faculty fit-ups and hiring are precious and limited. It's important for your thematic group to think about creative strategies to minimize expenses related to the establishment of your group within the Center.

New Appointments of Associate Deans for Academic Affairs

Dr. David Stevenson, Professor of Pediatrics and Senior Associate Dean for Academic Affairs, has announced the addition three members to his team, each of whom will bring important skills, knowledge and expertise to benefit our faculty. These include:

1. **Roy J. King, M.D., Ph.D.**, Associate Professor of Psychiatry and Behavioral Sciences, will have a part-time appointment as Associate Dean for Academic Affairs. Dr. King will serve as liaison to the new Committee on Faculty Diversity chaired by Dr. Fernando Mendoza, and will assist with complaints and grievances especially related to sexual harassment and racial or ethnic discrimination. He will also assist in the review of all appointments and reappointments at the Assistant Professor level, with special attention towards achieving gender and ethnic diversity.
2. **Lucy S. Tompkins, M.D., Ph.D.**, Professor of Medicine (Division of Infectious Diseases and Geographic Medicine) and of Microbiology and Immunology, will have a part-time appointment as Associate Dean for Academic Affairs. In her new role, she will assist Lars Vistnes, M.D., in leading the Faculty Mentoring Program, and she will also serve as liaison to the new Committee on Women in Medicine and Science chaired by Dr. Mary Lake Polan. In addition, she will assist in the review of all new appointments and reappointments at the Assistant Professor level.
3. **Maurice L. Druzin, M.D.**, Charles B. and Ann L. Johnson Professor in the School of Medicine, Chief of Maternal-Fetal Medicine in the Department of Gynecology and Obstetrics, and Co-Director of the Johnson Center for Pregnancy and Newborn Services, will have a part-time appointment as Associate Dean for Academic Affairs. As a previous chair of the Appointments and Promotions (A & P) Committee in the Medical School, he has had considerable experience in the A & P process and will focus on matters related to the MCL professoriate in general and assist from time to time in matters related to complaints and grievances, mainly related to appointments and promotions. Dr. Druzin will also assist in the review of all new appointments and reappointments at the Assistant Professor level, bringing to bear on this process his perspective as a MCL faculty member.

The appointment of these three Associate Deans will increase the visibility and accessibility of the Office of Academic Affairs under the direction of David Stevenson, M.D. Moreover, these appointments will help streamline some of the processes related to appointments and promotions and aid further in the development of a proactive approach to a variety of activities that are central to faculty affairs.

Job Well Done by the Office of Medical Development

The Office of Medical Development (OMD) has recorded another very successful year of fundraising. By the near end of the fiscal year, the School of Medicine OMD has exceeded its target and raised over \$109 million, representing the largest percentage of the University's overall Development efforts. It should be also noted that the success by our OMD does not include the considerable fundraising success of the Hospitals, especially the Lucile Packard Children's Hospital. Congratulations to Ms. Jackie Brown and the staff of the Office of Medical Development.

In addition, I have also learned that the Medical Development's communications group has received the Award of Distinction from the Association of American Medical Colleges for their special publications, "Forty Careers in Medicine," and "A Legacy of Medical Innovation." These publications from Stanford were selected for honors from among 130 submissions nationwide. Congratulations to Ruth Schechter and the team for their excellent work

Very well done!

Congratulations to Dr. Judy Swain

Dr. Judy Swain, Arthur L Bloomfield Professor of Medicine and Chair of the Department of Medicine, has been elected to serve as the Chair of the University Advisory Committee on Academic Appointments and Promotions. This is an extremely important appointment and evidence of the esteem with which Dr. Swain is held by colleagues and leaders throughout Stanford University.

Appointments and Promotions

Dr. Jeffrey D. Axelrod, Assistant Professor of Pathology, 9/1/2001 to 8/31/2002

Dr. Laurence C. Baker, Assistant Professor of Health Research and Policy, 8/1/2001 to 7/31/2002

Dr. Lynne C. Huffman, Assistant Professor (Research) of Pediatrics (General Pediatrics), 10/1/2001 to 9/30/2002

Dr. Joanna L. Mountain, Assistant Professor of Anthropological Sciences and of Genetics, 9/1/2001 to 12/31/2004

Dr. Sylvia K. Plevritis, Assistant Professor (Research) of Radiology. 9/1/2001 to 8/31/2004

Dr. Lawrence Hammer, Pediatrics, Promotion to Professor (MCL) effective 9/1/01 for a continuing term.

Dr. Glenn Otto, Comparative Medicine, Promotion to Associate Professor (MCL) effective 11/1/01-10/31/06

Dr. Kendra Peterson, Neurology and Neurological Sciences, Promoted to Associate Professor (MCL) effective 9/1/01-8/31/06

Congratulations to all.

Dean's Newsletter September 17, 2001

Reflections

The events of the past week at Stanford cannot be reported in exclusion of those that have transfixed and transformed our lives as citizens and as a nation. From the perspective of individuals working in medical schools and hospitals, where our life's work is improving the quality and duration of human health and well being, the acts of violence and destruction that have occurred in New York and Washington are all the more senseless. That they were followed by a bomb threat at our Hospitals on Thursday, September 13th, leading to the evacuation of infants, children and adults, underscores the sad and tragic depths to which human nature can fall. This has been a week where life's moral compass has been truly lost.

I am certain that while every member of our community has been deeply touched and affected by the recent tragedies, some have lost friends and loved ones. Our thoughts and prayers are extended to all.

It is also important that as healers and members of academia, we call ourselves to a higher order. That we focus on the value of life. That we do not permit our anger to be indiscriminate or stereotyped. That we find ways to forgive and remember the importance of working on behalf of humanity.

Resources Available to Help Cope with Terror

The following message comes from Dr. David Spiegel, Professor of Biology and Behavioral Sciences:

“The attacks on the United States were sudden, violent, unexpected and have left everyone understandably upset. From years of research on how people respond to traumatic stressors we have learned that they need to take time to process their normal reactions to such abnormal events. The feelings initially aroused include fear, sadness, anger, horror, helplessness, and a sense of unreality. Such reactions are expectable, and it is helpful to express rather than suppress them.

Talk to others about your reactions and you will discover that you are not alone, and that others are as deeply affected as you are. We have lost our sense of invulnerability, and this can make anyone feel edgy, exposed, and afraid. Take time from your usual routines, both work and personal, to think and talk through what these attacks mean to you. The sense of helplessness engendered by the attacks can be acknowledged and responded to by thinking of something you can do: contact loved ones in endangered areas, seek information, offer to help donate blood, organize meetings, or provide emotional support to others who may be even more affected. At times like this we take great comfort in our emotional resources - friends, family, faith, and community.

In the immediate aftermath of such tragedy, take time to come to terms with it: think and feel it through, and feel a part of a community of people who are doing the same thing. Such an assault is designed to tear apart the fabric of our community, so weaving it back together is a healing act”.

There are numerous resources available to help you. Many may find comfort from even brief contact with one or more of these (and other) available Stanford programs. Others may find that this stress, added to the burden of earlier problems, such as depression, anxiety, or substance abuse and that these people may need more intensive help. Please contact the program or programs that you think will best meet your needs:

Stanford Help Center:	(650) 723 4577
Cowell Counseling and Psychological Services:	(650) 723 3785
Chaplaincy	(650) 723 1762
The Bridge Peer Counseling Center:	(650) 723-3392
Stanford Psychiatry Clinic:	(650) 498 9111

In addition, the Child Health Information Center of the Children’s Defense Fund also offers resource to help children cope with tragedy. These include:

*The Parent Center
www.parentcenter.com/general/34754.html

*American Academy of Pediatrics
www.aap.org/advocacy/releases/disastercomm.htm

*American Psychological Association
<http://helping.apa.org/therapy/traumaticstress.html#children>

*American Academy of Child and Adolescent Psychiatry
<http://www.aacap.org/>

Welcoming the Incoming Class of 2001

On September 10th, we welcomed our new Medical School class to Orientation and Stanford. Dr. Gabriel Garcia, Associate Professor of Medicine and Associate Dean for Medical School Admissions, shared some of the demographics of our incoming class of 86 students. This class was selected from a pool of 5,813 applicants and includes students from throughout the United States and world. Of the 86 students, 47 are women and 37 are men. This diverse class is comprised of 26 ethnic minorities (excluding Asian students), including 5 African American, 15 Mexican American, 2 Native American, 1 Native Hawaiian and 3 Hispanic students. The average age is 25.25 years, with a range from 20-34 years. The undergraduate degrees were obtained at 42 colleges and universities, with 15 students coming from Stanford and 14 from Harvard. In addition, 14% of the incoming class holds advanced degrees.

I had the personal pleasure of welcoming our new students on their first day of orientation and had the opportunity to meet many of their families at the Stethoscope Ceremony on Thursday evening, September 13th. I hope you will also have an opportunity to welcome them in the days and weeks ahead.

Executive Committee Meeting Reports

At the September 7th Executive Committee meeting two related topics that impact the School and Medical Center were discussed. The first relates to our overall strategic planning efforts and the second to research space.

Strategic Planning Efforts: I have previously outlined my views regarding the overall strategic directions for the School of Medicine (see April 2nd Newsletter). During the past several months, we have carried out some of the preliminary planning efforts and we are now planning to initiate a consolidated school-wide strategic planning effort that will culminate in a 5-year action plan. The Strategic Planning effort to date has engaged Senior Deans within the School, but will now move forward to include the Executive Committee, the Faculty Senate, faculty, students and Hospital leaders. The Strategic Planning effort will begin with a determination of our mission and overarching goals. While these require further debate and refinement, at this juncture I will state them as follows:

Mission:

To be a leading research intensive School of Medicine that improves the health of children and adults through education, clinical innovation and biomedical research.

Overarching Goals:

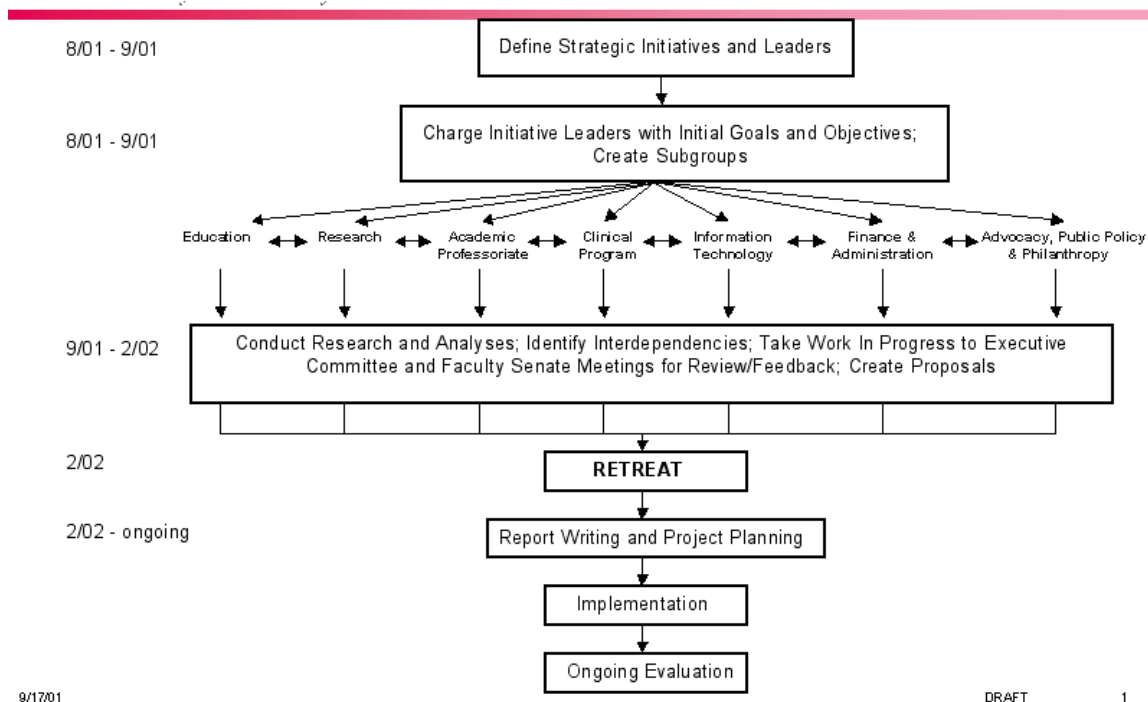
- To make Stanford the national leader in the reformation and rejuvenation of research intensive Medical Schools in the education and career development of thought leaders.
- To transform the future of biomedical research and teaching through novel and innovative alignments and collaborations between basic and clinical scientists and through interdisciplinary partnership and collaborations with investigators and scholars throughout the University, as well as with public and private partners worldwide.
- To provide innovative clinical care to adult and pediatric patients.
- To re-engage the public-trust in respecting the value and importance of Medical Schools and academic medicine because of their contributions to outstanding patient care through education and research.

In order to address these goals, we plan to engage in a consolidated strategic analysis of seven critical program areas: Education, Research, Academic Professoriate, Clinical Programs, Information Technology, Finance and Administration, Advocacy, Public Policy and Philanthropy. Under the leadership of the cognizant Dean, subcommittees will be formed for each area. These subcommittees will define each area's mission, immediate goals and objectives, long-term goals and objectives and the interrelationships with other mission critical areas. The Strategic Planning effort will include program development and capital needs, including facilities. Among these will be our priority for a Learning and Information Center as well as the potential need for additional research space. An important aspect of our Strategic Planning effort will focus on the important interrelationships and interdependencies of each of our missions. One impacts the other making it essential, at this important juncture, to think clearly and wisely about our investments and expectations.

We plan to bring all the subcommittee reports to a Retreat that will be held in February of 2002 and from that develop our consolidated Five Year Plan. Prior to the retreat, however, we plan to discuss specific strategic areas at the Executive Committee, Faculty Senate and Town Meetings.

The graphic below illustrates this planning process:

Process for Achieving Strategic Initiatives



My goal is to engage as much input as possible from faculty and students so that we can assure a shared investment in this effort.

I recognize that Strategic Planning is not unique or new. However, at this important juncture I do believe that bold planning is necessary so that we can assure that Stanford sustains and enhances its excellence as a “research intensive School of Medicine that improves the health of children and adults through education, clinical innovation and biomedical research.” I will also plan to use the Newsletter as a way to keep you informed of our progress. Most importantly, we have every intention of implementing the recommendations that will emanate from this important process.

School of Medicine Space Planning: Another important topic for presentation and discussion at the September 7th Executive Committee meeting was research space throughout the Medical School. Professor James Nelson, Senior Associate Dean for Research, Graduate Student and Postdoctoral Education, led the discussion. Dr. Nelson reviewed the dramatic changes in space density within the medical school area that has occurred during the past 40 years. In 2001 the School of Medicine uses 1, 117,610 nsf of space, including 256, 757 nsf of leased space. Of the total space, 212,151 nsf is occupied by the School’s Basic Science departments and 555,189 nsf by the Clinical Science departments. Although projections for additional space for research, education, animal facilities, and

administration are incompletely analyzed, potential needs of over 400,000 nsf have been noted. Given the termination of the GALE project this past January, the GUP restrictions on overall academic space, and priority needs (e.g., School of Medicine Learning and Information Center), it is all the more important to carefully assess current space use and future projected needs.

Accordingly, Dr. Nelson announced that effective immediately, there will be a six-month moratorium on all requests for incremental space. During this period, a space inventory will be conducted that will identify the space currently occupied by each faculty member, including: the sponsored support for that space; other funding support available to the investigator; size of faculty, students and staff using the space; and an assessment of the impact and priority of the research being conducted. This process will allow us to better define the overall prioritization of currently existing research efforts, both within departments as well as within interdisciplinary programs. Based on this we will begin the process of using space reserves and newly identified space to meet our highest priority needs. We will also carry out, under Dr. Nelson's leadership, a Five-Year plan for the School of Medicine's research facilities requirements. This will be conducted as part of the overall Strategic Plan discussed above. The data emerging from these analyses will be shared as broadly and as transparently as possible. Again, details will follow in future Newsletters.

Faculty Leadership Group and Internal Governing Council Discussions on Funds Flows

In the May 29th issue of the Dean's Newsletter, I reviewed the various ways that funds flow between the Medical School and University and between the Hospitals (both Stanford Hospital & Clinics (SHC) and Lucile Packard Children's Hospital (LPCH)). I have also indicated in recent Newsletters that because of the financial challenges facing the Hospitals, especially SHC, the amount of money transferred to the School for clinical and administrative functions performed by faculty was reduced by approximately 25% in FY01. Similar reductions are being sustained in this current fiscal year (FY02) which began in September. I have also previously indicated that there has been a commitment to better rationalize the ways that Hospital Support for clinical services rendered by our faculty is distributed. During the past two months, Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs, has been working with clinical chairs and Hospital Administration to develop guidelines for distributing the remaining dollars to pay for services rendered by clinical faculty.

In order to expeditiously determine the more appropriate distribution of these funds, an Advisory Group of Payments for Services Rendered has been appointed and will be chaired by Dr. Gary Glazer, Professor and Chair of Radiology. The Advisory Group will include physician leaders from Hospital Based Medical and Surgical Departments, the

Dean's Office and Hospital Administration. Recommendations from this Committee will need to be implemented by November 1st. Their objectives will include:

1. To complete the development of the incentive plan.
2. To divide the current funds labeled as "program support" into services we would regard as "essential" and those available for funding the incentive plan.
3. To define further the "special lab" revenues that would be cost accounted and then provided to specific departments.
4. To facilitate the review of pathology service funding already started.
5. To generate a plan to mitigate the dislocations of these alterations to the current fiscal year's budget.

Following this, other aspects of the funds flow will be further examined to ensure that medical direction monies, fellowship support, and those services we have deemed "essential" are appropriate in amount.

I want to thank Drs. Glazer and Rizk for their leadership and for the participation of both Hospital and Medical School leaders in committing to bring this effort to rapid completion. It is enormously important but also one that will surely generate considerable additional challenges.

Congratulations to Dr. Joe Hopkins

Dr. Judy Swain, Professor and Chair of the Department of Medicine, has announced that Dr. Joe Hopkins has accepted the position of Associate Chief for Clinical Affairs for the Division of General Internal, Family & Community Medicine. Please join me in congratulating Joe on his expanded responsibilities and in applauding his excellent work on behalf of the Division and of the Medical Center.

Appointments and Promotions

David Schneider has been appointed as Assistant Professor of Microbiology & Immunology, 9/1/01-8/31/04

Emmanuel Mignot has been promoted to Professor of Psychiatry and Behavioral Sciences, effective 9/1/01

Laurence Baker has been promoted to Associate Professor of Health Research and Policy, with tenure, effective 9/1/01

Congratulations to all.

Dean's Newsletter

October 1, 2001

Six Months Already

It seems amazing, at least to me, to think that six months have already passed since I began as Dean on April 2, 2001. I want to thank the many faculty, students and staff who have welcomed me and who have been so enormously helpful during my introduction to Stanford. Your wisdom, support, advocacy and engagement has been notable and deeply appreciated.

I fully recognize the many important challenges we have and will continue to face during this exciting time in education, biomedical research, and health care delivery. I believe that the months and years ahead will shape the future of medical education and research and that we must play an important role in that process. I look forward to working with you during the next six months as we address the strategic initiatives I outlined in the

September 17th Newsletter: http://deansnewsletter.stanford.edu/archive/09_17_01.html#5

Indeed, during the next six months we will begin to address the important priorities we will need to establish at Stanford in education, research and clinical care. These will further define our directions in education and the "Learning and Information Center" where they will occur. We will also need to address our research directions within the School and their relationship to other Schools at Stanford, as well as the public and private resources that connect us to our global community. As with our mission in education, setting our priorities in research will help define what additional research facilities will be necessary during the next decade to achieve our objectives. Similarly, we will need to focus further on our clinical mission, both in its impact on patient care as well as in medical and graduate student education and as the beneficiary of our efforts in clinical research. Ultimately, these and our related goals and objectives will help assure that Stanford be the leading research intensive School of Medicine that improves the lives of children and adults through education, clinical innovation and biomedical research.

We have a lot to do but I look forward to working on these enormously important issues with you in the months and years ahead.

Welcome to the Biosciences Graduate Students Entering Class of 2001

During this past week we had the opportunity to welcome the Biosciences Entering Class of 2001 to Stanford. This year's class includes 98 students who will pursue graduate studies at Stanford. It was a pleasure to personally welcome the entering class at a dinner on Tuesday September 25th.

Special thanks must go to Dr. Karla Kirkegaard, Professor of Microbiology & Immunology and Dr. Tim Stearns, Associate Professor of Biological Sciences, for their work as Co-Chairs of the Committee on Graduate Education and Policy. The Schools of Humanities & Sciences and the School of Medicine participate in the Biosciences

Graduate Education Program that permits students to align with 12 Home Programs. These include Biochemistry, Biological Sciences, Biophysics, Cancer Biology, Developmental Biology, Genetics, Immunology, Microbiology & Immunology, Molecular & Cellular Physiology, Molecular Pharmacology, Neurosciences and Structural Biology.

The Biosciences Graduate Education Program at Stanford ranks among the very best in the world, largely because of the contributions of our faculty and students and the exceptional resources within and around the University. I also want to thank our leadership in the School of Medicine, including Dr. W. James Nelson, Rudy J. & Daphne Donohue Munzer Professor and Senior Associate Dean for Research, Graduate and Post-Doctoral Education, and Dr. Ellen Porzig, Associate Professor (Teaching) and Associate Dean for Graduate Education.

Update on Clinical Issues and Challenges

Hospital Matters: On Thursday September 20th, the Board of Directors for Stanford Hospital & Clinics (SHC) reviewed and approved the FY02 budget that was recommended by Mr. Mike Peterson, Interim CEO. This was based on the significant progress that the Hospital Administration, working closely with faculty leaders, had made in August and early September in further reducing expenses. The Board recognized the significant progress that had been made which could, if realized, have the “run-rate” for SHC nearly break-even by the fourth quarter of FY02. That said, Mr. Peterson and the Board recognize that there is a major amount of work yet to be done and that attention to additional reductions during the year will be necessary. Moreover, implementing the recommendations that have already been made will be the more difficult challenge and will require resolve and determination by SHC and the faculty to make sure that the planned targets are achieved.

An important part of the success of the plan proposed by Mr. Peterson rests on achieving the volume and revenue targets on which the budget has been built. Because of the rapid shifts going on in the health care environment, including the decision by the Medical Center to exit from capitated care, making firm predictions about volume is more complicated. To assist this, monthly monitoring reports that address volume achievements and variances, including annualized trend data, will be available for review and scrutiny by the Turn Around Committee and by the Medical Center Internal Governing Council. Focusing attention on areas where expectations are not being met will better permit the Administration to make the necessary changes and accommodations to assure that the fiscal health of SHC is controlled more successfully.

In a related matter, the Search for the permanent CEO of SHC remains open and active. Although there had been active discussions with a potential candidate, it was decided by mutual agreement that it would be better to consider additional choices and options. That process is underway under the leadership of the Chair of the SHC Board of Directors, Ms. Denise O’Leary. As information unfolds, I will share it with you.

Clinical Faculty Issues: In tandem with the issues being addressed at SHC and the Lucile Packard Children's Hospital, considerable work is underway to address equally important financial concerns for our faculty. These include the important topic of payments for clinical services rendered by the faculty to the Hospitals, as well as the related issues of physician and hospital service and financial performance, and the necessary incentives to optimally align these and make them more successful. Again, I will update you on these discussions in the coming weeks.

Thanks Again to Dr. Peter Gregory

On Wednesday September 19th, members of the Faculty and Hospital gathered to thank Dr. Peter Gregory for the tremendous contribution he has made to the Medical Center during his career at Stanford. In addition to being a Professor of Medicine, Dr. Gregory served as Senior Associate Dean for Clinical Affairs for the School and as Chief Medical Officer at SHC since 1989. His involvement in virtually every issue that impacted the interface between physicians and faculty has been praised and respected. I am particularly appreciative that Dr. Gregory agreed to extend his appointment through the end of August, so that I could benefit from his wisdom, help and support during my first months at Stanford. Please join me in thanking Peter for all that he has done. I am also quite certain that he will continue to make important contributions, both during his sabbatical and upon his return to the faculty.

School of Medicine Faculty Senate Opens New Academic Year

On Thursday, September 20th, the Medical School Faculty Senate [<http://www-med.stanford.edu/senate/>] held its first meeting for the new academic year. Dr. Lorry Frankel, Chair of the Senate, also reviewed the role of the Senate within the School. The following is excerpted from his presentation:

“The Medical School Faculty Senate represents the will and opinion of the faculty of the School and establishes policy for the admission, curriculum, and academic performance for MD and PhD students. In addition, the Senate has been charged with advising on academic matters related to housestaff and postdoctoral students. In addition, the Senate advises the School of Medicine on matters related to faculty welfare including legal representation.”

Through its by-laws, the Senate is made of 55 members, of whom 37 are elected or appointed by departments and 18 serve as Senators-at-large and are elected by faculty in basic science or clinical departments. In addition, there are both ex officio members and non-voting members. The Ex-officio members include Faculty representatives of Interdisciplinary Programs and Centers (IDPs) and the Dean of the School of Medicine. Non-voting members include a medical student representative, a graduate student representative, a Voluntary Clinical Faculty representative, an Alumni representative and a Housestaff representative.

Currently, Ms Elizabeth Moreno serves as the Executive Secretary and she works closely with the “Committee of Five” that serves as the Executive Committee of the Senate and is comprised of elected Senate members. Current members of the Committee of Five include Dr. Lorry Frankel (Chair), Drs. Leonore Herzenberg, Myer Rosenthal, Oscar Salvatierra and Robert Siegel.

Finally, there are also some important Standing Committees of the Faculty Senate for the Medical Student programs, including:

1. ***Committee on Admissions.*** Dr. Gabriel Garcia, Chair
2. ***Committee on Courses and Curriculum.*** Dr. J. Edwin Atwood, Chair
3. ***Committee on Student Performance.*** Dr. Lawrence Mathers, Chair
4. ***Medical Student Scholars Committee,*** Dr. Brian Hoffman, Chair.

I hope this overview provides useful information regarding the role and composition of the Faculty Senate.

Appointments and Promotions

I am pleased to announce the following appointments, re-appointments and promotions of our faculty.

Daniel Bloch has been promoted to Professor of Health Research and Policy (Research), 9/1/01-8/31/07

Albert Koong has been appointed Assistant Professor of Radiation Oncology, 9/1/01-8/31/04

R. Lane Smith has been re-appointed Professor of Functional Restoration (Research), 9/1/01-8/31/04

Congratulations to each.

**Dean's Newsletter
October 15, 2001**

Selecting a Health Plan that Provides Access to Stanford Faculty

As you likely know, there have been a number of important changes to the health care plans available to faculty and staff of the Medical Center and Stanford University and its School of Medicine. One of the important questions is which plans will permit subscribers to have access to Stanford School of Medicine faculty. Because this question is being asked frequently and since this is “open enrollment season”, I thought it important to pass on the following information. For calendar year 2002 the only health plan option that will be available to University and School of Medicine employees that provides for full access to Stanford Faculty Physicians is the Cigna PPO plan. We recognize that this option will be more expensive, but it will provide employees full access to a Stanford Faculty Physician, they should select the Cigna PPO at open enrollment.

Thanks to Dr. Gene Bauer

On Monday, October 8th, we received the official announcement from Dr. Gene Bauer that he plans to step down from his position of Vice President for the Medical Center effective December 1st. At the same time we received notification by President John Hennessy that he does not plan to fill the position of Vice President. Instead, he has appointed a Medical Center Executive Committee to integrate and coordinate the intersecting activities of the School of Medicine, Stanford Hospital & Clinics, and the Lucile Packard Children’s Hospital (see below).

Having known about Dr. Gene Bauer’s decision for the past several months, I want to take this moment to thank him personally and publicly for all that he has done for the School of Medicine and the Medical Center during his tenure as Dean, Dean/VP and, most recently, Vice President. Those who have been here during the past several years are well aware how very challenging this period has been for medicine in general and Stanford in particular. Dr. Bauer and his colleagues worked diligently to forge the merger between Stanford and UCSF, only to have to unwind those significant efforts in the Spring of 2000. Despite these very significant challenges, the Medical School continued to flourish during Dr. Bauer’s leadership, marked by important new faculty recruitments, key leadership appointments, new research facilities and the continued attraction of exceptional medical and graduate students.

On a personal note, I want to thank Dr. Bauer for the tremendous support and help he has provided to me since I arrived in April. He has been a true friend and colleague. I also want to thank Mrs. Gloria Bauer for her dedication and commitment to the School, Medical Center and University. Together, Gene and Gloria Bauer have made an important difference and we owe them our gratitude and appreciation.

I look forward to a more formal opportunity to thank the Bauers and wish them well, especially during Gene’s well-deserved upcoming year of sabbatical.

Appointment of the Medical Center Executive Committee

As noted above, with the decision to not replace the position of Vice-President, President John Hennessy has announced the formation of the Medical Center Executive Committee. While recognizing that the Stanford University School of Medicine, the Stanford Hospital and Clinics, and the Lucile Packard Children's Hospital each have a separate and somewhat distinct mission, the overall success of both the combined entity and the individual components depends on a strong working relationship among the three organizations. Working in conjunction with the Board of Trustees, the hospitals' Boards of Directors, the Governing Council, SHC's senior management and LPCH's Executive Committee will oversee the planning and coordination of the school and the two hospitals to ensure the strong working relationship among the three organizations continues. The team will be involved in a wide range of issues, including strategic planning, contracting, clinical productivity, financial performance, funds flow, compensation and changes in clinical programs. The will also work to resolve conflicts within the Medical Center through communication, shared values and creative compromise. The members of the Medical Center Executive Committee include the Dean of the School of Medicine, who serves as Chair, and the CEOs of Stanford Hospital and Clinics and the Lucile Packard Children's Hospital. At their discretion, additional individuals from the School or Hospitals will be invited to participate.

It should also be noted that with the elimination of the position of Vice-President, the CEOs of each hospital will have their primary reporting relationship to their respective Board of Hospital Directors. The Dean will continue to report to the Provost and President. The first meeting of the Medical Center Executive Committee was held on Monday, October 15th. The Committee will meet weekly or, if necessary, more frequently.

Clearly every new organizational structure has its opportunities and challenges. Regardless of the organizational structure, however, is the need for a broad vision and commitment to the future of the School and its very important relationships with SHC and LPCH. I am confident that the Dean and CEOs will work together closely to assure that these important interrelationships, and the value they bring to our patients and community, are sustained and enhanced.

Medical Center Committee of the Board of Trustees: Clinical Research

Among the topics discussed at the Medical Center Committee of the Stanford University Board of Trustees meeting on Monday, October 8th, was the role of the Medical School in clinical research. Dr. Charles Prober, Professor of Pediatrics and of Microbiology & Immunology and Chair of the Dean's Task Force on Clinical Research, provided an excellent summary of clinical research and the important role it plays for our faculty,

students and trainees, School and Hospitals. Dr. Prober's presentation focused primarily on "patient-oriented" clinical research, including translational research, the development of new technologies, studies of mechanisms of human disease, epidemiological studies, behavioral studies, outcomes and health care services studies and clinical trials. Dr. Prober also differentiated between clinical care (i.e., the practice of medicine on a single patient, without an attempt to gain systematic knowledge from the intervention), and clinical research (i.e., the conduct of a controlled and regulated approach to patient care that is explicitly designed to gain systematic knowledge from the intervention). He further demonstrated the important results that have been accrued to the conduct of clinical research, illustrating the impact of AIDS and pediatric cancer, and pointed out why an investment in clinical research is so important to an academic medical center.

At the same time, conducting clinical research necessitates scrupulous care and attention to assure human subject safety. Because this necessarily carries risk, Dr. Ann Arvin, Professor of Pediatrics and of Microbiology & Immunology and Associate Dean for Research, Stanford University, reviewed the various University Policies governing research compliance and human safety. Dr. Arvin noted that the Office of the Dean of Research, at the University level, has the responsibility to oversee all the panels which evaluate the research risks. These include the Institutional Review Boards (IRBs), Biological Safety, Radiation Safety, and Laboratory Animal Care Regulations. Policies regarding research are governed by the US Department of Health & Human Services, the NIH, FDA, VA and Stanford University.

A fundamental tenet is that no human subject may participate in research without IRB approval and informed consent. In considering proposals, the IRB must consider the risks vs. anticipated benefits, if any, for the individual. They must also give special consideration to research involving pregnant women, fetuses, children, or the cognitively impaired. In addition, consideration is given to the importance of knowledge reasonably expected to result from the research and the adequacy of the informed consent.

Currently there are three IRBs operating at Stanford under the Direction of Ms. Kathy McClelland. Rodney Johnson serves as the Liaison to the Legal Office. Faculty participation is critical to the success of the IRBs along with that of lay members. *Three IRBs review medical research. Detailed information is available through stanford.edu/dept/DoR/rph/index.html*

Medical Grand Rounds On October 18th Will Address Bioterrorism

Recognizing that it is a sad testimony on society that the medical profession must turn its attention to bioterrorism, the unfolding world tragedies make this a necessity. At the Internal Governing Board on Friday, October 12th, discussion about the Hospital and Medical School's disaster plans and state of preparedness to new threats was addressed. Formal recommendations will be forthcoming in the next several days.

Further recognizing the many concerns that have arisen due to the anthrax cases reported these past weeks, the topic for Medical Grand Rounds [<http://grandrounds.stanford.edu/>] on Thursday, October 18th has been changed to **Physician Preparedness for Bioterrorism**. The speaker, Dr. Shelley Salpeter, a faculty member at Santa Clara Valley and a clinical professor at Stanford, has been working in conjunction with the Santa Clara County Public Health Department on this issue. Medical Grand Rounds are held in the Fairchild Auditorium on Thursday mornings at 8:00 a.m.

Strategic Planning Retreat Update

As reported in the September 17th Dean's Newsletter, we will be holding a Strategic Planning retreat February 8-10, 2002. In order to make the retreat effective, we will be doing a great deal of pre-work. During the next couple of months eight working groups will be defining the mission, vision and strategic initiatives for their respective areas. These groups will be working under a strict timeline and with clearly stated objectives. Discussions will come back to the Executive Committee for updates and to ensure that the efforts of all groups are integrated. In addition, we will be scheduling Town Meetings so that the larger Medical School audience can participate in this process. The goal of the retreat will be to identify those priorities we think are the most compelling and important to our future. This will also help to inform our fundraising strategies.

Following the retreat we will hold on-site meetings focusing on specific areas in more detail. Once a year we will hold a Leadership Retreat so we are sure to stay in touch with our mission. In this way the February retreat will function as a catalyst to future strategic work and related planning efforts.

Space Planning Update

As you may also recall from the September 17th Dean's Newsletter, a Space Inventory is currently underway. The focus of this inventory, being led by Dr. James Nelson, is to identify how much space is in each of the Departments, how it's being used and who is occupying it. The goal of this inventory is to obtain data that will be used to inform how resources are allocated. I greatly appreciate the help being provided by the DFAs and the Chairs to complete this important process.

Congratulations to Dr. Steve Galli

It is a pleasure to inform you that Stephen Galli, M.D., Mary Hewitt Loveless, M.D. Professor in the School of Medicine and Chair of the Department of Pathology and Professor of Microbiology and Immunology, has been elected to membership in the *Accademia Nazionale dei Lincei* (the National Academy of the Lynxes). His official induction will take place in November. The President of the Italian Republic will receive the newly elected members of the *Lincei* at the Quirinale Palace on November 14th. Dr. Galli was recognized for his work on the regulation of mast cell and basophil development and function. Galli's group developed methods to grow populations of mast

cells *in vitro*, from either hematopoietic progenitors or from embryonic stem cells, and to use such mast cells to repair selectively the profound mast cell deficiency of genetically mast cell-deficient mice. Galli's group and others now use such "mast cell-reconstituted genetically mast cell-deficient mice" to define the specific contributions of mast cells, and of individual mast cell receptors, signaling pathways or products, to the expression of diverse adaptive or pathological biological responses *in vivo*.

The history of the *Accademia Nazionale dei Lincei* is notable, as it was founded in 1603 by 18-year-old Federico Cesi, the Marquis of Monticelli. The desire of the founders was to "see into the secrets of nature with a perception as acute as that of the lynx", hence the Academy's name. Recognized as the oldest secular scientific academy in the Western world, it has participated in its share of historical events, including siding with early member Galileo Galilei (who became a Lyncean in 1611) during his dispute with the church at Rome over the tenets of Copernicus.

Please join me in congratulating Dr. Galli. Clearly this is both a personal and an ancestral accomplishment!

Congratulations to Medical Student Melanie Watkins

I was very pleased to learn from Dr. Ron Garcia that Melanie Watkins was selected as the 2001 Herbert Nickens Scholar based on her outstanding community work and scholarship. Ms. Watkins will receive her award during the annual meeting of the American Association of Medical Colleges that will be held Washington, D.C. in early November.

Appointments and Promotions

I am pleased to announce that the Advisory Board has approved the following promotions and appointments:

Robert Rouse has been promoted to Professor of Pathology at SUMC, effective 9/1/01.

Athena Cherry has been promoted to Associate Professor Pathology at SUMC, effective 9/1/01.

Nishino Seiji has been promoted to Associate Professor (Research) of Psychiatry and Behavioral Sciences, effective 10/1/01.

Yvonne Karanas has been appointed Assistant Professor (Plastic & Reconstructive Surgery) at SUMC, effective 9/1/01.

Karl Sylvester has been appointed Assistant Professor (Pediatric Surgery) at SUMC, effective 9/1/01.

Barbara Sourkes has been appointed Associate Professor of Pediatrics and of Psychiatry & Behavioral Sciences at LPCH, effective 9/1/01.

Congratulations to all.

Dean's Newsletter

October 29, 2001

Response to Bioterrorism

During the past two weeks, a multidisciplinary Task Force on Bioterrorism and Emergency Preparedness has been constituted. Dr. Eric A. Weiss, Assistant Professor of Surgery (Emergency Medicine), is serving as Chair and has worked diligently with faculty as well as Hospital(s) and School Administration to develop a comprehensive preparedness plan. Although it is understandably lengthy, I am taking the liberty of including a nearly complete version of his report in this Newsletter so that every member of our community has the opportunity to become familiar with this information. I recognize that the information that follows has different degrees of relevance to readers. However, I am making the assumption that it is preferable to inform as many of our as possible, regardless of the specific role they might play in implementation. In sending this information, I want to thank Dr. Weiss and his colleagues for their diligence and commitment during this troubling period of human history and for making informative documents such as this available for our community.

Introduction

The Stanford Hospital and Clinics (SHC) & Lucile Packard Children's Hospital (LPCH) Bioterrorism Response Preparedness Plan was developed by the Bioterrorism Planning Task Force to prepare our hospitals and community for a bioterrorism event. The task force has representation from all relevant Departments in both SHC and LPCH as well as representation from the University Environmental Safety Program and the School of Medicine Safety Office. The committee is tasked with coordinating our own disaster planning with Federal, State, County and Local directives in order to insure the highest possible level of safety for our patients, physicians and staff.

Reducing the incidence of transmission of infectious agents such as plague, smallpox and viral hemorrhagic fevers to staff, patients, and the community will depend on how rapidly victims, including the worried-well, can be triaged, diagnosed, isolated when necessary, and treated. Early communication with the local health departments will be essential in controlling or preventing disease transmission and providing public assurance. As information related to recognizing, diagnosing, treating, and preventing bioterrorism is updated at the federal and state level, this plan will be revised accordingly.

What is Bioterrorism?

Bioterrorism is the deliberate release of pathogenic microorganisms (bacteria, viruses, fungi or toxins) into a community. The most likely diseases associated with bioterrorism include anthrax, smallpox, botulism, plague, and tularemia. Additionally viral

hemorrhagic fever (VHF) viruses such as Lassa, Marburg, and Ebola rarely, if ever, identified in North America, may be deliberately introduced. Other potential agents include brucellosis, western and eastern equine viruses that cause encephalitis, Q fever, glanders, and toxin-producing *Staphylococcus aureus*. With the exception of small pox, VHF, and the encephalitis viruses, all bioterrorism agents can be treated with antibiotics or toxin antagonists if promptly diagnosed. Persons who received one or more smallpox vaccinations before the disease was declared eradicated worldwide have little or no immunity and virtually every living person in the world is now susceptible to the disease. There is no treatment for smallpox and, to date, there is a limited supply of vaccine available in the U.S. The above-mentioned diseases are not meant to be all-inclusive since there are many food- or water-borne agents that could potentially be used in a bioterrorist event.

Recognizing a Bioterrorist Event

The key to rapid intervention and prevention is to maintain a high level of vigilance. To minimize the number of casualties, early identification that an outbreak is from an unnatural source is essential. A bioterrorist event may be suspected when increasing numbers of otherwise healthy persons with similar symptoms seek treatment in our hospital emergency departments, physician's offices, or clinics over a period of several hours, days, or weeks. The early clinical symptoms of infection for most bioterrorism agents may be similar to common diseases seen by health care professionals every day. The principles of epidemiology should be used to assess whether the patient's symptoms are typical of an endemic disease (influenza) currently circulating in the community or an unusual event.

The task force strongly recommends early and liberal use of laboratory tests for the rapid diagnosis influenza. Negative test results may alert health care providers to an unusual illness, and positive results should facilitate treatment with effective anti-viral medications.

The most common features of an outbreak caused by bioterrorist agents include:

- A rapid increase (hours to days) in the number of previously healthy persons with similar symptoms seeking medical treatment;
- A cluster of previously healthy persons with similar symptoms who live, work, or recreate in a common geographical area;
- An unusual clinical presentation;
- An increase in reports of dead animals;
- Lower incident rates in those persons who are protected (e.g., confined to home; no exposure to large crowds);
- An increased number of patients who expire within 72 hours after admission to the hospital;
- Any person with a history of recent (within the past 2-4 weeks) travel to a foreign country who presents with symptoms of high fever, rigors, delirium, rash (not characteristic of measles or chickenpox), extreme myalgias,

prostration, shock, diffuse hemorrhagic lesions or petechiae; and/or extreme dehydration due to vomiting or diarrhea with or without blood loss.

Responding to Anthrax Threats (Letters, Packages, etc.)

Physicians in the community should refrain from referring well patients to the Stanford Emergency Department for evaluation after an alleged biohazard exposure. They should follow the guidelines outlined by Santa Clara County.

In addition to the Santa Clara County Guidelines, the following protocol is recommended for dealing with a suspicious package or letter discovered at Stanford University Medical Center:

- Do not open the letter
- If the letter has already been opened and powder spills out, do not clean it up. Keep others away from the area.
- Place the letter in one plastic bag (use gloves and a mask if available).
- Immediately wash your hands with soap and water.
- Notify your supervisor, hospital security and local law enforcement officials (call 911).
- Page the Hospital Hazmat Team by calling Security and asking that the team be paged to your number. Hazmat Team members include: Per Schenk, Jim Schweikherd, and Mirna Citron. The direct pager is 16800
- Evacuate the area
- Ensure that all persons who have handled the letter wash their hands.
- Start a list of names and telephone numbers of all persons who have handled the letter.
- Place all clothing items worn when in contact with the letter into plastic bags
- Keep these bags with you, so that they are available for law enforcement officials

Stanford Emergency Department Response to Bioterrorism

There may be many "walking well" patients reporting to the emergency department requesting evaluation and treatment for suspected exposure to a biological agent. Determining which patients have truly been exposed to a biological agent will be a formidable task. Therefore the following guidelines have been instituted to standardize our approach until better screening and diagnostic modalities become available.

Please note: These recommendations are subject to rapid change as the situation evolves and County and State policies are modified.

Well (Asymptomatic) Patients Reporting to the Emergency Department

1) "Well" Patient(s) arriving to the emergency department (ED) by ambulance (or pre-announced) for evaluation after a potential biohazard exposure will be assessed in the

parking lot adjacent to the ambulance bay and, if necessary, decontaminated using established guidelines.

2) The security guard posted at the metal detector outside the ED waiting room will screen all patients requesting access to the ED to determine if they are seeking evaluation for a biohazard incident. Unannounced patients who are identified by this mechanism will be assessed by the ED Resource Nurse before the patient is allowed to enter the ED waiting room. Appropriate decontamination procedures will then be instituted if warranted by the situation.

3) In the event that decontamination is necessary, the ED will notify the Hospital Hazmat Team by calling Security and asking that the team be paged to the ED. Hazmat Team members include: Per Schenk, Jim Schweikherd, and Mirna Citron. The Direct pager is 16800. In most cases, patient decontamination will not be necessary for sick patients. The incubation period of biological agents makes it unlikely that victims of a bioterrorist event will become ill immediately following the exposure event. (see Decontamination of Patients and Environment)

4) The Palo Alto Fire Department HAZMAT Unit will be called by calling 911 if additional resources are needed.

5) Santa Clara County Health Department will be notified. The local health department has the lead role in the early detection and identification of a bioterrorist event. (408) 885-4214 (regular business hours) (408) 229-2501 (after hours and weekends)

6) If local law enforcement agencies have not been alerted to the event, then they should also be notified by the ED staff.

7) After decontamination (if indicated) the patient will be brought into triage, registered and given a medical screening exam like any other patient.

8) Unless we are notified otherwise by the County Health Department, nasal swabs or other cultures will NOT be collected to screen for anthrax or other biologic agents in asymptomatic patients.

9) Demographic and epidemiological information will be obtained on each patient to facilitate recontacting the patient after discharge from the ED.

Sick Patients Reporting to the Emergency Department

1) A sick patient reporting to the ED, who is suspected of suffering from anthrax or other bioterrorism agent, will be placed in isolation and standard personal protective precautions will be taken to reduce the risk of infection transmission.

2) The following individuals will be contacted immediately to facilitate management and to guide the evaluation, treatment and disposition of the patient

- a) Infectious Disease Fellow (and Attending in necessary)
- b) Infection Control Practitioner
- c) Santa Clara County Health Department
- d) Stanford University Biosafety Officer.

3) If at any time, the number of patients arriving to the emergency department (from a bioterrorism incident) exceeds the staff's ability to care for them with the resources available, a Code Zebra will be activated. (see below).

Code Zebra (Activation of the Hospital's Bioterrorism Emergency Preparedness Plan)

A "Code Zebra" is the activation of the hospital's bioterrorism emergency preparedness plan. Members of the Infection Control Committee, Infectious Disease Department (ID Fellow and Attending), Clinical Microbiology Laboratory, Stanford University Biosafety Officer, Admitting, Media Relations, Security, and Environmental Health and Safety will be paged and called by Stanford Operators, and instructed to report to Radiology East for mobilization. Radiology East has been designated as the staging area for the hospital manpower pool during a Code Zebra. The Administrator on Call will be paged and will report to and activate the Disaster Command Center.

The individual(s) activating a Code Zebra will subsequently contact the Santa Clara County Health Department, and the Palo Alto Fire Department Hazmat Team (911).

Members of the response team, in consultation with the County Health Agency and the ED Attending and Resource Nurse will determine what additional resources are needed and what action to pursue.

If necessary, a Code Triage (full activation of the Hospital Disaster Emergency Response Plan) will be initiated. This will be announced overhead as a "Code Triage."

Sick patients who are suspected of having Anthrax or other bioterrorism related infection, will have cultures and lab tests performed by our hospital lab under the guidelines outlined in the attached document titled: Specimens to Send to the Clinical Laboratory in Suspected Bioterrorism Agent Disease.

Decontamination of Patients and Environment

In most cases, patient decontamination will not be necessary for sick patients. The incubation period of biological agents makes it unlikely that ill victims of a bioterrorist event will present immediately following the exposure event. An exception may be an announced release of a bioterrorist agent, with gross surface contamination of victims with a confirmed agent or material. In the cases where decontamination may be warranted, simple washing with soap and water is sufficient. If necessary, environmental surfaces can be decontaminated with a U.S. Environmental Protection Agency (EPA) registered sporicidal disinfectant or with a 0.5% hypochlorite solution (1 part household

bleach added to 9 parts water). Bleach solution should NOT be used to decontaminate patients or pets.

Personal Decontamination will be done in accordance with existing Emergency Department Procedures and Stanford Hospital and Clinics and Lucile Packard Children's Hospital Hazardous Materials Response Program.

Update on Interdisciplinary Programs: Bio-X/Clark Center and Bioengineering

One of the most distinguishing and exciting developments at Stanford is the ever-increasing move toward interdisciplinary efforts in research and education. One of the most notable of these is Bio-X and the Clark Center. As noted in earlier communications, progress and transition epitomize the Clark Center at this juncture. The overall building design is complete and evidence of continued progress is visible nearly daily. During the next months, decisions regarding the specific programs and investigators who will become the first occupants of the Clark Center will also be determined. This awaits the selection of the next director of Bio-X/Clark Center and the approval of the cognizant Deans from the Schools of Humanities & Sciences, Engineering, and Medicine. The Vice Provost for Research and Provost are fully engaged in this next important phase of the selection process.

Together with the Selection of the next Director of the Clark Center/BioX, the subsequent goal is to determine the ideal grouping of a small number of thematic affinity groups or centers that will foster interactions within the Clark Center itself, attract faculty and students to the Center and engage in collaborations throughout the University. On Saturday, October 13th, the Deans heard wonderful presentations from faculty who have been engaged in potential project development for the Clark Center/Bio-X. It is anticipated that during the next weeks, additional proposals will be reviewed and the most promising and interactive centers selected. The transition from a focus on individual investigators to one that addresses the benefits of programmatic centers which serve as incubators, facilitators and collaborators offer the next important stage for the Clark Center and Bio-X. Exciting times are ahead.

In related but distinct efforts, I am pleased to inform you that continued progress is being made in our pursuit to develop a joint bioengineering program with the School of Engineering. Recognizing that discussions about this have been underway for a number of years, considerable progress has been accomplished within the past several months. Based on oversight meetings with the Deans of Engineering and Medicine, along with Drs. Jeff Kosoff from Engineering, and Drs. Paul Yock and James Nelson, from Medicine, efforts to develop a joint Department of Bioengineering are being considered. Further support for this concept has emerged from faculty retreats held by each School individually (with joint representation), each concluding that there is merit to proceeding to the development of a joint Department. A target date for concept approval has been set for late November. If we are successful in laying the correct groundwork, this could become the first joint department of bioengineering between a School of Engineering and

Medicine in the country. Not only would that be an important accomplishment in its own right but more importantly, it would foster a collaborative environment for undergraduate and graduate education as well as in interdisciplinary research. Indeed, the relationship between these joint efforts in bioengineering and the Clark Center/Bio-X should not go unnoticed.

Discussions with Medical Student Leadership Regarding Family Medicine

During the past several months there has been considerable discussion, debate and opinion regarding the status of Family Medicine at Stanford and, in particular, its role in medical student education. The debate was fueled by a decision I made, in May, to join the Divisions of Family and Community Medicine and General Internal Medicine, both of which resided in the Department of Internal Medicine. The goal was to create a larger critical mass of faculty that could further enhance the education of our students and promote new avenues for research. While the goal was, in my opinion, meritorious, the success to date has been less than what was hoped for or expected. I have also received an expression of concern from the Committee on Courses and Curriculum.

Accordingly, a discussion was held with Stanford Medical Student Association leaders and representatives on Thursday, October 18th, along with Dr. Julie Parsonnet, newly appointed Senior Associate Dean for Medical Student Education, Dr. Neil Gesundheit, Associate Dean for Medical Student Education, and Dr. Sam LeBaron, Associate Professor of Medicine (Family and Community Medicine) at Stanford University Medical Center.

In this meeting I underscored the School's commitment to sustaining and enhancing the highly valued and important clerkship in family medicine. It had been my hope that the newly defined merger could improve the already excellent clinical experiences offered to our students by family medicine faculty and staff. I also underscored that the perception that the merger "devalued" family medicine was not my intent. Although, I had been aware of the viewpoint that the overall academic development of family medicine had been limited by being a division, I also recognized that a departmental structure was not feasible at this time, especially given our current resource constraints. It was because of this that the concept arose for combining resources of family and general internal medicine in order to enhance the overall academic mission of both divisions. Although the newly merged division has been in place for several months, and while faculty and staff from both family medicine and general internal medicine are certainly seeking to do the best they can for our students, it is increasingly clear that both students as well as faculty, staff and community colleagues are less than satisfied with the current organizational structure.

Obviously, at such a juncture, the key question is whether continued efforts by faculty and students could make the current merged program work more successfully. Based on the input I have received, from a variety of sources, this seems unlikely. While my intent was never to offer the perception that one medical specialty (e.g., family medicine or

general internal medicine) was less valued than others, this seems to have occurred. I certainly apologize for that perception – it was not my intent. Accordingly, we will explore other options. However, the boundaries for these do not include a new department. Other alignments will be considered and, at its essence, we will do everything possible to assure the valued clinical elective provided by family medicine faculty and staff is sustained.

This is an interim report. Additional details will be provided as they unfold. During this process I hope to engage the continued cooperation and support of our faculty and students.

Executive Committee Update: Children's Health Initiative (CHI)

At the October 19th Executive Committee, Dr. Alan Krensky, Professor of Pediatrics and Director of CHI, gave a presentation of the history, current status and future expectations of the CHI. He noted that in November, CHI will be officially announced in conjunction with the 10th Anniversary Celebration of the founding of the Lucile Salter Packard Children's Hospital (LPCCH). The goal of the presentation was to inform the Executive Committee members about what CHI is and it is not – especially given the multiple phases of its history and evolution.

Because the official announcements about CHI will be part of the 10-year celebration of LPCCH now scheduled for November 15th (having been rescheduled from the originally dates due to the tragic events of September 11th), I will only provide a very truncated description at this time. The fundamental message, of course, is that CHI represents an extraordinary opportunity for LPCCH and Stanford Pediatrics to achieve enormous prominence and sustainability during the next decade and beyond in child health and pediatric research. This is due to the remarkably generous gift of the Packard foundation, that when completed, will provide approximately \$500 million during the next 10 years to develop outstanding programs in clinical care, research and education as well as facilities at LPCCH and Stanford. This mandates enormous stewardship by the leadership of CHI, LPCCH, the School of Medicine and the Foundations providing this exceptional support.

At the same time, it is also essential to manage the expectations surrounding the timelines of the CHI effort. Although it is important to underscore that although the ultimate \$500 million gift and grant for CHI is due to a combination of direct gift support from the Packard Foundation coupled with a matched fundraising effort, it is critical to make clear that these funds do not, at the moment, exist in the aggregate. That is because of the matching support fundraising effort that will be carried out by the Lucile Packard Foundation for Children's Health which will complement the gift provided by the David and Lucile Packard Foundation to LPCCH for the CHI. It is anticipated that with the successful matching, the yearly funding that will be available for program development will be approximately \$30 million per year, a large portion of which will be allocated as endowment support for specific program areas. This further means that while a number of important opportunities have already been identified, the timeline to achieve them will

be measured in years and will surely be influenced by areas of opportunity. Thus, while a long-range plan has been developed and will be constantly refined, it is important to recognize that the ultimate fulfillment of this plan will unfold gradually during the decade ahead. Nonetheless, this represents an unparalleled opportunity to develop a pediatric program of enormous importance and that will serve our community, LPCH, Stanford and the world, if done with the excellence and care that must now occur. Accordingly, it is important to engage the critical acumen, knowledge and commitment of our faculty leaders – both those already focused on child health and those whose expertise and knowledge from other disciplines can help the CHI effort to be as successful as it can possibly become.

Needless to say, more details will follow on this very important topic and initiative.

Meetings and Gatherings

Cardiothoracic Surgery Faculty Meeting. On Monday, October 11th I had the pleasure to participate in the CT Surgery Faculty meeting. I want to thank Dr. Bruce Reitz for inviting me to attend the meeting and for the faculty who raised important questions regarding the projected clinical strategic initiatives that have been established for CVS, the impact of the recruitment of pediatric CT surgeons, the role of the Operating Room Director, and the overall financial performance of the department and the hospital.

Boston “On the Road” Event. On Tuesday evening, October 23rd, I had the opportunity to address Stanford Medical Alumni living in Boston and the greater New England area. This was the third such annual event sponsored by the Office of Alumni Relations and hosted by Dr. Ross Bright, Associate Dean for Alumni Affairs. The event provided an opportunity to meet with recent as well as past Stanford graduates and to inform them of the changes occurring at the Medical School and Medical Center. I shared the current outlines of our now ongoing strategic planning efforts and how this will impact on new program development and our Stanford Medicine Capital Campaign in the second half of 2002.

Special thanks to the Office of Development and Alumni Relations, especially Kaleo Waxman, Charlie Brown and Andrew Cope, for making the evening so successful.

Pediatric Drug Testing

A sad reality during the past decades has been the inadequate development of drugs for infants and children. Indeed, through the present, nearly 80% of drugs currently in use have had no testing in children. This had significant negative consequences during the early AIDS era but also has negatively impacted the ability to adequately develop new agents for numerous other pediatric illnesses. Because of this, a number of groups and foundations have worked to improve drug availability and clinical research in children.

This had a major impact in 1997 through the FDA Modernization Act. However, the past year has witnessed some pushback on pediatric clinical research in the lay press in general and the resultant real possibility that the current program which provides incentives to the pharmaceutical industry to permit drug testing in children might not be approved. The consequences for pediatric clinical research should that happen would be enormous. I am pleased to say that a number of individuals at Stanford and LPCH are helping to prevent that from occurring. Dr. Charles Prober, Professor of Pediatrics and Scientific Director of the Glaser Pediatric Research Network and Dr. Harvey Cohen, Professor and Chair of the Department of Pediatrics have been particularly important in advocating for approval of the bill to sustain incentives for pediatric drug testing. I have worked with Drs. Prober and Cohen along with the Elizabeth Glaser Pediatric AIDS Foundation and the Health Policy Board of the Institute of Medicine to advocate for the passage of the bill. I am happy to say that this past week the US Senate passed the pediatric testing bill that extends the highly successful incentives for testing of drugs for use in children. Senate passage is a big victory for kids, but the job is not done. The next steps will be to pass the bill in the House, reconcile the House and Senate bills, and then send the bill to the President for his signature.

Depending on the next steps we may wish to call on your advocacy as well.

Congratulations

Philip Sunshine, M.D.: On Sunday, October 21, 2001, Dr. Phil Sunshine, Professor of Pediatrics, received the Virginia Apgar Award from the Section on Perinatal Pediatrics of the American Academy of Pediatrics. One of the founding fathers of neonatology, Dr. Sunshine has made significant and enduring contributions to science in addition to being an outstanding clinical neonatologist and teacher. He was, for example, the first to describe the relationship of neonatal thyrotoxicosis to the long-acting thyroid stimulator that was subsequently shown to be thyroid-stimulating immunoglobulin. He has been a pioneer in the early study of mechanical ventilation and its impact in the treatment respiratory distress syndrome. His background in biochemistry also led him to contribute new knowledge to the study of metabolic diseases of neonates, including the first description of a child with ornithine transcarbamylase (OCT) deficiency. Equally importantly, Dr. Sunshine has been a wonderful educator and a national leader in pediatrics, serving in numerous leadership roles. Perhaps most importantly, he is deeply admired by his colleagues and students for his integrity, commitment and humanity.

Congratulations to Dr. Phil Sunshine.

Halstead R. Holman, M.D.: The American College of Rheumatology has bestowed its highest honor, the Presidential Gold Medal, upon Hal Holman, the Berthold and Belle N. Guggenheimer Professor of Medicine. Given once each year, this award recognizes the individual, who in the opinion of the College has demonstrated a career-long mark of excellence to research, clinical work, and

teaching in medicine and rheumatology. Dr. Holman's career, which now spans nearly 50 years, includes the initial studies of role of anti-nuclear antibodies in rheumatologic diseases. The award also recognizes Dr. Holman's leadership in the development of a scientifically excellent faculty in the early development of the Department of Medicine when the School first moved from San Francisco to Palo Alto in the early 1960s. He is also acknowledged for his teaching abilities, clinical excellence and commitment to the care of adults with chronic disease.

Congratulations to Dr. Hal Holman.

David B. McKay, M.D., Ph.D.: Professor of Structural Biology, has been elected a Fellow of the American Association for the Advancement of Sciences for his crystallographic and biophysical studies that have provided insights in macromolecular structures and mechanisms of microbial virulence factors, molecular chaperone proteins, and catalytic RNAs. He joins 28 other Stanford faculty who have been elected Fellows of AAAS in recognition of their scientific contributions.

Congratulations to Dr. David McKay

Appointments and Promotions

Bishr Omary has been promoted to Professor of Medicine (Gastroenterology/Hepatology), effective 10/1/01

Congratulations to Dr. Omary

Dean's Newsletter November 12, 2001

Town Hall Meeting on Monday November 19th

Faculty, staff and students are invited to attend a Town Hall Meeting on Monday, November 19th at Noon in the Fairchild Auditorium. The purpose of the Town Hall meeting will be to give you an update on the Strategic Planning Process now underway for the School of Medicine. This will be the first of three Town Hall Meetings, the others scheduled for Monday January 14th and Monday February 25th will also be at Noon in the Fairchild Auditorium.

In the September 17th issue of the Newsletter

(http://deansnewsletter.stanford.edu/archive/09_17_01.html#5) I announced the initiation of the comprehensive School-wide Strategic Planning that is now underway. At the Town Hall Meeting on November 19th I will outline the process we are following and engage your ideas and suggestions. I hope you will attend.

At the January 14th Town Hall Meeting we will plan to report some of the work that has been accomplished to date and that will be presented at the Strategic Planning Retreat scheduled for February 8-10th. We will then hold a third Town Hall Meeting on February 25th to inform you of what was accomplished at the Retreat. It is my hope that these Town Hall Meetings will provide an additional forum for discussion and an opportunity for members of our community to share their views and suggestions.

Emergency Preparedness

The past two months have necessitated that all members of our Medical Center and University community become engaged in emergency preparedness. This is a process that is occurring across the USA and likely in other parts of the world as well. While our attention had been directed at bioterrorism, bomb threats and other acts of terrorism and violence, it is also important not to lose sight of the importance of preparedness for natural disasters, such as earthquakes, fires, etc.

On Wednesday October 31st, University Officers and Leadership staff took part in an emergency preparedness exercise dealing with an earthquake scenario. Important issues of alignment between University student health services and the Medical Center were reviewed along with issues surrounding the protection of students and employees as well as families residing on campus. The session provided an opportunity to identify important issues that will make the university safer and more able to respond to a natural disaster.

Of course most of our attention at the Medical Center in the past eight weeks has been focused on terrorism. Not surprisingly, our initial organization and response efforts were not as well established as should be. That has changed. In the last several weeks a Bioterrorism Task Force

(<http://www.stanfordhospital.com/forPhysiciansOthers/bioterrorism/index.html>) has been established (see October 29th Newsletter -

http://deansnewsletter.stanford.edu/archive/10_29_01.html#1). Moreover, our Medical School Emergency Management Team, including Mr. David Silberman and Mr. Keith Perry, have visited with every Department Chair and DFA to assure that each department understands the procedures that should be followed in a Emergency. It is just as important for every student, staff and faculty member to be knowledgeable about emergency preparedness. Everyone should carry the plastic card that lists the "Stanford University School of Medicine Emergency Instructions". If you don't have an Emergency Instruction card please check with your departmental DFA or supervisor. Everyone should also know the "Emergency Hotline Numbers" for the School: 723-7233 (or 7BE SAFE).

One practical issue is that some of the guidelines for the University and the Hospitals differ. Specifically, University and Medical School guidelines may call for building evacuation during an emergency. In contrast, Hospital guidelines do not call for general evacuation since these buildings are specially constructed to withstand natural disasters and, of course, contain patients who require continued care. However, there are some

Medical Center buildings that are commonly inhabited by both University and Hospital personnel, raising the question of which rules (e.g., evacuation or not) should apply. Based on this, Mr. Silberman instructed staff that everyone one in the Boswell building and north of the Core should follow the Hospital procedures, "protect in place" and not evacuate. Others should follow the university policies and everyone should know where their emergency assembly point is located. Only clinical faculty or staff who have been specifically instructed to be in the Hospital should be in attendance during a Hospital emergency.

Although we all hope that no serious events will occur, it is essential that every member of our Medical Center community be informed and prepared.

Student Safety on Campus

In addition to the important attention to Emergency Preparedness as noted above, I would be remiss in not commenting on another issue that concerns me greatly regarding student safety. This is the striking paucity of bicycle lights and nearly complete absence of helmets by the many students who ride the campus, especially during the evening hours. When coupled with the inattention to stop signs and lack of conventional hand turn signals, this can only be described as another disaster in the offing. I have raised my concern regarding bicycle safety on campus at the University Cabinet meeting on November 8th.

While we should be proud of a Campus that is attempting to reduce automobile traffic and which encourages students to use bicycles as the predominant mode of transportation, we should also insist that safety be ensured. At a minimum, bicycle lights and reflectors should be required. I also believe that bicycle helmets should be worn on campus.

Update on "Funds Flow"

In the May 29th Issue of the Newsletter

(http://deansnewsletter.stanford.edu/archive/05_29_01.html#1), I reviewed the fundamentals of "funds flow" or payments to clinical faculty by Stanford Hospital & Clinics and the Lucile Packard Children's Hospital for services rendered. These include support for medical direction, "essential services", payments for fellows, and clinical program development. Many of these payments have evolved over the years and have been based on changing criteria or expectations. While these payments for services rendered are extremely important, they have also been a source of contention, confusion and debate by faculty, hospital administration and members of the Board of Directors. Accordingly, for some months efforts have been underway to bring greater clarity, rationale and transparency to the flow of these funds including their source and use.

Based on the work of Drs. Norm Rizk, Senior Associate Dean for Clinical Affairs, Gary Glazer, Chair of the Department of Radiology, together with other faculty, hospital administration and School of Medicine leadership, proposals were developed for

addressing both hospital payments for services rendered by clinical faculty as well as a School of Medicine incentive plan for clinical departments. The products of these deliberations, based on final executive decisions rendered by the Dean, were reviewed and modeled and then presented to the Internal Governing Council on Friday, November 9th.

Although budgets for the clinical departments for FY02 had been set on September 1st, we agreed in late August that the work of the Advisory Group on payments for services rendered and incentives would result in modifications of these budgets retroactive to the beginning of this fiscal year. Those data were shared with the department chairs and DFAs at the Governing Council meeting. This remains a work in progress and additional scrutiny will be needed during the months ahead. While this work will refine the application of principles used to determine these payments from the hospital to the clinical departments, the numbers for FY02, based on the data shared on November 9th are now set for the year. It should be noted that this analysis was purposefully restricted to SHC for FY02. It is expected that the same principles will apply to both SHC and LPCH for FY03 and beyond.

The goal is to assure that the payments for services and related expenses between the Hospitals and the School are based on sound principles, are as fair as possible, are transparent and have some reasonable predictability. It is recognized that the incentive payments can fluctuate based on performance.

It is also important for me to point out that an important principle is to assure that, as much as possible, we are all working to achieve common goals and objectives. Although the financial strains of our academic medical center can easily draw fracture lines and quickly erode in acrimony and protest, we are best served when the decisions regarding payments are understandable, transparent and performance based. This was especially notable during FY01 when the payments for clinical services from the Hospitals were reduced by approximately 25%. Although it is recognized that the poor financial performance, especially of SHC, mandated a number of cost reductions, it must be underscored that they were not based on clearly defined principles and, moreover, the amount of the reduction appeared arbitrary. Thus, an important feature of our recent efforts was to provide greater clarity and rationalization for this process. We still have work to do to achieve these goals and principles, but the information and decisions presented on November 9th are an important step in the right direction.

The analysis of payments for services rendered is but one of a series of important issues under active review. The principles guiding faculty compensation, physician practice and organization, department reserves, and funds flowing between the Dean's office, basic and clinical departments and the Hospitals, all require additional scrutiny and refinement. A number of these reviews are underway and some will be included in the planning for the School-wide Strategic Planning Analysis.

It should also be noted that in recognition of the significant reduction of funds from the Hospital in FY01 and FY02, the School of Medicine helped create the incentive payment

pool. This was done with funds already accrued from clinical faculty and that was thus returned to the departments as well as from other School reserve accounts. While this helps to stimulate the incentive pool for FY02, other sources will need to be found for FY03 and beyond. The sources for these funds will include additional hospital payments as well as re-basing the currently extant allocations to areas no longer deemed necessary. Obviously, this work in progress will be ongoing through the remainder of the fiscal year.

Additional Updates from the Governing Council

At the Governing Council on November 9th, we also heard some additional good news and bad news. The bad news is that according to the Pacific Business Group survey clinical services provided by SHC have fallen from their lofty #2 place to a lower ranking. This is obviously of concern and will receive considerable attention and work by Hospital administration and clinical faculty.

At the same time, there was good news regarding the volume numbers at SHC for October, showing that patients are coming to Stanford in greater than expected numbers to receive care. This is clearly important. In addition, Dr. Paul Ford, General Internal Medicine, presented the important quality improvement results by Stanford primary care physicians to reduce appointment times to one-day service. During the last six months they have made major strides and have achieved their goal, which is already resulting in improved patient/consumer satisfaction. I want to congratulate Dr. Ford and his colleagues for initiating and completing this important initiative. It will be important to learn from this experience and determine how to apply it to other clinical areas.

More Progress in Bioengineering

This past week we achieved another milestone in our efforts to develop a joint department of bioengineering with the Schools of Engineering and Medicine. Our leadership group consisting of Drs. Pizzo, Plummer, Koseff, Nelson and Yock met on November 7th. Based on the recent planning meetings held by both the Schools of Engineering and Medicine there was great interest in now proceeding to the actual development of this joint SoE/SoM Department. We agreed that we would strive to make this a joint effort in every way possible and, equally importantly, that we would not let the understandably inevitable road blocks we will surely encounter stand in the way of progress.

The next steps will include the formation of four subcommittees that will focus respectively on undergraduate education, graduate education, academic governance and finance & administration. We expect to name the co-chairs of these committees by the end of this calendar year. Having reached this important milestone, we agreed that the Deans would meet jointly with the President and the Provost to review the progress made and future planning. In addition, a Steering Committee will be formed to oversee the next stages of planning. Finally, we plan to complete the work of the above mentioned subgroups by the end of this academic year.

This is wonderful news.

Compliance Committee

On Wednesday November 7th we held the first meeting of our School of Medicine Compliance Committee. This Committee is chaired by the Dean and brings together Senior Deans and Legal Counsel to provide a comprehensive and effective oversight of compliance-related activity within the School. The Committee will be aligned to the University Compliance Committee and assure that important issues affecting the School of Medicine and Medical Center are reviewed and addressed. The Committee will not supplant or interfere with the work done by the compliance committees surrounding education, research, patient care but will attempt to assure that the interrelationships surrounding some of these areas are addressed and that the School leadership is both aware and responsive to individual faculty and institutional compliance.

Medical Students visit with the Surgeon General

During his recent two-day visit to Stanford University, Dr. David Satcher, U.S. Surgeon General counted as one of his highlights the opportunity to meet with students. On Monday, November 5th, Dean Sharon Long arranged for a meeting with undergraduate students in Humanities & Sciences. On Tuesday, November 6th, the Medical School had the pleasure of hosting Dr. Satcher and he held a lunch meeting with some of our medical student leaders. I had the pleasure of joining that group and share Dr. Satcher's enthusiasm and appreciation.

I want to thank the medical students who attended the luncheon, including Anna Battat, Nirav Rati Bhakta, Duane Campbell, Phil Ecker, Vivek Jain, Charay Jennings, Isabel Demos Lee, Rosalyn Nguyen and Elizabeth Rogers. Each presented some of their areas of community service and leadership and discussed with Dr. Satcher how important these activities were to them and to the communities they serve.

Stanford Medical School Mentoring Program.

I received the following message from Nicole D. Marsico, SMS II regarding the Stanford Medical School Mentoring Program that is of interest. According to Ms. Marsico:

"The program consists of a web site (<http://medapps.stanford.edu/mentors>) put together by students featuring nearly 200 volunteer mentors from the Stanford faculty and surrounding community. The mentors were recruited by the hard work of faculty such as Dr. Bill Mobley (Chair, Department of Neurology) as well as the Alumni Association and the Santa Clara County Medical Association and represent a broad range of interests. We introduced the program to the students in October and have thus far matched nearly 70 students... The student response has been extremely enthusiastic; I've received many encouraging

comments from both pre-clinical and clinical students. To help launch this program, we've planned a kick-off event for sometime in February."

Awards

In the October 29th Issue of the Newsletter I announced Dr. David McKay's election as a Fellow in the American Association for the Advancement of Sciences. I am pleased to announce that two other School of Medicine faculty have also been elected Fellows to AAAS. They are:

James A. Spudich, the Douglass M. and Nola Leishman Professor of Cardiovascular Disease, was cited "for major contributions to the understanding of cell motility and development of in vitro methods for measurements of molecular motors."

Lucy S. Tompkins, Professor of Medicine (Infectious Diseases and Geographic Medicine) and of Microbiology and Immunology, was cited "for fundamental studies on bacterial pathogenesis."

Congratulations to Drs. Spudich and Tompkins.

Appointments and Promotions

Dr. Larry Moss has been promoted to Associate Professor of Surgery (Pediatric Surgery) at Lucile Packard Children's Hospital

Dr. Ginna Laport has been appointed Assistant Professor of Medicine (Bone Marrow Transplantation) at Stanford University Medical Center.

Dr. Robert Lowsky has been appointed Assistant Professor of Medicine (Bone Marrow Transplantation) at Stanford University Medical Center

Dr. Stephen Skirboll has been appointed to Assistant Professor of Neurosurgery at Stanford University medical Center

Dr. Margo Thienemann has been appointed Assistant Professor in the Department of Psychiatry and Behavioral Medicine at Stanford University Medical Center.

Jay Bhattacharya has been appointed Assistant Professor of Medicine (Primary Care and Outcomes Research

Seung Kim has been reappointed Assistant Professor of Developmental Biology and, by courtesy, of Medicine, 11/01/01-10/31/05

Congratulations to all.

Dean's Newsletter

November 26, 2001

Town Hall Meeting on School of Medicine Strategic Plan

On Monday November 19th the first of three Town Meetings was held to engage faculty, students and staff in our School of Medicine Strategic Planning efforts. This first meeting, held in the Fairchild Auditorium, reviewed the mission-driven interrelated planning effort now underway. Under the guidance of a Senior Associate Dean, seven work groups have been meeting to review the School's missions and goals, along with its strengths, weaknesses, opportunities and challenges in fulfilling them. The current work groups include medical education, graduate and post-doctoral education, research, clinical affairs, the academic professoriate, finance & administration, and advocacy, public policy and philanthropy. One other work group, "information technology", has yet to meet since we are finalizing plans for how to construct leadership for this very important area (see below).

In addition to providing an update on the current status of the Strategic Planning efforts, I encouraged those in attendance to share their views and visions for the School with me, other Senior Deans as well as the Strategic Planning Coordinator, Mr. Dave O'Brien. As you know, we will be reviewing the products of our 7-8 Working Groups at an Executive Retreat in February and, following that, we will develop our prioritized list of major initiatives for the next several years. During the next weeks I will be sharing some of the preliminary recommendations from the Working Groups in the Newsletter. I hope you will use those communications as an opportunity to share your reactions or alternate recommendations. Recognizing that in the end we will need to make a limited number of choices we can work on, I do want to engage as much input and feedback from you as possible during this phase of the planning process.

A common theme of my presentation was the role of Stanford School of Medicine as a leader in interdisciplinary education and research. It is our hope that new and novel collaborations and interactions will help us improve patient care and thus engage our community, locally, nationally and globally, in better valuing the role of academic medicine in general and Stanford in particular. This perspective was reaffirmed by comments we received following the Town Meeting.

10th Anniversary Celebration of the Lucile Packard Children's Hospital

On Thursday evening, November 15th, The Lucile Salter Packard Children's Hospital officially celebrated its 10th year anniversary. This event was coupled with the wonderful announcement that the David and Lucile Packard Foundation was committed to help assure the pre-eminence and sustainability of the Packard Children's Hospital. This will be accomplished through the combination of a \$100 million gift and a commitment to

match an additional \$200 million raised from communities locally and nationally. The resultant \$500 million that would become available during the next decade would help Packard Children's Hospital and Stanford develop "Centers of Excellence" in such important areas as Brain & Behavior, Cardiovascular Disorders, Pulmonary Disease (including Cystic Fibrosis), Tissue Engineering and Organ Transplantation, and Cancer Biology and Treatment. In addition, the Johnson Center for Obstetrics and Newborn Medicine will continue to help improve the lives of high-risk neonates and infants. These are areas where significant progress is anticipated in the next decades. The role of children's hospitals in improving disease outcome has been significant and it is anticipated that the Lucile Packard Children's Hospital, which has already emerged as one of the nation's finest, will become a leader and innovator in the years ahead.

The first children's hospitals in the USA were founded in the 1860s, and included those in Philadelphia, Chicago and Boston. During the past 140 years, children's hospitals have made major contributions to the care and well being of children. A number of the diseases that took the lives of children in the 19th and 20th centuries are now preventable or curable. Others have moved from the fatal or highly morbid category to either treatable or controllable. Unfortunately, children are still vulnerable to a number of life-threatening illnesses - either congenital or acquired. These are the focus of activity in the leading children's hospitals.

In my opinion, the best children's hospitals are defined by two essential facets. The first is a focused attention on the care and well being of children and families, including child and family centered facilities, and committed staff to reduce the fear and pain associated with new or chronic illness. The second important characteristic of leading children's hospitals is to improve the lives of children by state-of-the-art care coupled with a constant commitment to improve it further through research. A children's hospital without a strong research and education commitment is unlikely to sustain excellence over time because it will lack the ability to be innovative and bring new knowledge to the care of infants, children and adolescents.

During the next 10-20 years I believe that Packard will become one of the nation's leading children's hospitals. Several factors will contribute to this. The first is the excellence of the current staff and leaders, and their commitment to doing the very best that can be done for children and families. The second factor includes the physical resources available for the care of children and families, including the plans to expand and improve them. The third and perhaps one of the most important factors is the proximity and connectivity to Stanford University School of Medicine and Stanford Hospital. This creates an extraordinary amplification effect. Indeed, the interactions of Packard pediatricians and scientists with outstanding basic and clinical science investigators at Stanford will enable research to more rapidly disseminate to the children being treated at Packard. Equally importantly, as the School of Medicine increasingly engages the expertise and knowledge of the broader university, including faculty in engineering, humanities & science, laws, education, business, the prospect for developing unique solutions for the medical and social problems impacting children become even greater. Conversely, without the proximity and interactions of Packard with Stanford, the

children's hospital alone would be unlikely to achieve national excellence. Thus, having Packard Hospital both focused on children but also closely intertwined with the School of Medicine and the university creates an environment and breadth of resources that is nonpareil. It will serve to distinguish Packard Hospital from all other children's hospitals.

Naturally, accomplishing the goals outlined above requires support and commitment. Accordingly, the extraordinary gift and grant from the David & Lucile Packard Foundation and, in addition the support of the community, will enable Packard Children's Hospital and Stanford to achieve the pre-eminence and excellence it can and must. This is not only important for those children who come to Packard Children's Hospital for care, but also for children worldwide who will benefit from the discoveries and innovations that are made here, and from the trainees who will leave Packard/Stanford to help children and families around the world.

Executive Committee: Review of Informatics and Information Technology

At recent Senior Dean's meetings and the Executive Committee meeting on Friday, November 16th, we reviewed the current and future challenges and opportunities for the School of Medicine in informatics and information technology. Drs. Mark Musen, Associate Professor of Medicine (General Internal Medicine) and, by courtesy, of Computer Science, and Parvarti Dev, Director of SUMMIT, reviewed the range of disciplines that come under the broad umbrella of informatics/information technology. They also discussed the specific direction that the School might take in helping to optimize its impact on programs in education, research and clinical care.

It is important to underscore that the range of informatics/information technology extends from the basic science concerned with the study and management of information (i.e., informatics) to the use of computer technology to support faculty, student and staff productivity in education, research, clinical care (i.e., "information technology"). Within this spectrum from basic to applied, are the exciting fields of computational biology and clinical computing.

Recognizing that there are areas of great strength in informatics and biocomputation already extant at Stanford, it is also important to note that these are currently located in different Schools and Departments. A unifying home or center, which could be School-based or, more ideally, inter-School structured, will be important in assuring that Stanford optimizes its academic program in informatics and biocomputation. Because the Schools of Medicine, Engineering, Humanities and Sciences, each have significant interests in this rapidly evolving area, it is likely that the most optimal solution will emerge from an interdisciplinary program.

In tandem with a need to develop an organization that helps to organize informatics is a need to stimulate and improve information technology and integrated information management within the School of Medicine. This would seem to be best organized through the creation of a new position, namely a Senior Associate Dean for Information Technology. This office would stimulate and enhance the use of information technology

in education and learning (including library services), in research and, importantly, in the interface with hospital-based clinical information systems.

Based on the reviews that we have conducted during the recent months, it is now clear that a stronger coordination of information technology is important to optimize learning, information and research programs within the School and Medical Center. Accordingly, we will be proceeding to search for an individual to fill a new position as Senior Associate Dean for Information Technology and Integrated Information Management.

Any thoughts or suggestions you have regarding this will be appreciated.

Radiology Department Faculty Meeting

On Tuesday November 13th I had the opportunity to attend a Department of Radiology faculty meeting where Dr. Gary Glazer, Professor and Chair of the Department of Radiology, along with other departmental leaders, reviewed recent past accomplishments and future plans for the education, research and clinical programs. It is clear that during the past decade Dr. Glazer and his colleagues have developed an academic department that stands among the very finest in the nation. The academic achievements in research and education are coupled with significant technologic advances to improve patient diagnosis. However, these advances are also associated with significant challenges in the need for new state-of-the-art capital equipment, as well as additional space and workforce requirements. These have been aggravated by the recent and current financial challenges faced by Stanford Hospital & Clinics in particular. The solutions will require active participation by the Department, School and Hospitals and will surely necessitate new creative approaches and shared ventures. The impact however can be enormous and, therefore, must be pursued. Further details will follow.

Thanks again to Dr. Glazer and the Radiology Department for past performance and future promise.

Roy B. Cohn-Theodore A. Falasco Professorship

On Tuesday evening, November 13th, a reception was held in the Iris & B. Gerald Cantor Center for the Visual Arts to announce and celebrate the creation of the Roy B. Cohn – Theodore A. Falasco Professorship in Cardiothoracic Surgery at Stanford University School of Medicine. The first incumbent of this new Professorship is Philip E. Oyer, MD, PhD, currently Professor of Cardiothoracic Surgery

The official ceremony included remarks from Dr. Bruce Reitz, Professor and Chair of the Department of Cardiothoracic Surgery and Dr. Norman Shumway, Frances and Charles Field Professor of Cardiovascular Surgery, Emeritus. I also spoke on behalf of the School and University about the vital importance of endowed chairs to the support of faculty and the future enrichment and success of the School of Medicine and Stanford University

The Roy B. Cohn Professorship is being created through the generosity of Mr. Ted Falasco and his family. Mr. Falasco is a Stanford alumnus and successful business and

community leader in Los Banos, California. His wonderful contribution honors Dr. Roy B. Cohn who treated his daughters Susan and Linda some 35 years ago. Dr. Roy Cohn, who died on January 11, 1999 at the age of 89 was a “one of the last of the old-time classical professors of surgery” at Stanford. As described by Dr. Shumway “Roy Cohn was unique, one of a kind, singular, and brilliant. There was never anyone quite like him. He was energetic to overflowing. He was funny and fun loving. But most of all he was THE professor to us, his colleagues.” Mrs. Cohn and members of the Cohn family, along with members of the Falasco family attended the ceremony.

It is fitting that Dr. Phil Oyer is named the first Roy B. Cohn – Theodore A. Falasco Professor. Professor Oyer is an outstanding cardiovascular surgeon and a pioneer in developing innovative approaches to difficult surgical procedures. Professor Oyer’s research has focused on the development of left ventricular assist devices an area in which he is a highly recognized leader. In addition to his skills as a surgeon and investigator, Dr. Oyer was also one of the very last residents to train under Dr. Roy B. Cohn, making this both a personal and professional tribute.

I want to thank the Falasco family for their enormous generosity in establishing the Roy B. Cohn Professorship to honor a highly regarded member of the Stanford Medical Community. I also want to congratulate Dr. Phil Oyer for being selected as the first holder of the Roy B. Cohn – Theodore A. Falasco Professorship.

Dean’s Staff Annual Recognition Banquet

On Wednesday evening, November 14th, the Annual Recognition Dinner was held to honor the staff of the School of Medicine who have served for 5, 10, 15, 20, 25 and 30 years. There is little question that Stanford’s leadership in academic medicine is directly related to the excellence of its faculty, staff and students. We are privileged to have an outstanding group of dedicated individuals who work diligently and with great commitment to assure that our missions in education, research and patient care are outstanding. Without the work and toil of the many hundreds of individuals who make our finance, administration, research, education and patient service operations function as optimally as they do, we would not be able to achieve the success that currently abounds at Stanford School of Medicine. We are fortunate to have a superb staff that provides the connective tissue in a medical school family of excellence. It is fitting to honor those who have sustained their work and dedication over the years and I felt privilege, as a newcomer, to be among this distinguished group.

We also had the opportunity to announce the winners of the new **"SPIRIT Award"**. This award recognizes two School of Medicine staff members who best epitomize the SPIRIT (Service Orientation, Positive attitude, Initiative, Resourcefulness/reliability, Innovation, and contributing as a Team Player) of Stanford. This new award will be given annually. The first two recipients of this year's Spirit Award are Catharine Booth, Lab Manager for the Department of Molecular and Cellular Physiology, and Greta Lazaro, Personnel Coordinator for the Human Resource Group. Catharine and Greta have served the School of Medicine and Stanford with many years of dedicated and

outstanding service and have portrayed the true “SPIRIT of Stanford University School of Medicine.

In addition to congratulating Catharine Booth and Greta Lazaro, as well as all those who have committed years of service to the School of Medicine, let me take this opportunity to thank each and every member of our community. Now, perhaps more than ever, it is important and appropriate to acknowledge the important role that each of you play in helping to make Stanford a vibrant environment that values its missions in education, research and patient care – as well as the individuals who help make them successful.

Congratulations to Dr. Stanley Schrier.

It is a pleasure to announce that Dr. Stan Schrier, Professor of Medicine (Hematology), Emeritus, has been elected President of the American Society of Hematology for 2004. This is the largest and most prestigious society for hematology in the world and Dr. Schrier’s election as President signals the esteem in which he is held by colleagues throughout the USA.

Congratulations to Stan Schrier.

Appointments and Promotions

I am pleased to announce that **Robert C. Robbins** has been promoted to Associate Professor of Cardiothoracic Surgery, with tenure, effective November 1, 2001

Congratulations to Dr. Robbins.

Dean’s Newsletter December 10, 2001

Happy Holidays

As December unfolds, the season for both religious and secular holidays begins in earnest. I want to take this opportunity to wish you and your families a very Happy Holiday Season and a Happy New Year. Without question, nearly every one of our year-end reflections will be cast against the large shadow emanating from the tragic events of September 11th. However, this also provides an opportunity to also reflect on what is most important: our family, friends, colleagues, freedom and ability to do good on behalf of our communities, locally, nationally and globally.

Executive Committee Update on the Retreat – Mission Statement and Next Steps

At the Executive Committee Meeting on Friday December 7th, David O’Brien, who is coordinating the efforts of the eight Strategic Planning Work Groups, reviewed the

progress to date, which I am pleased to say has been quite notable. Each of the Strategic Planning Work Groups have focused on the overall School-Wide Mission Statement, have addressed their specific mission statement, as well as functional goals and an analysis of the Strengths, Weaknesses, Opportunities and Threats in each of their respective areas. With this, the Groups are now compiling their mission-specific inventories and priorities. During January, the inventories and priorities will be completed and an analysis of the impact of one mission on another will be assessed, along with programmatic and capital resource needs required to achieve the success of the medical school and medical center.

Based on the input from the various Strategic Planning Work Groups, which represent a cross section of our faculty, students and staff, the initial draft mission statement that has been previously published and circulated has been modified to the following draft mission statement for the Stanford University School of Medicine:

We are a premier research-intensive school of medicine that improves health through our discoveries, leadership and innovation in education, patient care, and biomedical and clinical research.

Because how we carry out our work and what we become derives from our vision, it is important that our School's mission statement be reflective of that vision and be understood and shared by all members of our community. It is also important that our mission statement be agreed to before our retreat in February so that our efforts then, and in the months that follow, are clearly defined, and as optimally implemented as possible. Accordingly, I would welcome any comments or suggestions from you regarding the revised mission statement shown above.

In addition to the continuing efforts and interactions of the Strategic Planning Work Groups noted above, we are planning the following additional pre-retreat presentations:

1. School of Medicine Executive Committee meetings on January 4, 18 and February 1st.
2. School of Medicine Faculty Senate on December 19th and January 14th, concentrating on education.
3. Town Hall Meeting at Noon on January 14th in the Fairchild Auditorium, to which all faculty, students and staff are invited.

Following the Retreat during the weekend of February 8-10th, which should be viewed as a beginning rather than an ending, we will collate and prioritize our major initiatives, define their scopes and the resources necessary to achieve them. Throughout this process I am eager to enlist input and suggestions from any whom wish to offer them. Please respond to the Dean's Newsletter email box or feel free to contact any of our Senior Associate Deans directly to offer your suggestions and recommendations. It is our intent and hope that we can make this as inclusive a process as possible.

Farewell to Dr. Gene and Gloria Bauer

On Tuesday, November 27th, University Officials and Trustees were joined by faculty and staff of the School of Medicine to bid a fond farewell to Gene and Gloria Bauer for the wonderful service they provided to Stanford University during the past 13 years. I was pleased to be joined by former President Gerhard Casper, Board of Trustees Chair Isaac Stein, Trustees and Directors Denise O’Leary and John Freidenrich, Faculty representing Dermatology Al Lane and Youn Kim and Judy Swain representing the Clinical Chairs. Each commented on the accomplishments that Gene and Gloria Bauer provided during Dr. Bauer’s tenure as Chair of the Department of Dermatology (1988-1995) and then Dean and Vice President of the Medical Center (1995-2001). The Bauers’ children and grandchildren were present for the festive event that was held in the Iris and B. Gerald Cantor Center for the Visual Arts. Dr. Bauer began his sabbatical on December 1st and we all wish him a very Happy New Year and, again, thank him for all that he did to help shape and sustain the excellence of the Stanford University School of Medicine, the Medical Center and University.

Formation of Baxter Laboratory for Genetic Pharmacology

I am pleased to announce that the Baxter Foundation and Provost have approved our recommendation to form the newly endowed Baxter Laboratory for Genetic Pharmacology which will be devoted to developing novel cell and gene based therapies for human diseases. This new Laboratory will be located in CCSR and will be part of the Department of Microbiology and Immunology. I am also pleased to announce that Dr. Helen Blau has been named the first Director of the new Baxter Laboratory for Genetic Pharmacology. With these new responsibilities, Dr. Blau will step down as Chair of the Department of Molecular Pharmacology as of January 1, 2002. She will be joined by Dr. Garry Nolan and a new Assistant Professor to develop an exciting new interdisciplinary effort. The Baxter Foundation plans to formally celebrate this new Laboratory for Genetic Pharmacology in the Spring and details will follow.

Appointment of Senior Associate Dean for Pediatric and Obstetric Clinical Affairs

This year the Lucile Salter Packard Children’s Hospital (LPCCH) celebrates its 10th Anniversary. As discussed in the last edition of the Newsletter, with the announcement of the Children’s Health Initiative, the path for LPCCH to become a premier center of excellence in child health is now clear. The impressive presentation that Dr. Alan Krensky, Shelagh Galligan Professor of Pediatrics and Executive Director, Children’s Health Initiative (CHI), shared with the Board of Trustees Committee on the Medical Center on Monday December 3rd, gives further evidence of a very exciting future for LPCCH and Stanford. The CHI formalizes a special partnership among LPCCH, the School of Medicine, the Lucile Packard Foundation for Children’s Health and the David and Lucile Packard Foundation, to improve the lives of children and families of the 21st century through excellence and innovation in clinical care, research and education.

Based on the notable expansion of the clinical programs now underway at LPCH, and their continued growth over the next decade, it has become clear that a special focus on these programs is needed. Accordingly, I am pleased to announce the creation of the new position of Senior Associate Dean for Pediatric and Obstetric Clinical Affairs. I am further pleased to announce that Dr. Ken Cox, Professor of Pediatrics, Chief of the Division of Gastroenterology and Chief Medical Officer at LPCH has agreed to become the first incumbent of this new position in the Office of the Dean. In this new position Dr. Cox will represent the School of Medicine in its interactions with LPCH and the pediatric faculty, including the development of new clinical programs, clinical faculty performance and organization. Dr. Cox will work closely with Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs, to coordinate the interactions between SHC and LPCH in clinical programs and affairs. Like our other Senior Associate Deans, Dr Cox will carry out his administrative responsibilities on a part-time basis so that he can sustain his clinical and related academic activities at LPCH and Stanford.

One of the most important topics to be addressed in the coming months is the development of a Physicians' Organization and Practice Plan, including its joint relationship to the School of Medicine and respective hospitals. There is little question that the development of a practice plan and its coordination and integration with faculty and the Hospital is of enormous importance. Dr. Cox has already been leading an important effort in Physician-Hospital integration at LPCH and his experience, knowledge and commitment will prove enormously important in this highly critical area.

Please join me in welcoming Dr. Ken Cox to his new position as Senior Associate Dean for Pediatric and Obstetric Clinical Affairs.

Compliance Oversight Committee Focuses on the Intersection Between Clinical Innovation and Conflict of Interest

At the School's newly founded Compliance Oversight Committee that met on December 5th, we continued our discussion about the important and complicated topic related to the intersection between clinical innovation and "conflict of interest". This is an extremely important issue. Bringing new innovations and discoveries to improve the health of our patients is one of the most important things we can do at Stanford. Not infrequently, new inventions or devices are discovered by a faculty member who may also have equity interest in its development. The role of such a faculty member in evaluating such devices or therapies is a topic that has engendered both debate and regulation, locally and nationally.

It must, of course, be recognized that the goal to assure patient safety is first and foremost. There are also clearly situations when the individual who has invented the new device, procedure or product may also be the very best person to carry out its evaluation. However doing so can present a "conflict of interest" if that surgeon or physician is also an investor or paid consultant in the development of the device or product. The Compliance Oversight Committee has recognized the importance of an ongoing dialogue with our faculty, to have the opportunity to present their perspective on this matter. In

addition to assuring patient safety, it is also important to assure the integrity of our clinical research enterprise and the opportunities for our faculty to continue to discover and innovate at Stanford. To continue to engage faculty in this important dialogue, the Conflict of Interest Committee, led by Dr. Ed Mocarski, Professor of Microbiology and Immunology, will establish a series of faculty forums during the next year. Details will follow.

Special Meeting for Pediatric Faculty and Staff on Tuesday December 12th

On Tuesday December 12th, I and other members of the Office of the Dean will hold a special meeting for faculty and staff of the Department of Pediatrics. The meeting will begin promptly at 4:30 PM in the Freidenrich Auditorium at LPCH and last for only 30 minutes. I strongly recommend that the faculty and staff in Pediatrics make every effort to attend this meeting.

Faculty Senate Approves the Interdisciplinary Program in Health Services Research

On Thursday Nov 29th, the University Faculty Senate evaluated and approved the review of the Health Services Research Interdisciplinary Program that is coordinated by Dr Mark Hlatky, Professor and Chair of the Department of Health Research and Policy. Although recommending that the scope of the program is broadened, the review committee and Senate recognized that the training program is excellent in its primary area of focus, namely cost of care.

Proposed Joint Department of Bioengineering Brought to President and Provost

On Thursday December 6th, Jim Plummer, Dean of the School of Engineering, and I met with the President and Provost to officially inform them that our two schools were committed to forming a joint department of bioengineering. This was met with considerable enthusiasm. We will now proceed to work jointly on the important topics of undergraduate and graduate education, academic governance and relations, and finance and administration. It is recognized by all that we will surely encounter impediments and barriers but we are committed to overcoming them in order to achieve a successful outcome. We further recognize that these efforts will serve as a model for other broad interdisciplinary efforts, including BioX.

The work will take place through four subcommittees beginning early in 2002, with the goal of completing the initial phase of the program development by the end of the academic year. This is, of course, outstanding news and I will look forward to sharing updates in future Newsletters.

Seeing for the First Time

I have walked rapidly through the corridors of Stanford Hospital & Clinics and the Packard Children's Hospital countless times on my way to various meetings or events since my arrival in April. During those times I had noticed the remarkable artwork on its walls. However, it was only on Tuesday December 4th, that my pace was slowed and I became more informed about how extraordinary the artwork truly is. On that occasion, Mrs. Helen Bing, who is responsible for supporting and overseeing the development of the extraordinary gardens and wonderful artwork that enriches the Medical Center, took me on a tour that was amazing and informative. The extraordinary contributions of Helen and Peter Bing to the Medical Center and University are renowned. What I witnessed also was the personal compassion, care and commitment of the woman who has made so much of this possible for our patients and staff. I add my voice to the chorus of so many others to give thanks to the wonderful contributions of Helen Bing and her family.

Medical Staff Update Survey

The Office of News and Public Affairs asked that I inform you that it is inserting a readership survey in the December issue of Medical Staff Update. They need the help of the medical staff in completing the survey. The goal is to find out how useful the publication is to the medical staff and how it might be made better. Please do your best to help.

Appreciation

Farewell to Tom Jackiewicz. On Tuesday December 4th the Department of Medicine bid thanks and farewell to Mr. Tom Jackiewicz who will leave for a new and exciting position at UCSD. Tom has worked closely with Dr. Judy Swain, Professor and Chair of Medicine and together they have made enormous contributions. I add my thanks to Tom as well. I too have been very impressed with his many talents and contributions and know that he will be missed by the Department and the School.

Radiation Oncology Faculty. I also want to thank Dr. Richard Hoppe and the Department of Radiation Oncology for inviting me to their December 4th faculty meeting. I continue to attend faculty meetings throughout the School and find this a tremendously valuable way to meet faculty and learn about the challenges and issues facing individuals and departments.

Appointments and Promotions

I am very pleased to announce that the following individuals have been approved for appointment or promotion.

R. Christopher Hayward has been reappointed as Associate Professor of Psychiatry and Behavioral Sciences at Stanford University Medical Center for the term 11/01/01-11/30/05

Paul T. Pitlick has been reappointed Associate Professor of Pediatrics at Lucile Salter Packard Children's Hospital for the term 11/01/01-8/31/06

R. Lawrence Moss has been promoted to Associate Professor of Surgery and of Pediatrics at Stanford University Medical Center for the term 10/01/01-9/30/06

Upinder Singh has been appointed as Assistant Professor of Medicine (Infectious Diseases) for the term 11/01/01-10/31/04

Henry Lowe has been appointed as Associate Professor of Medicine (Research) for the term 11/01/01-10/31/07

Gregory S. Barsh has been promoted to Professor of Pediatrics and of Genetics effective 11/01/01

Congratulations to all.

Dean's Newsletter

January 7, 2002

Award Opportunity for Bioengineers

Announcement by Jim Plummer, Dean of the School of Engineering and Phil Pizzo, Dean of the School of Medicine

A New Year

A week has already passed since 2002 began officially. I have now reached a human gestation period at Stanford and the past nine months have been exciting indeed. The year ahead, however, will be an important one as we move forward with our comprehensive School-wide Strategic Planning Process. With this, the course for Stanford's future for the next decade and beyond will be debated and defined and by year's end, I hope we will be launching the first phase of our Campaign for Stanford Medicine as we reach out to bring our dreams to reality. It is a time for bold thinking and for striving hard to make Stanford the global model of a research-intensive School of Medicine for the 21st Century. I am pleased you will be part of this effort.

Next Town Hall Meeting on January 22nd

In anticipation of our initial Strategic Planning Retreat that will be held from February 8-10th, I want to invite you to our second Town Hall meeting, now scheduled for Tuesday January 22nd, at noon in the Fairchild Auditorium. (This is a change from the previously noted date of Monday, January 14th.)

At this Town Hall meeting we will plan to update you on some of the issues that will be brought to the Retreat. Most importantly, I am interested in getting your feedback and reactions so that they can help shape the agenda and plans that are emerging for the future of Stanford Medicine. I do hope you will be able to join us on January 22nd at noon in the Fairchild Auditorium.

Public Library of Science

At the Executive Committee meeting on December 21st, Dr. Pat Brown, Professor of Biochemistry, gave a presentation on a project he has been leading called the Public Library of Science. The goal of the Public Library of Science is to make the world's scientific and medical literature freely accessible to scientists, physicians and the public around the world. This bold project is based on the premise that all papers should be free and available to the public. He and his colleagues propose to make the original published reports of ideas and research results freely available, online, without restrictions on use or further distribution and free from both public and private control. A sub-premise is that the business models of scientific publishers have failed to respond to the extraordinary changes in the economics of scientific publication.

However, achieving a Public Library of Science confronts a number of major publishers as well as professional societies, many of whom count on the proceeds from published journals to help support their operations and activities. That said, a large number of journals have already made their published information available on public servers after 6-12 months on their own server. However, some of the leading and most prestigious scientific journals have not yet agreed to do so. This has led Pat Brown, along with Harold Varmus, previously Director of the National Institutes of Health and presently President of Memorial Sloan-Kettering Institute, to engage scientists from around the world to not submit articles to those journals until they agree to make information available on public servers at least within a year of publication. To date, approximately 29,000 scientists, from 174 countries, including a number from Stanford, have signed this Open Letter supporting the Public Library of Science initiative.

Dr. Brown laid out a series of issues that Stanford, as a Medical School and University, might engage with in order to support the Public Library of Science. These must recognize the consequences that might impact publishers, professional societies and, importantly, our students, trainees and faculty, who now rely on publication in leading peer-reviewed journals for career development. Those implications require careful and thoughtful debate and we would all like your input.

Among the questions I would hope to get some feedback about are:

- How do you feel about the concept of a Public Library of Science?
- Would you be willing to withhold submission of papers to Journals that did not participate in making publications available online to the Public Library of Science?

- How do you feel about this process if you are a student or junior faculty member whose promotions and career development is still under development?
- How do you feel about Stanford University School of Medicine taking an institutional stand on the Public Library of Science?

Please be aware and assured that these questions and the related issues are, at this point, only topics for discussion. However, your input will help inform that discussion, so please let me know what you think.

Conflict of Interest Guidelines Released

Recently, the AAMC Task Force Issues Guidelines on Financial Conflicts of Interest on the oversight of individual interests has been unanimously approved by the AAMC Executive Council and released to the public. The report is available at <http://www.aamc.org/coitf>. I would strongly encourage you to access and review this document. It will certainly serve as a template for institutional policies regarding conflict of interest and is already under review at Stanford.

Government Policies Impacting Children's Hospitals

When Congress recessed on December 20th there were two big legislative wins for children's hospitals. First, Congress increased independent children's hospitals' GME funding by 21%, and secondly, it reauthorized the FDA's patent extension for products studied for pediatric use. Affecting all academic medical centers, Congress also increased the overall NIH budget by 15%.

These are issues that many of us have advocated for with colleagues around the nation and it is good news for children's hospitals and for academic medicine.

Changes in Tenure Policy Regarding Parental Leave

Effective January First, the Provost has announced revisions to the University's faculty policies for new parents. The following comments come from a letter from the Provost:

REVISION IN THE TENURE POLICY AND IN RELATED APPOINTMENT POLICIES FOR NON-TENURE LINE ACADEMIC COUNCIL AND MEDICAL CENTER LINE FACULTY

Currently, an untenured member of the tenure line faculty who gives birth may request an extension of her tenure clock of one year. Effective January 1, 2002, this tenure clock extension will also be available to new fathers and to faculty who adopt a child under the age of six.

Similarly, faculty with term appointments in the non-tenure line of the Academic Council and in the Medical Center Line who give birth may currently request a one-year extension of their appointments. Effective January 1, 2002, this extension will also be available to new fathers and to faculty who adopt a child under the age of six. Faculty wishing to take advantage of this policy will be asked to state that they have substantial and sustained childcare responsibilities. In addition, requests for the extension should be made within one year of the arrival of the child. Requests should also be made prior to the beginning of the last year of the faculty member's tenure clock. For non-tenure line and Medical Center Line faculty, requests should be made prior to the beginning of the final year of the faculty member's appointment. The revised policies and the application form are online at <http://facultyhandbook.stanford.edu/ten.html>.

As a transition measure, the expectation that requests be made within one year of the arrival of the child will be waived for the period January 1, 2002 to June 30, 2002. However, even for this transition period, faculty who request an extension should not be in the final year of their tenure clock or, for non-tenure line and Medical Center Line faculty, in the last year of their current appointment.

REVISION IN THE REDUCED TEACHING AND CLINICAL DUTIES POLICY

The purpose of this policy is to provide faculty who become new parents with additional flexibility in their work schedule at the time of the birth or adoption of a child. Currently, a faculty member who gives birth may request a reduced teaching load during the quarter of the birth and/or the quarter after the birth if these are quarters during which she would normally teach. Effective January 1, 2002, a teaching load reduction will also be available to new fathers and to faculty who adopt a child under the age of six. This reduction will be available during the quarter of the child's arrival or the following quarter, if these are quarters the faculty member would normally teach.

Current policy also allows women faculty in the School of Medicine who have clinical duties to request a reduced clinical load for 90 days following a maternity leave. Effective January 1, 2002, a 90-day clinical load reduction following the arrival of the child will also be available to new fathers and to faculty who adopt a child under the age of six.

This policy is intended for parents who have substantial and sustained childcare responsibility; it is not intended for parents whose newborn or newly adopted child is cared for more than half-time by either a spouse or a childcare provider. A faculty member using this policy would normally be the sole caregiver for at least twenty hours during the work week during the hours from 8 a.m. to 7 p.m., Monday through Friday. To apply for this policy, faculty should complete the form entitled "Application for Reduced Teaching or Clinical Duties for New Faculty Parents." The revised policy and the application form are online at <http://facultyhandbook.stanford.edu/ten.html>.

Leadership Changes in the Department of Medicine

At the close of 2001, Dr. Judy Swain, Professor and Chair of the Department of Medicine announced several leadership changes, which I am pleased to be able to share with our entire community.

1. **Dr. Richard Lafayette** has been appointed Associate Chair for Clinical Affairs in the Department of Medicine, a position previously held by Dr. Norman Rizk who became Senior Associate Dean for Clinical Affairs.
2. **Dr. Frederick Kraemer** has been appointed Chief of the Division of Endocrinology and Gerontology, effective January 1, 2002. According to Dr. Swain's announcement, "the proposed changes in the research and clinical programs are anticipated to greatly strengthen the training program in endocrinology that encompasses fellow, resident and medical student education."

Congratulations to Drs. Lafayette and Kraemer for their important new appointments in the Department of Medicine.

Announcement: 2002 Albion Walter Hewlett Award Nominees Sought

Nominations are being sought for the 2002 Albion Walter Hewlett Award to honor an extraordinary physician with ties to Stanford. Nominees should be past or present students, house officers, fellows or faculty who have "consistently, over decades, demonstrated the exemplary combination of a scientific approach to medicine and sensitivity to patients". If you wish to make a nomination, please use the nomination form at http://deansnewsletter.stanford.edu/hewlett_nom_form_2000.pdf

Awards and Honors

1. **Dr. Mary Lake Polan**, Professor and Chair of the Department of Gynecology & Obstetrics, has been elected to the Council of the Institute of Medicine of the National Academy of Sciences. This is affirmation of how valued Dr. Polan is by the Members of one of the most prestigious national organizations.
2. **Dr. Bruce Feldstein and Marita Grudzen,RT,MHS** are recipients of the Templeton Foundation award for their work in spirituality and medicine curriculum. Stanford is one of six medical schools to receive this award in this relatively new area of curriculum.
3. **Stanford Medicine** has continued its outstanding performance in the Society of Publication Designers annual illustration competition for the past two years. Over 8,000 illustrations were submitted each of the past two years and under 10 percent

were selected for Merit Awards. Of these, three *Stanford Medicine* illustrations were selected in 2000 and two were selected in 2001. Among the other Merit Awardees were National Geographic, Newsweek, the New York Times Magazine, Time Inc. and the Wall Street Journal.

4. **Dr. Daria Mochley-Rosen**, Professor of Molecular Pharmacology, was selected to give the Presidential Lecture at Association of University Cardiologists

Congratulations to all.

Dean's Newsletter

January 22, 2002

President and CEO of Stanford Hospital & Clinics (SCH) Appointed

Respect in Our Workplace

With the beginning of the New Year and the exciting prospects for our individual and collective futures that will emerge through our School-wide Strategic Planning efforts and other important initiatives, it is important that we take stock of how responsive our workplace is to handling the additional burdens of challenge and change and, even more importantly, that we assure that it our workplace is respectful to all who work on behalf of the School and Medical Center.

First, I am cognizant that our students, faculty and staff are all working very hard. I am also aware that the burden of responsibility and workload has increased during the past years and that we must acknowledge the limits of our mutual limitations. This is especially the case when new expectations are initiated without altering or decreasing those already being performed. Accordingly, I have asked the senior administrative leaders within the School of Medicine to address current workflow and related expectations, and to seek creative ways of reducing or eliminating unnecessary or redundant work efforts or procedures. I would encourage all members of our staff to review what they are now doing and bring forward suggestions to their respective DFAs and administrative leaders about better ways to get our work done. An important part of this is to find ways to improve the work/personal balance for all members of our Medical School community.

In addition to the workload challenges we all face, I want to underscore how importantly the Senior Deans and I view the respect and integrity in our workplace and its relationship to our missions and our School. The statement currently contained in the Faculty Handbook captures these principles and is noted immediately below:

Stanford University School of Medicine is committed to providing a work environment that is conducive to teaching and learning, research, the practice of medicine and patient care. Stanford's special purposes in this regard depend on a shared commitment among all members of the community to respect each

person's worth and dignity. Because of their roles within the School of Medicine, faculty members, in particular, are expected to treat all members of the Stanford community with civility, respect and courtesy and with an awareness of the potential impact of their behavior on staff, students and other faculty members.

Despite what has been written, I am well aware that Stanford Medical School has not always been viewed as a "respectful workplace" as it should be. Since arriving last April, I and the Senior Deans have done as much as we could to make clear that we would have zero-tolerance for inappropriate behavior, including sexual harassment or any form of discrimination. I want to underscore that commitment. Should you have concerns please contact a member of the Dean's Office or our Ombudsperson, Ms. Martha McKee.

A respectful workplace is something we all want and that we all deserve. It is up to each of us to make that happen. It is also up to our leadership to address any concerns that arise. I am committed to doing so.

Chair of the Leadership Council for BioX Appointed

On January 28th, Dr. Matt Scott, Professor of Developmental Biology and of Genetics was named the Chair of the Leadership Council of the BioX program. This is a new position, which reports to the Dean of Research in coordination with the Deans of the Schools involved with BioX and the Clark Center. A Search Committee consisting of members from the Schools of Medicine, H&S, Engineering and SLAC recommended Dr. Scott for this position. In virtually everyone's opinion, Dr. Scott is uniquely qualified to Chair the Leadership Council for BioX. He will also remain a member of the Howard Hughes Medical Institute while assuming these new responsibilities.

Dr. Scott's appointment and the new Leadership Council represents further evolution in the maturity and development of the BioX program, including those that will reside in the Clark Center. In considering this position, Dr. Scott notes that "I am grateful to all the people who have worked, and are working, so hard to build this Program. Jim Spudich, Steve Chu, Channing Robertson, and other faculty, and the University leadership, deserve enormous credit for undertaking a challenging and exciting new approach to bringing disciplines together. The two great gifts, from Jim Clark and the anonymous donor, have brought the Program to life."

I know that I and others throughout the School and University also want to add our thanks and appreciation to Jim Spudich and Channing Robertson and many other faculty for their important leadership during the past several years.

In conjunction with the Deans from the Schools engaged in BioX, several programmatic areas are being considered for the Clark Center, including Biocomputation, Biophysics, Biodesign, Bioengineering, Chemical Biology, Genomics/Proteomics and Regenerative Medicine (including stem cells). The Clark Center will also be a gathering place where people who are not residents of the building and will include visiting scientists and

engineers from campus and beyond. That way the BioX and Clark Center programs can maintain flexibility and accommodate and support new ideas for interdisciplinary efforts.

A key to the success of the BioX Program and the Clark Center will be to make it easier for students and fellows to undertake projects that take advantage of knowledge from multiple fields. As Dr. Scott notes: “Much remains to be done to make it easy for teams from different fields to work effectively together on a biological problem. Simply putting people from different fields near each other is not nearly enough. We will need to create new curricula, alter the usual single student-single mentor structure, and find ways to overcome the language and conceptual barriers that prevent useful collaboration. In industry it is routine to form multi-disciplinary teams, but that model is only useful to an extent since their goals are often short-term and highly defined. We need to create such teams, or really create a way for such teams to continuously form, but with the long-term triple goals of education, discovery, and invention. As we continue to build the Program, we will be asking faculty, students, and fellows to identify specific mechanisms for creating diverse and functional teams.”

“Education is the key to successful interdisciplinary research. I think that BioX will become recognized as an important educational initiative. BioX should be very exciting for undergraduate students, graduate students, medical students, postdoctoral fellows, and clinical scientists.”

Although the concept of interdisciplinary research and education has become a goal for many institutions around the country, Stanford remains the pacesetter in this exciting new domain. With Dr. Scott’s appointment, the role that Stanford will play in opening new research and educational pathways seems assured – and very exciting.

Appointments and Reappointments of Department Chairs

During the past months a number of transitions, appointments and reappointments of basic and clinical science chairs has occurred. Among these are the following:

- Dr. David Botstein, who has served as Chair of the Department of Genetics for the past decade, will step down on January 31st and be succeeded by Dr. Rick Myers. We all owe a great debt of gratitude to Dr. Botstein for building one of the finest Genetics departments in the world.
- Dr. Helen Blau stepped down as Chair of the Department of Molecular Pharmacology on January 1st to assume directorship of the Baxter Laboratory. We are currently working the Department to appoint its next leader and have every expectation for an outstanding future for molecular pharmacology and chemical biology in the years ahead.
- Dr. Gary Glazer was reappointed Chair of the Department of Radiology and will continue to develop the outstanding program he has helped put into place during the past decade.

- Dr. Roeland Nusse will serve for an additional year (thanks to special permission from HHMI) as Chair of the Department of Developmental Biology.
- Dr. Gary Steinberg has been reappointed Chair of the Department of Neurosurgery. Under his leadership Dr. Steinberg has built an outstanding clinical and research program in neurosurgery and neuroscience.
- Dr. Judy Swain has been reappointed Chair of the Department of Medicine and will also continue her work in further developing the outstanding clinical and research programs that have been initiated during the past five years.

I am enormously pleased and honored to be able to work with these outstanding leaders and colleagues.

School of Medicine Strategic Planning Initiatives

As you know, we are continuing our working groups in anticipation of the Strategic Planning Retreat that will be held on February 8-10th. Seventy-two participants will be engaged to review the School's evolving strategic initiatives in medical student education, graduate student education, postdoctoral training, research, clinical care and the professoriate necessary to carry out these missions. These will be complemented by examining how to achieve our goals through current and future approaches to finance and administration as well as through communications, information technology, advocacy, public policy and philanthropy.

Participants at the Strategic Planning Retreat will include senior leaders from the Office of the Dean, University Officers, Trustees, Department Chairs and selected senior faculty, Hospital CEOs, students, trainees and staff. It is our hope that we will emerge with a shared understanding of the Medical School's mission and goals and a compelling vision for its future. I also hope that this Retreat, which I view as a beginning rather than a conclusion, will help us establish a process for continuous planning and resource allocations based on critical evaluation and prioritization so that we can fulfill our mission.

Having gone through several reviews and iterations, our current working Mission Statement is **“to be a premier research-intensive School of Medicine that improves health in the 21st century through discoveries, leadership and innovations in education, patient care, and biomedical and clinical research.”**

In anticipation of the discussions that will unfold at the Retreat and thereafter, presentations of Working Group discussions are being made to the School's Executive Committee, Faculty Senate, Town Hall meetings and the University Board of Trustees Committee on the Medical Center. I anticipate a working summary of our plans and initiatives by April. These will serve as the basic “floor plans” for defining the next decade of programmatic and capital initiatives that will help us assure our goal as a global model of a premier research intensive medical school for the 21st century.

Medical School Faculty Senate on Clinical Curriculum

On Wednesday, January 16th the Medical School Faculty Senate passed the second phase of the clinical clerkship reform. The first phase of the reforms was passed last year and mandated that four of the six required core rotations must be taken during the first 12 months of clinical rotations, with two of these being Medicine and Surgery.

In the new recommendations, the minimum amount of time for clinical clerkships remains the same (15.5 months) and the cores remain unchanged. However, the distribution of the clerkships will be changed. These will now also include one month of Neurology, a one month rotation in Critical Care Medicine (choices include Adult Medical ICU (either at SHC or the VA) or Surgical ICU (SHC) or the Pediatric ICU or Neonatology (both at LPCH). In addition, there will be a one month clinical elective. Whether this clinical rotation will include non-direct patient care experiences (e.g., pathology or radiology), will be determined at the March meeting.

In addition, a two-month ambulatory rotation will be required. During this time the students will be exposed to a number of medical and surgical subspecialties which provide experience in a number of different disciplines (examples include ENT, Ophthalmology, Urology, Rheumatology, Pain Management, Anesthesiology, etc).

Recognizing the value of these modifications and changes in the clinical curriculum, it is important to note that the overall medical student curriculum is a major topic of our School-wide Strategic Planning efforts and that other even more substantial changes and recommendations are likely to unfold during the months ahead.

Conference on Preventive Health Care for Women

On Tuesday January 29th, Women's Health @ Stanford will present "Preventive Health Care for Women: Global Attitudes & Access," a conference to share knowledge and raise awareness of issues related to women's preventive health. Its purpose is to educate and to act as a catalyst for changing attitudes about and access to preventive health care for women on a global scale. This conference will take place from 1:30 to 7:00 p.m., at Kresge Auditorium, Stanford University, and is free and open to the public. The conference will include panels on:

1. Global Implications of Women's Health
2. The Importance of Prevention for Women
3. Improving Access: What We Can Do to Make Preventive Care Accessible for all Women.

The conference will conclude following the Plenary Speaker, RADM Susan J. Blumenthal, M.D., M.P.A., U.S. Assistant Surgeon General, Rear Admiral and

Science Advisor, U.S. Department of Health and Human Services.

Women's Health @ Stanford is a multidisciplinary initiative that serves as an umbrella for integrating all women's health activities at Stanford. The mission of WH@S is to provide comprehensive health services for women across their lifespan through cutting-edge research, patient and provider education, high quality patient care, and influencing health policy. Women's Health @ Stanford is led by Dr. Linda Giudice, Director, and Ellen Lovelace, Executive Director.

Stanford Blood Center Urges Donations

With National Volunteer Blood Donor Month lasting through January, Stanford Blood Center has joined forces with the American Association of Blood Banks to urge every eligible person to donate. Throughout the first month of the year, new donors are needed to ensure a safe and plentiful blood supply.

Stanford Blood Center supplies blood products to Stanford Hospital & Clinics and Lucile Packard Children's Hospital. Both hospitals carry out advanced state-of-the-art organ transplantation and surgical procedures for which blood availability is essential. A unique feature of the Stanford Blood Center is its integration with research programs that concentrate on causes, prevention and treatment of blood diseases and blood-borne disorders.

More than 34,000 blood donations are made annually through the center. Each donation is separated into platelets, plasma and red cells, potentially helping up to three different patients. Donors should be in good health with no cold or flu symptoms. They should also eat well prior to donation, drink fluids and present photo identification at the time of donation. The donation process takes about one hour. Donors are urged to call (650) 723-7831 or toll-free, (888) 723-7831, to make an appointment, learn hours of operation and get directions. For more information, please visit <http://bloodcenter.stanford.edu>.

Dedication of the Freidenrich Auditorium at the Lucile Packard Children's Hospital

On Wednesday, January 16th, the Freidenrich Auditorium was dedicated to recognize the tremendous contributions of Jill and John Freidenrich to the care of children and families at the Lucile Packard Children's Hospital and, by extension, throughout the world.

Dr. Harvey Cohen, Chair of Pediatrics and the Arline and Peter Harman Professor of Pediatrics, noted that the Freidenrich Auditorium would be used for lectures, faculty meetings, conferences and that it would provide an opportunity for teaching and learning about advances in pediatrics, now and in the future. Giving evidence to this, Dr. Michael Link, Chief of the Division of Hematology, Oncology and Stem Cell Transplantation and Professor of Pediatrics, reviewed the incredible progress that has been made in the treatment of childhood malignancies and the prospects for future accomplishments that will unfold in the decades ahead. Stanford faculty has played a significant role in these discoveries and clinical innovations that have led these outcomes. Future successes, along

with those from other research programs, will also be shared in the Freidenrich Auditorium during the years ahead.

Thanks to the Freidenrich family for making this auditorium a part of our Medical Center.

Appointments and Promotions

I am most pleased to announce the following appointments, promotions and reappointments to the professoriate

- **Dr. Thomas Clandinin** to has been appointed Assistant Professor of Neurobiology, 2/1/02-1/31/05
- **Dr. James Ford** has been reappointed Assistant Professor of Medicine (Oncology) and of Genetics, 2/1/02-8/31/05
- **Dr. Kate Lorig** to has been promoted to Professor of Medicine (Immunology & Rheumatology) (Research), 2/1/2002 to 1/31/2008
- **Dr. Gil Chu** has been promoted to Professor of Medicine (Oncology) and Biochemistry, effective 2/1/2002

Congratulations to all.

Dean's Newsletter February 4, 2002

Strategic Planning Update: Initial Strategic Initiatives are Presented for Your Review and Input

As you hopefully know by now, our Strategic Planning Retreat will take place this weekend, February 8-10, 2002. While this will be an important event, it represents only the beginning of our efforts to help chart the future of Stanford University School of Medicine for the 21st Century. Certainly the discussions that will take place at the Retreat will be important. However of equal value will be the coordination, further elaboration of ideas impacting our missions in education, research and patient care, and most importantly, their implementation during the years ahead. Your role in this process will be most important and appreciated

I initiated this Strategic Planning process last summer, based on the recognition that we stand at the crossroad of opportunity and challenge (as initially outlined in my first Newsletter on April 2, 2001). Without question we are privileged to be part of one of the world's great universities and schools of medicine. However, to sustain and enhance our university and school for the decades ahead, we have an obligation to critically assess the role that we can and must play in the future of medical education and research, and their impact on improving health.

Central to our fulfilling our goals and objectives is an affirmation of our more defined mission:

The mission of the Stanford University School of Medicine is to be a premier research-intensive school of medicine that improves health in the 21st century through discoveries, leadership and innovations in education, biomedical and clinical research and patient care.

During the past several months, nine Work Groups have addressed various aspects of our mission, assessing our strengths, weaknesses and opportunities in each area. Based on those discussions, faculty, students and staff have developed a number of mission relevant strategic initiatives. These now require processing and prioritization with the understanding that some need to be addressed now, whereas others will unfold during the next 5-10 years. Several of these initiatives will emerge from the current “blue-print” to become the programs and buildings that will shape the Campaign for Stanford Medicine which we hope to initiate in early 2003.

I am taking the liberty of including highlights of the various Strategic Initiatives that have come from the Work Groups in this Newsletter. At this juncture I hope you will take the time to read them and that you feel free to comment on them. I am noting, in each area, the key individuals to contact if you wish to share your comments and add any additional perspectives or suggestions you think appropriate. I hope is to share, debate and discuss ideas and proposals that will help make the Stanford University School of Medicine a role model for the 21st century. Achieving these goals will require much time and effort, but it is worth striving for. I look forward to the opportunity to begin the journey with you.

Highlights of the Strategic Initiatives Developed by Work Groups Prior to the Strategic Planning Retreat of February 8-10, 2002

Medical Education: Contact person is Dr. Julie Parsonnet

1. Curriculum Revision Initiative

To ensure a rigorous and robust curriculum that assures outstanding clinical skills and promotes in-depth scholarship, revise the curriculum to (1) identify core knowledge and skills required for all students, (2) expand the clinical curriculum, particularly in the first years of medical school, to enhance pattern recognition, (3) develop required majors (scholarly tracks) for all students to enhance independent research capabilities, (4) within scholarly tracks, develop a research honors program for a subset of students. (5) develop a system of incentives to promote curricular change.

2. Teaching Initiative

To foster and facilitate teaching, advising and mentoring among our faculty, (1) establish a certain level of teaching as a requirement of a faculty appointment at Stanford, (2) create mechanisms to honor, promote and facilitate teaching including programs for

recognition of excellence and innovation, and (3) create mechanisms of support for pedagogy.

3. Educational Facilities Initiative

To ensure a rigorous and robust curriculum that assures outstanding clinical skills and promotes in-depth scholarship, undertake facilities improvement to provide small group learning space, technology-assisted learning environments and contemporary library/informatics space.

Graduate Education: Contact persons are Drs. Karla Kirkegaard and James Nelson

1. Fellowships/Tuition Endowment Initiative

To ensure that Biosciences students are the highest-quality students available and that they are offered an unsurpassed quality, depth and breadth of graduate research opportunities, increase the number of Presidential Fellowships (or equivalent) available to Biosciences Graduate students and/or establish an endowment to make graduate education tuition-free.

2. Diversity Initiatives

To ensure that Biosciences students are the highest-quality students available and that they are offered an unsurpassed quality, depth and breadth of graduate research opportunities, develop programs to establish Stanford as a national leader in biosciences education of under-represented minorities (URMs).

3. Student-Initiated Programs Initiative

To provide high quality training programs that feature innovative, multi-disciplinary and student-initiated course offerings and to provide and encourage opportunities for scientific interchange and student-initiated cross-disciplinary training and to provide continued individualized guidance for each student's research and education, encourage the development of student-initiated reading courses and provide funding and organizational support for student-initiated Biosciences mini-symposia.

4. Basic Clinical Programs Initiative

To provide high quality training programs that feature innovative, multi-disciplinary and student-initiated course offerings and to provide and encourage opportunities for scientific interchange and student-initiated cross-disciplinary training and to provide continued individualized guidance for each student's research and education, strengthen connections with clinical departments to make research-oriented courses, joint seminars and symposia programs in disease mechanisms, histology and physiology available to Biosciences students, and develop joint seminar and symposia programs with clinical departments in disease mechanisms.

5. Graduate Education Facilities Initiative

To ensure that Biosciences students are the highest-quality students available and that they are offered an unsurpassed quality, depth and breadth of graduate research

opportunities, establish an intellectual and physical “home” for the Biosciences Graduate Program, including space for seminar rooms, informal gathering and food service.

Postdoctoral Education: Contact persons are Drs. Joe Lipsick and James Nelson

1. Total Compensation Programs Initiative

To ensure that the intellectual, research and work-life environments at Stanford attract and retain the highest quality postdoctoral scholars, develop and achieve an institutional standard for total compensation for postdoctoral scholars through: (1) increasing the inventory of affordable Stanford housing available to postdoctoral scholars, (2) enhancing the benefits package available to postdoctoral scholars, (3) developing a childcare program to address the economic and work schedule constraints of postdoctoral scholars, and (4) developing a compensation program that resolves current differences between salaries and stipends.

2. Career Center Initiative

To provide support for postdoctoral scholars to pursue the career paths of their choice, coordinate with the Office of Graduate Education to initiate a Career Center and professional development program with knowledgeable and helpful professional staff.

Research Programs: Contact person is Dr. James Nelson

1. Junior Faculty Initiative

To ensure scientific excellence, innovation and leadership through the recruitment and retention of outstanding faculty, establish a preference for new junior faculty unless there is a compelling need to jumpstart a program.

2. Translational Research Programs Initiative

To be a world-leader in the translation of new knowledge and scientific innovation to clinical applications, promote collaborations between basic and clinical scientists within the medical school and across the university through (1) the mitigation of existing cultural and geographic barriers, and (2) the inclusion of collaborating departments as partners in faculty search and promotion processes.

3. Core Facilities Initiative

To be a world-leader in the translation of new knowledge and scientific innovation to clinical applications and to promote the rational allocation and efficient use of the medical school’s research resources, develop a comprehensive array of research (including translational research) core facilities, incorporating the principles of (1) effective management and communication, (2) rational budgetary oversight, (3) accessibility and affordability, and (4) sustainability.

4. Research Resources Allocation Initiative

To promote the rational allocation and efficient use of the medical school’s research resources, develop a transparent process for the allocation and reallocation of research

resources that includes: (1) a “bottom-up” decision-making process, (2) openness to new organizational models, and (3) balanced support of established and new opportunities.

Clinical Programs: Contact persons are Drs. Norm Rizk and Ken Cox

1. Translational Research Initiative

To develop and incorporate new knowledge and treatment modalities into disease management through clinical and translational research strengthen opportunities and formalize mechanisms for clinical innovation within the healthcare delivery systems.

2. Rationalization of Health Care Initiative

To develop relationships with external partners to foster a robust clinical and educational program, develop an SUMC and Stanford FPO strategy addressing the provision of tertiary and quaternary services by Stanford, and its partnership with regional primary care providers.

3. FPO Initiative

To develop a flexible and high quality faculty physician’s organization to support the faculty’s clinical activities, develop a Stanford Faculty Physicians’ Organization in coordination with the structures of the two hospitals (SHC and LPCH) that includes: The development of a data-driven investment model for new program evaluations, funding and performance expectations.

The development of an aggressive quality of care program that establishes the Stanford FPO as the quality provider of choice for referring physicians and the local community.

The Professoriate: Contact person is Dr. David Stevenson

1. Single Community of Faculty Initiative

To create and promote a professoriate that values equally the activities and contributions of all scholars, including researchers, educators and clinicians and to establish a single community of faculty that embraces all of the contributions of medical school faculty and their university and community-based partners in the fulfillment of the school’ mission: (1) create a professoriate based on primary functional roles, (2) establish university standards for faculty scholarship that includes the scholarly activities of clinician and educators, (3) clarify the use and appointment and promotions criteria of other academic titles, (4) clarify the use and appointment and promotions criteria of other titles and (5) establish benefits parity for all faculty.

2. Faculty Outreach Programs Initiative

To maintain effective programs of future faculty development and outreach that recognize the value to the medical school’s mission of a diverse faculty across all ranks, develop offices for student and faculty diversity and for women in medicine and develop community and secondary education faculty outreach programs to expose under-represented minorities to careers in the biosciences.

Finance and Administration: Contact person is Mr. Mike Hindery

1. Resource Allocation Initiative

To create a responsive administrative organization that effectively provides the resources, infrastructure and incentives required to support the School's education, patient care and research activities, revise resource allocation principles and methodologies to align them with school priorities.

2. Continuous Planning Initiative

To ensure the optimum utilization of the School's resources, develop a continuous planning and evaluation function.

3. Staff Accountability and Responsibility Initiative

To develop and promote an acknowledged standard for administrative excellence based on the core values of professionalism, integrity and personal responsibility and service, develop mechanisms for the establishment and exercise of administrative staff accountability in the conduct of the Medical School's business.

4. Staff Rewards and Incentives Initiative

To continuously promote a culture that clearly recognizes and values the role of staff as partners in the success of the School's core missions and to create an environment that attracts and retains the highest quality staff, revise faculty and staff compensation plans to ensure appropriate rewards and incentives and develop mechanisms for rewards and incentives for administrative partners across SUMC organizations.

Advocacy, Public Policy and Philanthropy: Contact persons are Ritch Eich, Jackie Brown, Phil Pizzo and Paul Berg

1. Communication Initiative

To communicate the medical school's excellence and accomplishments in education, patient care and research, communicate a bold vision for Stanford as a global model of research-intensive medical schools for the 21st century.

2. Campaign Initiative

To advance the mission of the School of Medicine by maximizing the generation of private philanthropic support, develop a comprehensive and exciting campaign (The Campaign for Stanford Medicine) to support the realization of the school's vision.

3. Advocacy Initiative

To actively engage the public to foster an appreciation for the importance of academic medicine to the health of the community and the nation, develop an on-going and broadly-based education and advocacy program targeted to local, state and national government leaders.

4. Public Policy Initiative

To extend Stanford's expertise in health policy, health services research, health economics, and related disciplines, and to apply this expertise to education, clinical care and research programs and its public communications, create a Dean's Advisory Group

on Public Policy and Advocacy to provide balanced information and make recommendations about school-supported policy initiatives and to recommend specific contemporary health policy issue initiatives on which to provide objective information to the Stanford community and the community at-large.

Please note that our Strategic Initiatives for Information Technology, including their impact on education, research, clinical computing and administration will be organized following the retreat and will be presented subsequently.

Again, please contact any of the individuals listed above to make sure that your input is received. We are eager to learn more about how our students, faculty and staff feel about these initial initiatives.

I should also remind you that we will use February and March to further process these initiatives into a more coherent Strategic Plan. I will be communicating to you about this in early spring.

Baxter Foundation Visit

On January 22-23 we had the privilege of hosting a visit by Directors from the Donald E. and Delia B. Baxter Foundation. Stanford's association with the Baxter Foundation began nearly concurrently with the move of the School of Medicine from San Francisco to the Stanford University campus some 40 years ago. Since that time, the Baxter Foundation has helped support the career development of students, trainees and faculty and has engaged in a partnership with Stanford School of Medicine to facilitate discovery and innovation.

During the past four decades, the Baxter Foundation has contributed more than \$8.5 million in gifts encompassing support for student scholarships, the Medical Scholars Program and the Faculty Scholar Program for new assistant professors beginning their career. Each of these and other programs supported by the Baxter Foundation has had a significant impact on the careers of students and faculty and has contributed to new discoveries and programs at Stanford. This year, we also had the privilege of developing the Baxter Laboratory for Genetic Pharmacology, currently directed by Dr. Helen Blau and housed in the Department of Microbiology and Immunology.

The Baxter directors who visited with us included Mr. Don Haake, president of the Baxter Foundation along with directors Richard and Martha Haake and Jane Haake Russell. Their visit included updates on our research programs and initiatives at Stanford, presentations by medical and graduate students as well as junior faculty who have received support from the Foundation. In addition, the Trustees met with the four individuals who were selected to be the 2002 Baxter Foundation Faculty Scholars. These included:

1. **Dr. Laura Attardi**, Assistant Professor, Department of Radiation Oncology.

2. **Dr. Corinna Darian-Smith**, Assistant Professor, Department of Comparative Medicine
3. **Dr. Miriam Goodman**, Assistant Professor, Department of Molecular and Cellular Physiology.
4. **Dr. Merritt Maduke**, Assistant Professor, Department of Molecular and Cellular Physiology.

Congratulations to both past, current and future Baxter Foundation recipients and sincere appreciation to the Donald E. and Delia B. Baxter Foundation for their wonderful commitment and support for Stanford students and faculty.

Planning for Bioengineering Department Moves Forward

We are moving forward with our active planning for the Joint Department in Bioengineering with the Schools of Engineering and Medicine. The Bioengineering Executive Steering Committee, which includes Deans Pizzo and Plummer along with Drs. Jeff Koseff, James Nelson and Paul Yock, met on January 23rd to finalize the leadership and membership of the three committees that will help guide the development of the department during the next several months. The subcommittees planned include:

1. **Undergraduate Education**: Drs. Eric Roberts (SoE: Computer Sciences) and Charlie Taylor (SoM: Surgery and Mechanical Engineering) will serve as co-chairs.
2. **Graduate Education**: Drs Channing Robertson (SoE: Chemical Engineering) and Nelson Pelc (SoM: Radiology) will serve as co-chairs
3. **Academic Governance, Finance and Administration**: Drs. Curt Frank (SoE: Chemical Engineering) and Judy Swain (SoM: Medicine) will serve as co-chairs.

Beginning in early February, each of the subcommittees will begin their work with the goal of completing this next phase of the project the end of June 2002.

Announcements and Appreciation

- At the University Senate on January 24th, the Inaugural group of University Fellows in Undergraduate Education was announced. Eight new Fellows were awarded to acknowledge faculty for their dedication, skills and commitment to undergraduate education. I am very pleased to announce that **Dr. John C. Boothroyd**, Professor and Chair of the Department of Microbiology and Immunology was among the first of these eight new University Fellows and has been named The Dunlevie Family University Fellow in Undergraduate Education. Please join me in congratulating Dr. Boothroyd for this special honor.
- I am pleased to announce that based on the recommendations of his colleagues and collaborators, **Dr. Hugh McDevitt**, Professor of Microbiology and Immunology, has been appointed the Director of the Immunology Interdisciplinary Program (IDP). In addition to announcing this new role for

Hugh, I want to thank Dr. Irv Weissman for the tremendous job that he has performed in serving as Director during these past many years.

- I want to thank and acknowledge the wonderful job done by **Stanford University Medical Alliance** for orchestrating and conducting the 11th Annual Pre-Medical Student Conference that was held on Saturday, February 2nd. Attracting over 500 minority high school and college students from California and elsewhere, this important conference provided important insights on how to prepare for the application process for medical school as well as the multiple career paths open to students in medicine and research. Further improving the diversity of our students and faculty is among our highest priorities and I am deeply grateful to our students for helping to promote and enhance this important goal.

Appointments & Promotions

I am very pleased to announce the following appointments and promotions to our School of Medicine faculty;

- **Myriam Curet** has been appointed Associate Professor of Surgery at SUMC, 2/1/02-1/31/07
- **Lawrence Leung** has been promoted to Professor of Medicine (Hematology), effective 2/1/02
- **Lawrence Saidman** has been appointed Professor of Anesthesia at SUMC, 2/1/02-1/31/07
- **Pieter van der Starre** has been appointed Associate Professor of Anesthesia at SUMC, 2/1/02-1/31/07
- **Anne Villeneuve** has been promoted to Associate Professor of Developmental Biology and of Genetics, effective 2/1/02
- **Glyn Williams** has been appointed Associate Professor of Anesthesia at SUMC, 2/1/02-1/31/07

Congratulations to all.

Dean's Newsletter February 18, 2002

Appointment of New Leadership in the Department of Molecular Pharmacology

I am extremely pleased to announce that Professor Daria Mochly-Rosen has agreed to serve as the next Chair of the Department of Molecular Pharmacology beginning February 15, 2002. This is wonderful news for the Department, School and University.

Dr. Mochly-Rosen joined Stanford in 1993, having previously been an Associate Professor in Residence at UCSF. She received her Ph.D. at the Weizmann Institute's Department of Chemical Immunology and did a Postdoctoral Fellowship in the

Department of Biochemistry at Berkeley. She also served as the Reed-Hodgeson Professor in Human Biology at Stanford from 1996-2001. Dr. Mochly-Rosen's major research focus is the role of protein kinase C (PKC) in normal signal transduction and in disease. She and her colleagues have proposed that activated PKC isozymes bind to intracellular receptor proteins located at different subcellular sites, and that these receptors differentially bind specific PKC isozymes. The specific anchoring proteins are termed RACKs (for Receptors for Activated C-Kinase). Her studies to date have focused mainly on the role of PKC in heart function but her work also extends to cancer biology, as well as more broadly to a number of areas in developmental biology. They also relate to her interest in the emerging field of chemical biology.

Since last summer, Dr. Mochly-Rosen has served as the Chief of the Division of Chemical Biology. She has since developed a research theme engaging several other members of Molecular Pharmacology faculty (especially Drs. Meyer, Cimprich, and Ferrell) in developing a broader focus on chemical biology. Importantly, this research area has simultaneously been defined as one of the major research themes for the Clark Center, and thus will further link the Department of Molecular Pharmacology and the School of Medicine to an even broader Stanford University initiative.

In the years ahead Dr. Mochly-Rosen's leadership will prove important in furthering the field of molecular pharmacology and its important intersection with chemical biology. This has broad institutional implications and significance.

Please join me in congratulating Professor Daria Mochly-Rosen on becoming Chair of the Department of Molecular Pharmacology.

Next Town Hall Meeting on Monday, February 25th

On Monday, February 25th, we will hold our first Post-Retreat Strategic Planning Update at Noon in the Fairchild Auditorium. Faculty, staff and students are welcome to attend. The focus of this presentation will be on medical and graduate student education. We are interested in your input, so please attend the Town Hall Meeting at Noon on February 25th.

Strategic Planning Retreat Update

The School of Medicine held its first comprehensive Strategic Planning Retreat from February 8-10th. Attending the Retreat were the Chairs of Basic and Clinical Science Departments, Faculty Leaders, Senior Deans, staff, medical and graduate students and postdoctoral fellows. Also in attendance were the President/CEOs from Stanford Hospital & Clinics and the Lucile Packard Children's Hospital, Trustee(s) and the Provost. In total, we had 72 participants spanning our missions in education, research and patient care.

The weekend Retreat was both an ending and a beginning. Leading up to the Retreat nine Work Groups comprised of more than a hundred faculty, students and staff from throughout the School, who had been working since September 2001, each under the guidance of a Senior Dean, analyzing various aspects of our missions. These work groups produced over 100 potential Strategic Initiatives, of which approximately 20 were selected for presentation and discussion at the Retreat (these were published in the February 4th edition of the Dean's Newsletter). To foster as much dialogue and debate as possible, participants received a detailed briefing document prior to the Retreat which included, for each Work Group, a program summary, mission and goals, SWOT (strength, weakness, opportunity and threats) analysis, and a review of proposed initiatives.

The presentations and discussions at the Retreat were done before the entire group of attendees. We purposefully decided not to use any outside consultants or facilitators for either the planning or presentation phase of this process. David O'Brien served as the Internal Coordinator of the planning process and the Dean served as the facilitator at the Retreat. The format for the retreat was as follows:

Friday, February 8th

1. Medical Student Education: Dr. Julie Parsonnet
2. Graduate Student Education: Dr. Karla Kirkegaard and James Nelson
3. Postdoctoral Education: Dr. Joe Lipsick

Saturday, February 9th.

1. Research Programs: Dr. James Nelson
2. Clinical Programs: Drs. Norm Rizk and Ken Cox
3. The Professoriate: Dr. David Stevenson
4. Finance & Administration: Mr. Michael Hindery
5. Communication, Advocacy, Public Policy & Philanthropy: Dr. Phil Pizzo

Sunday, February 10th

1. Summary: Dr. Phil Pizzo
2. General Discussion and Review

It is important to underscore that this first phase of our Strategic Planning effort was primarily an opportunity to assess the proposed direction of individual areas (e.g., education, research, clinical care) as well as to evaluate their interrelationships. Because academic medical centers like Stanford have multiple missions, I felt it was particularly important at this stage to determine the degrees of alignment between and among our missions and community. We also wanted to determine how each fit into our overarching mission, which we had defined prior to the Retreat "to be a premier research-intensive School of Medicine that improves health in the 21st Century through discoveries, leadership and innovations in education, biomedical and clinical research and patient care".

Despite the differences in culture and focus among the various attendees of the Retreat, and whatever preconceived perceptions or attitudes that each held prior to her or his arrival, a remarkable degree of agreement and consonance was achieved during and certainly by the conclusion of the Retreat. Perhaps most importantly, the intricate interrelatedness and dependency of our missions became increasingly clear to all participants. So too did the important connections and synergies.

The unifying theme for our missions and School is Translational Research and Medicine. The linkage between basic and clinical science, the relationship between basic research, discovery and innovation and their impact on human health, the importance of training medical and graduate students to explore the intersections of science and health are essential components of Translational Research and Medicine at Stanford. So too is being excellent in our research, education and clinical care. Further, valuing the importance of outstanding patient care and the role of superb clinicians, teachers and scholars was felt to be as essential to fostering Translational Research and Medicine at Stanford as is the presence of outstanding investigators.

In the coming weeks we will be further refining the reports of the Work Groups, now informed by the discussion that took place at the Retreat, into a comprehensive Strategic Planning document and series of action items. As previously forecast, I anticipate that the Planning Report, which will still be a work-in-progress, will be available by early April. We will also be initiating an Internal Web Page so that you can access the reports and offer your input and comments on-line. At the same time, we will soon be coming forth with the initiatives that have emerged from the work-to-date that will be ready for implementation immediately or that will be staged for implementation over the next several years.

Because each Work Group and mission area has a number of important initiatives (some of which I detailed in the February 4th Dean's Newsletter) I do not intend to summarize them now, for fear of reducing them to too much simplicity. We will plan to present them each in more detail, beginning with Education at the Town Hall Meeting on February 25th at Noon in the Fairchild Auditorium.

I do want to take a moment to thank the many faculty, students and staff who have already spent a considerable number of hours working on the Strategic Plan. I want to particularly thank those who gave up so much time to attend the Strategic Planning Retreat on February 8-10th. During the next months we will be holding more focused Mini-Retreats on campus addressing key mission areas, and I hope that you will be able to attend those as they are announced. Our ultimate success will be dependent on the engagement and involvement of our faculty, students and staff and their sense of ownership and commitment to the plans that emerge from shared efforts. As always, I am most interested to receive your input.

Appointment of Director of the School of Medicine's New Institutional Planning Office

Strategic plans are not new to the School of Medicine. Others have preceded the effort currently underway and many contained valuable insights and initiatives. However, most of these plans have not been realized or implemented.

While strategic planning is important, the follow-up and implementation of the defined initiative is even more critical. Indeed, a lack of follow through results in apathy and cynicism, making it even more difficult to engage change. This is especially true when change requires the involvement of many individuals; not infrequently individuals sharing different goals and objectives.

Recognizing the importance of ownership over a strategic planning process, I have quite purposefully assumed personal responsibility for the efforts to date and have made sure that the strategic planning to date has occurred internally. Surely this does not mean that we will not at some point, wish to seek external review to further test and refine our ideas and initiatives. However, at this juncture it seems wisest to keep our planning operations internal.

To assure that our strategic planning efforts are managed and achieved as optimally as possible, however, I have, with the concurrence of our Senior Associate Deans, decided to establish an Office of Institutional Planning at the School of Medicine. I am pleased to announce that Mr. David O'Brien, who has played a key role in coordinating and overseeing the current Strategic Plan, will become Director of the School's Institutional Planning Office. In his new role, Mr. O'Brien will report to the Dean and work closely with the Senior Deans as well as faculty, students and staff. Importantly, Mr. O'Brien will help assure that our initiatives are tracked and implemented and that in the years ahead our vision and goals for Stanford University School of Medicine are realized.

Input Being Sought on Bioengineering

As you know from prior communications, the Schools of Engineering and Medicine are moving forward in forming a joint bioengineering department. Our goal is to get Advisory Board and Board of Trustees approval for this new department by June, 2002. As I announced in the February 4th Dean's Newsletter, three committees have been formed and are being lead by co-chairs from engineering and medicine. These committees include Undergraduate Programs (Co-Chairs are Eric Roberts and Charles Taylor); Graduate Education and Research (Co-Chairs are Channing Robertson and Norbert Pelc) and Finance/Administration (Co-Chairs are Curt Frank and Judy Swain). Email addresses are listed below for each of these co-chairs.

Jim Plummer, Dean of the School of Engineering, and I very much encourage **your** input into the ongoing planning process. Specifically, any ideas and opinions that you have regarding undergraduate programs, graduate programs, department organization and mission, or other related issues, in bioengineering would be welcome by these committees. You can reach the co-chairs by email at:

eroberts@CS.stanford.edu, taylorca@stanford.edu, chanbo@stanford.edu, pelc@stanford.edu, curt@chemeng.Stanford.EDU, jlswain@stanford.edu

Emails to the co-chairs of the committees, discussions with them or with the committees as a whole, or any other means you might want to use to provide input would be welcome. The co-chairs can also provide you with a complete listing of the other faculty on each committee. We also plan to hold a series of open town hall meetings over the next few months to discuss progress on these issues and we will keep you informed about when these meetings will be held.

Meeting Faculty, Students and Staff

During my first ten months at the School of Medicine I have had the opportunity to meet with numerous faculty, students, and staff. Some have been through one-on-one meetings, others at departmental meetings or functions. Being cognizant that there are often layers separating the Dean's Office from the community that defines the School, I am seeking additional ways of enhancing direct interactions. My motivations are to get to know you better and to learn more directly about the issues or concerns that you have about the School, Medical Center and University. I am also eager to find ways to receive information directly from faculty, students and staff in addition to that which comes via reports from Chairs, Deans or Departmental leaders.

For some months I have been hosting informal (simple) lunch meetings with medical and graduate students. I am now planning to extend those meetings to faculty. Soon other Senior Deans and I will be arranging informal meetings with staff as well. The fare for the informal faculty lunches will be simple, the size less than fourteen at a time, the groups mixed, the talk direct and candid, and the agenda set by those who choose to attend. If you are interested in attending one of these informal lunch meetings please contact Ms Sharon Olsen at sharon.olsen@Stanford.EDU.

Appointments and Promotions.

I am pleased to report the following promotions recommended by the Advisory Board:

Ben A. Barres has been recommended to be promoted to Professor of Neurobiology and of Developmental Biology, effective March 1, 2002

Carol Clayberger has been recommended to be promoted to Professor of Pediatrics and of Cardiothoracic Surgery (Research), 3/1/02-2/29/08

Congratulations to Drs Barres and Clayberger.

Dean's Newsletter

March 4, 2002

Loss of a Most Valued Stanford Medicine Friend and Supporter

On February 26, 2002, Dr. Jess Shenson, a most valued friend and supporter of Stanford Medicine, succumbed to a long-standing illness. Dr. Jess Shenson, who retired from practice in 1995, and his late brother, Ben, served on Stanford's clinical faculty when the medical school was located in San Francisco. In 1950, Ben and Jess Shenson established a fund to assist meritorious students at Stanford; the name of the fund was changed to the Louis and Rose Shenson Memorial Loan Fund in 1984. In 1985, the Shenson also established the Drs. Ben and A. Jess Shenson Visiting Professorship of Clinical Medicine. And, now in perpetuity, is the Drs. Ben and A. Jess Shenson Professor in the School of Medicine, currently held by Dr. Charlotte D. Jacobs, Department of Medicine. Dr. Shenson has been a longtime supporter of the arts in San Francisco. In April 1994, he received the Stanford Medical Alumni Association's Distinguished Service Award.

On a more personal note, I had the privilege of meeting Dr. Shenson on a number of occasions since I joined the Stanford community and deeply admired his grace, dignity and heart felt commitment and concern about Stanford Medicine, both past and future. More than his monetary support has been his personal commitment to Stanford and the hope that we will continue to be excellent, especially in the clinical training of our students. As we remember his many contributions, we should constantly strive to fulfill his hopes for the future of Stanford Medicine.

Appointment of Senior Associate Dean for Information Resources and Technology

I am extremely pleased to announce the appointment of Dr. Henry Lowe as the Senior Associate Dean for Information Resources and Technology. This is a new position in the Dean's office and its initiation recognizes the importance of creating and implementing overall strategic information technology plans for the School of Medicine. This is essential to our strategic plans in education, research and clinical care and is fundamental to achieving our overarching goal of preeminence in translational research and medicine.

Among the goals for this new position are:

1. Creating an information technology environment that optimizes our success as a leading research-intensive School of Medicine, better integrating the School's information technology programs with those of the University and hospitals.

2. Developing, in partnership with the hospitals, departments and faculty, a strategy to facilitate the use of clinical data in support of translational research while protecting patient privacy and confidentiality.
3. Taking advantage of the School's unique position in the Silicon Valley to establish partnerships and innovative programs with industry.
4. Advising the School on the educational, research, clinical and administrative information system needs with regard to network resources, technical maintenance, technical innovation and relations with business partners.
5. Overseeing the direction of the medical library and its informatics functions including traditional library services, informatics, electronic publishing; working closely with University ITSS, departmental information systems staff, and the hospital CIO.
6. Work with University ITSS, departmental information systems staff and the Stanford Hospital and Clinics (SHC) and Lucille Packard Children's Hospital (LPCH) information officers to draft technology standards and work with University Purchasing to find the most cost effective procurement plan.
7. Providing application development for global initiatives taking advantage of School of Medicine standards such as School web site development and administration application development (research and financial).

Dr. Lowe is well qualified to assume this important new position. A graduate of the University College, Dublin, Ireland, Dr. Lowe did residency training in Ireland as well as at the New England Medical Center in Boston. He completed a Clinical and Research Fellowship in Medicine and Informatics at Harvard Medical School and the Massachusetts General Hospital in 1989. For the past nine years he was on the faculty at the University of Pittsburgh, where he served in various important positions, including as Director of the Clinical Multimedia Laboratory in the Center for Biomedical Informatics and Director of the Benedum Oncology Informatics Center. Dr. Lowe joined Stanford in the Fall of 2001 as Director of Cancer Informatics and Associate Professor of Medicine.

Dr. Lowe assumed his new responsibilities as Senior Associate Dean for Information Resources and Technology on March 1st. He will spend approximately 60% of his time focusing on the issues noted above and will also continue his research in medical informatics.

Please join me in welcoming Dr. Lowe to his new and important role. In subsequent issues I will update you on the team that Dr. Lowe will assemble and the progress he makes in developing our information resources and technology at Stanford School of Medicine.

Update on the School of Medicine Strategic Plan and Education in Particular

Since the Strategic Planning Retreat of February 8-10th, numerous faculty, students and staff have been busily moving forward with the implementation of various high priority strategic initiatives that we have identified during the past nine months. At the Executive

Committee on Friday March 1st, David O'Brien, our new Director of Institutional Planning, displayed the 97 strategic initiatives identified to date (absent from these are the important plans regarding Information Resources and Technology which are yet to be developed as noted above). These initiatives cut across each of our missions and have now been prioritized according to their respective planning vs. implementation phase as well as their time-line. Currently we are tracking initiatives that will unfold during the next one to two years as well as others that will occur over the next 5-10 years. Of these, we are focussing particular attention in this current academic and fiscal year on education, and on the necessary changes in finance and administration that will help to fulfill them. I will highlight some of the education initiatives below. We are planning to review the principles that will guide changes in the School's Operating Budget at the Executive Committee Meeting on March 15th.

We also reviewed again the latest draft version of our mission statement based on additional feedback that we have received following the Retreat. Based on this, and the discussion that took place at the March 1st Executive Committee meeting.

The School of Medicine Mission Statement is:

To be a premier research-intensive medical school that improves health through leadership and collaborative discoveries and innovations in patient care, education and research.

As always, your comments or suggestions are welcome and can be sent to deansnewsletter@med.Stanford.edu

Update on Education

At the Town Hall Meeting on Monday February 25th, Drs. Julie Parsonnet and Karla Kirkegaard reviewed respectively an update on the Strategic Plans for Medical Student and Graduate Student Education.

Noting that strengths of Stanford's medical education are the opportunities afforded students for individual and cross-disciplinary work, Dr. Parsonnet also pointed out that there has long been an absence of curricular definition, especially the specific knowledge and skill which medical students need to have to be successful. She further noted that there is insufficient time devoted to fostering independent research skills as well as to developing clinical skills. Approaching these challenges is made difficult because neither financial support or incentives are aligned to enhance or improve teaching excellence, innovation and interdisciplinary programs. In order to address these opportunities and challenges, Dr Parsonnet and her Work Group have proposed to:

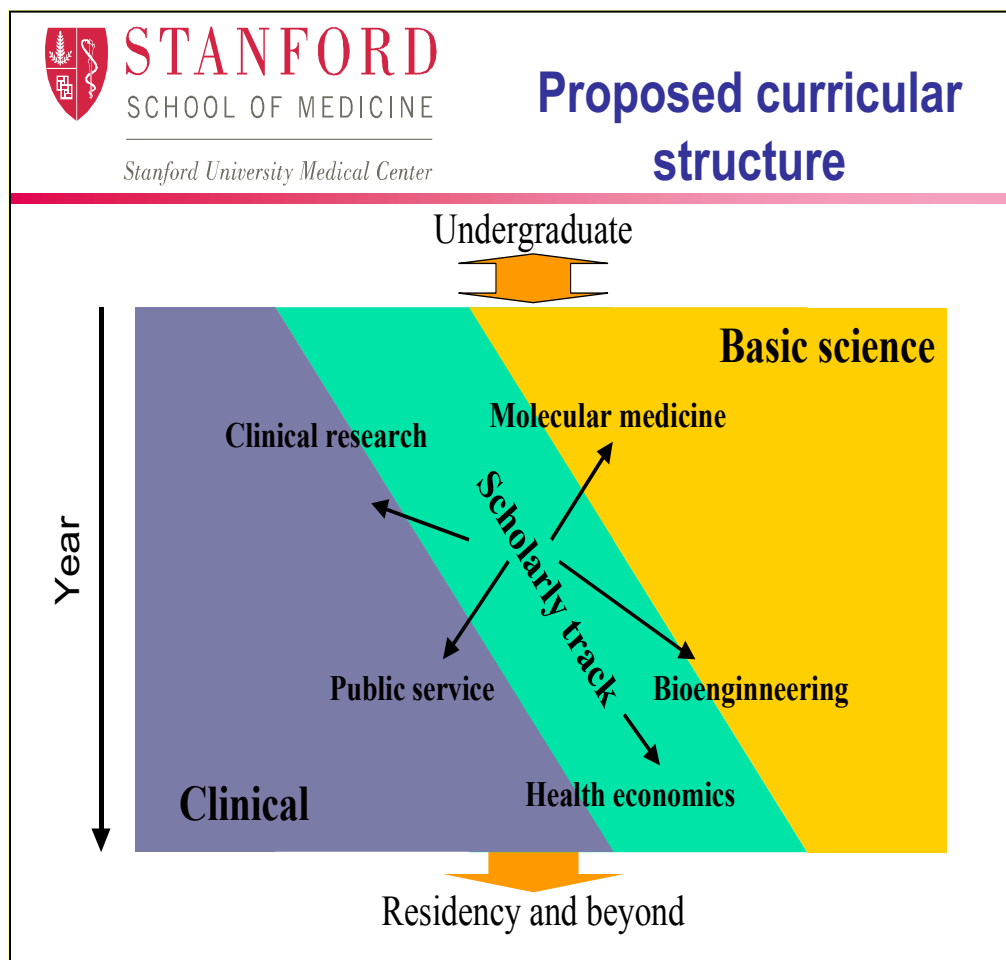
1. Identify the core knowledge and skills necessary for all students.
2. Develop required majors ("scholarly tracks") for all students to enhance independent research capabilities. These tracks should be rigorous and include curricula,

mentoring and opportunities for individual development, including, where appropriate, joint degree programs.

3. Expand the clinical curriculum, particularly in the first years of medical school, to enhance pattern recognition.
4. Develop a system of incentives to promote curricular change

The need to make these changes is also based on the awareness that the current curricula does not have sufficient emphasis on methods for acquiring and interpreting new information, on using innovative education technologies (e.g., simulations, small group interactive learning, on-line learning) and, perhaps most importantly, on bridging the gap between the basic and clinical sciences.

Based on this, a work-in-progress schema that reflects the proposed changes in the Stanford Medicine curricula is shown below:



In the new Stanford Medicine Curricula, students would be exposed to basic science and clinical medicine through all years of medical school. They would also have a core program of expected knowledge coupled with considerable individual flexibility. A

distinguishing feature would be the majors or scholarly tracks referred to above, that would extend throughout medical school, and which would meet the individual student needs for specific career development. As examples, such tracks could be in areas like clinical research or molecular medicine as well as in bioengineering or in public service or health economics. Some of these tracks would carry joint MD/PhD degrees while others could permit joint degrees in Engineering, Law, Business, Education or Humanities and Sciences. These tracks will require partnerships with other Schools at Stanford and will open a dialogue regarding undergraduate education and especially the future role of “traditional premedical education”. In addition, because of the relationship of the Medical School to the Hospital programs, the possibility for continued training during residency, fellowship and postdoctoral training are all areas for future exploration.

To address the initial phases of the medical student curricula reform, Dr. Parsonnet will work in partnership with the School of Medicine Faculty Senate as well as with faculty, staff and students. She welcomes individuals who are willing and interested to work on this important new agenda.

Equally important are our programs in Graduate Education. Dr. Karla Kirkegaard, along with Tim Stearns and James Nelson, has been leading this effort. Stanford is one of a few medical schools that have as many graduate students as it does medical students. Currently there are approximately 445 graduate students enrolled in 12 departmental and interdepartmental programs. While the current programs are excellent there is reasonable consensus that changes in our programs are necessary to enable our students to prepare for new and evolving jobs and careers in the future. As with medical students, these may require joint education and training in other disciplines, including Law, Business, and Education among others. Further the opportunities for interdisciplinary training are significant and provoke the need for cross-disciplinary inquiry and research. To help promote this, Dr. Kirkegaard and colleagues are planning a “pre-differentiation camp” that will be held this Fall (i.e., 2002), and that will enable incoming graduate students to be exposed to a wide variety of faculty, programs and potential areas for future engagement. Equally importantly, this will help to build a community of graduate students. A further important goal shared by Drs. Parsonnet and Kirkegaard is to have shared activities between incoming medical and graduate students, this likely beginning in the Fall of 2003.

A unique and important initiative is to enhance the education and training of graduate students about clinical medicine in health and disease. To fulfill our overarching goal of fostering translational research and medicine, promoting interactions of medical and graduate students will be important along with exposure to simulation and technology resources that permit graduate students to better understand mechanisms of disease.

Accomplishing the education of future medical and graduate students requires new learning and information facilities. A major objective therefore will be planning and then building of these new facilities. Based on the current refinement of our curricula objectives, it is now appropriate to begin the programmatic planning for these new facilities. Our timeline is to complete that planning over the course of the next year and to

initiate the plans for building thereafter. This is clearly a process that will take five years to complete, even on an optimal schedule. Hence, making continued improvements in our now quite outmoded facilities is still necessary, especially if we are to optimize our ability to achieve the changes discussed above.

Another key goal addressed by Dr. Kirkegaard and her colleagues is improving diversity among the graduate student class. This imperative is also widely shared and will be proactively pursued during this and future years.

In sum, we are developing bold and ambitious initiatives for medical and graduate student education. Accomplishing these will require the participation of faculty, students and staff. They will also require considerable resources, these being even more necessary given the limitations of time that virtually every member of our community currently shares. Developing those resources, for our education programs and others must also be one of our highest institutional priorities. It will surely be one of mine.

Hospital and Medical Center Updates

Evidence of improvement in the financial performance of Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital was evident at the Board of Directors Meeting held on Wednesday, February 27th. Both hospitals are doing significantly better than last year (FY01) and both are currently ahead of their FY02 budgets. While these improvements are welcome, and reflect the enormous work, accomplishments and sacrifice of hospital administration, faculty and staff, for which we must all be deeply appreciative and complimentary, they will require continued significant effort to sustain and enhance. This is especially true for SHC, which while ahead of budget currently, still projects a deficit for FY02, although hopefully the last such negative year.

That said, the health care financial landscape remains very complex and challenged nationwide, and especially in northern California. Patient care payments from providers are the lowest in the nation in the Bay Area, and despite the contracting improvements of the past year, still pay below cost. Further complicating this are the low reimbursements from Medicare and MediCal. Teaching hospitals like those associated with Stanford School of Medicine also have inherent inefficiencies related to the time necessary to teach medical students, residents and fellows. Together, this poses a major set of difficulties. These are made even more so when beds are filled as they are presently and resources strained.

The next big transition for the Medical Center will begin when the new President and CEO, Ms. Martha Marsh arrives officially on April 2nd. Ms. Marsh attended the Board of Directors meeting this past week as a guest and is beginning to learn more about the medical center and is developing her plans for SHC. We all welcome her with anticipation and enthusiasm. Given the recent improvements in the hospital's financial performance, we are optimistic that significant additional progress will be made under the leadership of Ms. Marsh.

BioX Interdisciplinary Initiatives Symposium

On Friday March 1st, the Bio-X Interdisciplinary Initiatives Symposium was held in the Fairchild Auditorium. Bio-X brings together programs in bioengineering, biomedicine and biosciences at Stanford. It represents new opportunities of discovery and teaching between and among biologists, chemists, physicists, computer scientists, engineers and medical scientists. The Symposium was led by Dr. Harvey Cohen, Professor and Chair of the Department of Pediatrics who also served as the Chair of the Bio-X interdisciplinary Initiatives Committee that included Axel Brunger (Molecular & Cell Physiology), Scott Delp (Mechanical Engineering), Gerald Fuller (Chemical Engineering), Gary Glazer (Radiology), Keith Hodgson (Chemistry), Jeff Koseff (Civil & Environmental Engineering), Suzanne Pfeffer (Biochemistry), Ken Salisbury (Computer Sciences), Lucy Shapiro (Developmental Biology), Judy Swain (Medicine) and Richard Zare (Chemistry).

A cross section of presentations of topics aligning investigators from different disciplines and different schools presented reports both basic and clinical, theoretical and applied. Truly a new paradigm for research and education is being created at Stanford thanks to this effort and the support that allowed these initiatives to move forward.

Avery Professorship Celebration

On Wednesday evening February 26th, Burt and Marion Avery, their four children and families gathered to celebrate Mark Davis, the new incumbent of the Burt and Marion Avery Professorship in Immunology. The Avery family represents three generations at Stanford and 11 graduates. They are committed to fostering interdisciplinary research and have viewed immunology as epitomizing that thrust. The past incumbent of the Avery Professorship was Dr. Hugh McDevitt, Professor of Microbiology and Immunology.

Dr. Davis is a Professor in the Department of Microbiology and Immunology, a Member of HHMI and internationally recognized for his work on the T-cell receptor and immunology. He is also the recipient of numerous awards and honors, including the King Faisal International Prize in Medicine, the Alfred P. Sloan Prize from the General Motors Cancer Research Foundation, the Behring-Heidelberger Prize, and the Pius XI Award from the Pontifical Academy of Sciences.

Please join me in congratulating Professor Mark Davis.

Appointments and Promotions

I am pleased to announce that **Maurice Ohayon** has been appointed Associate Professor of Psychiatry and Behavioral Sciences (Research), 3/1/02-2/28/07

Dean's Newsletter

March 18, 2002

Executive Committee Update: Current and Future Operating Budgets

As part of our Strategic Planning Process we recognized the importance of addressing those ways in which the School's administrative and financial infrastructure could best serve and facilitate the fulfillment of our missions in education, research and patient care. Accordingly, one of the nine Work Groups focused on Administration and Finance. As part of this effort, led by Mike Hindery, Senior Associate Dean for Administration and Finance, of the methodology for the School's Operating Budget was reviewed. Although the operating budget comprises only a portion of the consolidated budget for the School and its Departments, it does have an impact on the School's current and future programs. Indeed, one of the factors often blamed for impeding progress in curriculum reform in the past has been the current operating budget formula, which has been in place for more than two decades. While that formula is simple, predictive and longstanding, it may also inadvertently impede the development of curriculum evolution, including interdisciplinary education and interdisciplinary research, both of which are central to the future of the School of Medicine.

Based on this, the principles guiding a change in the operating formula are that:

- It should be fair, equitable, transparent and simple to calculate.
- The funds available for distribution and the formula are income driven.
- The methodology should respect and preserve the School's history with formulae.
- The formula should incent the management of costs and the enhancement of revenue.
- The formula should respect local control of decisions and should permit units and departments to understand the impact of decisions.
- The formula should incent the appropriate use of restricted funds.
- The formula should recognize the importance of teachers, including interdepartmental teaching and courses.
- The formula should be flexible enough to accommodate changing organizational models and interdisciplinary units.

At the School's Executive Committee meeting held on Friday, March 15th, Mr. Hindery gave an overview of the School of Medicine's financial status and then focused on the changes in the operating budget currently under consideration. Departmental DFA's were also invited to this special presentation. Among the most important elements of the revision in the operating budget is the creation of a "teaching fund" that will help to help pay for basic science and clinical courses and electives and that will also incent

excellence in courses and teachers.

The presentation engendered a lively and very productive discussion. Coupled with changes to the operating budget will also be a new School of Medicine Reserves Policy that will impact both the School and the Departments. The Reserves Policy has been under review by a committee chaired by Mike Hindery that has been working since early last Fall and that will be ready for a presentation to the Executive Committee in the next month. The Reserves Policy delineate the responsibility and allocation of expenses for education, research and infrastructure support between the Departments or School (i.e., Dean's Office). The changes to the Operating Budget, coupled with the new Reserves Policy, will have important implications for the School and the Departments. Obviously, the key goal is to help facilitate improvements in our ability to enhance our programs in education, research and patient care.

Not yet finalized is the timing for introduction of these changes. Because the preparations for the FY03 budget cycle commence during the next two weeks, it is unclear whether we will be ready to make the necessary refinements to permit introduction of the revised Operating Budget Formula and new Reserves Policy this immediate budget cycle or whether we will need to defer to the next budget cycle. Either way, we **will** be making changes to the Operating Budget and Reserves Policies to further improve our ability to make progress in important mission critical areas. At the same time, we also recognize that whatever changes we make, additional funding sources are necessary to permit us to achieve our goals, making the Campaign for Stanford Medicine all the more critical and important.

Important Reminder Regarding Email Usage in the Workplace

During the past decade Email has become one of the best-used communication tools in the workplace. The use of this tool, however, requires special attention and responsibility. Email correspondence is public and easily accessible. Its rapidity and ease of distribution can be a great benefit as well as source of problems. Accordingly, I want to remind each member of our community to be responsible, thoughtful and appropriate in the use of email in the workplace.

I am aware of recent correspondence that has been unnecessarily inflammatory and which in some cases included inaccurate comments or allegations. Such documents can undermine our professional workplace and impede our goal to have an environment that is collegial, responsible and thoughtful. Please exercise appropriate judgment when using email, especially when a number of individuals are being copied. It is always wise to pause before pressing the send button and be sure that the implications of messages being sent have been fully considered.

Thank you for your attention to this important issue.

Associate Dean of Learning Technologies

I am pleased to announce that Dr. Parvati Dev will soon assume the responsibilities for Associate Dean of Learning Technologies, working with Dr. Henry Lowe, the recently appointed Senior Associate Dean for Information Resources and Technology. Dr. Dev is extremely qualified for this role based on the leadership she has provided as Director of the SUMMIT Program since 1990. Dr. Dev received her PhD in Electrical Engineering from Stanford and has focused her efforts on the interface of medical education and information technology and learning for more than a decade. She has received a number of awards for the pioneering work that has emerged under her leadership. I am extremely pleased she will assume these additional responsibilities.

On the Road Again

On March 7-9th, I joined our Alumni and Medical Development staff in a series of “On the Road Events” in San Diego and Los Angeles. These events are designed to promote greater contact with graduates from the School of Medicine training programs. They offer an opportunity to provide updates about our new strategic initiatives at Stanford, as well as act as a forum for graduates and alumni to reunite with other members of the Stanford community.

I want to thank the speakers at our “On the Road Symposium” held on Saturday, March 9th, in Santa Monica. They included Professors Peter Small, Scott Mitchell and Irv Weissman. Each gave excellent presentations underscoring the continuing role of Stanford in innovation, discovery and translational research. Importantly the work presented also addressed the role of Stanford as a leader both nationally and globally.

Congratulations to Medical Student Awardees

I am very pleased to share that a number of our medical students have recently been the recipients of prestigious awards.

Tonya Nichols SMS 2 was awarded a Metropolitan Life Foundation Scholars, National Medical Fellowship, Inc. This scholarship is presented annually to underrepresented minority students in recognition of outstanding academic achievement, leadership, community involvement and potential for distinguished contributions to medicine. Tonya was one of 16 students selected nationally.

Sarah Carranza, SMS 3, Richard Rubio, SMS 4 and Melanie Watkins, SMS were selected as Community Service Scholars, National Medical Fellowship, Inc. This award allows its recipients to work at community based health care agencies in the Bay Area where they learn more about community-based primary care, its philosophy and practice. The honor recognizes a demonstrated commitment to practicing in the Bay Area. Students will assist in direct patient care, community epidemiology and health education with selected mentors.

Congratulations to Dr. Jack Remington

The Department of Medicine recently announced that Jack Remington, Professor of Medicine in the Division of Infectious Diseases and Geographic Medicine has been selected as the recipient of the Albion Walter Hewlett Award. This award was established in 1983 in honor of Dr. Albion Walter Hewlett who served as a Professor of Medicine at Stanford from 1916 through the time of his death in 1925. This annual award, as determined by the Faculty in the Department of Medicine, recognizes “the physician of care and skill who is committed to discovering and using biologic knowledge, wisdom and compassion to return patients to productive lives.” According to the guidelines, “Nominees should be living physicians who have some Stanford background and are well known here as dynamic role models for future academicians and practitioners of scientific medicine.”

I have had the personal privilege of knowing Jack Remington for 25 years and commend both him and the faculty for their choice. Dr. Remington will also present Grand Rounds on Thursday May 23, 2002 at 8:00 a.m. in the Fairchild Auditorium as part of the Award Ceremony.

Announcement: A Novel CME Program

I would like to bring to your attention a novel, interdisciplinary CME program to be held on May 3, 2002 at the NIH. The conference, sponsored by Stanford University and the Lymphatic Research Foundation, will address “The Lymphatic Continuum”. For more information, please see <http://www.lymphaticresearch.org/LRF/index.html>.

Appointments and Promotions

I am pleased to announce the following appointments and reappointments.

Craig Garner has been appointed Professor of Psychiatry and Behavioral Sciences and, by courtesy, of Neurology and Neurological Sciences, effective April 1, 2002

Dr. Laura Lazzeroni has been reappointed Assistant Professor (Research) of Health Research and Policy.

Congratulations.

Dean's Newsletter

April 1, 2002

One Year - Already

It is, at least for me, hard to believe that tomorrow, April 2nd, is the beginning of my second year as Dean of the School of Medicine. In some ways, it continues to feel like I have only just arrived. At the same time, so much has taken place during the past twelve months. Perhaps most importantly, we have worked together to affirm the mission of our school for the 21st Century and have developed an impressive array of strategic initiatives that will, when fully implemented, shape the future of Stanford Medicine for many years to come. The blueprints of our Strategic Plan are being finalized and our future course in education, research, and patient care are being charted. Although the time ahead is full of challenges, we have the opportunity to make special contributions that will help redefine the future of academic medicine.

It is important to acknowledge that whatever success and progress we have made during the past year resides with the efforts of the many faculty leaders, students, staff and volunteers who have worked so hard on behalf of the School. This was not only evident during the Strategic Planning process, but remains so, virtually every day, in so many different ways. I would especially like to thank the members of our Dean's Office, particularly our Senior Associate Deans as well as Department Chairs, Faculty Senate Members, Student Leaders and the exceptional staff who have worked so hard on behalf of the School and University. Coupled with the outstanding contributions being made in basic and clinical research, in teaching and in the delivery of superlative patient care, it is no surprise that Stanford is such a wonderful place.

I also want to thank you for being so welcoming and let you know how much I look forward to continuing to work with you for the future of Stanford Medicine in the years ahead.

Arrival of Martha Marsh, new SHC President and CEO

I am very pleased to note that April 2nd is also the starting date for Ms. Martha Marsh, the new President and Chief Executive Officer for Stanford Hospital & Clinics (SHC). We have been eagerly anticipating the arrival of a permanent CEO for SHC since late last spring. The arrival of Ms. Marsh, who was selected through a national search, is an important milestone. We all look forward to working closely with Ms. Marsh who, together with the CEO of Packard Children's Hospital and the Dean, will form the leadership group for the Medical Center.

In announcing Ms. Marsh's arrival, it is also worthy of comment that the financial reports from both SHC and LPCH are considerably better than a year ago. Indeed, LPCH is operating well ahead of budget and is currently on track to have a slight positive operating margin, which is great news. SHC is ahead of budget, and although a loss of

operations is still forecast, it appears better than anticipated, hopefully, the budget will achieve break-even during the forth quarter of this year. Obviously this progress is a tribute to the Hospital staff and administration as well as the faculty.

While there are many challenges ahead, the financial performance of both hospitals is better than a year ago and the arrival of a new CEO offers much promise for an ever more successful future.

Match Day Successes

I want to extend my congratulations and best wishes, once again, to our Stanford Medical students who received the their Match results on Thursday, March 21st. This annual ritual, which is filled with expectation and anxiety for students and program directors, is announced at the same moment nation wide. At 9am PST, students received, in random order, an envelope containing the name of the training program to which they had matched. As in past years, Stanford students did very well in the Match, with more than 90% receiving one of their top three choices. The 2002 Match List is attached (Sharon, can this be done as an attachment or link)

This year's Match reflected some national trends. As reported by the AAMC, a number of primary care areas, including internal medicine, family medicine and pediatrics, received fewer applicants this year than in the past. This largely reflects the perception and reality that positions in primary care are increasingly difficult to find at the completion of training. Of note, the number of students seeking training in general surgery also continues to decline, perhaps reflecting perceptions about the work challenges of a residency in surgery. Naturally these issues will need attention in order to sustain the competitiveness and desirability of these training programs.

The news at Stanford was outstanding for both students and residency programs. The top five areas, which comprised 68% of those chosen, included Internal Medicine (25%), General Surgery and Surgical Specialties (16%), Pediatrics (10%), Radiology (9%) and Dermatology (8%). The remaining areas matched by our students included Anesthesia, Emergency Medicine, Family Medicine, Neurology, Pathology, Psychiatry, Physical Medicine and Rehabilitation. Although our students will seek residencies in numerous programs, nearly a third will remain at Stanford programs with the next largest contingent, (~16%) joining Harvard-affiliated programs in Boston.

Again, congratulations to all of our students. Next step is graduation!

Stanford Medical Student Gift Challenge

At the Match Day Dinner Celebration, the class of 2002 presented a gift representing contributions from more than 80% of the graduating students. Achieving this number triggers matching from an alumnae contribution - which is wonderful for the Class,

Alumni and the School. The Committee that spearheaded this effort included Lyn Aborn, Eunice Mata, Joel Mata, Amy Markezich, Melissa Minor, Ward Myers, Sarah Schmidt, Clement Yeh and Heidi Witherell. This year's graduating students elected a Cornerstone gift for our new Learning and Information Center.

We are all very appreciative to the Class of 2002 for their many contributions to Stanford, including this wonderful Cornerstone gift.

Strategic Planning Update

Work on all parts of the Strategic Plan continues. Throughout this important process I want to keep you informed and engaged and to enlist your support and suggestions. David O'Brien, Director of our new Institutional Planning Office has been working with colleagues in MedIT to establish a Strategic Planning Web site. An early version is now available (<http://medstrategicplan.stanford.edu>) which contains all the strategic initiatives as well as the presentations that were delivered at the February 8-10th Retreat. This site will be updated to include new information and progress reports as they evolve and will also serve as a site for you to register suggestions and input. Again, the success of our programs depends on your involvement so please stay engaged.

Mark Hlatky Reappointed as Chair of the Department of Health Research and Policy

I am very pleased to inform you that Dr. Mark Hlatky, Professor of Health Research and Policy and of Medicine (CV Medicine), has agreed to serve an additional term as Chair of the Department of HRP for the period September 1, 2001 to August 31, 2004. Dr. Hlatky joined Stanford in 1989 and was promoted to Professor in 1996. His scholarly interests are outcomes research and how therapy--especially in cardiovascular medicine--affects survival, functional status, cost and cost-effectiveness. Dr. Hlatky is one of the leaders of the Donald W. Reynolds Cardiovascular Clinical Research Center, which was established in 2000 with a grant from the Reynolds Foundation to identify genetic variations that contribute to the development of coronary atherosclerosis and myocardial infarction. I am delighted that he will continue to serve HRP, the School and the University in this important leadership position.

Tribute to Dr. Mert Bernfield

On Monday night, March 25th, Dr. Mert Bernfield died in Boston at age 63 from pneumonia following a more than five-year battle with Parkinson's disease. Faculty at two universities, and colleagues and friends worldwide, mourns his death.

Dr. Bernfield had an enormously distinguished and celebrated career at Stanford as an educator, researcher, clinician and leader. He served as the second Director of the Human Biology Program, which he led with great success. In 1989 the Bernfields left Stanford

for Boston. Mert joined Harvard Medical School as the Clement Smith Professor of Pediatrics and Cell Biology and Director of the Joint Program in Neonatology at the Children's Hospital, Boston. I had the pleasure of interacting with Dr. Bernfield when I returned to Boston in 1996 but also had the sadness of noting the deterioration of his health. Despite his illness, he continued to work and make important contributions to science and medicine. Among his many enduring accomplishments is the impact he had on many young physicians and colleagues - a legacy that will surely continue to be felt in the decades that follow.

Appointments and Promotions

I am pleased to announce the following appointments and promotions.

William Talbot has been promoted to Associate Professor of Developmental Biology, effective 4/1/02.

Bertha Chen has been reappointed Assistant Professor of Gynecology and Obstetrics at the Stanford University Medical Center.

Joseph DiCarlo has been reappointed Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital at Stanford.

Eric A. Weiss has been reappointed Assistant Professor of Surgery (Emergency Medicine) at the Stanford University Medical Center.

Vinit Wellis has been reappointed Assistant Professor of Anesthesia at the Stanford University Medical Center.

Congratulations!

Dean's Newsletter

April 15, 2002

Memorial Service for Dr. Kenneth Melmon

A Memorial Service will be held on April 29th at 4:30 p.m. in the Arrillaga Alumni Center in honor and remembrance of Dr. Ken Melmon who died on Monday, April 8, 2002. All faculty, staff and students are invited to attend.

Not in the Ranking

On April 8th, US News & World Report issued its annual ranking of medical schools. This year Stanford fell from ninth to eleventh place. While this is certainly disappointing and, to the uninformed, may imply that Stanford is losing ground or, even worse, quality,

nothing could be further from the truth. The reality is that the Stanford is doing extremely well but the methodology used to determine these rankings for medical schools is highly flawed and negatively impacts on small but otherwise outstanding school like Stanford.

Among its great strengths is that Stanford is a small school (indeed, the smallest of its peer schools and only a tenth the size of Harvard, for example) with an outstanding faculty and student body. Indeed by most every metric Stanford excels. On a per capita basis, Stanford is at the very top in the amount of competitive NIH funding it receives per faculty member – a surrogate measure for overall faculty excellence. More importantly, the quality of the research at Stanford is breathtaking. Further, the advantage of a small faculty is that it promotes greater interaction and collaboration in research and increased contact and involvement with our students. However, the methodology employed by US News & World Report does not measure that excellence accurately.

Instead, US News & World Report places a very high value on the total amount of NIH funding. This obviously favors schools that have a large faculty size, many of which have also grown substantially during the past several years in order to take advantage of the doubling of the NIH budget. More faculty simply means a higher amount of funding but says nothing about the quality of the research or the amount of support per faculty member, the more important measure in which Stanford tops the list. Indeed, this is not even considered in the current ranking methodology.

The current methodology also includes faculty-student ratios as an important metric further impacting Stanford. We believe having a small but highly distinguished faculty is an advantage. Faculty-student ratios are even further distorted at Stanford since most of our students remain in medical school for five or more years, thus increasing the relative student body. However, we also believe this permits our students to learn with greater flexibility and success.

So, while acknowledging that it is disappointing to not be in the top ten this year, it is important to understand that this is simply a function of changes that have occurred in the past years that artificially influence these rankings and distort true measures of excellence. We will bring these serious methodological issues to the attention of US News & World Report with the hope that they will modify their methodology in future years. With that, I am very confident that Stanford would rise significantly in the ranks.

I am proud to be at Stanford and continue to believe that in the most important metrics of success and excellence, we are number one.

Faculty Senate Visits the School of Medicine

On Thursday, April 4th, the School of Medicine hosted the University Faculty Senate on our campus. This was the first time, since 1994, the School of Medicine made a report to the Senate and likely the first time that the Senate visited the Medical Center.

We first thought about having the Senate visit the School last summer when it became clear to me that there was a large knowledge gap about the School of Medicine, our hospitals and the overall state-of-affairs of academic medicine. Thus, I felt it would be educational and instructive to have the Faculty Senate learn more about the School and our missions in education, research and patient care. I believe that the visit was successful in accomplishing this goal but recognize that this is just one of many steps we must take to help achieve our shared goal of becoming “one University.”

The format for the visit involved a presentation on the State of the School, focusing particularly on the new directions we will be taking as a result of our Strategic Planning during this past year. I gave this presentation and highlighted our goals and strategic objectives in medical student and graduate student education, the important role of our postdoctoral scholars, the evolving nature of our research programs and their relationship to our mission in translational medicine and clinical care. I also discussed the impact of our new directions on the professoriate, highlighting how this has evolved at the School of Medicine. I concluded by describing some of our most immediate capital needs, especially our Center for Learning and Information – which was clearly evident from the fact that we held the Faculty Senate session in M104!

Following my presentation and a Q&A session, we invited Senators to participate in one of six tours:

Education

1. The Role of Information Technology and Simulation in Medical Education. Presenter: Dr. Parvati Dev and Dr. Neil Gesundheit

Translational Research in Medicine

2. Genomics and Its Application to Human Disease – Stanford Functional Genomics Facility a& Stanford Microarray Database. Presenter: Dr. Mike Fero
3. Genomics and Its Application to Human Disease – Use of Microarrays for Analysis of Events During Development. Presenter: Farhad Imam (for Dr. Mark Krasnow)
4. Delivering State-of-the-Art Imaging Resources to Researchers: The Cell Sciences Imaging Facility. Presenter: Dr. Jon Mulholland
5. 3D Clinical and Basic Sciences Laboratory. Presenters: Drs. Sandy Napel and Geoff Grubin

The Boundaries of Clinical Care

6. Neonatal Intensive Care in the 21st Century. Presenter: Dr Susan Hintz (for Dr. David Stevenson)

I hope that this visit to the Medical School provided a better portrait to our colleagues throughout the University about the important mission of our School and the important plans and initiatives we will be working toward in the years ahead.

I want to thank Ms. Bev Simmonds, Special Assistant to the Dean, for the tremendous amount of work she did to help prepare us for the visit by the Faculty Senate. I also want to thank our Senior Deans and especially our faculty, students and staff who hosted or guided tours. Thank you very much.

Review of the Children's Health Initiative

On Wednesday, April 3rd, the External Pediatric Advisory Committee visited the Lucile Packard Children's Hospital to review the progress of and developments in the Children's Health Initiative. Although the reports are still preliminary, I am pleased to say that the Committee was very impressed and pleased by the progress that has been made since the review that occurred approximately eighteen months ago. The Advisory Committee included Dr. Stephen Altschuler, President/CEO Children's Hospital of Philadelphia, Dr. Tom Boat, Chair of Pediatrics at Cincinnati Children's Hospital, Dr. Ralph Feigin, President of Baylor Medical College and Chair of Pediatrics at the Texas Children's Hospital, Dr. Doug Jones, Chair of Pediatrics at Denver Children's Hospital, and Larry McAndrews, President of the National Association of Children's Hospitals. The Committee reviewed the Center in Newborn Medicine (the Johnson Center), Heart Center, Cancer Center and Brain & Behavior. Also reviewed were the overall plans and programs at Packard Children's Hospital, including their relationship to the School of Medicine.

Numerous faculty and staff worked incredibly hard to prepare for the visit and make it successful. I want to particularly thank Dr. Alan Krensky, Director of the Children's Health Initiative, Dr. Harvey Cohen, Chair of Pediatrics, Ms. Cynthia Haines and Ms. Bonnie Whalen. I also want to thank all who presented at the visit and, especially, the leadership of Mr. Chris Dawes, President and CEO of the Lucile Packard Children's Hospital. Special thanks also must go to the Lucile Packard Foundation for Children's Health for their tremendous support for LPCH and the School of Medicine.

Of course the official written reviews will be important and more definitive. But the informal report is highly encouraging and a testament to the progress that has been made in bringing LPCH to the forefront of pediatric medicine and research.

Report on the Annual Symposium for the Arts and Humanities Scholars Program

Dr. Julie Parsonnet, Senior Associate Dean for Medical Student Education, reports that the Arts and Humanities Scholars Program's annual symposium, "Medicine and the Muse", held on April 11th at the Cantor Visual Arts Center, was a tremendous success. According to Dr. Parsonnet, Deborah Kirklin, M.D., Director for the Centre for Medical Humanities at London Royal Free & University College Medical School, opened the symposium with a moving lecture on the interconnections between medicine and the humanities before a standing-room-only crowd. Stanford medical student participants in the Arts and

Humanities Scholars Program then presented their original works in poetry, music, film, and other visual and computer-based media. It was an extraordinary display of our students' talents. Of note, many of the presenting students received funding for their work from the Arts and Humanities Scholars Program at the medical school.

Our thanks go to Audrey Shafer, M.D., of the Department of Anesthesiology, the Medical Student Steering Group (Sarah Bein, Dustin Bermudez, Kubinne Kim, Michelle Lai, Erica Metz, Shannon Moffett and Miriam Schultz) and to the Cantor Visual Arts Center for putting together this inspirational event.

Reappointment of Dr. Mary Lake Polan

I am pleased to inform you that Dr. Mary Lake Polan, Professor of Gynecology and Obstetrics, has agreed to serve an additional term as Chair of the Department of Gynecology and Obstetrics for the period September 1, 2002 to August 31, 2005.

Dr. Polan was appointed at Stanford in April 1990. Her areas of research are reproductive medicine and women's health care. Dr. Polan's research continually provides noteworthy insights into the biochemical mechanisms that control human fertility. She has served on a number of committees at the National Institutes of Health and the Institute of Medicine focusing on the future of women's health issues in this country. This year she was elected to the Council of the IOM, giving further evidence of her national stature.

Dr. Polan is a valued colleague and citizen of the School. Please join me in extending best wishes to her as she continues in this important assignment. I am delighted that she will continue to serve Gynecology and Obstetrics, the School and the University in this important leadership position.

Community Day and Outreach Events

On Sunday, April 7th, Stanford hosted its first Community Day, inviting neighbors to visit the campus, attend lectures and participate in a variety of events. The Medical Center played a prominent role in this new program, featuring exhibits on the School of Medicine, Lane Library, Stanford Health Library, Lucile Packard Children's Hospital, Stanford Hospital & Clinics and Women's Health @ Stanford.

In addition, I gave a presentation entitled "Stanford Medicine: Past Present and Future", in which I reviewed the history of medical schools in the USA and Stanford specifically, the impact of research on medicine at the beginning of the 21st century, the role that Stanford has played in the areas of disease and bioscience, the paradoxical impact of health care finance on academic medical centers and Stanford specifically and the unique

role that Stanford can play in medicine of the future – in research, education and clinical care.

I want to thank the outstanding support for Community Day that was provided by numerous members of the Medical Center Community. In acknowledging the contributions of those listed below, I recognize that I am likely missing other individuals who also volunteered at Community Day – and I naturally wish to extend my appreciation to those individuals as well.

Lane Library:

Kim Schwartz, Rikke Greenwald, John Halle, Roger Winkelman, Heidi Heilemann, Chris Stave, Pam Murnane

Lucile Packard Children's Hospital

Nancy Sanchez, Tony Norton, Terry O'Grady, Karen Porschet, Bonnie Gradstein, Felice Stonestrom, Jeri Kellond, Tashina Delisi, Judy Sorey, Diane Hughes, Bonnie Whalen, Sandra Gutknecht, Linda Todd, Rosa Maldonado, Pamela Bilz, Belinda Hernandez, Debbie Hennings, Nina Wixson, Barbara Pannoni, Susan Steakley, Alan Krensky, M.D.

Stanford Hospital & Clinics

Asian Liver Center: Ben King, Karen Wang, Jennifer Lee, Joy Chen, Haibinh Nguyen, Kristina Adachi, Stephanie Chao

Cancer Center: Erika Smith

Cardiac Services: Julie Shinn, Cindy Torrefiel, Kim Bollinger, Anna Maano, Deb Robinson, Kay Sparolini, May Wong, Nancy Dahlin, Linda Lee, Michelle Gould, Jane Borchers

Center for Integrative Medicine: Rose Ann Kushner, Jim Batterson

Community & Patient Relations: Teresa Reyna, Caryn Kunkle, Sylvia Dolce, Barbra Telynor, Francie Souza, Joan Raiter, Mildred Kent, Sarah Gruber, Jonathan Parkes, Lee Erman, Lenn Fechter, Joanne Alvarado, Sheila Kolby, Linda Whistler, Lyn Belingheri, Ellen Bond, James Bond, Jan Hepper, Charlotte Saponas, Joan Solari

Genetic Risk: Nicki Chun

Health Improvement Program: Marianne Champagne

Health Library: Nora Cain, Samantha Cain

Life Flight: Judi Wilson, Kathy Konicki, R.N., Jeffrey Pearman

Neurology: Henri Hamilton, Elizabeth Lee, Denise Ryan, Larry Jang

Physician Referral: Kathy Bettman, Sue Nikaido, Mary Dybdahl, Carol Rastrullo Stephanie Kemp, Teresa Sullivan

Rehabilitation Services: Kate Zimmerman, Prem Lalwani, Susie Quon, Yvonne Acosta

Surgery: Donna Adelman, Myriam, Curet, M.D., Yvonne Karanas, M.D.

Transplant Programs: Kathryn Gelman, Kim Standridge, Miriam Beinín, Karen Wayman

Trauma Service Janet Neff, Carol Thomsen, Karen Hoexter, Demetra Kokkinis, Grace Chen, Nora Brennan

Web Center: Tom Wilson, Katie Evans, Buffie Stark, Mattice Harris, Ed Gardner

Stanford Medical School Blood Bank

Michelle Gassaway, Jennifer Reczkowski, Diane Munkers

Women's Health @ Stanford

Ellen Lovelace, Jill Lazear, Linda Giudice, M.D.

In addition to the Community Day events, a weekend series of events was also held for the Stanford Associates Volunteers and Trustees. An address by President Hennessy was coupled with numerous presentations by faculty and university officials. I had the pleasure to participate in a panel discussion entitled the "Inside Scoop" that also included Sharon Long, Dean of the School of Humanities and Sciences and Robin Mamlet, Dean of Undergraduate Admissions and Financial Aid. The topic I addressed was "Stanford as a Model for Research Intensive Schools of Medicine: Challenges and Opportunities."

These outreach programs to both our neighboring communities and our internal Stanford community are critically important. As the transitions in academic medicine continue to unfold, our ability to communicate with those who are beneficiaries of health care as well as with those who are impacted by the managed care revolution is enormously important. Our future success as a research intensive medical school will depend on the choices we make and the priorities we set. However, they will also be impacted by the important changes taking place in both the public and private sectors regarding health care finance and the rational delivery of healthcare. The more that we can inform and engage the public, the more likely we are to enlist them in advocating for changes that will improve the lives of current and future generations.

Board of Trustees: Update on the Strategic Plan

On Monday, April 8th, the Medical Center Committee of the University Board of Trustees met and welcomed Ms. Martha Marsh, who began as President & CEO of Stanford Hospital & Clinics on April 2nd.

I gave an update to the Medical Center Committee on the Strategic Planning retreat that took place in February and the plans that are now unfolding following the last nine months of planning and implementation. Specifically, I reminded the Committee of the Mission of the School of Medicine:

To be a premier research-intensive medical school that improves health through leadership and collaborative discoveries and innovation in patient care, education and research.

Based on this, we have determined that our defining character will include:

- Flexible, Informal and Non-Traditional Models for Education, Research, Clinical Programs, Faculty Activities, Administration & Organization
- Adaptability
- Translational Research and Medicine
- Focus on Quality and Excellence (Not Size)
- Commitment to Change
- Recognition of Resources Constraints

The Strategic Planning work completed to date, we have identified over 100 strategic initiatives and have now focused on a prioritized list that embraces each of our missions. Based on this, our most immediate goals will include:

Medical Student Education: The principles guiding transformation of the medical student education at Stanford have been defined and the necessary changes in curriculum re-engineering are being initiated; we are currently expecting to begin implementation in 2003. Committees to determine the essential core knowledge needed for all medical students as well as the review and delineation of “scholarly tracks” will occur during this next year. In tandem with curriculum change, the support for education and incentives for teaching are being defined and will be coupled with a major initiative to create an education endowment. Further, one of our most important needs and objectives is new facilities for education and library services; planning for our new Learning and Information Center is now beginning.

Graduate Student Education: The focus during the next year will be curriculum flexibility. We will also be evaluating the role of interdisciplinary programs in current and future training, working to increase the exposure of bioscience graduate students to clinical medicine, creating a career development center, and paying enhanced attention to increasing diversity in graduate student admissions. The need to improve facilities for education and learning will be included in the School’s plans for a new Stanford Learning and Information Center.

Postdoctoral Scholars: Recognizing that postdoctoral fellows/scholars include individuals in clinical training programs (approximately 20% of the total group) as well as postdocs who are continuing their research training and development, our objective is to assess the unique as well as shared needs of these two groups during this next year. In addition, compensation guidelines as well as delineation of the maximum duration of training will be established. Areas to be addressed also include expanding diversity, developing a career center, assessing and addressing housing needs, and critically reviewing the overall size of the postdoctoral scholar program.

Research: Recognizing that one of the most important overarching goals emanating from work to date relate to an emphasis on translational research and medicine as well as multidisciplinary initiatives, efforts are already underway to determine the resources needed to make clinical and translational research more robust. Similarly, changes in the operating budget are being worked on to facilitate greater multidisciplinary efforts and will be implemented in FY04. In order to determine key areas for investment, especially focused on translational research and medicine, a Research Retreat is planned for early Fall. A product of the Retreat will be defining new interdisciplinary areas for collaborative and translational research, building on the prototype model currently being explored around the Stanford Cancer Institute. To further enhance communications, a Research Web Site has been launched and will be further developed during the year ahead.

Clinical Care: In parallel with the research efforts listed above, the clinical strategic plans for SHC and LPCH, separately and in relation to the School and Medical Center, will be finalized during the next months in conjunction with Hospital leaders and faculty. Here, focusing on what we can do best and what distinguishes us as “Stanford” will be important. Linking this plan to those in research and education, as well as to clinical program development and quality service, will be critical. In tandem with these efforts, faculty organization and practice plan development, for both SHC and LPCH, will be completed during this next year.

Professoriate: Major initiatives already underway are focused on faculty roles and responsibilities, addressing specifically the criteria for appointment and promotion for university tenure line and medical center line faculty (MCL). In particular, a review of the MCL criteria is nearing completion. Also underway is a review of the roles and responsibilities of staff physicians and voluntary clinical faculty in relation to teaching and education of students and trainees, a process that will also be completed this year. An ongoing initiative is improvement of diversity and career development among our faculty. Reports from the Committee on Women in Medicine and Science as well as the Committee on Faculty Diversity, both initiated late last year, have now been received and are under review. Details will follow.

Information Technology: The strategic planning process for IT is being initiated with the appointment of Dr. Henry Lowe as Senior Associate Dean for Information Resources and Technology. The role of IT in education, already well advanced under the leadership of Dr. Parvati Dev, Associate Dean for Learning Technologies, as well as in research, especially clinical and translational research, will be areas of focus. In addition the relationship of IT efforts within the School to that of the hospitals will be key and addressed by the appointment of a Hospital Chief Information Officer, who will work in partnership with the School. Finally, the future of the Lane Library will be an important aspect of the Strategic Plan on IT and will figure prominently into the Learning and Information Center we will be planning during the year ahead.

Finance and Administration: The underpinnings of our success in achieving our missions in education, research and clinical care depend heavily on our organization and the funds to support various initiatives. Accordingly, changes are underway to develop a new operating budget for the School (which will be the first time this has been done in more than 20 years) that will help facilitate our mission in education as well as interdisciplinary collaboration. Additional important changes will include a new reserves policy, and a departmentally-based strategic planning process. To help keep our planning mission on track, a new Office of Institutional Planning has been created.

Advocacy, Communication, Public Policy and Philanthropy: While many of the mission-based changes described above will occur within the Stanford community, their success also depends on public and private support. Important to our success will be a robust communication strategy, community outreach, enhanced government relations and ultimately, a Capital Campaign. With this in mind we will be establishing an Office of Government Relations within the School and we will seek to enhance our communications both within and outside the University. This will be further enhanced by establishing the Stanford Medicine Leadership Council, which will be completed during the months ahead and which will play a major role in the philanthropic campaign that will be launched to help assure the future success of the Stanford School of Medicine.

All of the areas and initiatives defined above are closely related and serve as the blueprint for our future. Summaries of our progress will continue to be reported in the Newsletter.

Hospital Update: Governing Council Reviews LPCH Service Payments

At the Governing Council on Friday April 12th, Dr. Ken Cox, Senior Associate Dean for Pediatric and Obstetric Clinical Affairs and CMO at LPCH, reviewed the service payments at LPCH and how decisions about them are made. Dr. Cox described the LPCH Executive Committee that is co-chaired by him and Mr. Chris Dawes, President & CEO at LPCH. The LPCH Executive Committee includes both Hospital and Faculty Leaders and meets biweekly to review clinical programs, budgets and funds flow issues. The

LPCH Executive Committee serves as the final decision maker regarding hospital-physician resource allocation and program development.

In the area of Service Payments, Dr. Cox described the categories currently used (e.g., Essential Services, Fellow Support, Medical Direction, Program Development and Purchased Services) and delineated how funds in each of these categories are distributed among each of the clinical departments. He further indicated the support that LPCH provides for clinical operations based on the challenges in reimbursement from MediCal and the requirements of the California Children's Services. Finally, he reviewed how the funds from the Children's Health Initiative (CHI – see above) further help to support both the sustainability of programs as well as investments that will help achieve preeminence in key areas such as Newborn Medicine/Obstetrics (Johnson Center), the Heart Center, Cancer Center, Pulmonary and CF Center, Transplantation and Tissue Engineering, and Brain and Behavior Center. Dr. Cox also reviewed the CHI support that will be directed in the years ahead to Cores (e.g., Information Technology, Imaging, Biotechnology, Clinical Research, Health Policy, Prevention & Outcomes) as well as to the support of regional programs of excellence, critical clinical programs, facilities and education and training. The relationships between these various sources of support for the clinical, education and research missions of LPCH and the School of Medicine's efforts in pediatrics are important and will require careful management and judicious strategic investments during the next decade.

Congratulations to Dr. Linda Giudice

On April 2nd, family, friends and colleagues gathered to celebrate the appointment of Dr. Linda Giudice as the first incumbent of the Stanley McCormick Memorial Professorship in the School of Medicine. Dr. Giudice is internationally recognized for her research in human implantation and reproductive endocrinology and has been a member of the Stanford faculty since 1987. She received her Ph.D. from UCLA, her M.D. from Stanford and carried out her postdoctoral work at the Rockefeller University and the NIH. Dr. Giudice is the author of more than 200 original articles, reviews and book chapters, has trained more than 50 fellows and students and has received honors and awards for her work. She is the President-elect of the Society for Reproductive Endocrinology and also serves as the director of Women's Health @ Stanford, a multidisciplinary program designed to provide comprehensive health services to women across their lifespan. Her outstanding contributions in research, education, clinical care and patient advocacy make her the ideal first holder of the Stanley McCormick Memorial Professorship.

I am also pleased to announce that Dr. Giudice was selected as a Fellow by the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women, a very competitive program of excellence for women in academic medicine.

Please join me in congratulating Dr. Giudice.

Appointments and Promotions

I am very pleased to announce the following appointments and promotions to our School of Medicine faculty:

- **Sandy A. Napel** has been appointed Associate Professor of Radiology and, by courtesy, of Electrical Engineering, also appointed Associate Professor, by courtesy, of Medicine (Medical Informatics), 6/1/01-5/31/04

Congratulations.

Dean's Newsletter April 29, 2002

Respect and Dignity in Our Workplace

During my first year at Stanford I have tried hard to pay particular attention to the quality and dignity of the workplace within the School of Medicine. To me, an environment that fosters our missions in education, research and patient care and that values the success and dignity of our students, faculty and staff, is of the greatest importance. All who work at Stanford deserve this and should expect such. In tandem, I have and will continue to have a zero-tolerance policy for serious infractions, including harassment and discrimination of any kind. In a very real sense we are each responsible for shaping our workplace and for assuring it is one we value. During this past year, I am told that progress has been made although more still remains to be done. Accordingly, should you have any related concerns you wish to bring to our attention, I hope you will use the resources that are available. These include:

Ms. Martha Mckee, School of Medicine Ombudsperson, (650) 498-5744

Ms. Cori Bossenberry, Director of Human Resources, School of Medicine
(650) 723-5975

Dr. David Stevenson, Senior Associate Dean for Academic Affairs,
(650) 724-6762

Dr. Julie Parsonnet, Senior Associate Dean for Medical Student Education
(650) 724-8074

Dr. James Nelson, Senior Associate Dean for Research, Graduate Student
Education and Postdoctoral Affairs, (650) 725-9722

Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs, (650) 725-3906

Dr. Ken Cox, Senior Associate Dean for Pediatric and Obstetric Clinical Affairs,
(650) 725-3906

If you have a concern or question, I would encourage you to contact one of these individuals. **Your concerns will be addressed promptly since we are, as a leadership**

team, committed to doing everything we can to assure respect and dignity in our workplace.

Report from the Executive Committee: Task Force on Translational and Clinical Research

At the Executive Committee meeting on Friday, April 19th, Dr. Charles Prober, Professor of Pediatrics, gave an update on the work of the Task Force on Translational and Clinical Research, which he has chaired since it was initiated in May, 2001. The charge of the Task Force was to address the state of clinical research at Stanford and to identify what the School needs to do to support its mission in translational and clinical investigation in the decade ahead. The Task Force has included approximately 50 members, including physician-scientists, basic scientists and hospital and research administrators. Approximately ten meetings were held and over 200 person hours were invested in assessing the current state of clinical research at Stanford and in determining what is necessary to make it as robust and successful as possible.

Clinical research is currently supported through the Research Management Group (RMG), the ACCESS Program, and the Office of Sponsored Research (OSR). Although there is considerable activity (e.g., ~320 active Clinical Trial Contracts, ~500 research coordinators) there is no central or focused coordination. Clearly this has raised the question of whether the overall clinical research efforts would be better optimized by greater institutional coordination and investment. Accordingly, the Task Force has made a number of recommendations, including those summarized briefly below. Because this is a work in progress, Dr. Prober and I welcome your input, comments and additional suggestions.

The Draft Task Force Recommendations to date include:

- Support the processing of all clinical research contracts by the Office of Sponsored Research, in parallel with the Research Management Group, with the goal to complete processing within 30 days of receipt.
- Support the institution in creating a process for tracking the status of clinical research contracts by the Office of Sponsored Research that is accessible to faculty in “real time”.
- Support the development of Research Process Managers who specialize in clinical research.
- Mandate that Principal Investigators and/or Study Coordinators participate in a formal review of the commitments demanded by their research protocols and the appropriate budgeting of all commitments and services specified in the contract.
- Support the relocation of the Office of Sponsored Research accounting staff to the School of Medicine to facilitate interactions with all other clinical research administrative staff.

- Establish an office within the hospital to facilitate enhanced communication between hospital administration and clinical research personnel.
- Standardize, formalize and centralize training for all staff (medical and administrative) involved in the conduct of clinical research.
- Centralize all support services (academic and administrative) involved with the design, implementation, and conduct of clinical research studies at the School of Medicine.
- Establish an Academic Support Core in the School of Medicine to include experts in the design, conduct, and analysis of clinical research studies. This core should be directed by an established clinical research scientist.
- Develop a consistent database strategy that is available to all major clinical research studies conducted by faculty across the School of Medicine and assure the availability of resources to support faculty needing to use the database for their clinical research programs.
- Develop formal training programs in the conduct of clinical research that are available and accessible to faculty and fellows interested in the conduct of clinical research studies.
- Develop didactic courses relevant to the design and conduct of clinical research for the curriculum of the School of Medicine and an apprenticeship program for students interested in the conduct of clinical research under the direction of faculty mentors.

Again, the recommendations provided above are being offered to you for comment and input. As we move forward with implementation of these or other recommendations, it will be essential to assure that we are using all of our resources in a coordinated manner. These include those from the NIH General Clinical Research award as well as other institutional or private resources. Importantly, it will be critical that we build synergy and coordination while, above all, avoiding fragmentation or redundancy. Thus, building on the current ACCESS model and the GCRC resources provides the most optimal approach.

We will next be considering how to implement these recommendations in an organizational and functional manner and, with that, determining the level of investments that will be necessary. We do this since we remain convinced that if Stanford is to fulfill its mission in translational and clinical research, we must have the infrastructure and related educational components to optimize our approach to clinical investigation.

Medical Student Health Policy Debate

On Tuesday, April 16th, I had the pleasure to moderate a debate on whether Stanford medical school students should support a single payer system or a competitive model for health care in the United States. This health policy debate was arranged by Everett Meyer and Unzila Ali (both SMS I) and included Dr. Donald Barr, Associate Professor of Sociology and Human Biology, and Sara Singer, Executive Director of the

Center for Health Policy, Senior Research Scholar at the Institute for International Studies and Lecturer in Stanford's Public Policy Program.

The debate permitted Professors Barr and Singer to present their reasons for supporting a single payer system or a market driven one respectively and also offered an opportunity for medical students and other attendees to engage in the debate.

I found this to be a very successful format and was pleased by both the large number of students who attended and their engagement in the important questions being addressed. There is no doubt that such questions are as important as other academic issues confronting our students and that a debate format, which displays the pros and cons surrounding an important societal matter, offers an excellent forum for discussion. I hope this will be expanded to include other important societal and ethical issues facing medicine in the 21st Century.

Departmental Visits

During the past year I have attended faculty meetings of basic and clinical science departments in order to better understand the specific issues and challenges that are important to specific disciplines and departments and as a means for reaching out and engaging with faculty within the School. I am now beginning returns visits to departments and plan to do this on at least an annual basis. During the past two weeks I visited with faculty from the Departments of Pathology and Dermatology.

Pathology: Because of the strategic planning that has been going on in the Department of Pathology, this turned out to be my first visit. I learned on April 17th that during the past year the department engaged groups to address Research Programs, Housestaff Education and Clinical Services and Related Business Opportunities, asking each to assess current status, future directions and how to achieve them. Importantly, in each of these areas, the Department assessed how to also achieve its mission within the overarching umbrella of the School of Medicine's Strategic Plan. The current working Mission Statement for the Department of Pathology is: *To improve the diagnosis, treatment and basic understanding of human disease by clinical service, education and research.*

The Department of Pathology is enormously distinguished in its faculty and trainees. Despite its small faculty size (~40) compared to peer schools, it ranks #6 in the nation in overall NIH funding and, more importantly, #1 in NIH funding per faculty member. The department has a distinguished record of accomplishment in medical school teaching and an exceptional record of attracting housestaff who are outstanding and academically oriented. In addition, the clinical success of the pathology department programs is among the best in the nation, including quality, efficiency and cost.

At the same time, like other departments, Pathology is challenged by limitations in space for research as well as aging facilities, especially the Blood Center. They are also limited by the need to recruit additional faculty and the challenges faced at Stanford by retention and cost of living.

Thankfully, the Department is guided by exceptional leadership under Dr. Steve Galli and the outstanding team he has assembled.

Dermatology: On Friday April 19th I had my second visit with the faculty in the Department of Dermatology. The Mission Statement for Dermatology is:
Sustained leadership in scientific investigation, patient care and in training future leaders of our specialty in an environment that fosters creativity and synergy.

Like the Department of Pathology, the Department of Dermatology is also small compared to peer institutions in overall faculty size (~16) but it ranks #4 in overall NIH research funding. The department's research is both basic and clinical and includes a focus on epithelial biology, cutaneous malignancies and gene therapy – focusing on epidermolysis bullosa as a model. The department's investment in translational research is notable.

Dermatology also has an outstanding record of attracting top graduates to its training program and this year matched each of its positions with its top choices. The leadership in Dermatology has also played an important and valued role in advising medical students about career opportunities in dermatology, including positions at other medical centers.

The Dermatology Department is very active clinically, with 39,000 combined visits (including SHC, LPCH, Santa Clara Valley Medical Center and the Palo Alto VA). Indeed, the program at the VA is the largest clinical dermatology program in the nation. However, because dermatology is almost exclusively an outpatient program, with relatively few ancillaries, it is financially challenged, especially in a high cost hospital setting.

Like other departments, the challenges facing dermatology include lab space, the need for lower cost ambulatory space and faculty recruitment. Again, Dr. Al Lane has done an excellent job as the leader of Dermatology and has the deep respect and support of his faculty in addressing the challenges and opportunities that lie ahead.

Update from the AAMC Council of Dean's Meeting: Physician Workforce

At the Association of American Medical Colleges (AAMC) Council of Dean's Meeting that was held from April 20- 23rd, a presentation and discussion was held on the physician workforce. The bottom line is that most of the surveys that have been

conducted to date are flawed methodologically and have not been of true value in making accurate predictions. An economic and demographic trend analysis performed by Richard Cooper et al (Health Affairs, 2002; 21:140-154) offers a more robust analysis and presents an emerging shortage of physicians during the next two decades. This is especially true for specialty-trained physicians. While the roles of primary care physicians can be balanced to some degree by non-physician clinicians (e.g., Nurse Practitioners, Physician's Assistants) the gap for specialists will likely require an expansion of training programs. The projected needs that appear to be emerging are addressed, at least by Stanford, by the directions we have identified as part of our School-wide Strategic Plan.

President's Address to the Academic Council and Focus on Multidisciplinary Research and Education

On Thursday, April 18th, President Hennessy delivered his annual report to the Academic Council. The contents of his presentation are covered in the April 24th issue of the Stanford Report. As part of his presentation, I joined Deans Sharon Long (Humanities & Sciences) and Jim Plummer (Engineering) to review Stanford's evolving efforts and commitment to multidisciplinary research and education. In my remarks I highlighted why multidisciplinary programs are important to Stanford, and why Stanford is so unique and poised to carry them out. This is evidenced by the fact that we are already successful in this emerging arena. I cited that Stanford has a long and rich history in interdisciplinary programs and that faculty and students both enjoy and benefit from collaborations. More recent evidence of successful multidisciplinary programs in the sciences include BioX and, the Clark Center, which will open in the summer of 2003 at the crossroads of the Engineering & Sciences area and the School of Medicine campus. Further evidence will be the new joint Department of Bioengineering between the Schools of Engineering and Medicine that will include both programs in undergraduate and graduate education as well as research collaborations. Of course, within the School of Medicine, multidisciplinary research and education characterize our future, especially around translational research as will be increasingly evidenced by the formation of multidisciplinary "Institutes" (e.g., the Cancer Institute), the collaboration of basic and clinical scientists in medical and graduate student education and novel approaches to patient care. During the years ahead, Stanford will be distinguished by further novel approaches to multidisciplinary research and education and I am pleased to note that the School of Medicine will play a very important and central role in these new ventures.

Events

Dinner for Nobel Laureates: Stanford has a higher number of living Nobel Laureates (i.e., 17) than any other peer University. On Wednesday evening, April 17th, President Hennessy hosted a dinner in honor of this most distinguished faculty at the Hoover House. I had the privilege to attend that event. Drs. Paul Berg and Arthur Kornberg are the Nobel Laureates at Stanford and Dr. Joshua

Lederberg moved from Stanford to Rockefeller University. Based on the exceptional work going on in the Medical School, it seems likely that in the hopefully not too distant future other current members of the Stanford Medicine faculty will join these ethereal ranks.

Welcoming Potential Students: April 19-21st was “Admit Weekend” at Stanford, including the School of Medicine. Beginning Friday, April 19th, Student Affairs hosted some 50 students who have been accepted to Stanford for a visit to the campus and the chance to learn more about the School and the opportunities it offers for a world-class education. I had the pleasure to meet the students and am confident that, thanks to the enormous efforts of Student Affairs and especially our current Year One students, that all who came had a wonderful impression of our School. I want to thank our faculty, staff and especially our students, for being such gracious and informed hosts and advocates.

Welcoming Dinner for Martha Marsh: On Wednesday evening April 24th, friends and supporters of Stanford Hospital & Clinics and the Medical Center joined me at a reception at the California Café to welcome Ms. Martha Marsh, new President/CEO of SHC. Ms. Marsh has been on the job for only three weeks but has already engaged with important and challenging issues. Her energetic and enthusiastic approach to problem solving and her commitment to excellence are already quite apparent. Her arrival at SHC was much appreciated by Stanford Health Partners, members of the Board of Directors and proffers an exciting future.

Second Faculty Luncheon: On Thursday, April 25th, I was pleased to host my second informal small lunch with faculty from basic and clinical sciences. These lunches afford an opportunity for us to get to know each other and to share ideas, concerns or issues that faculty feel are important. I welcome learning more about these matters and hope those who have not attended will come to a future luncheon. If you are interested please contact Ms. Sharon Olsen at sharon.olsen@Stanford.EDU.

Remembering Dr. Jess Shenson: On Friday, April 27th, colleagues, friends and students gathered for a Memorial Service to remember Dr. Jess Shenson, longtime benefactor, teacher and friend of the Medical School and Stanford University. The service included prayers and reflections on Judaica, thoughts and remembrances by faculty and friends about Dr. Shenson, and musical messages by Mozart and Tallis that were sung and played by students and faculty from Stanford. Dr. Jess Shenson loved art, music, medicine, Judaica, young people, friends and Stanford. It is clear that he was also loved and will long be remembered for his contributions to institutions and, even more importantly, to people – especially students.

Announcements

- Denise L. Johnson, M.D., Assistant Professor of Surgery is one of this year's recipients of the **Women of Color in Health, Science and Technology Award**. Dr. Johnson received her B.Sc. in medical science from Northwestern University and her M.D. from Washington University of St. Louis, Mo. A Fellow of the Society of Surgical Oncology and the American College of Surgeons, she has been involved in numerous scientific studies and has supervised 16 research fellows in basic biomolecular research involving oncology issues. Dr. Johnson's hard work and dedication to research fellows and students is the clinician-researcher-teacher role model that will be critical to the future of medicine here at Stanford and nationwide.
- The **19th Annual Stanford Medical Student Research Symposium** to be held on Friday, May 3rd from 1 to 5 pm in the Dean's courtyard and M 100 classrooms.

This symposium provides a forum for medical students (MD and MD/PhD) to present their research to each other and the medical community. Basic, epidemiological and clinical research, either in progress or completed will be presented. Students will be giving oral and poster presentations in Fairchild Auditorium and lobby. This yearly event is an excellent opportunity for you to become familiar with the diversity of research activities undertaken by the medical student body. I hope you will take the opportunity to attend the Symposium and share your enthusiasm with the students about their research and how important it is to their future and to Stanford.

Appointments and Promotions

Linda E. Foppiano has been appointed to Assistant Professor of Anesthesia, effective 5/1/02 to 4/30/05.

Frank Hanley has been appointed Professor of Cardiothoracic Surgery and of Pediatrics, effective 5/1/02.

Keith Humphreys has been promoted to Associate Professor of Psychiatry and Behavioral Sciences (Research), effective 5/1/02-4/30/08.

Frederic B. Kraemer has been appointed the Stanford University Professor of Endocrinology, effective April 8, 2002.

Bryan D. Myers has been appointed the Stanford University Professor in Nephrology, effective April 8, 2002.

Anthony Oro has been reappointed Assistant Professor of Dermatology, effective 6/1/02-11/30/05.

David Spain has been appointed Professor of Surgery at Stanford University Medical Center, effective 5/1/02-4/30/07.

Mark Welton has been appointed Associate Professor of Surgery at Stanford University Medical Center, effective 5/1/02-4/30/07.

Congratulations to all!

Dean's Newsletter May 13, 2002

Initiation of Seminars on the Respectful Workplace

The School of Medicine is inaugurating a series of briefings for departments regarding the "Respectful Workplace". These important briefings will review the current state of the law and University policy as well as the resources available to assist with workplace issues. The first such briefing will be held for the Department of Pediatrics on Monday, May 13th, from 12:00 - 1:00 p.m., in the LPCH Board Room. The presenters will include:

David Stevenson - Senior Associate Dean for Academic Affairs
Greta Schnetzler - Legal Counsel, Gordon Rees and Associates
Tom Fenner - Legal Counsel, Stanford University
Laraine Zappert - Director, Sexual Harassment Policy Office
Martha McKee - Ombudsperson, School of Medicine
Cori Bossenberry - Director, Human Resources, School of Medicine

Web Links:

- 1.) SOM Faculty Handbook: Respectful Workplace
<http://www-med.Stanford.edu/academicaffairs/handbook/chapt10.html#10.15>
- 2.) SOM Respectful Workplace – Excerpts from:
 - a. Dean's Newsletter, January 22, 2002:
http://deansnewsletter.stanford.edu/archive/01_22_02.html#1
 - b. Dean's Newsletter, April 29, 2002
http://deansnewsletter.stanford.edu/archive/04_29_02.html#1

I urge everyone to attend these sessions when they are scheduled for your department.

Commencement 2002

Stanford University and the School of Medicine Commencement Exercises will be held on Sunday June 16th. I urge all faculty to attend and to march along with our medical and graduate students. The University Commencement will begin at 9:30 a.m. and will be held in the Stanford Stadium.

Our School of Medicine Commencement will be held on the Dean's lawn beginning at 2:00 p.m. I am very pleased to announce that this year's Medical School Commencement Speaker will be Dr. Irving Weissman, Karel and Avice Beekhuis Professor of Cancer Biology and Professor, by courtesy, of Biological Sciences. In addition to his internationally recognized work in immunology, Dr. Weissman is a pioneer in stem cell research and has contributed both knowledge and wisdom to the scientific and ethical debates surrounding stem cells and human cloning. Dr. Weissman has also been an articulate advocate and champion for medical and graduate education and for Stanford Medicine. It will be an honor to have him as this year's commencement speaker.

HIPAA Privacy Regulation Update

The following important update is provided by Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology:

The Health Insurance Portability and Accountability Act (HIPAA) privacy regulations are scheduled to go into effect April, 2003. These regulations, mandated by the Department of Health and Human Services, provide significant new protections to the privacy of patient's health information. In order to become compliant with these new federal rules, academic medical centers will be required to make significant changes to how they manage patient data both in electronic format and on paper. Furthermore, the regulations will impact how patient data is used in biomedical research and education.

Stanford Hospital & Clinics, the Lucile Packard Children's Hospital and the School of Medicine have been actively addressing the HIPAA privacy regulations. The Dean's office, through the Office of the Senior Associate Dean for Information Resources and Technology, is working with the hospital HIPAA committee to assist in developing unified policies. Additionally, in the coming months the Dean's office will be conducting a survey of all faculty and staff to determine the individual impact of these regulations. The Dean's office will work closely with departments, faculty, staff and students to ensure that research and educational activities will continue while ensuring compliance with HIPAA regulations. Please refer to the following website for updates on HIPAA-related activities: <http://hipaa.stanford.edu/>

Update on the Strategic Plan

We are continuing to make progress on virtually all aspects of our School of Medicine Strategic Plan. As you will recall, this effort comprises virtually all of the School's missions and, when fully implemented, will help to transform Stanford into a global

model for research-intensive medical schools. Since my last update, several goals have been achieved, including the following:

1. **Medical Student Education:** Dr. Julie Parsonnet, Senior Associate Dean for Medical Education and Student Affairs, has formed a Curriculum Reform Steering Group that includes herself, Dr. Neil Gesundheit, Associate Dean for Medical Education and Student Affairs, Dr. Gary Schoolnik, Professor of Medicine, Dr. Timothy Stanton, Department of Graduate Student Support, and Mr. David O'Brien, Director Institutional Planning in the School of Medicine.
 - a. Core Curriculum Committee, Dr. Gesundheit, Chair
 - b. Scholarly Tracks Committee, Dr. Schoolnik, Chair
 - c. Teaching Incentives Committee, Dr. Parsonnet, Chair
 - d. Medical Education Community Service Project, Dr. Stanton, Chair
2. **Graduate Student Education:** To help achieve one of our very important initiatives, a position description has been developed and posted for an Assistant Dean for Graduate Student Diversity. It is our hope to hire an individual to serve as a leader of this important effort as soon as possible.
3. **Postdoctoral Scholars:** Progress has been made in the nomenclature previously used to categorize postdoctoral scholars, referring to them now as trainees. In addition, Dr. James Nelson, Senior Associate Dean for Research and Graduate and Postdoctoral Education, is assessing compensation levels for postdoctoral trainees and the maximum duration of training allowable at Stanford.
4. **Research Programs:** The Dean's office is exploring the feasibility of implementing the recommendations made concerning clinical research (see Newsletter, 4/29/02). Planning is also underway for a Fall Research Retreat that will be lead by Dr. James Nelson.
5. **Clinical Care:** With Martha Marsh, CEO of Stanford Hospital & Clinics now in place, discussions about the Faculty Practice Plan are resuming. Also, SHC is leading its own strategic planning effort regarding the future growth and development of inpatient and ambulatory programs. Clearly, an important goal is to link the clinical strategic plans of SHC and LPCH with those of the School, recognizing that there will be areas of overlap and synergy as well as areas that the School will want to develop further because of their importance in facilitating translational research opportunities.
6. **Professoriate:** Considerable effort is underway regarding further delineation of the Medical Center Line and the Voluntary Clinical Faculty. There are a number of rumors circulating regarding the VCF in particular and I want to underscore that our sole goal is to better delineate the criteria for appointing and evaluating adjunct appointments for our community colleagues. I also want to underscore that we very much value and respect the significant contributions that community physicians provide to the clinical education of our students and residents. We want to honor those contributions in a manner that respects our community physician educators, the School of Medicine and the University. I anticipate that reports from these committees will be completed by June or July and announcements will follow once the recommendations have been evaluated and approved.

7. **Finance and Administration:** Mr. Michael Hindery, Senior Associate Dean for Administration and Finance, is convening a committee to complete the recommendations regarding the proposed new operating budget for FY04. These recommendations will be ready for implementation in the budget planning process that will begin early next year.

Medical Student Research Symposium

On Friday, May 3rd, the Nineteenth Annual Stanford Medical Student Research Symposium was held, featuring 51 oral or poster presentations. This important activity permits our students to share the fruits of their research endeavors with each other and with faculty. It is a special event and I want to commend all who participated in this wonderful activity. Having reviewed the posters and having attended as many oral presentations as possible, I must say how pleased and impressed I was regarding the work that is being accomplished by our students.

I also want to thank the Program Committee that helped make the Symposium possible, including: Pat Cross, Ph.D., John Cooke, M.D., Ph.D., Susan Knox, M.D., Ph.D., Jerry Hsu, SMS V, Benjamin Hoehn, SMS IV, Brian Courtney, SMS II, Wesley Neal, SMS II, Eliza Long, SMS I and Gladys Martin, SMS I. I also want to thank Maria Berumen, who served as Symposium Program Coordinator.

The topics ranged from basic to clinical research and all participants are to be commended. At the conclusion of the Symposium, several presentations were judged worthy of special commendation. These included:

Oral Presentations:

1. **Theodore Leng** (with M.S. Blumenkranz and H.A. Fishman): Directed ganglion cell growth and stimulation with microcontact printing as a prototype retinal prosthesis interface.
2. **Jennifer J. McIntire** (with Sarah E. Umetsu, V. Pete Yeung, Gesine Hansen, Michael Potter, Vijay Kuchroo, Gregory Garsh, Gordon J. Freeman, Dale T. Umetsu and Rosemarie H. DeKruyff): Identification of TAPR (T Cell and Airway Phenotype Regulator) Locus, and positional cloning of the TIM gene family.
3. **Brian D. Mulligan** (with J.C. Dugan and B.A. Barres): The role of target innervation and jagged 1 expression in CNS myelination.

Poster Presentation:

1. **Alyssa A. Brewer** (with H.A. Basseler, L.T. Sharpe, A.B. Morland, H. Jagle and B.A. Wandell): Reorganization of human cortical maps caused by inherited photoreceptor abnormalities.
2. **Anil Menon** (with C. Bruyns and R. Boyle): Developing a simulation engine and virtual environment for surgical training, experimental practice, and telemedicine.

3. **Naveen Yalamanchi** (with Matt B. Klein, Amarjit Dosanjh, Hung Pham, Michael Longaker and James Chang): An optimized in vitro chondrocyte-alginate construct.

Congratulations to all!

Additional Awards and Recognition for Medical Students

I am also pleased to announce several additional recognitions for our students. These include:

- **Naveen Yalamanchi, SMS III, Nirav Bhakta, SMS IV, Vikaas Sohal, SMS IV, Rajen Desai (undergraduate), Amarjit Dosanjh, SMS V** represented the South Asian Preventive Health Outreach Program (SAPHOP), which finished as a national semi-finalist in competition for the Department of Health and Human Services Secretary's Award for Innovation in Health Promotion. SAPHOP is a volunteer outreach program which addresses the need of disease prevention among the South Asian underserved communities - especially recent immigrants and the elderly, through health education, health screenings, women's health initiatives, elderly health alliance and blood/bone marrow donation drives.
- **Glen Valenzuela, SMS III** was awarded a National Institute of Health Alcohol Abuse and Alcoholism Summer Research Fellowship.
- **Julie Ishida, SMS I** was accepted into the Mass Media Science and Engineering Fellows Program, American Association for the Advancement of Science. Julie will spend ten weeks carrying out research in communication, working as a reporter, researcher or production assistant in media organizations nationwide.
- **Arthur Lee, SMS II** received an American Heart Association Summer Research Fellowship.

Congratulations to all!

Update on the Department of Bioengineering

During the past several months, committees on undergraduate education, graduate education and academic governance, administration and finance have been meeting to help plan for the new department of bioengineering that will be jointly developed by the Schools of Engineering and Medicine. To review and share the work of these committees and further refine our direction, a Retreat was held on Saturday, May 4th, involving 26 faculty equally distributed between the two schools. Dr. Paul Yock, Professor of Medicine, served as the Chair of the Retreat and played an important role in facilitating thoughtful and productive dialogue. In addition to hearing and discussing

reports from each of the committees, we also spent time further developing the draft mission statement for the new Department of Bioengineering, which is:

To create a fusion of engineering and the life sciences that promotes scientific discovery and the development of new technologies and therapies through research and education.

Based on this mission, the faculty working on this important initiative believe that bioengineering combines biology, medicine and engineering to understand how living systems work; to learn from biological systems to improve engineering designs; to engineer biological systems; and to improve human and environmental health.

Dr. Jim Plummer and I are working on a schedule that will enable us to present the new department structure to the University Advisory Board in May and to the Board of Trustees on June 13th. If approved, the proposal for the new department will come to the Faculty Senate in the Fall of 2002.

Hospital Updates

At the Internal Governing Council meeting on Friday May 10th, Ms. Martha Marsh, President and CEO of Stanford Hospital & Clinics, gave a brief overview of some of the future plans she and her staff will be charting in the weeks and months ahead. Among these are a critical analysis of the clinical capacity of inpatient and ambulatory facilities needed to accommodate the clinical program at SHC. Should there be an increase in bed capacity, a critical evaluation of physician/faculty staffing will be needed in concert. An important issue for Ms. Marsh is service excellence for patients, as well as for referring physicians and for the physicians and staff practicing at SHC. Improved service should give evidence of what Stanford does truly well in patient care and should be measurable and assessable in comparative analyses. Ms. Marsh reviewed areas of institutional accomplishment and distinction as well as areas where work and improvement is needed. Although the challenges are significant, she underscored her commitment to the success of SHC and excitement about being a part of the Stanford community.

Events

- **Memorial Service for Dr. Ken Melmon:** On Monday, April 29th, a memorial Celebration of the Life of Kenneth L. Melmon (July 20, 1934 – April 8, 2002) was held at the Arrillaga Alumni Center. With hundreds of family, friends and colleagues in attendance, the life of Dr. Melmon was reflected and reviewed by his children, Brad and Debbie, and by his friends and colleagues from USCF and Stanford. A number of Stanford faculty and community leaders spoke about their association with Ken Melmon, including Drs. Hal Holman, Terry Blashcke, Stan Cohen, Tom Rindfleisch and Tony Meier. These and other speakers painted a life of commitment, passion, intelligence and dedication to sciences, medicine, family, friendship and life.

- **Seniors' Luncheon:** In association with Alumni Weekend, a special luncheon was held for graduates of the School of Medicine who received their M.D. degrees prior to 1952. This was the third annual luncheon sponsored by the Stanford Alumni Association and it featured nearly 60 alumni from the Classes of 1938 through 1952. I had the privilege of addressing these alumni about the changes in medicine that have transpired during their personal and professional lifetimes and about the challenges and opportunities that lie ahead. I underscored that in addition to celebrating the scientific and technological innovations that will increasingly characterize medicine in the 21st Century, it is important to reaffirm the values of trust, confidence and human caring that characterized these senior physician alumni during their medical careers. It was also notable that when queried about whether they were pleased to have a career in medicine, virtually every member of this group of senior alumni responded affirmatively. This was notable and in stark contrast to the report published recently from the Kaiser Brothers Foundation which showed that during the last five years 87% of the 2600 physicians surveyed nationwide have showed further deterioration in the value of a career in medicine.
- **Alumni Weekend Events:** Stanford Medicine Alumni Weekend was held on May 3-4th and proved to be a resounding success. Special thanks go to Dr. Ross Bright, Associate Dean for Alumni Affairs, as well as our Office of Medical Development Staff, especially Andrew Cope, Director of Annual Giving and Alumni Relations, and Ms. Kaleo Waxman, Assistant Director of Alumni Relations, for their support of these events. This year Alumni Weekend included a Symposium on Aging, which was held on Friday, May 3rd, and featured outstanding presentations by Drs. William Haskell, Christopher Gardner, Fred Luskin and Glenn Brassington.

On Friday evening, May 3rd, the J.E. Wallace Sterling Lifetime Alumni Achievement Award Dinner was held, honoring F. William Blaisdell, M.D. '52, Chair Emeritus, Department of Surgery, University of California, Davis. The evening events included a welcome by Dr. Joshua Prager, President of the Stanford Medical Alumni Association, along with personal and professional reflections about Dr. Blaisdell given by Roy Cauwet, M.D. '52, and Neal Olcott IV, currently Professor of Surgery at Stanford.

The J.E. Wallace Sterling Lifetime Alumni Achievement Award was created in 1983 to recognize distinguished Stanford alumni. Dr. Blaisdell, who received his B.S. and M.D. from Stanford, has been a seminal figure in developing the field of trauma surgery in the USA.

In addition to tours and social events, the Stanford Alumni Association also sponsored an excellent Continuing Medical Education Symposium on Saturday, May 4th that featured Stanford faculty or alumni and focused on pain management. Speakers at this symposium included Howard Fields, M.D. '65, Ph.D. '66, currently Professor of Neurology and Physiology at UCSF, Pamela Pierce Palmer, M.D. '92, Ph.D. '92, Medical Director, Pain Management Center,

UCSF, Raymond Gaeta, M.D. '85, Associate Professor of Anesthesia and Director of the Pain Management Services at Stanford, and Joshua Prager, M.D. '81, M.S. '81, Director of the California Pain Medicine Centers and President of the Stanford Medical Alumni Association. The feedback on the symposium was outstanding and special thanks go to all of our speakers.

- **Louis and Dorothy Kovitz Visiting Professorship Lecture:** On Friday, May 10th, Dr. Norman E. Shumway, Frances and Charles D. Field Professor, Department of Cardiothoracic Surgery at Stanford, delivered the 28th Louis and Dorothy Kovitz Visiting Professorship Lectureship. The Kovitz Lecture is a most distinguished lecture and Dr. Shumway spoke before a standing-room only audience about the extraordinary work that he and his colleagues performed at Stanford in pioneering and developing heart transplantation and one of the most distinguished Departments of Cardiothoracic Surgery in the world.

Announcements

- **Picture the Future: The Promise of Medical Imaging and Biomedicine.** On behalf of the Department of Radiology, I am pleased to extend an invitation to the Stanford Community to celebrate the 10 Year Anniversary of the Richard M. Lucas Center on Friday May 31st. This event will be held at the Lucas Center (1201 Welch Road) and will open with interactive poster presentations of important scientific advances in medical imaging from 1:30-3:00 pm. A symposium will follow from 3:00 to 5:00 p.m., led by major figures in academia and industry who will speak to the theme.

Medical imaging has been identified as one of the most significant developments in medicine in the last quarter century. William Brody, M.D., Ph.D., President, The Johns Hopkins University, and Erich R. Reinhardt, Ph.D., President and CEO, Siemens Medical Systems, will reveal how Academia and Industry will participate in the acceleration of imaging advances in the years to come.

In addition, David Botstein, Ph.D., Professor and Genetics, Alan Garber, M.D., PhD., Professor of Health Research and Policy, and Jeffrey R. Immelt, Chairman of the Board and CEO, General Electric, will join in an open panel discussion to close the afternoon symposium.

The Department of Radiology hopes to bring public focus to the revolution that is occurring in medical imaging and how these innovations will benefit society. For further details please see their website: <http://www-radiology.stanford.edu/lucas10/index.html>.

- **Help Lane Medical Library Plan for the Future.** Lane Medical Library has developed a detailed needs assessment and planning survey, now available from the library's web page, <http://lane.stanford.edu/survey.html>. This survey is designed to evaluate current library services and to solicit suggestions for new services and possibly new facilities. This information will help with the planning for the Stanford Medicine Information and Learning Environment that will be commencing soon. The survey takes approximately 5 to 10 minutes to complete.

A drawing for prizes will be available for those who complete the entire survey. If you have any questions about the survey, please contact Christopher Stave at: cstave@stanford.edu

Congratulations

- **Elected to the National Academy of Sciences:** Of the 72 individuals elected to the National Academy of Sciences this year, six are at Stanford, three of whom are in the School of Medicine. These include:
 1. **Patrick O. Brown**, Professor of Biochemistry and Associate Investigator in the Howard Hughes Medical Institute.
 2. **Eric I. Knudsen**, Edward C. and Amy H. Sewall Professor and Chair of the Department of Neurobiology.
 3. **Michael Levitt**, Professor and Chair of the Department of Structural Biology.
- **Dr. Paul Berg:** On May 7th, Dr. Paul Berg, Professor of Biochemistry, Emeritus, added another award to his long list of extraordinary achievements. Dr. Berg was the recipient of the Leadership in Science and Education Award from the Exploratorium. Congratulations (again) to Dr. Berg.
- **Dr. Alan M. Krensky**, Shelagh Galligan Professor of Pediatrics, completed his tenure as President of the Society of Pediatric Research and delivered an important and insightful vision of the role of children's hospitals in the future of American Medicine at the Pediatric Academic Society Meeting in Baltimore on May 6th. He highlighted the unique and important role that institutions like Stanford and the Lucile Packard Children's Hospital will likely play in shaping the future of pediatric research and training.
- **Dr. Emmet Keefe**, Professor of Medicine and Chief of Hepatology has been elected to become the President-elect of the American Gastroenterological Association (AGA), the largest society of gastroenterology and hepatology in the world, with a membership exceeding 14,000. He serves as Vice President beginning in May, 2002 and assumes the responsibilities of President in 2004.

Congratulations to all!

Appointments and Promotions

- **M. Gail Boltz** has been reappointed to Assistant Professor of Anesthesia at the Stanford University Medical Center.
- **Jin Hahn** has been reappointed to Associate Professor of Neurology and Neurological Sciences and of Pediatrics, and, by courtesy, of Neurosurgery at the Stanford University Medical Center.

- **Weldon Haw** has been appointed to Assistant Professor of Ophthalmology at Stanford University Medical Center.
- **Stewart McCallum** has been reappointed to Assistant Professor of Urology at the Stanford University Medical Center.
- **Michael W. Risinger** has been promoted to Associate Professor of Neurology and Neurological Sciences and, by courtesy, of Neurosurgery at the Stanford University Medical Center, effective 6/1/2002.

Dean's Newsletter

May 27, 2002

Respect and Tolerance

During the past several weeks, I have written several commentaries about respect in the work place and have sent out messages of concern regarding intolerance on our campus. The most recent messages have been initiated by reports that posters advertising a course sponsored by our LGBT students were being torn down and shredded, and signs placed in a glass-enclosed cabinet outside of the Department of Pathology offices were spray-painted over with a large "X". Such acts of vandalism and intolerance impact the integrity of our community.

One of the great things about our nation is the personal freedom of its citizens. We each have a right to our own opinions, beliefs, choices and expressions. We can disagree and debate with each other but we cannot discriminate or purposefully create harm or fear by acts of intolerance or disrespect. Whether the issue is race, religion, sexual orientation or views on politics or science, we have the opportunity to speak openly, honestly and respectfully. Most importantly, we have the opportunity to teach and learn from each other. However, we do not have the right to physically tear down others' views, whether symbolically by shredding signs or spray-painting over encased posters, or by more direct acts of aggression or violence. Because symbols of intolerance threaten the safety of our community, it is imperative that we each demonstrate our support and, indeed, celebration of our diversity, as well as our support and concern for each other. I have shared this message with our students, both in written communications and at a special meeting held on Friday, May 24th. I share it with our entire community once again and call on each member of the School of Medicine to demonstrate leadership and vigilance in respecting and tolerating each other's rights.

Statement on Professionalism for Stanford

The following statement has been adapted from the American Boards of Internal Medicine and Pediatrics and was presented by Dr. Eddie Atwood to the School of Medicine Faculty Senate on Wednesday, May 15th. Ironically, this Statement was

discussed at the Senate just one day prior to the latest act of intolerance described above. With permission, I present this statement to our School community for your review and comment. I hope you will consider the points contained in this statement carefully and offer your comments to either Dr. Eddie Atwood or Dr. Lorry Frankel.

Professionalism comprises those attributes and behaviors that serve to maintain patient interests above physician self-interest. Professionalism extends beyond interactions with patients and their families, however. Professionalism also involves the relationships between physicians and other health professionals and the interactions between specialties and between professional organizations. It has implications for research activities and interactions with pharmaceutical companies. Professionalism should pervade all of our activities in medicine and should include:

A commitment to the highest standards of excellence in the practice of medicine and in the generation and dissemination of knowledge.

A commitment to sustain the interests and welfare of patients.

A commitment to be responsive to the health needs of society.

The elements of professionalism include altruism, accountability, responsibility, excellence, duty, honesty, integrity and respect for others. These elements are further defined as follows:

Altruism is the essence of professionalism. Altruism refers to unselfish regard for and devotion to the welfare of others and is a key element of professionalism. Self-interest or the interests of other parties should not interfere with the care of one's patients and their families.

Accountability and responsibility are required at many levels -- individual patients, society and the profession. First there must be accountability to one's patients and to their families. There must also be accountability to society for addressing the health needs of the public and to ensure that the public's needs are addressed. One must also be accountable to the profession to ensure that the ethical precepts of practice are upheld. Inherent in responsibility is reliability in completing assigned duties or fulfilling commitments. There must also be a willingness to accept responsibility for errors.

Excellence entails a conscientious effort to exceed ordinary expectations and to make a commitment to life-long learning. Commitment to excellence is an acknowledged goal for all physicians. A key to excellence is the pursuit of and commitment to providing the highest quality of health care through lifelong learning and education. One must seek to learn from errors and aspire to excellence through self-evaluation and acceptance of the critiques of others.

Duty is the free acceptance of a commitment to service. This commitment entails being available and responsive when "on call," accepting inconvenience to meet the needs of one's patients, enduring unavoidable risks to oneself when a patient's welfare is at stake, advocating the best possible care regardless of ability to pay, seeking active roles in professional organizations, and volunteering one's skills and expertise for the welfare of the community.

Honesty and integrity are the consistent regard for the highest standards of behavior and the refusal to violate one's personal and professional codes. Honesty and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being forthright in interactions with patients, peers, and in all professional work, whether through documentation, personal communication, presentations, research, or other aspects of interaction. They require awareness of situations that may result in conflict of interest or that result in personal gain at the expense of the best interest of the patient.

Respect for others is the essence of humanism, and humanism is central to professionalism. This respect extends to all spheres of contact, including but not limited to patients, families, other physicians, and professional colleagues, including nurses, residents, fellows, and medical students. One must treat all persons with respect and regard for their individual worth and dignity. One must listen attentively and respond humanely to the concerns of patients and family members. Appropriate empathy for and relief of pain, discomfort, and anxiety should be part of the daily practice of medicine. One must be fair and nondiscriminatory and be aware of emotional, personal, family, and cultural influences on patient well-being and patients' rights and choices of medical care. It is also a professional obligation to respect appropriate patient confidentiality.

In my opinion, these principles apply to all who work at Stanford Medical School, regardless of whether one is an MD or PhD student, a postdoctoral scholar, a faculty member or a staff member. The more that we embrace altruism, accountability, responsibility, excellence, duty, honesty, integrity and respect for others, the better our work place will be. It is as important to act professionally with each other, just as we care for our patients as professionals.

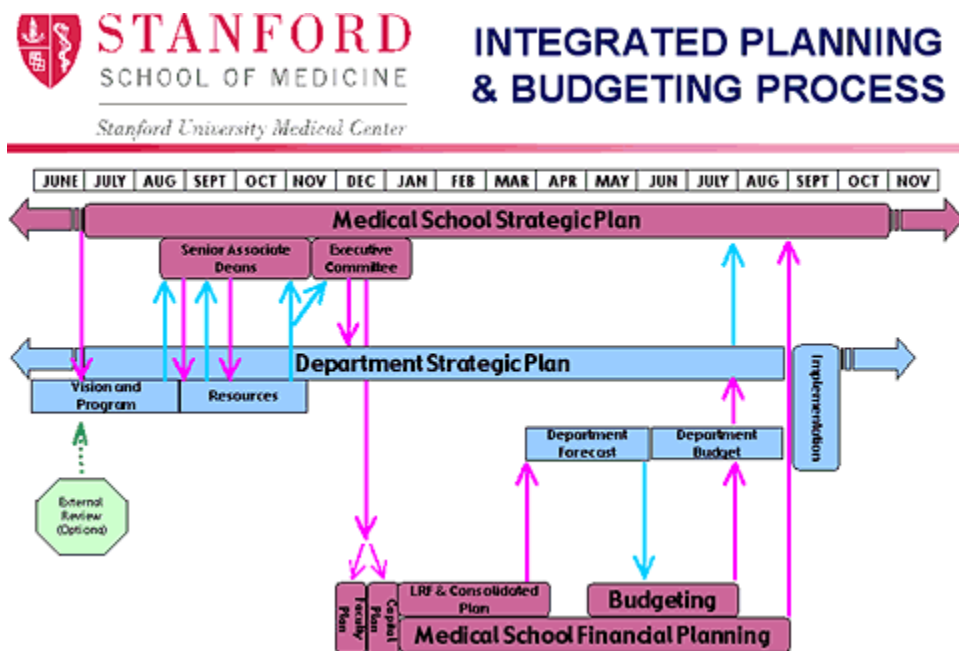
Departmental Planning

Nineteen departmental reviews were carried out in the School of Medicine from 1994 to 2000. Although the goal of these reviews, conducted by external peer-review committees, was to assess the direction and success of a department's efforts in research, education, clinical care and leadership, it is not clear that these objectives were always met. Further, it is not clear that the external review process led to significant change within departments. Moreover, this review process was time-consuming for faculty and Chairs, as well as expensive and highly variable with respect to outcomes. When queried about

the usefulness of the Departmental Review process, most Chairs indicated that the past process has generated too much data and too little future planning. Importantly there has been no formal linkage of the review process to a budget or resourced allocation process, nor has the process been aligned with the mission of the School.

Now that the School of Medicine has engaged in a wide-ranging Strategic Planning effort, it seems appropriate to transition from the traditional peer-reviewed departmental evaluation process to a more integrated program-planning process. The goal of this process is to assess the plans emerging from the faculty within departments and integrate them into School-wide plans and priorities. In addition, the scheduling of these reviews would benefit from alignment with the School's annual budget process.

Based on these goals, the newly proposed integrated planning and budgeting process is as follows:



This proposed change in departmental planning was reviewed with the Executive Committee on Friday May 17th. We will work out the details for this new process this Spring and then pilot the integrated planning process in 2-3 departments beginning this Summer. We will then evaluate the value of this new planning process in the Spring of 2003 and, if it meets our expectations, launch it more fully in the Summer of 2003.

In addition to the integrated planning process, we are currently assessing establishing a School of Medicine Scientific Advisory Council to help assess our overall strategy and

validate our direction to the Provost and President. Details regarding this Advisory Council will be forthcoming.

Postdoctoral Scholar Initiatives and New Policies

As part of our Strategic Planning process, the Work Group on Postdoctoral Scholars has recommended several new policies that have been approved by the Dean and Provost. These new policies, which have been communicated by W. James Nelson, Joseph Lipsick and Michael Cowan, include the following:

- All postdoctoral scholars must be registered with the Office of Postdoctoral Scholars.
- As of September 1, 2002, all postdoctoral fellows in the School of Medicine must be paid a minimum salary of \$35,000 or the applicable NIH scale for years of experience, whichever is greater.
- The mandatory maximum duration of postdoctoral training will be five years. This will exclude years spent in clinical training (80% clinical responsibility) for postdoctoral scholars with a medical/clinical degree (MD, DO, DDS, DVM). Principal Investigators who wish to retain an individual in the laboratory or program following the five-year maximum may do so by appointing him/her as a Research Associate.
- Without exception, no “volunteer” or “self-employed” postdoctoral scholars are permitted in the School of Medicine.
- All faculty members who train postdoctoral scholars should be familiar with the NAS-COSEPUP report on Postdoctoral Scholars, 2000, and use the “Principles, Action Points, and Recommendations” [<http://books.nap.edu/catalog/9831.html>] of this report has a guide.

A committee chaired by James Nelson and co-chaired by Judy Swain is reviewing the specific issues and challenges regarding clinical fellows.

Faculty Senate Update on Education and Library Facilities Planning

On Wednesday, May 15th, I presented an update to the Faculty Senate on our intermediate and longer term planning for education and library facilities. You will remember that just over a year ago the School was about to embark on a large-scale renovation plan referred to as the GALE Project (for the Grant, Alway, Lane and Edwards buildings contained in the “Stone Complex”). While the goal of the GALE Project was to create renewed education facilities, renovate the library, improve building infrastructure and renovate laboratory and administrative space, the numerous compromises that had become necessary ultimately failed to achieve the optimal goals for education, research and administration. Accordingly, upon transitioning to Stanford last February and learning more about the GALE project, I recommended to the University leadership and Board of Trustees that this project be terminated. However, that decision and recommendation has had a number of consequences. In addition to impacting

adversely on a number of clinical departments that were counting on laboratory and research space to meet faculty needs and expectations, the decision also required special approval from the Liaison Committee on Medical Education (LCME) which reports jointly to the AAMC (Association of American Medical Colleges) and the ACGME (Accreditation Council for Graduate Medical Education). Indeed, the LCME had served notice to Stanford that its education and library facilities, which had been relatively unchanged since the School moved to the Stanford campus in 1959, were in need of mandatory upgrades and improvements. Fortunately, Michael Hindery, Senior Associate Dean for Administration and Finance, and I were able to secure an extension from the LCME, with the expectation that we would submit our short term plans by May, 2002, and our long-range plans by May, 2004.

One of the important things that has changed since the GALE project is that we now have a much more robust and formative understanding of our goals and objectives for medical and graduate student education. The Work Group on Medical Student Education, led by Dr. Julie Parsonnet, Senior Associate Dean for Medical Student Education, as well as Graduate Student Education, led by W. James Nelson, Senior Associate Dean for Research, Graduate Student Education and Postdoctoral Affairs, and Professor Karla Kirkegaard, have brought increasing clarity to the education objectives that will define new education facilities. Similarly, the more recent appointment of Dr. Henry Lowe as Senior Associate Dean for Information Resources and Technology and the soon-to-be initiated search for the Director of the Lane Library makes the delineation of the medical library of the future within our grasp. Based on these and other events, I submitted a detailed update to the LCME describing our current and future plans as well as the interim steps we are taking to improve our current facilities until new ones are constructed.

Among the immediate improvement plans presented to the Faculty Senate are:

Recently Completed:

- Eight seminar rooms, a bio-skills lab and dissection rooms were constructed in CCSR. The seminar rooms have state-of-the-art AV technologies.
- A cooling system has been installed in Lane Library.
- The Medical Student Lounge and restrooms have been upgraded.
- The Clinical Skills Lab has been developed.
- The Center for Excellence & Office of Admissions have been relocated to space contiguous with the Office of Student Affairs.

Planned renovations (ideally completed by Summer of 2003):

- The M-Wing classrooms will be renovated during the next two summers.
- The Fleischmann Teaching Labs will be renovated.
- 24 –hour small group study rooms and a reading room in Lane Library will be developed.
- Fairchild Student Lounge will be renovated.
- A Center for Simulation Education in Medicine will be created.

In addition, I also announced to the Senate the beginning of our program planning for the Stanford Medicine Information and Learning Environment (SMILE), which will be led by an Executive Steering Committee that I will chair. Other members of the SMILE Executive Steering Committee will be Senior Associate Deans Julie Parsonnet, James Nelson, Henry Lowe and Michael Hindery; Mr. David O'Brien, Director of Institutional Planning; Dr. Lorry Frankel, Chair of the Faculty Senate; Mr. Charlie Brown, Director of the Campaign for Stanford Medicine; Ms. Nancy Tierney, Director of Facilities Planning and Ms. Maggie Saunders, SMILE Program Director. Ms. Beverly Simmonds, Special Assistant to the Dean, will staff the Steering Committee.

Subcommittees that will be comprised of faculty, students and staff will address key areas including Instructional and other Education Support Space and Technology, Lane Library and Information Services, Learning Information Technology and IT Infrastructure, Student Resources, Affairs and Amenities. We currently plan to complete the concept development phase of this project by the end of this year with the goal of presenting the conceptual plans to the Board of Trustees in February, 2003.

Further Progress on Bioengineering

On Tuesday, May 14th, Dean Jim Plummer and I met with the University Advisory Board to present the concept proposal for the joint Department of Bioengineering. The Board recommended approval of the concept for the new Department. Dean Plummer and I will next make a presentation to the University Board of Trustees on June 13th. Additional details will be provided as they become available.

Bicycle Safety on Campus: Some Progress

“In the plaza and along the walks, their ten-speed bicycles come up behind you silently and swiftly, and without bell or warning whiz by you within two feet at twenty miles an hour, leaving you with a cold shock of adrenalin in your guts and a weakness in your knees...”

From Wallace Stegner, *The Spectator Bird*, 1976

Amazingly, a quarter of a century later, Joe Allston's experience in traversing the Stanford campus in “The Spectator Bird” is easily recounted without change today – except for the speed and number of the bicycles!

I have previously written about my serious concerns regarding bicycle safety on the Stanford Campus. Fortunately, Phil Ecker, President of SMSA, along with David Silberman, Director of Health and Safety for the School of Medicine, and Ariadne Scott, Bicycle Program Coordinator for Stanford University, have made important progress in improving bicycle safety. A special Bicycle Medicine Workshop was held on Friday, May 17th, in the Dean's Courtyard demonstrating this progress. In addition to providing education and a raffle of helmets, locks, lights and related paraphernalia, a report of the significant accomplishments to date in improving safety were outlined, including:

- Completion of a major sweep of abandoned bicycles in the Medical Center/Hospital area, in tandem with the Stanford Department of Public Safety
- Continued monitoring for abandoned bicycles
- Collaboration with the Planning Department and MSOB staff on installation of new bicycle racks along Governor's Lane, MSLS and the Redwood Bldg
- Relocation of bicycle storage lockers to the Falk lot for convenience to Lucile Packard Hospital
- Coordination of the Affordable Helmet Purchase Program for Medical Students with the Campus Bike Shop and Health and Safety Program
- Distribution of Parking & Transportation Services' Bicycle Program safety giveaways (reflective leg bands, rear LED lights and water bottles) at the Bicycle Medicine Seminar
- Coordination of FREE Bicycle Safety Checks and Tune-ups for Medical Student's bicycles at the Bicycle Medicine Seminar

In addition to these accomplishments, several other important projects are underway including:

- Evaluation of the installation of new bike racks at the Stone Complex (in front of the School of Medicine along the Quarry Road extension)
- Installation of a new secure bicycle storage facility inside the new Stock Farm Parking Structure (ground floor)
- A multi-city bicycle map project is underway with the cities of Menlo Park, Palo Alto, East Palo Alto and Stanford to indicate safe bicycle routes and interconnectivity with the Stanford Campus
- Installation of Temporary Suggested Bike Route Signage in Construction Areas (these map out recommended safe bike routes in construction areas and addresses access/detours in construction areas)

While the progress in the Medical Center is gratifying, I also hope that significant improvements will occur throughout the campus, especially among undergraduates who rarely seem to wear helmets, use hand-signals or use lights at night. Clearly work needs to be done – and hopefully our Medical School students can serve as educators and role models. Wallace Stegner would be happy even from his loft perch.

Events

- **Thank You to Donors Supporting our Students: Student Financial Aid Dinner:** On Thursday, May 16th, the Annual Student Financial Aid Dinner was held in the Faculty Club to honor the many wonderful individuals who have provided financial support enabling our medical students to reduce the extraordinary indebtedness now associated with attending medical school. Thanks to the history of generous contributions for student aid, the graduates of Stanford School of Medicine now have the lowest level of debt burden in the nation, although this indebtedness still averages \$66,381. The financial aid offered to Stanford students is also largely in the form of grants, making the debt

burden even less. Clearly this helps us to attract among the best and brightest students to Stanford. Equally importantly, it enables our graduates to make their future career choices in a manner less encumbered by financial worries and hopefully more directed by their personal and professional goals and aspirations.

One of the very special features of the Student Financial Aid Dinners are the presentations by students about the impact of Stanford and financial aid on their lives and future careers. Certainly every one of the students attending this event could offer a compelling and meaningful story. Representing the students this year were three such students: Emily Keifa SMS II, Matt Mendenhall, SMS II and Adeunice Sanchez-Mata, SMS V. Each of these students brought joy, tears and respect to the eyes of their donors and to all in attendance. In many ways, these students, and indeed all of our students, remind us of why we are proud to be at Stanford.

I also want to thank those who make this program possible, especially the counselors and directors of Student Financial Aid and to the wonderful members of the Office of Medical Development who helped plan this special event, especially Bruce Bingham, Jackie Brown, Dolly Patterson and her events staff.

- **Baxter Laboratory Celebration:** On Tuesday, May 14th, we were joined by the officers and trustees of the Baxter Foundation to celebrate the official naming of the Donald E. and Della B. Baxter Laboratory in Genetic Pharmacology, housed within the Department of Microbiology & Immunology and located in the CCSR building. Dr. Helen Blau serves as the first Director and was joined by Dr. Gary Nolan for the celebration. The trustees expressed their esteem and respect for the work going on at Stanford in general, and in the Baxter Laboratory specifically. We are deeply indebted to the Baxter Foundation for their continued generosity to Stanford and for their support in enabling us to found the Baxter Laboratory in Genetic Pharmacology. It is also worth noting that Dr. Blau has been elected to be the President of the International Society of Differentiation for 2004.
- **2nd Lawrence G. Crowley Distinguished Lectureship:** On Friday, May 17th, I had the honor and privilege to deliver the second Lawrence G. Crowley Distinguished Lectureship on the “State of the School: The Future of Stanford Medicine and its Relevance to Pediatrics”. It was a particular privilege to deliver this lectureship in honor of Dr. Crowley who, during his tenure as Vice President for Medical Affairs and acting Dean of the School of Medicine, made possible the formation of the Lucile Packard Children’s Hospital and its important partnership with the Stanford University School of Medicine.
- **Lucile Packard Children’s Hospital Founder’s Day Celebration:** On May 15th, LPCH held its Annual Founder’s Day Celebration in the Faculty Club to thank the many wonderful members of the community who have supported LPCH. During the last decade, the Lucile Packard Children’s Hospital has grown to become one of the leading centers of excellence in pediatric medicine and surgery. Based on

the work now underway and the splendid faculty joining LPCH, it is clear that LPCH will be one of our nation's premier centers of excellence for pediatrics. The association of LPCH with Stanford, championed by Dr. Larry Crowley (see above) has helped to make this possible.

Announcements

The Department of Medicine has announced that its Division of Infectious Diseases and Geographic Medicine has established a new consultation service to provide clinical consultation on immunocompromised patients with infections, including solid-organ transplant recipients, patients with cancer or neutropenia, and patients receiving immunosuppressive therapy. Dr. Jose G. Montoya will lead the new service. For in-patient consultation, you may reach the ICH service through the ID Fellow on call, Stanford Page (723-8222 pager #14031). For outpatients, please contact Dr. Montoya directly, Stanford Page (723-8222 pager #13835) or the ID clinic outpatient nurse at 650-498-7795.

Congratulations

- **Dr. Jack Remington.** On May 23rd, Dr. Jack Remington, Professor of Medicine and the Marcus A. Krupp Research Chair of the Department of Immunology and Infectious Disease, Research Institute of PAMF, was named the 14th recipient of the Albion Walter Hewlett Award in recognition of his long and significant contributions to the Department of Medicine and Stanford University. Dr. Remington also delivered Medical Grand Rounds on a topic he is internationally recognized for: "Cats, Pregnancy, Heart Transplantation, and AIDS—A Lifelong Journey with Toxoplasma and Toxoplasmosis". In addition to his celebrated contributions as an investigator and clinician, Dr. Remington is respected worldwide as a teacher, educator and mentor. Graduates of his laboratory now lead divisions and departments around the world and all share deep affection for him and his support. On a personal note, although I was not fortunate enough to be a fellow with Dr. Remington, I was "adopted" by him early in my own career and can attest, on a very personal level, what an extraordinary mentor and colleague he is to young investigators. He is most deserving to be the recipient of this year's Albion Walter Hewlett Award. Congratulations Jack!
- **Dr. Irv Weissman.** Each year the California Science Center commissions a blue-ribbon panel to select one scientist whose current work is advancing the boundaries of any field of science. On May 9th the California Science Center announced the selection of Irving L. Weissman, M.D., the Karel and Avice Beekhuis Professor of Cancer Biology and Professor, by courtesy, of Biological Sciences, as this year's recipient of the California Scientist of the Year Award. Dr. Weissman is being recognized for being the first to isolate the hematopoietic stem cell in both mouse and man, which has led to dozens of new experiments exploring the cell's power to fight an array of illness, such as cancer and

Parkinson's disease. This is an important breakthrough that may pave the way for development of novel treatments for a wide range of illnesses. Congratulations to Dr. Weissman for this outstanding honor. Please also remember that Dr. Weissman will be our School of Medicine Commencement Speaker this year on June 16th. I hope you will join us for those important festivities.

- **Dr. Stanley Schrier.** It is a great pleasure to let you know that Dr. Stan Schrier, Professor of Medicine, will be awarded the 2002 Walter Gores Award for outstanding teaching at this year's Stanford University Commencement. He is being cited for his four decades of teaching students, housestaff, fellows and faculty at the School of Medicine, for being an outstanding clinician and for inspiring generations of physicians throughout the nation. Congratulations to Dr. Schrier.
- **Carole Buffum.** I am very pleased to report that Ms. Carole Buffum, Executive Director of Finance and Administration, will receive the Cuthbertson Award at this year's Commencement ceremony. The Cuthbertson Award is presented annually by the University to an exceptional staff member in recognition of her or his leadership and service to the University. This is an outstanding accomplishment that brings great credit to Ms. Buffum and to the School. It bears mentioning that, Perry Everett, Controller for the School of Medicine, also won the Cuthbertson Award two years ago. Please join me in extending our respect and congratulations to Ms. Buffum.
- **Office of Communications and Public Affairs.** I have just learned that staff from the Office of Communication & Public Affairs have been recognized this month by their peers nationally for their writing and design talents. The Council for the Advancement and Support of Education (CASE) in Washington, D.C. has awarded Stanford Medicine a gold medal for Visual Design in Print/Covers and a silver medal for the magazine's quality overall. Stanford Medicine magazine received additional recognition from the Society of Publication Designers who chose the cover from the Winter/Spring 2001 issue for their Merit Award. The cover artwork will be on display in New York City at Parsons School of Design this fall. Please join me in congratulating our staff in Communication & Public Affairs

Appointments and Promotions

- **Todd F. Alamin** has been appointed Assistant Professor of Orthopedic Surgery, 6/1/02-5/31/05
- **Sungho Charles Cho** has been appointed Assistant Professor of Neurology and Neurological Sciences and, by courtesy, of Neurosurgery, 6/1/02-5/31/05
- **Rebecca Fahrig** has been appointed Assistant Professor of Radiology (Research), 6/1/02-5/31/05

- **Quynh-Thu Le** has been promoted to Associate Professor of Radiation Oncology at SUMC, 6/1/02-5/31/07
- **Daniel Murphy** has been appointed Associate Professor of Pediatrics at LPCH, 6/1/02-5/31/07
- **Richard Reimer** has been appointed Assistant Professor of Neurology and Neurological Sciences, 6/1/02-5/31/05
- **Robert Shafer** has been appointed Assistant Professor of Medicine (Infectious Diseases & Geographic Medicine) (Research), 6/1/02-5/31/05

Congratulations to all.

Dean's Newsletter

June 10, 2002

Commencement

Sunday, June 16th is commencement and I hope as many of our students and faculty will attend as possible. In addition to the University Commencement Exercises that will be held in the morning, our School of Medicine Commencement activities will begin at 2:00 p.m. on the Dean's Lawn. This year's commencement speaker is Dr. Irving L. Weisman, Karel and Avice Beekhuis Professor of Cancer Biology and Professor, by courtesy, of Biological Sciences. A special issue of the Dean's Newsletter on June 17th will cover Commencement events.

Graduation ceremonies will be webcast live on Sunday:

<http://www.med.stanford.edu/lane/ifo/graduation2002.html>

Note: This page will automatically launch Real Player and play a test pattern video clip for testing purposes until the day of the ceremony.

10th Anniversary Celebration of the Richard M. Lucas Center

On Friday May 31st, the Department of Radiology and Stanford Medical School celebrated the 10th Anniversary of the Richard M. Lucas Center. It was a wonderful celebration made possible by the generous support and contributions from the Lucas family, creating a synergistic partnership with industry, the NIH, NSF and academia. It was also an opportunity to recognize the vision and creativity of Dr. Gary Glazer, Professor and Chair of the Department of Radiology, for his leadership and contributions. Indeed, during the past decade both the Department of Radiology and the Richard M. Lucas Center for Magnetic Resonance Spectroscopy and Imaging have been in the forefront of advanced imaging technology. In addition, special recognition also goes to Professors Gary Glover, Norbert Pelc and Bob Herfkens, who joined Dr. Glazer to help establish the Lucas Center a decade ago.

The Lucas Center Celebration included an afternoon symposium that was introduced by President John Hennessy and featured William Brody, M.D., Ph.D., President of the Johns Hopkins University, Erich R. Reinhardt, Ph.D., CEO and President of Siemens Medical Solutions, Jeffrey R. Immelt, MBA, Chairman and CEO, General Electric along with David Botstein, Ph.D., Professor of Genetics, Stanford W. Ascherman, M.D., Alan M. Garber, M.D., Ph.D., Henry J. Kaiser, Junior Professor and Director, Center for Health Policy and Gary M. Glazer, M.D., Professor and Chair, Department of Radiology.

In addition to the scientific presentations, posters and tours demonstrating the many accomplishments of the Stanford Radiology community, a lovely dinner celebration was held in the Arrillaga Alumni Center that was attended by leading members of the imaging and biotechnology community along with the Lucas family and the many friends and colleagues of the Department of Radiology and Stanford. It was truly time to celebrate the accomplishments of Stanford faculty and the leadership of Dr. Glazer in particular along with the generous contributions from the Lucas family and from industry. Of note, a proposal to expand the Richard M. Lucas Center to accommodate a new 7T magnet will be reviewed by the Board of Trustees on June 13th.

Budget and Financial Planning Process Underway

Although the weeks following commencement offer a more quiescent time for the rest of the university, they are among the busiest for the School of Medicine's Department leadership and Dean's office as we review and finalize the FY03 budget. We have initiated this process and it will proceed through early August. As we do so, it is clear how very hard our faculty and staff is working to fulfill the missions of the School and Medical Center. It is also clear that despite the progress being made we are in a very challenging economic period. The downturn in the economy has impacted the School of Medicine in the same manner that it has impacted the rest of the University. Although both Stanford Hospital & Clinics and Lucile Packard Children's Hospital are performing significantly better than a year ago, both also face continued financial challenges consequent to poor reimbursements and increased labor costs. Accordingly, we will need to be even more careful and selective in planning our strategic initiatives and investments. Sadly this also means that we are less able to provide the financial rewards commensurate with the important contributions of our outstanding staff within the School. That said, I do want to thank the members of our Medical School community for working so diligently to make Stanford the best it can be.

Stanford Hospital & Clinics Semi-Annual Medical Staff Meeting

I had the pleasure of introducing Ms. Martha Marsh, President and CEO of Stanford Hospital and Clinics (SHC) to the attendees of the Semi-Annual Medical Staff Meeting on Tuesday, June 4th. Ms Marsh reviewed the mission and principles for SHC as well as the current state of strategic planning. She proffered that SHC was too small and, overtime, would require increase in bed capacity (it has more licensed beds than it is

currently using) as well as renovation of ICUs and operating facilities. She also focused on the importance of quality and service performance for patients, physicians, staff and those who refer patients to SHC. She underscored the ability to demonstrate to our internal and external communities those areas of clinical practice and innovation that SHC performs uniquely or better than others and that prompts patients to come to SHC for their care. She also noted that the financial performance of the Hospital and while underscoring the improvements that have occurred since a year ago she reinforced the many challenge that lie ahead – however, she emphasized her belief that the Hospital will be successful and that she is committed to working with the physicians and staff to make it so.

Brief Progress Report on the Clark Center

Next week will mark the anniversary of the construction of the Clark Center, which began on June 18, 2001. As is evident, considerable progress has been made and the building is scheduled to open next May-June. Thanks to the leadership of Dr. Matt Scott and Beth Kane, and their close work with the Deans of the Schools of Medicine, Engineering, H&S, and Environmental Sciences, significant progress has also been made in defining the areas of research concentration within the Clark Center as well as the faculty who will be its first incumbents. Importantly, they will include a mixture of newly recruited faculty as well as individuals who are already part of the Stanford community. All faculty will of course maintain the departmental appointment with the express goal that the interactions and collaborations within the Clark Center will extend to faculty in departments across the University. It is shaping up to be an exciting intellectual environment that should serve as a model for multidisciplinary research. Dr. Scott is scheduled to give an update on the Clark Center and BioX to the University Senate of the Academic Council on Thursday, June 13th.

Executive Committee: Update on the Professoriate

At the Executive Committee meeting on Friday, June 7th, a preliminary report was presented about the professoriate by Dr. David Stevenson, Senior Associate Dean for Academic Affairs along with Ms. Linda Deasy, Assistant Dean for Academic Affairs and Dr. Maurice Druzin, Associate Dean for Academic Affairs. Since last fall, a Work Group led by Dr. Stevenson has been reviewing the School of Medicine professoriate and since the Strategic Planning Retreat in February, has focused more specifically on the Medical Center Line faculty and the Voluntary Clinical Faculty. The overarching goal has been to develop an appointment and promotion system that values a community of excellence and the important contributions made by full-time faculty and staff physicians as well as community physicians who contribute to our academic missions in education and research as well as outstanding patient care. For example, this may include eventually criteria for “Investigator”, “Clinician/Scholar”, “Clinician/Educator” and “Voluntary Clinical Faculty”. The Committees led by Dr. Druzin are developing both recommendations for faculty titles for full-time Stanford employees as well as for community physicians, along with clearer criteria for appointment and promotion. Based

on the progress report presented on June 7th, we anticipate that this important work will be completed during the summer and announced as soon as it is approved.

In addition to focusing on the appointment and promotion criteria and titles, Ms. Deasy and Dr. Stevenson are also examining ways to accelerate the time to completing appointments and promotion. Ms Deasy has done an analysis of the last 204 faculty actions since she assumed her responsibilities as Assistant Dean for Academic Affairs and has examined the time involved in approvals from the Dean's Office versus those spent on the Search Process or preparation of the "long-forms" within the Departments. This analysis has revealed a number of opportunities for improvement and Ms. Deasy and Dr. Stevenson will work with Department Chairs and administrative staff to help expedite the work within Departments and the Dean's Office to shorten the time to appointments and promotions.

Meeting with the Committee on Women in Medicine and Science

On Wednesday, June 5th, I met with the Committee on Women in Medicine and Science to review the results of their report in anticipation of its presentation to the Senior Associate Deans and the School of Medicine Executive Committee during the next weeks. The Committee has included: Merlynn R. Bergen, Ph.D., Medicine (consultant to the Committee), Robyn L. Birdwell, M.D., Radiology, Michael L. Cowan, Associate Dean for Postdoctoral Affairs, Teri A. Longacre, M.D., Pathology, Yvonne A. Maldonado, M.D., Pediatrics, Suzanne R. Pfeffer, Ph.D., Biochemistry, Mary Lake Polan, M.D., Ph.D., MPH, Gynecology and Obstetrics, Martha K. Terris, M.D., Urology, Lucy S. Tompkins, M.D, Ph.D., Medicine (Infectious Diseases), Hannah A. Valentine, M.D., Medicine (Cardiovascular), and Eva E. Weinlander, Medicine (Family and Community). I want to thank each of these individuals for their dedicated work and commitment. Once their report and recommendations have been presented to the Executive Committee I will be pleased to bring you an update – and more importantly, our plans for implementing their recommendations.

I did take the opportunity to discuss with the Committee their perceptions about the work environment at Stanford and my commitment to doing everything in my power to assure that the School of Medicine is a respectful workplace. I also underscored the zero-tolerance position of the Dean's Office to any forms of discrimination or harassment. The suggestion was made by the Committee that I hold a Town Meeting for women faculty to discuss this further and how we can continue to improve it. We will plan that Town Meeting, likely for early Fall – and I will let you know the date and time as soon as that has been finalized.

Strategic Planning for Lucile Packard Children's Hospital

Last year the Lucile Packard Children's Hospital (LPCH) celebrated its 10-year anniversary. During the past several years, LPCH has also been planning its future to assure that it achieves both preeminence and sustainability during this next decade. On

Friday, June 7th, a Retreat for the Board of Directors of LPCH was held to review the strategic planning process and address both the opportunities and challenges that lie ahead. Mr. Chris Dawes, President and CEO of LPCH, reviewed the overarching objectives with the Board members, included continuing the path now in progress of establishing internationally recognized Centers of Excellence in Brain and Behavior, Cancer, Heart, Obstetrics/Neonatology, Pulmonary/Cystic Fibrosis, and Transplant/Tissue Engineering. In addition to the major progress already achieved in solid organ transplantation and obstetrics/neonatology (through the Johnson Center), this past year has seen remarkable progress in the Heart Centers. Over the next couple of years it is anticipated that similar progress will occur in Cancer, Pulmonary and Brain & Behavior. Achieving preeminence in these Centers of Excellence is facilitated by the extraordinary support made possible through the Children's Health Initiative led by Dr. Alan Krensky, Professor of Pediatrics

Complementing the Centers of Excellence are efforts to further develop and improve both medical and surgical subspecialties as well as enhancing the important role that LPCH plays as a provider of comprehensive pediatric services to its local communities. During the past year, the patient volumes have increased significantly at LPCH. While the rapid development of the Heart Center over the last month has contributed to this most notably, patient volumes have been high throughout LPCH and, understandably, have significantly increased the work demands of faculty, staff and trainees. These demands make it clear that LPCH has a significant capacity limitation and one of the most important challenges will be finding ways to deal with the current limitations of both space and personnel. Importantly, it is clear that the services provided by LPCH are highly valued and that during this next decade LPCH will emerge as one of our nation's leading centers for the care of children. Achieving this excellence, which is important for the health of children locally as well as nationally, engenders a number of challenges that must be overcome. We are committed to help LPCH achieve the fulfillment of its mission of preeminence and sustainability.

Without question, one of the most important factors contributing to the excellence and success of LPCH is its relationship with the School of Medicine and SHC. Accordingly, strategic planning across the Medical Center is essential to assure that our goals, objectives and prospects for excellence are aligned and coordinated. I am pleased to say that we are working diligently to assure that these alignments occur – for the excellence of our institutions and for the communities they serve.

Announcements

- ***Appointment of Greg Barsh as MD/PhD Program Director.*** I am pleased that a Search Committee lead by Drs. Julie Parsonnet, Senior Associate Dean for Medical Student Education and James Nelson, Senior Associate Dean for Research, Graduate Education and Postdoctoral Affairs has selected Gregory Barsh, M.D., Ph.D., Professor of Pediatrics and Genetics, as the next Director of the Medical Sciences and Technology Program at Stanford. Dr. Barsh will commence his responsibilities on July 1, 2001. He will succeed Mark Krasnow,

M.D., Ph.D., who has served with great distinction as Director of the MSTP Program. As you know, we are planning to expand the MD/PhD programs for our students and I am enormously pleased that Dr. Barsh will serve as Director during this important time.

- ***Appointment of Terry Blaschke as Associate Dean for Medical Student Advising.*** I am very pleased to announce that Dr. Terry Blaschke, Professor of Medicine, has accepted Dr. Julie Parsonnet's invitation to serve as Associate Dean for Medical Student Advising. Dr. Blaschke is widely recognized as a wonderful teacher and mentor as well as an outstanding investigator. He will clearly play an important and highly valued role in advising our medical students.

Congratulations to Dr. Emmanuel Mignot

On May 28th, the Howard Hughes Medical Institute announced that Emmanuel Mignot, M.D., Ph.D, Professor of Psychiatry and Behavioral Sciences, was selected to be one of the newly appointed investigators in an innovative program to improve the translation of basic science discoveries into enhanced treatments for patients. Dr. Mignot joins 11 other physician-scientists selected from 138 applicants from 119 institutions who were selected through a rigorous review process. These new investigators in Patient-Oriented Research will join the 324 HHMI Investigators across the United States, 13 of whom are at Stanford.

Dr. Mignot is internationally recognized for his studies in sleep disorders, especially narcolepsy. He and his colleagues have identified a faulty neuropeptide system that induced narcolepsy in experimental animal models. He has demonstrated that hypocretins are absent in the brains of patients with narcolepsy. He and his colleagues are studying the pathophysiology of narcolepsy with the hopes of improving a number of sleep disorders that affect humans.

Congratulations Dr. Mignot!

Appointments and Promotions

- **Anthony Burgos** has been appointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital at Stanford University, effective 6/1/2002.
- **James Chang** has been promoted to Associate Professor of Surgery (Plastic and Reconstructive) at the Palo Alto Veteran's Affairs Health Care System, effective 6/1/2002.
- **Terry Dresser** has been appointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective 6/1/2002.
- **Christina Mora Mangano** has been reappointed to Associate Professor of Anesthesia at the Stanford University Medical Center, effective 6/1/2002.
- **Minnie Sarwal** has been reappointed to Assistant Professor of Pediatrics (Nephrology) at the Lucile Salter Packard Children's Hospital at Stanford University, effective 6/1/2002.

- **Hannes Vogel** has been appointed to Associate Professor of Pathology at the Stanford University Medical Center, effective 6/1/2002.
- **Sherry Wren** has been promoted to Associate Professor of Surgery (General Surgery) at the Palo Alto Veteran's Affairs Health Care System, effective 6/1/2002.

Dean's Newsletter

June 17, 2002

Special Commencement Issue

On Sunday, June 16th, Graduation Exercises were held for Stanford University and for the School of Medicine. In addition to the University Commencement Ceremony, the School of Medicine held its own celebration and diploma-awarding event on the Dean's Lawn on Sunday afternoon. This year, the School presented 37 Master of Science degrees, 72 Doctor of Philosophy degrees and 92 Doctor of Medicine degrees. Among these, students received combined degrees, including nine MD/PhD degrees, two MD/Master degrees and one MD/MBA.

We all join together in extending our personal congratulations to each and every graduate and to their parents, families and friends. What a wonderful accomplishment by all.

Faculty Awards

In addition to congratulating our students for their accomplishments, commencement is also a time to honor faculty who have made significant contributions to their education. Accordingly, I am pleased to list the teaching awards that were announced at the School of Medicine Commencement.

The Arthur L. Bloomfield Award: In Recognition of Excellence in the Teaching of Clinical Medicine

James Baxter, Medicine

John J. Jernick, Family Medicine

Erika Schillinger, Family Medicine

The Henry J. Kaiser Family Foundation Award: For Outstanding and Innovative Contributions to Medical Education

James Hallenbeck, General Internal Medicine

The Henry J. Kaiser Family Foundation Award: For Excellence in Preclinical Teaching

Neil Gesundheit, Medicine

Seung K. Kim, Developmental Biology

Julie Parsonnet, Health Research and Policy
Robert Siegel, Microbiology and Immunology

The Henry J. Kaiser Family Foundation Award: For Excellence in Clinical Teaching

J. Edwin Atwood, Cardiovascular Medicine
James Baxter, Medicine
Sherry M. Wren, General Surgery

The Franklin G. Ebaugh, Jr. Award: For Advising Medical Students

Sherry M. Wren, General Surgery

The Compassion in Medicine Award

Elliott Wolfe, Medicine

The Alwin C. Rambar-James B.D. Mark Award: For Excellence in Patient Care

Michael D. Amylon, Pediatrics

Stanford University School of Medicine Award for Graduate Teaching

Timothy P. Stearns, Biological Sciences and Genetics

Stanford University School of Medicine Award for Outstanding Service to Graduate Students

Phyllis I. Gardner, Molecular Pharmacology and Medicine

Congratulations to all.

Address to the Graduates

One of the traditions of the School of Medicine Commencement is a presentation by an elected member of the Graduate and Medical Student graduating class. This year, Lauren Ilyse Richie Ehrlich, graduating with a PhD in Immunology and Joel and Adeunice Sanchez Mata, graduating with MD degrees, spoke to the graduates and guests. Their remarks follow:

Address by Lauren Ilyse Richie Ehrlich

Let me start by saying Congratulations to my fellow graduate students of the class of 2002! We certainly did not matriculate as a single class, but we're here together at this moment to celebrate the culmination of our graduate careers. We've made it! We've made it through the bright-eyed bushy-tailed I'm going to publish at least on Science, Cell or Nature paper a year phase. We've made it through the post-qualifying exam nothing-is-ever-going-to-work-again slump phase. And we've made it through the final exhilarating phase of data collection, analysis, and thesis writing that enabled us to walk across this stage today.

But appropriately we're here at a "commencement" ceremony and not a "termination" ceremony. Even after all of these phases of graduate school, the next phase of our lives, the phase that will open our career paths, has yet to be determined. Some of us will continue in academics as postdoctoral fellows, reaching for that elusive faculty position so that we may continue to pursue basic research and train up-and-coming scientists. Some will go into industry to contribute to drug development and clinical trials. Others will enter the political arena of science advising where they may help to shape the very policy that enables us to carry out our research. And yet others will pursue myriad different careers.

Regardless of the path each of us chooses, we have the opportunity, and I would argue the responsibility to make important contributions in our fields. The last year has highlighted the importance of bio-medical research and policy in our society. From the stem cell debate and related cloning issues to increases in political and financial support for anti-bioterrorism efforts, we have seen biology-related issues enter the homes of Americans all over this country. Often it has been clear that there is public misunderstanding about the findings and promise of biomedical research. We have been given an incredible gift: we have been given the opportunity to begin maturing as scientists at Stanford University. With that gift comes the responsibility to give something back to our society, be it in the form of additional scientific advances, political policy, or direct medical applications.

Fortunately, we have had the opportunity to learn from some of the brightest and most successful scientists in the world, who have shown us by example how to contribute both to scientific advances and to public policy. Our professors have taught our classes and led and shaped the laboratories in which we carried out our thesis projects. They have exemplified what it takes to be successful scientists. Perhaps most importantly, we have had the opportunity to learn from them as people. Many if not most of our professors have unique personality quirks that separate them from your average Joe or Jane. And for those of you who have witnessed the Microbiology and Immunology Christmas skits, you know that those quirks have not gone unnoticed. Yet these unique personality traits have often inspired us and pointed us toward what I consider to be one of the most important lessons in graduate school: a successful scientist is not one who follows meekly in the footsteps of past progress, but is rather one who pushes forward into uncharted territory. Science is not for followers (as my advisor Mark Davis has told me in the past); it is for people who are willing to take a risk, try something new, and perhaps discover something important. After all, weren't some of our most fulfilling graduate school moments those in which a new and perhaps improbable experiment actually worked? And how many of us went stubbornly forward with those experiments even though others doubted them? We are graduating today because we have learned to have the courage to think of a new question, dream up an experiment to address it, and actually carry that experiment to fruition. It is this independence and creativity, often associated with a certain amount of our own quirkiness, that our Ph.D.s acknowledge. And it is these traits that will allow us to go into our chosen careers with confidence that we can be leaders and that we can make a difference.

I think a fortune that I recently received in a cookie at the Szechwan Cafe sums up the outlook of a successful graduate student, and so I will close by paraphrasing it: We delight in doing what others proclaim can not be done.

Address by Joel and Adeunice Sanchez Mata

The excitement felt here today represents an acknowledgement of achievement and the culmination of years of learning. It represents the foundational step along the path to greater accomplishment. Today is our day to stand and be recognized. As we enter robed in formal academic regalia signifying academic success, we become part of a proud tradition of Stanford educated men and women who have pioneered discoveries and have left lasting contributions to their communities and to the lives of individual patients. We will be congratulated by friends, embraced by family members and applauded as we walk across the stage to receive our diploma. The celebration today symbolizes that we now possess the understanding, determination and compassion to be committed physicians, teachers and scientists.

Let me begin today by expressing how fortunate I am to have shared the last several years with you, peers who I consider to be the best group of medical students in the country. We have spent these past four, five and more years, learning the intricacies of medicine and how to respectfully care for others. We learned how to camp together the first days of medical school. We learned there are seemingly an infinite number of names to the vast components of the human body. We learned of the critical importance of biostatistics. We learned from Dr. Cross' kind and openhearted ways. We learned to mourn the loss of Dr. Glasgow, a great and eccentric individual and beloved Anatomy professor. We consistently experienced Dr. Wolfe's compassion; from him, we learned how to advocate and actively care for others. We have learned an approach, a style if you will, to the art of medicine. We have learned where in the hospital to find free food, how to build strong relationships with Citibank and American Express and how to wipe out multiple savings accounts efficiently. We have learned to form bonds that will always tie us together and will last a lifetime. Lastly, we have learned that all good things must come to an end.

As this day was fast approaching, we began to feel more and more nostalgic, filled with bittersweet anticipation. Our conversations invariably revert to stories of particular encounters with patients; we realized how unknowingly, patients contributed to our lives and have shaped the kinds of physicians we were becoming. These seemingly simple, largely unnoticed interactions brought with them a wealth of emotion and affirmation of why we chose this career path many years ago. It allows us to give back what others have given us. I remember one such patient.

One morning, while hurriedly following my team during morning rounds of my four-week rotation of Internal Medicine, I was assigned an elderly woman with a chronic medical condition. Upon entering the room with the team, I went to her bedside, outstretched my hand and introduced myself in a polite, yet professional manner, "Eunice

Mata, medical student.” “Francisca,” she replied with a heavy Spanish accent and a warm smile “itz a playzure to meet you.” Although both hands held the bed sheets over her shoulders, I could see she had a stout build. She had beautiful long silver-white braids that bordered her round, dark brown Indian face. Her many wrinkles made her look much older than her seventy-two years, I thought to myself. When she smiled, her brown eyes all but disappeared into thick lines, reminding me of my own grandmother.

The rest of the team quickly introduced themselves and she was told, while team members approached from both sides of the bed, in one word “Franciscaunlessyouhaveanyobjectionsweregoingtoexamineyounow.” At the head of the bed, with stethoscopes drawn, we quickly positioned our instruments over the appropriate points for a thorough cardiac exam. (Place hand in air as if auscultating.) Following the attending physician’s experienced lead, we re-positioned our stethoscopes every couple of seconds, tracing a cutaneous map of atria, valves and ventricles (move your hand appropriately). More concerned with moving at the appropriate time and in the right direction, I did not always give myself the opportunity to listen. I was sure I was the only medical student who had not yet learned how to do a thorough cardiac exam. Wait a moment, I thought, I think I hear something, or is it my hand moving while touching the stethoscope, me shifting position or am I applying too much pressure or not enough pressure? Is my breathing really this loud? I stopped all motion and held my breath and focused on what might be a faint woosh-woosh. In my excitement, I failed to realize that mine was the only stethoscope still touching the patient’s body.

“Well, what do you think of the murmur?” asked my supervising attending.

Ok, I thought to myself, so there must have been a murmur. Avoiding eye contact, I repeated the description to the only murmur I could remember, “Ahh, 2 out of 6 systolic murmur, non-radiating, loudest at the left sternal border-I think.” There was a silent pause as (place your hand up, as if auscultating). In an attempt to redirect the group’s attention, I focused on repositioning my instrument. “Try listening over here,” was the response as the attending moved my stethoscope to a new position (reposition your hand). “It’s faint but you should be able to hear it.” “Ahhhhh, ok, un-huh, now-wait, ok, I must have missed it the first time”-- a phrase I became quite familiar with when practicing physical exams with attendings.

Upon finishing the exams Francisca was told the medical plan for the day and was asked if she had any questions. She smiled. We all exchanged glances and began filing out, first the attending and next the resident. As I exited the room last, I noticed a peculiar look on her face. It wasn’t until I returned later that morning that I realized that the quizzical look meant that she did not understand much of her hospital plan. As it turns out, Francisca spoke very little English and was embarrassed to tell us, so I explained the plan again in terms she could understand. Over the next couple of weeks, as expected, her hospital course gradually improved and my morning visits became a welcome part of my daily routine. Some mornings, our discussions of medical plans would stray and she would talk to me about her grandchildren and great grandchildren and how she dreamed they would someday become doctors too. Experiences in her past reminded me of stories

I'd heard passed down in my own family. Tales of how my own grandmother, Aurelia, in her mid-twenties had taken seven days to cross parts of the Sierra Madre on foot, pregnant with my uncle, Jesus, my mother, who was then 2 and her three other children.

Some mornings Francisca would cry, sometimes out of apprehension of planned invasive procedures, other days while expressing her fear and frustration regarding her medical condition. Those mornings, I would sit at her bedside, listen and hold her hands, trying to convey some sense of comfort and security.

As the weeks went by our relationship strengthened and I knew it would be difficult to say goodbye. I thought of different ways of how best to say goodbye and wish her the very best of luck. The morning of my last day as I sat at her bedside, we each expressed how much we enjoyed having become friends. Over the course of the month, I gave her the freedom to express herself fully and she allowed me to better define the kind of doctor I wanted to be. We both cried. I assured her that things were going to be okay and she would have wonderful caring doctors looking after her health. As I rose to leave, she said to me, after taking hold of my hand and holding it over her heart, "Eres mi angel", "you are my angel." For the next several days I had a smile on my face, not for the difference I had made in Francisca's life, but for the change she had made in mine.

I use this story to illustrate how seemingly commonplace, day-to-day experiences will define the way we practice medicine. Each patient gives us the opportunity to reaffirm to ourselves and to others the kind of doctor we aspire to be. Each act and interaction define the type of physician are becoming.

Poet Robert Penn Warren once said, "A poem is not a thing we see; it is, rather, a light by which we may see." Our diploma, you see, is much the same thing. Not a thing we frame and look at, it's an avenue, a ticket that allows us to serve others in constructive ways, and in turn, potentially gives tremendous meaning to our daily lives. We are now vehicles to guide others to health and well-being. Our challenge is to strengthen the health of all communities so that everyone can share in the opportunities of the 21st century.

This ceremony today really has only one purpose, to honor us, our friends and our families. With their help and support we have committed long hours to the study of medicine; they have enabled us to overcome the obstacles of frustration and self-doubt, and to experience the joy of discovery and growth. Our families give us the gift of the realization that we too can make a difference. While celebrating our accomplishments, let us celebrate and thank our parents, our teachers and our mentors; today represents an affirmation of what they have recognized and nurtured in us for many years.

Congratulations, friends. What a joyous and challenging experience it has been to share with you!

**2002 Commencement Speaker
Professor Irv Weissman**

It is a great pleasure to introduce Irv Weissman, the Karel and Avice Beekhuis Professor of Cancer Biology, Pathology, Developmental Biology and, by Courtesy, Biological Sciences, as our 2002 Commencement Speaker.

Professor Weissman has been deeply interested in science, medicine and research since he was a high school student in Great Falls, Montana. Although he never forgot his Montana roots, he has also become a deeply committed member of the Stanford community for over four decades. He arrived at Stanford in 1960, just one year after the School of Medicine moved from San Francisco to the Palo Alto Campus. This was a time of great excitement at Stanford Medical School, with new opportunities to align science and medicine through what was then known as the Five Year Plan. His education at Stanford Medical School shaped his career and empowered him to change the face of modern medicine.

Professor Weissman has had an extraordinarily distinguished career as a scientist, entrepreneur and advocate. These intersecting activities share a common thread: the quest for human stem cells both as a means to elucidate fundamental mechanisms of health and disease and, of course, as potential therapeutic tools to treat or prevent human ailments. As often happens, the quest began many years ago with fundamental questions, in this case the progenitor origin of human lymphocytes. This led to the discovery by Professor Weissman of the first human hematopoietic stem cells a decade ago. The dividend of his research is the new field of human stem cell biology. The fruits of his efforts now intersect biology, medicine, ethics, religion and politics in some ways reminiscent of the struggle surrounding Copernicus and Galileo.

Professor Weissman's research has been deeply respected and valued. He has won numerous accolades and awards including election to the National Academy of Sciences and just last month, he was named the California Scientist of the Year. In addition to his published research, he has founded three companies, lead numerous national advisory groups including most recently, the National Academy's Committee on Cloning, and has become a public spokesperson on stem cells and cloning. He is a world-renowned leader and advocate who is helping to shape both the science and public policies regarding stem cells and medicine. It is a great pleasure to welcome Professor Irv Weissman as our 2002 Commencement Speaker.

LESSONS FROM A STANFORD MEDICAL EDUCATION

Irv Weissman, MD

Thirty seven years ago I sat where you now sit, having just finished a 5 year medical education in lock-step with my classmates. A few months before I had decided to take a less-traveled road I was the only one in my class) and finish my formal clinical training to enter a career of biomedical research. I could not have made that informed choice had I not decided to apply to the new, unique 5 year MD program that Stanford instituted upon its move from San Francisco to join the rest of Stanford University. Stanford was the

only medical school to which I applied, because Stanford was unique in offering a curriculum that allowed students the time and the opportunity to explore all that a great university and medical school have to offer, and therefore to find their special talent. The lessons I picked up on the way, only a few from the formal classes, have stuck with me, as have my associations and collaborations with my Stanford fellow travelers. I loved the clinical years in med school, both for the patient contact, and more importantly, how the desire to treat patients well and rationally forced me to read more deeply, and to try to understand the diseases we were treating largely empirically. But I knew that empiricism would not keep away my growing frustration that we didn't know enough to advance treatments from knowledge of disease mechanisms. So I chose a career in biomedical research, and learned many lessons on the way. I hope today to pass on the lessons I've learned, and how the lessons learned might help you to find or use your talents as well.

I have spent 46 years directly engaged in biomedical research, starting in a small transplantation genetics lab in Great Falls, Montana. I have been an immunologist, and cancer biologist, and for the past 15-20 years a stem cell biologist deeply involved in biomedical science and medical translation. As time has gone by I am increasingly in awe of the complexity and efficiency of nature and of organisms like us. Let me be clear this is no mystical or religious view, but one grounded in the context of the view that the human body is a result of hundreds of millions of years of evolution. While I have heard repeatedly many distinguished scientists, usually near the end of their career, say that we know so much (in 1962, or 1976, or 1990, etc) that all the rest will be only dotting i's or crossing t's. **I couldn't disagree more.** I am firmly of the view that we are just now at the beginning of exploring how the body develops, functions, and what happens when it malfunctions. It is you, not my generation, that will have the greatest opportunity to unlock the great secrets of health, the mind, and disease, and how the body regulates itself, regenerates its components, and simply endures. Imagine, I am a 62 year old man driving a 4 year old car that will be gone before it is 10. And I was one of the first occupants of the Fairchild science building, entering at mid-career, and now I'm told it has reached the end of its useful life and must be torn down and rebuilt; hopefully the leaders who make such decisions won't look too closely at me. I am still amazed that while I go through my 24/7 my body repairs itself continuously (from stem cells!), and while I sleep, my heart keeps beating and I breathe. These phenomena may seem ordinary to you, but they are extraordinary to me. And think of this: I am talking to you, you are listening to me, and all of us understand what was said. No neuroscientist has even the beginnings of an understanding of the complexity of this almost instantaneous set of perceptions, assembly of information, synthesis of assembled information, resultant learning, and the properties of mind that go into these events, much less the memories that will follow. Or to take the example further, one of my first patients in psychiatry as a medical student was to diagnose a patient that was silent and withdrawn. Over a week of meeting it came out he had been hearing voices, and these voices knew him well and tried to direct him. He had finally concluded that the voices came from alien powers, and in that observation departed from the path of understanding the world as most of us do; he became estranged from reality. About 10 years ago I read that perfectly rational patients hearing voices were studied by PET scan technology, and when the voices came on, deep brain centers fired. So incipient schizophrenics hear organized voices from self-

firing foci without input from the ear, and then must deal with the fact that no one else is hearing them. I know a few well who have been made aware that these are like epileptic foci, and live with the voices with a little help from therapies; they live essentially normal lives, although the voices annoy them. These examples might seem far-fetched, especially from a stem cell biologist, but of this I am sure - these phenomena are rational, involving nothing more mystical than cells and molecules and their organization. These mysteries will be susceptible to understanding by biomedical science, and will certainly be useful eventually in medical practice.

What I am saying is that the study of humans in the context of nature is just at the beginning, and that those who will commit to this adventure are coming in at just the right time. But I want to re-frame what I'm saying in the context of a biomedical education, and where you are at the end of one stage of training, on the edge of going from competency to mastery of your subject. I want to step back and say that **collectively our job, our responsibility, is to end the tragedies of premature incapacity, premature morbidity, and premature death of our current and future patients.**

Some of you will do so by gaining mastery in some field of biomedical science, others by translating discoveries and principles (medical, scientific, economic, etc.) to advancing medical practice, and still others by incorporating these translations into what you have learned and will continue to learn into direct medical practice, hopefully as a lifelong exercise. But you need to know what you are up against. In my view, nature and disease are relentless forces that operate independent of what we think or hope. In order to be effective in understanding nature and overcoming diseases, we must go forward with the knowledge and principles you are now adopting and will amplify. There is no room in this venture for self-deception or self-interest; neither can influence what is true. Our observations must become increasingly more accurate, and we have to temper our enthusiasm over our nascent discoveries and insights with an acquired habit of self-criticism. Although money, fame, and/or patient adulation can be motivators, they are not helpful, as they have historically, and will in the future simply serve to divert you from what you are best at doing. Finding your talent and practicing it will keep you engaged, and usually other desired rewards follow anyway.

At least since Stanford moved from San Francisco to Palo Alto it has committed itself to provide a unique graduate medical education and opportunity. We have sought to be a leader in advancing medical sciences, in providing a scholarly approach to all we do, in providing for our patients the highest standard of medical care, and in attempting to be leaders in the translation of medical discoveries. With your class, as with others, we **intended** to admit those who by their actions before medical school had demonstrated concretely that they possessed the capabilities and motivation to take advantage of these goals. After you came here, we intended to provide for you the education, and independently the opportunities to do all of these. If jointly we have been successful, you will have taken advantage of your opportunities, and you will also recognize the equivalent values of 1) the role of science and scholarly inquiry in advancing medical knowledge and practice, 2) the role of medicine in revealing the reality of human disease as well as treating it, and 3) the role of translational medicine in moving discoveries from the bench to the patient. Hopefully you will have chosen role models that exemplify these

values and practices. I certainly did. I think you will find that these role models got where they did by a combination of traits we all should recognize: commitment, responsibility, integrity, and idealism.

You who are about to be MD's are about to take an oath that has its roots in the Hippocratic Oath, taken by physicians for centuries. Like you, I took a similar oath. I am constantly reminded of the wisdom of that oath, and how it has guided much of my own career. It is important that you realize that this is a **commitment**, a commitment of physicians that the care of their patients is their **first consideration**. For those of us who are physician-scientists, I would say that this is a commitment to the health of the patients who could benefit from the translation of our findings. When I think of this commitment, I don't have to go far. Today you are honoring Stan Schrier, who is my role model for commitment; nothing else ever comes first for Stan. He was a legend when I entered medical school, and he is a legend today. And Harry Oberhelman, who in his late 70's (I think) outperforms and outlasts faculty and residents a fraction of his age. And of course there are many others on our faculty.

This year I reread the oath (The Stanford Affirmation) when I needed guidance on a difficult issue. I was chairman of the panel of the National Academies on Human Reproductive Cloning, and the related subject of Nuclear Transplantation to produce human embryonic stem cells for research and therapy. My panel had determined that reproductive cloning was dangerous medically, poorly feasible scientifically, and in terms of the human participants in the exercise the cloned fetus and the mother that carries it carried the almost certain probability of fetal death and maternal morbidity. In fact any such research violates several specified recommendations of the Nuremberg Code, articulated in 1947 by the US Military Tribunal Number 1 at the Doctor's Trial, which, by the way, I believe should be required reading for all medical graduates. The Panel considered also the production of embryonic stem cells by nuclear transplantation, a procedure wherein the nucleus of a somatic cell is transplanted into the enucleated egg from a pre-defined donor, the diploid cell is then electrically stimulated, and allowed to progress to the preimplantation blastocyst, a stage of development of about 150 cells. The inner cells can then be cultured to produce pluripotent stem cell lines, cells which at the single cell level can either self-renew and expand their numbers, or be caused to differentiate to daughter cells that represent all cell types in the body, albeit arranged in a disorganized fashion. These daughter cells can be transferred to newborn immunodeficient mice, and there they undergo normal differentiation specified by their own genes and stage of commitment, and the adequacy of the environment into which they are placed. Thus, for the first time, if this were allowed with human tissue sources, one could prepare pluripotent cell lines representing each genetically determined human disease, which is most diseases, and even from each cancer, which has undergone its own life history of somatic mutations that specified cancer development. While such a procedure is abhorrent to some for moral, ethical, or religious reasons, it had to be recognized that it could lead to breakthroughs that will change biomedical science and medicine itself, much like the recombinant DNA revolution in the 70's (begun at Stanford by Paul Berg and Stan Cohen) led to technology and therapies that save tens of thousands of lives today. This was recognized by my panel, and we voted unanimously

that the promise of such research was so great, and the risk to human participants (egg donors) so minimal, that such research should go forward. But when I testified before the Senate, and before the President's Council on Bioethics I realized that several MD's were the advocates of a complete ban on such research. Further, the Brownback and Weldon bills that ban such research also propose penalties including up to 10 years in jail and a 1 million dollar fine for any physician who would prescribe for a patient a remedy coming from anywhere in the world that is derived from nuclear transplantation embryonic stem cell lines. In today's Stanford Affirmation you will take the oath that you "will treat any who need my ministrations, without regard to religion, nationality, race, politics, sexual orientation, or social standing." When I sought guidance from that oath, I interpreted that to mean that as an MD biomedical researcher, I must leave at the door my own personal politics, religion, ethics, etc, so that meaningful research and therapies can be generated. In my view, therefore, either as a physician or a physician-scientist, the passage of these bills would require us to fail to honor our oaths, as there will be a time when you will have to deny current and future patients therapies that could have been in our grasp.

After commitment comes **responsibility**. When you develop a new finding or insight, you can let others know and act on it or not, or you can take the view that you are responsible for taking it as far as it can go. Here we have several role models. One of mine was my mentor, Henry Kaplan, who not only showed experimentally that radiation had the possibility to treat cancers, but took the responsibility with Stanford physicists like Ed Ginzton to help develop high energy linear accelerators that could deliver their ionizing radiation in the tumor, and not the skin. With colleagues that included Saul Rosenberg, Henry developed the therapy model which in their clinical trials changed Hodgkin's Disease from an universally lethal to a readily curable disease. It took amazing insight and courage to carry this all the way from discovery research to clinical therapies, and established radiation oncology as a mode for therapies with curative intent that is now world-wide, and for several kinds of cancers. I could have cited Norman Shumway for developing through research the practice of heart transplantation, or Paul Berg and Stan Cohen who not only pioneered the recombinant DNA revolution, but helped to establish biotechnology companies that translated these discoveries. And they and other molecular biologists had the integrity to question the safety of what they were doing in the lab to call for a moratorium on doing their research until it could be shown to be safe for those who made recombinant microorganisms. In all of these cases the insights, courage, and responsible action of these investigators led to medical practices, not previously possible, that now saves tens of thousands of patients each year.

It is important to re-state the issue of integrity. In addition to finding your talent, you have to develop core values of honesty and integrity, so that you have a center that will hold when all else seem to be flying away. Make no mistake that when you have assumed responsibility (with little or no oversight) your integrity will be tested, and usually when you are unprepared. This happens in the science that goes on in your own labs, with the patients you treat, in the companies you advise or establish to translate your discoveries, and in the quest for fame and prizes. There is no doubt that there will be times when you make mistakes, or discover them. It is then that you should remember your oaths and your standards.

Finally, I want to preach idealism. It is too easy to give way to cynicism, or to pursue objectives that promise rewards for you at the cost of your commitment to patients. We are now in a crisis in medical care in both academia and the private sector, where managers, administrators, legislators, and clerks who have not taken the oaths you have taken look to medicine as something other than a right of all citizens. It will take courage, commitment, integrity, and idealism if we are to carry the lessons learned here into careers in medicine and the biomedical sciences. There is one way to counter cynicism, or boredom, or acquiescence to the will of the managers. Find your talent, and practice it for life. You will be happier, and society will benefit.

Special Newsletter Announcement

During the summer months the Dean's Newsletter will depart from its every other week schedule to a more irregular reporting schedule. Regular biweekly issues will resume after Labor Day.

Dean's Newsletter July 2, 2002

Refocusing the Position of Senior Associate Dean for Research, Graduate Education and Postdoctoral Scholar Affairs

In assembling the School's mission-focused Senior Associate Dean positions since my arrival, one of my major criteria was to recruit outstanding individuals who were committed to the School and University and who were poised to impact one or more of our missions, but who also remained anchored as active Medical School Faculty members. I felt the latter was particularly important in order for these leaders to sustain their direct contact with faculty and students and thus "remain in touch" with the life and culture of the School.

Accordingly, I elected to select individuals who would carry out their respective Senior Associate Dean duties on a part-time basis, with the remainder of their efforts occurring in their home department where they could conduct their primary work in research, clinical care, etc. In doing so, I have been enormously fortunate to bring together a wonderful group of leaders serving as Senior Associate Deans for Medical Student Education and Affairs (Julie Parsonnet, M.D.), Research, Graduate Education and Postdoctoral Scholar Affairs (James Nelson, Ph.D.), Academic Affairs (David Stevenson, M.D.), Clinical Affairs (Norm Rizk, M.D. and Ken Cox, M.D. [for Obstetrics and Pediatrics]), Information Technology and Resources (Henry Lowe, M.D.), and Finance and Administration (Mike Hindery).

Each of these individuals has played a critically important role in helping to shape the School of Medicine Strategic Plan and all will continue to contribute to its

implementation in the years ahead. At the same time, the scope of their work has changed and will continue to change as the demands of their various jobs and positions evolve over time. One such change will impact the position of Senior Associate Dean for Research, Graduate Student and Postdoctoral Scholar Affairs. This was a new position that combined both research and education and there is no doubt in my mind that the ideal individual to carry out these wide-ranging activities has been James Nelson, the Rudy J. and Daphene Donohue Munzer Professor and former Chair of the Department of Molecular and Cellular Physiology. As evidenced from the significant progress made to date, Dr. Nelson has done an outstanding job in moving forward a plethora of important initiatives. At the same time, he has found it increasingly difficult to sustain his active research laboratory as well as all the rest of his responsibilities. Indeed, it is now apparent that the range of responsibilities he was asked to perform as Senior Associate Dean is truly more of a full-time than part-time effort. Accordingly, we have agreed that Dr. Nelson will refocus his efforts on Graduate Education and Postdoctoral Scholar Affairs so that he will have the time to carry out his important research program and continue to be a highly valued teacher. This will also enable Dr. Nelson to remain an active member of the Senior Associate Deans group – which is important to me as well as to the future initiatives of the School. Dr. Nelson has been an outstanding leader and colleague and I am deeply appreciative of all the time and effort he has dedicated in helping the faculty, students, postdoctoral scholars and me achieve very important goals that will serve us well for years to come. It is also important to note that the plans Dr. Nelson has initiated concerning research space and planning will be implemented, although on a slightly delayed schedule.

This decision means that the responsibilities for research space and planning previously associated with Dr. Nelson's position will also be redefined. I am currently evaluating several models and am interested in any suggestions and feedback you would like to provide.

Again, I want to thank Dr. Nelson for his many important contributions and I look forward to continuing to work closely with him as Senior Associate Dean for Graduate Education and Postdoctoral Scholar Affairs.

The Dean's Letter

In recent weeks there has been a considerable stir among medical students regarding the Dean's Letter. The Dean's Letter, which is supposed to represent the School's official assessment of medical students applying for internships, has been poorly received by numerous residency programs throughout the country. We have proposed returning the style to that used prior to 1996. This realignment is meant to respond to two perceived threats: 1) increasing demands from the AAMC (American Association of Medical Colleges) to provide rankings and quantitative information about our students in the "Medical Student Letter of Evaluation" – demands that we do not intend to follow since they are not consistent with our program at Stanford, and 2) comments from numerous residency directors that our students' strengths cannot be adequately determined by the

current letter and that the students' chances of ranking are thereby harmed – these comments clearly raise considerable concern.

The School has a responsibility to support and value its students throughout their education and to create an environment that prepares them as best as possible for challenging and exciting careers in medicine and science. Stanford is one of a handful of schools that does not have a grading system for its medical students, largely in order to sustain an environment that fosters opportunities for students to explore areas of knowledge in a non-competitive manner. This is highly valued by Stanford students and the current Administration has no intention of changing this policy. However, a number of students appear to view a return of the Dean's Letter to its past form as a move toward a formal grading system. That is simply not the case. We have no plans to institute a grading system for medical students.

At the same time, we have an institutional responsibility and obligation to assure that our students are accurately, fairly, and equitably represented in the Dean's Letter with the obvious goal of helping them to be admitted to the very best residency program possible. Doing that means that we must provide the School's objective evaluation of a student's performance, especially in their clinical rotations.

While I understand the concerns about competitive environments, and absolutely would not want to see one develop at Stanford, I do not understand how an objective process of assessment and evaluation can be viewed as negative in relation to one's performance in clinical care. The goal of every student, just like every physician, should be to carry out her or his clinical care responsibilities in the very best manner possible. The "competition" in clinical care is really with oneself – to do the very best possible to care for one's patients. Naturally, one's individual performance will be further guided by one's interests and abilities in various areas of medicine. It is erroneous to think that we all have the same skills in every area and facet of medicine – or the same level of interest.

Residency program directors and internship selection committees are interested in how the student has performed and they look to the Dean's Letter along with letters of recommendation, USMLE scores and other metrics to determine whether a student will be selected to a specific program. My experience prior to coming to Stanford was with a program that received more than 2000 applications for 25 internship positions. The lack of an objective or thoughtful Dean's Letter weakened the student's application – as I felt was true for letters coming from Stanford during the past several years. That experience has been recapitulated from numerous other residency programs as I have heard from colleagues around the country.

I understand that change can raise concerns and can sometimes feel threatening. The goal of the Dean's Office has been to be fair and balanced both for the integrity of the student and the School. However, I hasten to add that the very negative characterization of individuals within the Dean's Office who have the responsibility to bring forth these changes has been most disturbing and unfair. Indeed, a number of the emails and other communications I have seen from students addressing this topic have been disparaging

and rude as well as incorrect. I have every expectation that our students should feel free to express their concerns and viewpoints. We welcome those. At the same time, I also have every expectation that this will be done in an open, honest and respectful manner. Respectful communications, whether by email or in person, are an important aspect of professionalism and are no different than respect for human rights and freedoms of choice. In the end we have the same goals and those are not served when strident language creates barriers or unnecessary lines in the sand. Mutual respect and professionalism should guide our behavior, even when there might be differences of opinion.

LCME Approves the School's Short and Long Term Facility Plans and Restores Regular Accreditation Cycle Reviews

On June 10th we received official approval of the School's short and long-term facility plans, and have now been restored to a regular eight-year accreditation review cycle. This is excellent news and deserves some background as well as an update on our current and future plans.

Some readers will remember the GALE project, which was designed to address deficits in the School's education and library facilities. These deficits were quite serious, and actually threatened our accreditation by the Liaison Committee on Medical Education (LCME) of the Accreditation Council on Graduate Medical Education (ACGME). The GALE project called for renovations in the Grant, Always, Lane and Edwards buildings within the so-called Stone complex. These are the original School of Medicine buildings that date back to the time that the School moved from San Francisco to the Palo Alto campus. Because these buildings are now more than four decades old, renovations are needed to address infrastructure improvements to make them more earthquake safe. Because of the physical constraints and huge expense associated with such a major, large-scale renovation project, and owing to the limitations on building and land-use on the Stanford campus, the ability to meet the forecasted needs for education and library facilities, as well as for research and administrative space, was deemed difficult and perhaps impossible. Compounding the issues surrounding GALE was the fact that many of the physical renovations were not based on a clear understanding of the goals and requirements for the future medical and graduate student education programs, nor had the scope and requirements of a library for the 21st Century been defined. Coupled with this was the fact that the projected renovation costs exceeded \$185 million, nearly all of which would have had to come from philanthropic support – at the very time when fundraising had been adversely impacted by the local and global economy.

Accordingly, I recommended the cancellation of the GALE project in February 2001. Soon afterward I sought permission from the LCME to pursue an alternate plan, based on a more robust definition of our strategic initiatives for education and research, and ideally based on new rather than renovated facilities. At the same time, attention to existing facility improvements became critical since new facilities would take some years to complete. The compilation of these short, intermediate and long term objectives, based

on our programmatic planning, was submitted to the LCME in early May of this year, and was reviewed and approved at the June 5-6th LCME Board meeting.

Although I have covered some of these issues in recent Newsletters, I want to restate the changes that will be taking place. It is also important to note that these plans emanate from our Strategic Planning Process and were discussed at the Retreat on February 8-10th. They were also presented to the Medical School Faculty Senate on May 15th and to the Board of Trustees Committee on the Medical Center on June 13th. The plans for our new facilities will be presented to the University Board of Trustees Committee on Land and Buildings in the Fall and then more formally to the Board in 2003. Raising the funds to support the construction of our new Stanford Medicine Information and Learning Environment (SMILE) will be the number one priority for the Campaign for Stanford Medicine, which will be formally launched at the beginning of 2003. It is important to note that most of our Strategic Plan initiatives are related to this important effort.

Following are the short and intermediate plans we are taking to improve current facilities until the new SMILE project is launched and completed.

Completed, In-Progress and Planned (through Fall of 2003)

1. Education Facilities
 - a. Eight seminar rooms, bio-skills lab and dissection labs have been developed in the CCSR building. Some of these rooms serve as both classrooms and small group study areas. The rooms include state-of-the-art AV technology.
 - b. M-Wing classrooms will be renovated in two phases. The first phase will include refurbishing or replacing the seating, as well as painting and carpeting the lecture halls. The second phase (scheduled for next summer) will include installation of new ceilings, lighting, and infrastructure to support state-of-the-art AV.
 - c. The Fleishmann Teaching Labs will be renovated.
2. Student Life
 - a. The medical student lounge and restrooms are being renovated and the restrooms on both the first and second floors are being upgraded.
 - b. The Admissions Office and Center of Excellence being relocated to space contiguous with the Office of Student Affairs.
 - c. The Fairchild Student Lounge will be renovated and several computer workstations will be installed.
3. Library
 - a. A cooling system has been installed.
 - b. Off-site space has been renovated to house seldom used collections.
 - c. A site for 24-hour small group study rooms will be completed.
 - d. 1000 nsf of existing carrel space will be replaced with a reading room equipped with comfortable seating and wireless and wired network connections.

Some of these interim solutions have been completed, others are in progress and some are to be finished during this summer and next. In the aggregate they represent a significant

commitment to our students and educational programs. Although we will be constructing new education facilities in the long run, these renovations are still quite costly and will exceed \$16 million. Nonetheless, we wish to do all that we can to provide as valuable a learning environment as we can for our students.

As noted above, active planning for the new education and library facilities (SMILE Project) has now been initiated. An Executive Steering Committee has been formed, which I will chair, and this committee will define the scope, program and conceptual plan for the new facilities. We are expecting to present these plans to the Executive Committee before we present to the Board of Trustees later this fall. Again, the SMILE project will be our highest priority as we initiate the Campaign for Stanford Medicine next year. Even under ideal circumstances, however, the final completion of SMILE is not likely before 2007-2008.

Update on Strategic Planning

Work on various aspects of the Strategic Plan continues. During the past few weeks several groups have been assembled to carry out key components of the plan and these are listed below.

Medical Student Education: You may recall that committees are being assembled to address curriculum reform: one to address the essential knowledge base for medical students, another to address the formation of the new Scholarly Tracks. This latter committee has now been assembled and held its first meeting on June 17th. The members of this committee include:

Gary Schoolnik (Chair) - Medicine/Infectious Diseases

Rosalinda Alverado - Medical Student

Minx Fuller - Developmental Biology

Brian Hoffman - Medicine/Endocrinology

Emmet Keeffe - Medicine/GI

Ted Leng - Medical Student

Yvonne (Bonnie) Maldonado - Pediatrics

Doug Owens - Medicine/GIM

Audrey Shafer - Anesthesiology

Tim Stanton - PriSMS

Charlie Taylor - Surgery/Vascular Surgery and Engineering

David O'Brien (Staff) - Institutional Planning

1. **Academic Affairs:** As noted in the June 10th Newsletter, considerable effort is underway in reviewing and revising the academic appointments and promotions process within the School of Medicine and in relation to the University. We are actively working on the criteria that will define an Investigator Track (currently UTL), Clinical Investigator (currently MCL), and Clinical-Educator (a new path). In addition, we are further defining the criteria surrounding the Voluntary Clinical Faculty. We reviewed the work of several committees at the School's Executive Committee on June 7th and invited the Provost to attend our Executive Committee meeting on June 21st to further review these plans. Based on the

work-to-date, we anticipate that the next stage of the plan will be announced by the end of Summer or early Fall. A major goal, being lead by Dr. David Stevenson and the faculty working with him, is to better align the functions performed by our faculty and staff physicians with the mission-related functions they perform in basic and/or clinical research, education and clinical care.

2. **Finance and Administration.** As noted in the June 10th Newsletter, we are planning to change the School's Operating Budget for the FY04 fiscal year (which begins September 1, 2003). Among the major drivers for this change is the need to optimize our ability to support the changes in curriculum for medical and graduate education that we envision is critical to the School's future, as well as to support more multidisciplinary interdepartmental research and educational initiatives to promote translational research and medicine. In order to help guide these important changes in the Operating Budget and to determine their impact on departmental resources and planning, and Operating Budget Formula Committee has been established and includes:

Michael Hindery (Chair) - Finance and Administration

Eleanor Antonakos - Office of Student Affairs
John Boothroyd - Microbiology and Immunology
Brian David - Surgery
Garry Fathman - Medicine/Immunology
James Nelson - Graduate Education and Postdoctoral Training and Molecular & Cellular Physiology
Julie Parsonnet - Medical Education and Medicine/Infectious Diseases
Robert Robbins - Cardiothoracic Surgery
Judy Swain - Medicine
Carole Buffum (Staff) - Finance and Administration
Perry Everett (Staff) - Finance and Administration

3. **Information Resources and Technology.** Because the position of Senior Associate Dean for Information Resources and Technology was filled after the February Strategic Planning Retreat, this important area is moving on a different time-line. Nonetheless, important and considerable progress has been made and the strategic plans for this important areas will be more fully developed by Fall to early Winter. To help guide this, an Information Resources and Technology Steering Committee has been assembled and held its first meeting on June 24th. The Committee includes:

Henry Lowe (Chair) - IRT and Medicine/GIM

Carole Buffum - Finance and Administration
Parvati Dev - IRT/Instructional Technologies
Jin Hahn - Neurology and Neurological Sciences
Rob Krochak - Pathology
Michael Levitt - Structural Biology
Don Regula - Pathology
Valerie Su - IRT/Lane Library

Gerry Wietz - IRT/MedIT
David O'Brien (Staff) - Institutional Planning

Updates on the progress of these committees, as well as the many other initiatives underway, will be reported in subsequent Newsletters.

Hospital Update: Changes at Stanford Hospital and Clinics

On June 18th Ms. Martha Marsh, President and CEO of Stanford Hospital & Clinics, announced a series of changes in the organizational staffing and structure of her leadership team. While changes impact people as well as programs, it is important to underscore that the goal is to improve the overall quality of patient care and the financial performance of SHC. Compared to a year ago, significant progress has been made in the financial performance of SHC and it is now projected that the FY02 budget may achieve a breakeven performance. While this is encouraging, there remains an enormous amount of work to be done in order to make SHC as successful as it must be in these very challenging times in American healthcare. While I am certainly cognizant of the many feelings that arise at times of change, particularly at high levels of an organization, it is imperative that the School and faculty be as supportive as possible during this transitional period. The success of our Medical Center depends on the cooperative interactions among members of the School, SHC and LPCH.

Stanford and Global Medicine

The work of Stanford Medical School faculty and students extends well beyond the borders of our Palo Alto campus. Some of this is the direct result of basic and clinical research performed at Stanford while other work relates to various travel programs, collaborations and activities that occur throughout the world. Exchanges of faculty and students also play an important role. One of our goals over the next year will be to better coordinate these activities and opportunities.

Among the relationships that Stanford currently enjoys is a Memorandum of Understanding with Shantou University School of Medicine in South China that identifies several key areas for collaboration, including: Cardiovascular Medicine, Imaging, Liver Cancer and Prevention and Treatment of Liver Disease, Medical Education, Neurosurgery and Pediatrics.

Shantou University is a new school, developed 20 years ago through the extraordinary philanthropic support of Mr. Li Ka-shing. The University has programs in medicine, science, arts & humanities, journalism, business and law. During a short period it has risen rapidly to become one of the leading universities in China and its medical center is assuming equal prominence.

On June 27-28th I visited Shantou University along with Dr. Alan Yueng, Associate Professor of Medicine (Cardiovascular) at Stanford and also a Member of the Board of Trustees at Shantou University, as well as with Ms Jackie Brown, Director of the Office of Medical Development. We had the opportunity to attend commencement exercises and I delivered an address to students and faculty on the opportunities and challenges for global collaboration in research, education and clinical care. There is considerable interest by students, faculty and university leaders to have a closer collaboration with Stanford and over the next months we will further develop our plans for interaction and determine opportunities that may be of interest to our students and faculty.

Children's Health Fair

Stanford University Medical Center physicians and students, along with community volunteers, sponsored a Children's Health Fair for underprivileged children on July 15th at the South County Community Clinic. Eighty-three children were evaluated at the Health Fair and sixty-five of these children underwent complete physicals. In addition, fifty-one children were immunized, twenty-three children were signed up for free dental exams and cleanings, and dozens were enrolled in either MediCal or Healthy Families Health Plans. These services could not have been offered without the dedication of all of the volunteers.

Due to the success of this program, another Health Fair has been scheduled for Saturday, August 24th, at the same location. If you would like to volunteer or receive more information regarding the Children's Health Fair, please contact Natalie Pageler (npageler@Stanford.EDU) or Monica Eneriz (meneriz@stanford.edu). The following URL has a copy of the proposal that has more explicit information about the goals and services of the Children's Health Fairs **Kevin will provide**

Congratulations

Dr. Linda Cork has informed me that Dr. Glen Otto and Mr. Reese Zasio have received awards of excellence from Environmental Health Health and Safety. Congratulations to both Dr. Otto and Mr. Zasio

Appointments and Promotions

Frank Arko has been appointed to Assistant Professor of Surgery (Vascular Surgery) at the Stanford University Medical Center, effective 7/1/2002 to 6/30/2005.

Bruce Buckingham has been appointed Associate Professor of Pediatrics at Santa Clara Valley Medical Center, effective 7/1/02 – 6/30/07.

Lawrence Chow has been appointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective, 7/1/2002 to 6/30/2005.

Tina Cowan has been appointed Associate Professor of Pathology and of Pediatrics at Stanford University Medical Center, effective 7/1/02 – 6/30/07.

Ramona Doyle has been promoted to Associate Professor of Medicine (Pulmonary and Critical Care Medicine) and, by courtesy, of Pediatrics at the Stanford University Medical Center, effective 8/1/2002 to 7/31/2007.

David Liang has been reappointed to Assistant Professor of Medicine (Cardiovascular Medicine) and, by courtesy, of Electrical Engineering at the Stanford University Medical Center, effective 7/1/2002 to 6/30/2006

Timothy McAdams has been appointed to Assistant Professor of Orthopedic Surgery at the Stanford University Medical Center, effective 7/1/2002 to 6/30/2005.

Cornelius Olcott has been reappointed Professor of Surgery at Stanford University Medical Center, effective 7/1/02.

Marlene Rabinoviyh has been appointed to Professor of Pediatrics and, by courtesy, of Developmental Biology, effective 7/1/2002.

Craig Rosen, has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences at the Palo Alto Veterans Affairs Health Care System, effective 7/1/2002 to 6/30/2005.

Eric Sibley has been reappointed to Assistant Professor of Pediatrics, effective 7/1/2002 to 12/31/2005.

Jane C.Tan has been appointed to Assistant Professor of Medicine (Nephrology) at the Stanford University Medical Center, effective 7/1/2002 to 6/30/2005.

Congratulations to all.

Dean's Newsletter

July 29, 2002

Bioengineering Department: Searching for Initial Chair

As I hope you know by now, on June 14th the Board of Trustees approved the creation of a new joint Department of Bioengineering by the Schools of Engineering and Medicine. This will be the first joint department at Stanford and one of very few joint departments

of bioengineering in the country. Board approval offers an enormously exciting opportunity for this important new department and for the University.

The Deans of Engineering (Dr. Jim Plummer) and Medicine (Dr. Phil Pizzo) regard the leadership of the new department of Bioengineering as critical to its success and are thus committed to a full national search for senior individuals who can provide this leadership. However, because of the desire to move forward with the new department as rapidly as possible, the Deans believe it is appropriate to appoint an initial set of leaders for this department from a pool of internal candidates. The initial leaders chosen for this department, and other internal candidates, can certainly be candidates in the broader national search process that will soon follow. Accordingly, the Deans have appointed a Search Committee co-chaired by Drs. Judy Swain (Medicine) and Curt Frank (Chemical Engineering), along with Drs. Eric Roberts (Computer Science), Norbert Pelc (Radiology) and Charles Taylor (Surgery & Mechanical Engineering). **If you are interested in being considered for the Initial Chair position in the Department of Bioengineering or would like to recommend someone for this important position, please contact a member of the Search Committee.**

Qualifications for the Initial Bioengineering Department Chair

Faculty member at Stanford University

Full Professors preferred

Excellent understanding of the existing programs in the University that could contribute to the success of the new department

Demonstrated leadership

Responsibilities of the Initial Bioengineering Department Chair

- Participate with the SOE and SOM Deans in selecting the Associate Chair who, together with the Chair, will provide the initial leadership team.
- Lead the effort to define initial faculty searches to recruit new faculty to this department
- Recommend an administrative structure for the department and hire initial staff
- Work with other department chairs in the schools of Engineering, Medicine, H&S and Earth Sciences, and with Bioengineering faculty, in the selection and recruitment of current Stanford faculty for full time, joint, and courtesy appointments in the new department
- Work with faculty and advisory groups to refine the department's academic scope, research focus, and educational programs
- Work with the Deans of Engineering and Medicine to develop the department's yearly budget
- Work with the Deans to develop a funds flow process to build and sustain the new department
- Lead the effort to gain approval of the department's graduate degree programs
- Determine the appropriate time to initiate an undergraduate curriculum, and lead the effort to gain approval for this education program

- Develop a plan for fundraising for Bioengineering programs
- Work with the Deans to identify the short term and long term space and facilities necessary for the department's research and educational programs
- Work with the Deans and the leadership of BioX to develop interdisciplinary programs, to coordinate fund raising, and to optimally utilize Bioengineering space in the Clark Center

Again, if you are interested in this position, or wish to recommend someone for it, please contact a member of the Search Committee (Drs. Judy Swain, Curt Frank, Eric Roberts, Norbert Pelc, Charles Taylor). Importantly, please do this as soon as possible since the Search Committee will be working on this during August.

House of Stone: An Important Student-Initiated Project

On August 1st the student-initiated ***House of Stone*** exhibit will begin at the Mountain View City Hall Rotunda at 500 Castro Street. Established by three Stanford Medical Students, Susanne Martin Herz, Elizabeth Rogers and Jeannie Chang (a recent graduate), the ***House of Stone*** imports Zimbabwean Shona stone sculpture and auctions it in the United States and in Germany. ***All proceeds from the sales go to support HIV-infected children in Zimbabwe.***

I encourage you to visit the House of Stone website at www.houseofstone.org. In addition to the exhibit and auction in Mountain View beginning August 1st, remaining art will be auctioned at the Lucille Stern Community Center in Palo Alto on August 25th.

I hope you will help support this important student initiative.

Budgets and Performance Evaluations

Although summer tends to be a quieter time for most of the University, it is a very busy time at the School of Medicine and Medical Center. This is the time we review and finalize our budgets for the new fiscal year that begins on September 1st. Developing a consolidated budget that includes all sources of funding and expense for basic and clinical science departments, as well as all of the School's administrative units, along with faculty and staff salary setting and performance evaluations of department chairs and other School leaders, is critically important, timely and time-consuming. I want to thank the incredible work of Mike Hindery, Carole Buffum, Perry Everett, Cori Bossenberry and their respective staffs, as well as the Department Chairs and their DFAs, for diligent and exceptional work.

As I have described in other communications, these are challenging financial times for academic medical centers. While the School of Medicine benefits from a significant endowment, its resources are limited and insufficient to fund all of the important projects and initiatives that might ideally be supported. Indeed, financial projections for the next several years make even clearer that strategic investments will need to be highly

prioritized, underscoring the importance of careful strategic and programmatic planning. Equally importantly, we will need to critically examine the cost-structure within the School and address ways of streamlining or eliminating various activities so that our highest priorities can be achieved. Naturally, we will also need to seek ways to bring additional resources into the School to support critical missions. This will be the focus of our Campaign for Stanford Medicine that we plan to initiate in calendar year 2003 (see below).

Mini-Retreat on Clinical Organization

On Friday, July 26th, a Mini-Retreat was held with Clinical Department Chairs to review the current and future organization of the faculty clinical practice. During the past decade there have been numerous changes at Stanford in Medical Center governance and faculty practice organizations. This has included the migration of the separate Stanford Faculty Practice Plan to the current integrated practice within the Stanford Hospital System (SHS) organizational structure. Additional changes have included the attempted merger of the clinical practice with UCSF and the subsequent dissolution in 2000. In addition, the two hospitals, Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH), have gone from separate to consolidated and back to separate organizations; both are currently incorporated under the University and governed by separate Boards of Directors.

In addition to these changes in Medical Center organization, changes in leadership have also occurred, both in roles and in the individuals filling these roles. A year ago the Medical Center was governed by a Vice President for Medical Affairs. However, with the dissolution of that job the governance of the Medical Center is now more of a confederation model, led by the Dean of the School of Medicine and the CEOs of SHC and LPCH. Moreover, of these three leaders, two (Phil Pizzo, Dean, and Martha Marsh, CEO of SHC) are relatively new. They and Chris Dawes, CEO of LPCH, work collaboratively through the Medical Center Executive Committee.

While the School and Hospitals have separate governance and financial accountability, they are naturally intertwined and interrelated, not only in their missions in clinical care but also in research and education. Indeed, achieving the mission of the School of Medicine requires a close partnership with SHC and LPCH and vice versa. During the last decades numerous governance models have configured academic medical centers across the country, and it is safe to say that no single model has emerged as clearly the most successful. Indeed, as important as the governance model is the local environment, including its financial performance and, perhaps mostly importantly, its leaders. The current revision of the governance structure at Stanford must therefore be viewed as a work-in-progress. The goal, however, must be to assure the success of the medical center as a whole, along with the mission of the School to be a premier research-intensive medical school that improves health through leadership and collaborative discoveries and innovations in patient care, education and research.

In order to foster the future of the patient care mission, the mini-retreat addressed the range of organizational structures that are used in various academic medical centers around the nation. These range from a faculty practice foundation, that is separately incorporated, to a faculty practice organization (FPO), to a physician-hospital organization (PHO), to no clearly defined model of organization. At this time, we currently fall into the latter category (no clearly defined organizational model) at SHC, whereas LPCH more closely resembles a PHO model.

Among the conclusions that emerged from the Mini-Retreat was the perspective that separate models of organization were both appropriate and necessary at LPCH and SHC in relation to the School and faculty. The plans at LPCH are to move toward an FPO with clearly defined physician/faculty leadership during the next two years. This effort is currently being shepherded by Dr. Ken Cox, Senior Associate Dean for Pediatric and Obstetric Clinical Affairs and Chief Medical Officer at LPCH, in partnership with Chris Dawes, President and CEO of LPCH.

The physician/faculty organization of SHC remains less clearly defined at present and is associated with a more diversified range of opinions and perspectives. Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs, has played a very important role in defining various models and has worked closely with me and with Ms. Martha Marsh, CEO of SHC, on this important issue. Several themes emerged from our review and discussion at the Mini-Retreat on July 26th. The first is the desire for joint governance between the School and faculty with the leadership at SHC. This includes joint responsibility by the Dean and CEO, as well as by chairs and hospital leaders. It was further affirmed that the Chairs, as a group, wish to be engaged in governance rather than through delegation to an “Executive Committee”. Perhaps most importantly, clinical chairs and faculty want to have shared responsibility for key functions essential to their clinical performance and success. These include increased oversight over the professional revenue cycle (e.g., billing, collections, contracting, etc.) as well as operations, especially of the clinics. At the same time, the Chairs and School recognize the needs of the Hospital to achieve its financial and service performance objectives and, accordingly, seek to work cooperatively. The goal is to meet our collective goals as jointly as possible. Clearly the evolution of this organization at SHC is also a work-in-progress and will require further thoughtful discussion between the School and the Hospital during the months ahead.

Strategic Planning Update

Significant progress continues on our School-wide Strategic Planning efforts. We currently anticipate that the overall summary of our Strategic Plan for Stanford Medicine and the accompanying background for the Campaign for Stanford Medicine will be ready for circulation within the School community by late September to early October. We will also post the Plan at that time on our internal Web site and hope that you will offer comments. During the later part of this year we will be recruiting members to the Stanford Medicine Leadership Council and conducting focus group evaluations of the Plan. Based on the feedback we receive, we will plan to begin the silent phase of the

Campaign in 2003. Clearly this and related efforts will be critical to the future of Stanford University's School of Medicine.

Thank You (Again) to Vincent Coates

On July 18th the Vincent Coates Foundation Mass Spectroscopy Laboratory was officially opened in the Keck Science Building. This represents one of a series of significant gifts that Mr. Coates has provided to the School of Medicine and the University. Each has been directed at supporting faculty and important programs and collectively they provide testimony to the impact of a wonderful scientist and philanthropist. I want to express, once again, my deep appreciation to Mr. Coates for his generosity and commitment to scientific excellence and to Stanford.

Congratulations

In the July 2nd edition of the Dean's Newsletter I mentioned that Glen Otto and Reese Zasio were recipients of Directors Awards from the School's Health and Safety Program. I am pleased to announce that Directors Awards have also been presented to **Ms. Jessica Metzger** (Lab Manager, Biochemistry); **Patricia "Trish" McAfee** (LSRA, Radiation Oncology); **Diane Rapacchietta** (LSRA, Radiation Oncology); and **Douglas Menke** (LSRA, Radiation Oncology). Congratulations to all.

Dr. Alan Schatzberg, Professor and Chair of the Department of Psychiatry, has been selected to receive the 2002 Award for Research in Psychiatry from the American Psychiatric Association.

Dr. Eric Knudsen, Professor and Chair of Neurobiology, has been awarded the 25th Annual W. Alden Spence Award by the College of Physicians and Surgeons of Columbia University.

Dr. Bruce Reitz, Professor and Chair of Cardiothoracic Surgery, has been named to receive the 2002 International Recognition Award by the Denton A. Cooley Cardiovascular Surgical Society and the Outstanding Achievement in Medicine Award by the Santa Clara Medical Association.

Congratulations to all.

Appointments and Promotions

Harley McAdams has been appointed to Assistant Professor (Research) of Developmental Biology at the Stanford University Medical Center, effective 8/1/2002 to 7/31/2008.

Salli Tazuke has been appointed to Assistant Professor of Gynecology and Obstetrics at the Stanford University Medical Center, effective 7/1/2002 to 6/30/2005.

Congratulations to all.

Dean's Newsletter

August 19, 2002

Space: A Now and Future Issue

Despite the size of the Stanford campus, land-use is one of the most important issues that the University must grapple with based on the need to balance academic growth within the boundaries of conservation and community needs and expectations. The Medical Center is also space-constrained and must balance the needs of its missions in education, research, patient care and community service. This is made more complex in that the three institutions that comprise the Medical Center, the School of Medicine, Stanford Hospital and Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH) each have independent as well as mutual issues and needs regarding the current and future use of space. Further impacting land-use issues in that both SHC and LPCH are entirely within the City of Palo Alto whereas part of the Medical School (i.e., the Stone Complex comprised of Grant, Alway, Lane and Edwards Buildings) is in Palo Alto and the remainder of the School (Fairchild, Beckman, CCSR, MSLS, Lucas, MSOB, CBRL, Redwood, Psychiatry, etc) are on land governed by the General Use Permit (GUP).

Given the needs of the School of Medicine to develop new education and library facilities (aka SMILE Project – or the Stanford Medicine Information and Learning Environment) as its highest priority, along with additional research space and, over time, renovation or elimination of less adequate facilities, a comprehensive planning process is needed. Balanced against this are the requirements for expanded clinical service by both LPCH and SHC. Based on overlapping and, in some cases potentially competing needs, a thoughtful and organized planning process is necessary, both within the Medical Center and in coordination with the University. Accordingly several processes have been put into place during the past several months to address both current and future space needs and requirements that will enable the School to assure its mission as a leading research-intensive School of Medicine that improves health through leadership and collaborative discoveries and innovations in patient care, education and research.

Among the efforts currently underway are the following:

1. **A Medical Center Planning Committee** was appointed by the SUMC Executive Committee to develop a comprehensive space inventory and utilization assessment by the School, SHC and LPCH. This effort is being led by Nancy Tierney, Director of Facilities Planning for SoM and Lou Saksen, Vice President of General Services for SHC and LPCH. This effort is being closely coordinated with the University's Committee on Land and Building Use led by Mr. Bob Reidy, Vice-Provost of Land and Buildings and David Neumann, Associate Vice President, University Architectural & Planning Office. This Committee will complete its overall report by the end of the current year. In the interim, two issues represent important short-term needs. One is the planning for the SMILE Project, which began with a "kickoff" meeting on Wednesday August 7th (see below) and the second is the need to reorganize inpatient facilities within the current footprint at LPCH to create additional intensive care beds and operating rooms through relocation of ambulatory clinics. SHC is also actively assessing its inpatient and ambulatory care facility needs. All of these planning processes are occurring in tandem.
2. **A Long Range School of Medicine Planning Effort** is now being led by Dr. Paul Berg and will present its perspective at the next School of Medicine Strategic Planning Retreat that will be held on January 30, 2003. I have asked Dr. Berg to address the question of whether the School should be considering the need to develop an additional or alternative campus in the decades ahead or whether it should focus on the current Medical Center site and recognize that space limitations will ultimately constrain the prospects for developing new areas of science and inquiry. At the same time, even if the School remains small in comparison to its peers, the contiguity of its basic and clinical science programs to each other and to the hospitals (as a means for facilitating translational research) and to the university (as a route to broader interschool and multidisciplinary research and education) makes the current Medical Center site highly desirable. At the School's Executive Committee on Friday, August 2nd, we introduced this issue as one that will require careful consideration and debate by our Medical School community. Indeed, it is also a question that is important to resolve in the coming year since many of our short and intermediate decisions and priorities will depend on its answer. Clearly this will be a topic that I will bring forward for future discussion in the months ahead.
3. **A Research Space Advisory Committee** has also been appointed based on the changes in the previous role of the Senior Associate Dean for Research, Graduate Education and Postdoctoral Affairs that I outlined in the July 1st Newsletter. Based on these changes, I have appointed a Research Space Advisory Committee to review current and future research space requests and plans, recognizing that the final decisions will rest with the Dean. The Research Space Advisory Committee will include Drs. Steve Galli (Pathology), Alan Krensky (Pediatrics), Michael Levitt (Structural Biology), Suzanne Pfeffer (Biochemistry), Lucy Shapiro (Beckman Center and Developmental Biology) and Judy Swain (Medicine).

At Stanford, space and people are among our most important resources and how they are used will shape the future of the Medical School and the University. Clearly how these issues are addressed will have an important impact on our future and will be topics for future discussion and debate.

SMILE Kickoff Meeting

On Wednesday, August 7th, we held the “kickoff” meeting for the SMILE (Stanford Medicine Learning and Information Environment) Project. Improving Stanford’s facilities for education, learning and information access is my highest personal priority during the next several years. The goal of SMILE will be to create and develop a learning environment that will enable Stanford to teach, enable and empower medical and graduate students as well as residents and postdoctoral fellows, to become future leaders, innovators, discoverers and clinicians at the intersections of science and medicine. . SMILE should also provide a setting that becomes a magnet for faculty and alumni as well as the lay public. SMILE should create a new image and identity for the School of Medicine, which accommodates to the rapid evolution of technology along with a grounding of the fundamentals of humanism and art of medicine. SMILE should also foster the physical setting wherein both the structured and unstructured exchange of knowledge and ideas can be exchanged – within and among students, faculty and scholars. Accordingly, SMILE will house the physical facilities for small group teaching, simulation learning, and the library of the future. To do so, SMILE will need to both respect the past as well embrace the future. Further, SMILE will need to be designed in a manner that is flexible, adaptable and sustainable so that it can adapt to the revolutions in medicine, information technology and patient care that is unfolding and will continue to unfold in the first half of the 21st Century.

To accomplish the goals of SMILE, we have established an Executive Steering Committee that I will chair. This Committee will include Dr. Julie Parsonnet (Senior Associate Dean for Medical Education), Dr. James Nelson (Senior Associate Dean for Graduate Education and Postdoctoral Scholars), Dr. Henry Lowe (Senior Associate Dean for Information Resources and Technology), Mike Hindery (Senior Associate Dean for Finance and Administration), Dr. Oscar Salvatierra (Chair of the Medical School Faculty Senate), Dr. Parvati Dev (Associate Dean for Learning Technologies), David O’Brien (Director of Institutional Planning), Charlie Brown (Director of the Planning Group for the Campaign for Stanford Medicine), Nancy Tierney (Director of the Office of Facilities, Planning and Management), Bev Simmonds (Special Assistant to the Dean), Eleanor Antonakos (Director of Finance and Administration, Office of Student Affairs) and Maggie Saunders (Programmer of Education Facilities). During the next weeks the Steering Committee and Program Committee Chairs will invite students, faculty and staff to participate in five key areas: Instructional and Education Support Facilities, Library and Information Services, IT Communications and Learning Technologies, Student Services, Affairs and Public Education, and the Office of the Dean.

The goal of the SMILE Executive Steering Committee and its related Program Committees will be to further develop the scope and program requirements for the new facilities for education and learning for Stanford Medicine. It is essential that our entire community become engaged and informed about the plans that will be emerging in the next months, both about the site selection for SMILE as well as the scope of the project and the resources that will be necessary to bring it to fruition. I will plan to give regular updates on SMILE in future issues of the Newsletter. We are planning to have a SMILE Website on the Strategic Planning Website that will also enable you to review our progress and offer suggestions. During the Fall we will plan to launch the first of a series of Town Hall Meetings about SMILE to further engage the input of our students, faculty and staff. It is our hope that the progress we make during this period will enable us to seek conceptual approval from the University Trustees in June, 2003.

SMILE will be an ambitious, bold and compelling project that will enable us to transform the future of education and training and that we hope will also serve as a global model for the medical science learning and information center of the 21st Century.

Strategic Planning Process Update

Our Strategic Planning Process is continuing in each of our key mission areas. Several areas of progress during the past weeks include:

- A School of Medicine Community Service Programs Committee (chaired by Fernando Mendoza) was convened in July.æ A faculty community services activities survey will be conducted in August.æ All faculty are strongly encouraged to participate in the survey.
- The proposed Career Center for Graduate Students and Postdoctoral Scholars was approved for support in the FY03 budget.
- A Dean's Advisory Committee on Research Space has been established (see above).
- A clinical chairs "mini-retreat" was held on July 26th to review various clinical practice options (see July 29th Dean's Newsletter).
- Draft A&P criteria for MCL, adjunct, staff physicians, and voluntary faculty were developed and reviewed.
- Government Relations position in Dean's Office approved and posted.
- Department of Medicine and Department of Genetics selected to develop prototype departmental planning processes.
- Associate Director for Graduate Education (Kimberly Griffin) hired to support diversity programs.

Update on Education-Related Renovations

As mentioned in the July 2nd Dean's Newsletter, a number of interim improvements are planned or underway while we await the development of new education facilities through

the SMILE Project (see above). Here is the latest update on the progress made since early July:

Fairchild Lounge Renovation: Renovations and furnishings will be completed by the beginning of September. In addition, during September-October, four computer workstations will be installed in the lounge -- 2 Macs & 2 PC's and a wireless network.

Alway Medical Student Lounge: (and renovation of the first floor Alway restrooms): As of this writing, this project is 80% complete. It is on budget and is expected to be finished by early September.

Alway 230 Small Group Room: The room layout, including new furnishings (movable table and chairs), carpet and technology, has been agreed to by Lane Library, FLRC staff and students. An experimental writing/projection surface will be installed in place of a projection screen and will be installed in September with the remainder of the AV technology. Three of the VCR's will be retained in the space.

Lane Library Informal Reading Room: Further work is underway to finalize the program goals needed to optimize both a quiet reading room and carrel space. Details will follow as they are completed.

M-Wing Classroom Projects: Phase I to rebuild and reupholster the fixed seats in M104, M106, M108 and M114, maintain and clean the seats in M110 and M112, replace the acoustic panels in the rear of M104, M106 and M114, paint and replace bad lamps in the light fixtures began Saturday, August 10th. All work will be completed prior to orientation on September 9th.

Phase II which is intended to be completed by September 2003 has been divided into several scope alternatives. Possible scopes for this project include: creating a case style lecture room in M110 and M112; replacing the ceilings -- acoustic structures, lighting, technology and electrical infrastructure in M104 and M106; in addition to replacing the ceilings in M104 and M106 possible installation of a low raised floor in the front of the lecture halls to facilitate technology and electrical infrastructure is being investigated.

Fleischman Lab Project: The Lab project is expected to take place Summer 2003.

Council of Clinical Chairs Established

On August 8th, Martha Marsh, CEO and President of Stanford Hospital & Clinics and Phil Pizzo, Dean of the Stanford University School of Medicine, met with the clinical department chairs to review, discuss and outline their plans to initiate a new Council of Chairs aimed at enhancing the patient care, service, and financial performance of our shared clinical enterprise. Among the issues that the Council will discuss and make recommendations about are the budgets for the clinics, clinic staffing and operation in aggregate and by department or unit, facilities on and off campus, allocation of funds flow to the clinical departments, managed care contracting, customer service standards, quality assurance and compliance for the clinics, joint clinical partnerships of SHC with the School of Medicine, professional fee billing and collections, and clinical policy and strategic issues.

The new Council of Chairs will be co-chaired by Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs and Mike Peterson, Chief Operating Officer for SHC. In addition to the co-chairs, the membership of the Council will include the President and CEO of SHC, Dean of the School of Medicine, Senior Associate Dean for Finance and Administration and Chief Financial Officer for SHC, and the chairs of the clinical departments. The Council will meet from 1-3pm on the second and fourth Friday of each month in the MSOB 3rd Floor Conference Room. The first meeting of the Council of Chairs will be held on Friday August 23rd.

With the commencement of the Council of Chairs, the “Internal Governing Council” will be discontinued. However, we will seek opportunities to develop other forums that includes the departmental DFAs. Also, on a quarterly basis, the Council of Chairs will address issues specific and relevant to the Lucile Packard Children’s Hospital (LPCH) with its President and CEO, Chris Dawes. Please recall that the physician leadership for LPCH is being organized separately (see the July 26th Issue of the Dean’s Newsletter).

Martha Marsh and I are committed to making the Council of Chairs an integral and important part of the joint governance of the Medical Centers and the shared mission and operations of the School and SHC in improving patient care.

A Commitment to Diversity: HCOP 2002

Stanford School of Medicine has had a more than three decade commitment to diversity that has included, among others, a Decanal Plan for Diversity, the Minority Biomedical Program, the Stanford Medical Youth Science Program, the Centers of Excellence and the Health Careers Opportunity Program. Individually and collectively these have played an enormous role in improving the diversity of our medical student classes at Stanford and have also served as models to programs around the nation.

On Friday August 2nd, a Celebration of Achievement was held for the 2002 Summer Health Careers Opportunity Program (HCOP). It was a moving and wonderful event and I must commend and thank the HCOP Directors, Ron Garcia, Kathryn Fitzgerald and Fernando Mendoza for their continued and enduring efforts. I also want to thank the

Centers of Excellence Staff, especially Mark Gutierrez and Greg Pearlman, for their efforts along with the support of the Office of Student Affairs.

The Health Careers Opportunity Program is designed to help underrepresented minority college students prepare for medical school. During a six-week program, students who have demonstrated potential academic excellence by taking challenging college math and science courses and who have also demonstrated evidence of community leadership, participate in the HCOP at Stanford. The 2002 Summer HCOP students attend both basic science and clinical programs and emerge much more prepared for taking the next important steps to apply to medical school. They are particularly benefited by their contact, mentorship and guidance by current Stanford Medical students – who serve as teachers and role models and who make this HCOP so successful, meaningful and inspiring to these college students.

I want to particularly thank the Residential Program Coordinators for the 2002 HCOP, Cesar Hernandez, SMS II and Delene Richburg, SMS II. I also want to thank the students and others who served as HCOP Instructors, including: Winifred Adams, SMS II, Marisa Chavez, SMS II, Lawrence “Hy” Doyle, Monica Eneriz, SMSII, Kathryn Fitzgerald, M. Ed, Ron Garcia, PhD, Oscar Gonzalez, SMS II, Phil Harter, MD, Cesar Hernandez, SMS II, Zakee Mathews, MD, Ana Miranda, SMS II, Delene Richburg, SMS II, Fran Rivera, SMS II, Karen Schetzina, MD, MPH, Robert Shaw, SMS and Fred Tovar.

Thanks and Congratulations to all!

Stanford Summer Research Program in Biomedical Sciences

On August 15th, 21 students participating in the Stanford Summer Research Program in the Biomedical Sciences presented the results of the research they participated in during an intensive eight-week program. Students selected for this exceptional program are undergraduates who by reason of their culture, class, race, ethnicity, background, work and life experiences, skills and interests, can bring diversity to graduate study in the biological and biomedical sciences. Admission to the program is rigorous and all students work with mentors and advisors to participate in workshops and a research project. Each of the students presented the results of their work at a special session held in the Munzer Auditorium on Thursday, August 15th.

This is a very special program and special thanks must be given to the Program Staff including Kimberly Griffen and Margo Keeley. I also want to thank the Program Mentors including ChaRandle Jordan, SMS II, John Manak, PhD, Mike Shapiro, PhD, Erica Riddle and Charay Jennings. In addition, appreciation to the Program Faculty must be given to Professors. James Nelson, Ellen Porzig, Bill Newsome, Daniel Madison, Gab Garcia and Ron Davis.

Most importantly, special congratulations must be given to each of the students for their contributions and enrichment of Stanford –and hopefully – themselves.

Help Needed: Arbor Free Clinic

Brooke Cotter, SMS, the Manager of the Arbor Free Clinic, has informed me that physician volunteers are needed. If you are interested or have any questions, please contact the Arbor physician recruiters: vedant@stanford.edu, lmaeda@stanford.edu, carlycox@stanford.edu or arborclinic@stanford.edu.

The Arbor Free Clinic is Stanford's medical student run, volunteer based, free clinic that provides free medical exams and free medications to the sick and uninsured of our community. Arbor Free Clinic is located in the Menlo Park VA, off of Willow road, and is open every Sunday from 11-2. Volunteer physicians have the opportunity to help teach medical students about the care of individuals needing health care in a relaxed and friendly environment. Physicians who are willing to volunteer at the Arbor Free Clinic generally arrive at 11:00 am and are usually done by 2:30 pm. There are 2 or 3 volunteer physicians at Arbor each Sunday.

Per our students, physician volunteers can serve as much or little as they can or would like to – from weekly, monthly or even once a year. Interpreters are on site and the setting at Arbor Free Clinic enables physicians to interact with preclinical students and help launch their careers in medicine. The Arbor Free Clinic serves a diverse population (39% Hispanic, 21% African American, 17% Caucasian, 12% Pacific Islander, 5% Asian) and provides free medical exams, blood tests on site, medications and patient education, and, where necessary, follow-up care. Arbor Free Clinic also sponsors two Children's Back to School Health Fairs and multiple health screening events in the community each year.

On behalf of our students and community, I hope our physician faculty will be willing to offer some time at the Arbor Free Clinic. Again, if you have any questions, please contact the Arbor physician recruiters: vedant@stanford.edu, lmaeda@stanford.edu, carlycox@stanford.edu or arborclinic@stanford.edu.

Dr. Joe Lipsick Named Next Director of the Cancer Biology Program.

Dr. James Nelson, Senior Associate Dean for Graduate Education and Postdoctoral Scholar Affairs has announced that Dr. Joe Lipsick, Professor of Pathology, will succeed Dr. Martin Brown as the next Director of the Cancer Biology Program. Dr. Lipsick was selected through a Search Committee chaired by Dr. Mike Cleary, Professor of Patholgy, began his new responsibilities on August 1st and will serve for a 3-year term.

I want to welcome Dr. Lipsick to this important responsibility in our Biosciences Program. I also want to thank Dr. Martin Brown for the excellent job he has performed as Director.

Congratulations

Professor Daria Mochly-Rosen has been elected to the Leadership Committee of the Council on Basic Cardiovascular Sciences of the American Heart Association.

Congratulations to Dr. Mochly-Rosen.

Appointments and Promotions

- **Gerald Berry** has been reappointed to Associate Professor of Pathology at Stanford University Medical Center, 8/1/02-11/30/06.
- **Andrew Bonham** has been appointed Associate Professor of Surgery (Transplantation) at the Stanford University Medical Center, effective 8/1/02-7/31/07
- **Huy Do** has been reappointed Assistant Professor of Radiology (Neuroradiology) and, by courtesy, of Neurosurgery at the Stanford University Medical Center, 8/1/02 - 7/30/06.
- **Eugene Hoyme** has been reappointed Professor of Pediatrics (Medical Genetics) at the Lucile Packard Children's Hospital at the Stanford University Medical Center, effective 9/1/2002.
- **Sheau Yu Hsu** has been appointed Assistant Professor of Gynecology and Obstetrics, effective 9/1/02-8/31/05.
- **Darius Moshfeghi** has been appointed Assistant Professor of Ophthalmology at the Stanford University Medical Center, effective 9/1/02-8/31/05
- **Ian Whitmore** has been appointed Professor (Teaching) of Surgery (Anatomy), effective 9/1/02-8/31/08.

Congratulations to all.

Announcements

There will be a Town Hall meeting on Monday, September 9th at noon in the Munzer Auditorium. Dr. Mary Lake Polan and members of the Committee on Women in Medicine and Science will present their findings at that time.

Dean's Newsletter September 9, 2002

Welcome to Incoming Medical Students

We welcome today our incoming medical student class to the School of Medicine. Beginning Monday, September 9th, our new medical students will commence their orientation to the School and to Medicine as a profession. They will learn about the practice of medicine in a multicultural society as well as the importance of professional

ethics in their lives and careers. Students will also be informed about the numerous resources available to them within the School and University, including advising and mentoring, student affairs, the role of the ombudsperson, health and counseling resources, etc. In addition, they will be informed about the resources available through Lane Library and SUMMIT, along with other opportunities available throughout Stanford. Of course, the orientation will include an introduction to the curriculum with a special focus on the Fall Course schedule. As you know, the School is also in the midst of major curriculum changes and the impact of this will also be discussed.

Please join me in welcoming our new medical students. Our new graduate students begin arriving on September 20th.

September 11th Remembrance

This Wednesday represents the first anniversary of the tragedies of September 11, 2001, the impacts of which have been etched deeply in all of our minds and souls. At noon on September 11th there will be a Remembrance Ceremony on the University Main Quad. Please make every effort to attend.

Executive Cabinet Retreat - Update on University Resource Need Planning

On Friday, August 30th, the President and Provost held an Executive Cabinet Retreat with the Deans of the Schools of Business, Earth Sciences, Education, Engineering, Law and Medicine as well as the Directors of SLAC and the Hoover Institute, to review the individual and collective plans for programmatic and capital growth during the next decade, and the resources needed to achieve them. In addition to these School-based programs, the Executive Cabinet also heard presentations about three major multidisciplinary initiatives: The Clark Center/BioX, Environmental Science and International Programs.

While everyone agrees that there are extraordinary opportunities for continued program growth and development at Stanford during the next 10-20 years, it is also clear that there are limitations with respect to land use, as well as finances, to support major new initiatives. Accordingly, it is imperative that University Leadership considers the array of proposed plans and initiatives among and between the Schools and then does its best to prioritize and support the most important of them in order to assure the continued success of Stanford University.

As you know, the School of Medicine initiated a comprehensive Strategic Planning effort in September, 2001 that addresses the School's missions in education, research, clinical care, as well as its role viz. information resources and technology, the professoriate, finance and administration, communication, advocacy, public policy and philanthropy. As I have reported in previous Newsletters, many of the strategic initiatives identified during this process are currently being worked on and our progress in completing them is

noted on <http://www.med.stanford.edu/strategicplan/updates.html>. Within the next several weeks the complete Strategic Plan and Executive Summaries will be available for circulation to faculty and leaders in the School and University. In addition to the work being conducted within the School, the School's coordinated clinical planning with Stanford Hospital & Clinics and the Lucile Packard Children's Hospital is also receiving considerable attention in order to assure that the interrelated clinical missions of the School and Hospitals are optimized during the decade ahead. Importantly this will also include planning for facilities and programs within the Medical Center and in relation to the University.

Strategic Planning is a phrase often used to describe an array of activities. Within the School of Medicine, however, the use of this phrase is built on the promise that our past, current and future efforts will act to shape the future of Stanford Medicine. It is important that each member of our community be optimally informed about the plans currently underway, as well as those planned. I encourage members of the Medical School and Medical Center community to offer comments and recommendations. In advance of our next Retreat, to be held on January 30, 2003, I will be updating you of our progress during this past year and plans for the immediate future. I hope you will respond with your thoughts and feedback.

Office of the Senior Dean for Research

I am pleased to announce a reconfigured Office of the Senior Dean for Research. With the decision of Professor James Nelson to focus his efforts on Graduate Education and Postdoctoral Affairs, I have given considerable thought to how best to provide oversight and support for the School's research programs and our specific goal of developing translational research as an overarching theme during the decade ahead. In support of this goal I have decided to recruit two individuals to work collaboratively with the understanding that this will limit the time commitment of each to about a 30% effort, thus permitting these Senior Deans to continue their own research and related activities. I have continued to believe that it is important to have individuals in decanal roles remain active members of our academic community in order to assure that they are cognizant of the issues, opportunities and challenges being faced by our faculty and students.

Based on this formulation, I am very pleased to announce that Dr. John Boothroyd, Professor and former Chair of the Department of Microbiology and Immunology and Dr. Harry Greenberg, Professor of Medicine (Gastroenterology) and former Senior Associate Dean for Research, will work together in directing the Office of Senior Associate Dean for Research. Although their backgrounds are different, their roles will overlap and each will engage the continuum from basic to clinical science.

Professors Boothroyd and Greenberg will both participate in the overall strategic planning for research for the School and will interact with other Senior Associate Deans, chairs, faculty and students within the School and University, as well as in our local and global communities. They will jointly oversee multidisciplinary and translational

research programs as well as the nomination process for major internal and external faculty awards. They will not have separate (i.e., clinical vs. basic science) constituencies but rather will work to assure the connectedness of these communities. At the same time, each will also have some discrete areas of responsibility. These will include:

For Dr. John Boothroyd:

- Interaction with the Research Management Group (RMG) in conjunction with Mike Hindery, Senior Associate Dean for Administration and Finance
- Compliance issues related to experimental animals and biosafety
- Oversight over research core functions

For Dr. Harry Greenberg

- Oversight over conflict of interest policy and implementation
- Compliance issues related to human subjects
- Oversight over the ACCESS program and infrastructure development of clinical and translational research
- Interface with the Palo Alto VA Hospital and its research programs

Dr. Boothroyd will begin his new role on September 15th and Dr. Greenberg will officially commence his responsibilities when he returns from administrative leave on November 1st.

Please join me in welcoming Drs. Boothroyd and Greenberg to their important new roles on behalf of the School of Medicine.

Use of the Stanford Name

At the School of Medicine Executive Committee Meeting on Friday, September 6th, we discussed the use of the Stanford name. The University's Name Use policy is detailed in Administrative Guide Memo 15.5, "Ownership and Use of Stanford Name and Trademarks." A copy is attached and is available online at http://adminguide.stanford.edu/15_5.pdf. It is important for faculty, students and staff to be informed about these policies and their own use of the Stanford name in various professional activities.

The University's policy includes guidelines for use of the Stanford name and marks by faculty, staff, and students. Specifically, Stanford names and marks may be used **only** in connection with Stanford-sponsored or Stanford-sanctioned activities or materials, and use of the Stanford name and marks must meet the following criteria:

Stanford Role

Involvement by individual faculty, students, alumni or staff is not a sufficient basis for indicating University sponsorship or endorsement. The activity must be one in which the University has an institutional role.

Quality

Activities must meet high standards and must be consistent with the University's educational, research and related purposes.

Prohibited Uses

- Name use is prohibited in relation to partisan political activities.
- Name use associated with commercial activity or outside venture must be granted special approval as indicated in Section II below.

University policy specifies when approval is necessary and designates authority delegated by the President for granting such approvals as follows:

- To the Provost for use in connection with educational and research activities, including courseware and related materials developed for teaching at Stanford (see Research Policy Handbook 5.2, "Copyright Policy"), and for special events (see Guide Memo 82.1, "Public Events").
- To the Vice President for Business Affairs and Chief Financial Officer for use in connection with business activities of Stanford or by vendors (including promotional use - see section III below.)
- To the Dean of the School of Medicine for use in connection with medical activities.
- To the Director of University Communications for use in film, video, print, and electronic media, including the University's home pages on the Web.
- To the General Counsel.

Delegated authorities should be executed in a manner consistent with University policies. All questions about interpretation of Stanford's name and trademark use policies should be addressed to:

Beverly Simmonds
Special Assistant to the Dean
Phone: 724-7233
MC: 5110
Email: simmonds@stanford.edu

Translational Research and Medicine

An overarching theme for the School of Medicine during the decade ahead will be translational research. Translational medicine has become a widely used term in the last several years but it has a variety of interpretations and meanings that can be convergent

or disparate among or even within academic medical centers. From my perspective, translational medicine can have both a narrow as well as a more general definition. Perhaps the most specific definition is “bench-to-bedside” research wherein a basic laboratory discovery becomes applicable to the diagnosis, treatment or prevention of a specific disease. Such a discovery is brought forth by either a physician-scientist who works at the interface between the research laboratory and patient care, or by a team that joins basic and clinical science investigators who collaborate in the translation of research findings to the patient care setting.

Often translational research and medicine will be initially focused on a small number of patients but the impact of such patient-oriented clinical research can have wide-sweeping effects on the practice of medicine. There have been numerous examples of such outcomes at Stanford during the past years. I have personally witnessed the impact of translational research during my own work in pediatric oncology, infectious complications in immunocompromised hosts and pediatric AIDS. These experiences have underscored the power of translational research in changing the outcome of serious diseases.

Translational medicine may also refer to the wider-spectrum of patient-oriented research that embraces innovations in technology and biomedical devices, as well as study of new therapies in clinical trials. It includes epidemiological and health outcomes research, as well as studies on behavior that can be brought to the bedside or ambulatory setting. In the absence of translational and patient-oriented clinical research, the delivery of medical care would remain stagnant and uninformed by the tremendous progress now taking place in biomedical science. Thus, translational medicine offers one of the most unique contributions of academic medical centers and teaching hospitals: the prospect of improving current healthcare through state-of-the-art research.

While translational research is critical to the future of Stanford Medicine, our overall research agenda must be much broader and deeper. Current translational research is built on the foundations of fundamental basic research, much of which is undirected and without immediate clinical impact. Indeed, the current focus of translational medicine is built on basic research findings that may have begun years or decades ago. The pipeline for discovery can be long and is not easily managed or regulated. Accordingly, supporting basic research is critically important since it is often not possible to predict which of today’s extraordinary ideas in basic science will have potential clinical application in the future. Thus, if Stanford is to have a successful program in translational medicine it must be built with a very strong emphasis on basic fundamental research. This is the critical foundation and thankfully it is already very strong at Stanford.

In addition to supporting exceptional basic research, the environment at Stanford must also be one that fosters translational research. At a minimum, this means contact and interaction between basic and clinical scientists, as well as an infrastructure that helps to facilitate and support translational research. During the past year I appointed a Task Force on Clinical Research led by Dr. Charles Prober, Professor of Pediatrics and of Microbiology and Immunology, and Scientific Director of the Glaser Pediatric Research

Network. This Task Force has helped to elucidate the key components needed to make our clinical research programs as robust as possible at Stanford and to better align them to public (e.g., the NIH and General Clinical Research Centers) and private foundations, resources and organizations.

An important new initiative in translational research was announced recently by the Beckman Center for Molecular and Genetic Medicine and the Department of Medicine. The jointly funded Interdisciplinary Translational Research Program has earmarked \$1.2 M over three years to support collaboration primarily between physician-investigators and basic scientists.

According to Professor Lucy Shapiro, Director of the Beckman Center, “Our goal is to stimulate research collaborations across a number of disciplines, encompassing many schools within the University, including Engineering and Humanities and Sciences.” Dr. Shapiro, with Professor Judith Swain, Chair of the Department of Medicine, established the novel program and led the search for qualified candidates.

As a result of the commitment of Professors Shapiro and Swain, eight recipients will each receive a total of \$150,000 over three years to support translational research in areas ranging from vascular interventions to stem cells to bioinformatics. Each of the projects is composed of a team of two or more investigators, including a physician scientist and a basic scientist, and at least one trainee. The recently announced awardees and their project interests include:

- Gilbert Chu (Medicine/Oncology, Biochemistry), Robert Tibshirani (Biostatistics/Genetics), and Dick Zare (Chemistry): “Protein Profiling to Predict Breast Cancer after Radiation Therapy”
- Seung Kim (Developmental Biology, Medicine) and Judith Shizuru (Medicine/Bone Marrow Transplantation): “Transplantation of Embryonic Stem Cell-Derived Islets in Diabetes Mellitus”
- Peter N. Kao (Medicine/Pulmonary and Critical Care), Judith Shizuru (Medicine/Bone Marrow Transplantation), and Christopher Contag (Pediatrics, Microbiology, Immunology, and Radiology): “Lung Regeneration from Bone Marrow Stem Cells”
- Gary K. Schoolnik (Medicine/Infectious Diseases and Geographic Medicine) and Alfred Spormann (Engineering): “Biofilm Development in Vivo: A Genetic Bioinformatics and Bioengineering Analysis”
- Eric T. Kool and Ellen Jo Brown (Pathology): “Rapid Color-Based Identification of Pathogenic Bacteria”
- David Liang (Medicine/Cardiovascular Medicine) and Fritz Prinz (Engineering): “Microfabricated Devices for Vascular Interventions”

- Hongjie Dai and Paul J. Utz (Medicine/Rheumatology and Immunology):
“Development of Non-Fluorescence-Based Detection Methods for Proteomics Studies: Carbon Nanotubes as Molecular Sensors”
- John P. Cooke (Medicine/Cardiovascular Disease) and Richard Zare (Chemistry):
“Development for a Novel Cardiovascular Risk Factor”

Again, special thanks must go to Professors Shapiro and Swain for their foresight in initiating this program and for their financial support in bringing it to fruition.

At the broader institutional level, in addition to supporting faculty initiatives we are also seeking to develop Institutes that will bring together basic and clinical scientists to address areas of translational medicine. During the next couple of years we envision these will take on specific themes, such as the Stanford Cancer and Stem Cell Biology Institute, or the Stanford Institutes for Neurosciences, Infection and Immunity and Cardiovascular Diseases. We hope that these and related programs will foster communication and collaboration between our scientific and patient care communities and, most importantly, generate knowledge that will improve the lives of adults and children.

I also believe that the future success of translational medicine will be more readily achieved by educating and training medical and graduate students about the important interface that links medicine and science. Indeed it is my hope that the students we teach today will play an important role in bringing forth the translational research discoveries of tomorrow.

Appreciation of Lucile Packard Children’s Hospital (LPCH) Leadership and Staff

At the LPCH Board of Directors Meeting on Thursday, September 5th, the end-of-year performance for the hospital was presented. The results were very impressive.

This has been an enormously challenging year for LPCH, hallmarked by significant increases in patient volume and bed utilization, especially in the Intensive Care Units and Operating Rooms. Although much of this is attributable to the new world-class cardiac program evolving under the leadership of Dr. Frank Hanley, who was recruited to Stanford in November, 2001, there have also been significant increases in other critically important programs including solid organ transplantation and cancer, among others. These rapid and dramatic changes have challenged and stressed the medical, nursing and other professional staff at LPCH. They, in turn, have responded remarkably well in delivering exceptional medical and surgical care in a family centered manner to seriously ill children. Because of their efforts and those of the leaders of LPCH, the overall financial performance of the hospital has recovered from its recent deficits to a much healthier state. Such a recovery will prove critically important in enabling LPCH to continue its trajectory toward becoming one of the leading children’s hospitals in the world.

I want to thank the faculty and staff who have worked enormously hard to deliver outstanding pediatric care during this past year. I had the privilege of serving as an attending physician at LPCH in August and can affirm, first hand, the outstanding care that is being delivered to children. I also want to acknowledge and thank the leadership of LPCH, especially Mr. Chris Dawes, President and CEO, and Ms. Sue Flanagan, Chief Operating Officer, for the enormous contributions they have made to improving the delivery of clinical care to seriously ill children, and to the very effective relationships they have forged with the faculty of the School of Medicine led by Dr. Harvey Cohen, who has served as both Chair of Pediatrics at Stanford and as Chief of Staff at LPCH. These leaders have truly served as institutional stewards during an important and challenging time of transition for LPCH.

Increased Role of the School of Medicine in Graduate Medical Education

Although the role of the School in graduate medical education for residents has been limited in recent years, I believe it is important that this be changed and that the School become much more involved and engaged in resident education. This is important in helping to assure the success, vitality and viability of training programs at SHC, LPCH and other affiliates, especially given the important interrelationship of resident and fellow training with medical student education. I conveyed the interests of the School in resident education to the GME Committee meeting on Thursday, September 5th, and also indicated that the important role that program directors (and clerkship directors) have will be included in the appointment and promotion criteria for faculty in the future.

Announcements

Town Hall Meeting for Medical Students

Deans Pizzo and Parsonnet will be holding a special Town Hall Meeting on Monday, September 30th at 7:00 p.m. in the Fairchild Auditorium. Topics for discussion will be advising, dean's letter, curriculum, etc.

Please make every effort to attend.

Symposium of the Ellison Medical Foundation at Stanford University School of Medicine

A symposium on aging and infectious diseases will take place on Thursday, September 19th in the Munzer Auditorium, Beckman Center. Speakers include Dr. David Relman of Stanford's Department of Microbiology and Immunology and Dr. Joshua Lederberg of Rockefeller University, just to name a few. Please visit the website: <http://reggie.Stanford.edu/SignupForm1.asp?611> for registration and parking information.

Congratulations to Dr. Tom Krummel

Dr. Tom Krummel, Chair of the Department of Surgery at Sanford, has recently also been appointed the Surgeon-in-Chief of the Lucile Packard Children's Hospital, effective September 1, 2002. This newly endowed position at LPCH is made possible by a gift from Susan B. Ford and will enable LPCH to achieve its goal of preeminence and sustainability. In this position Dr. Krummel will play a critical role in helping develop surgical programs, including the retention and recruitment of nationally and internationally recognized surgeons. As Surgeon-in-Chief, Dr. Krummel will also be appointed to the hospital's Executive Management Committee and to the hospital's Board of Directors.

Congratulations to Professor Emeritus Luigi Luca Cavalli-Sforza

The Foundation for the Future has named Professor Emeritus Luigi Luca Cavalli-Sforza as its 2002 winner of the Kistler Prize. This distinguished award is given annually to an investigator whose original research has increased knowledge and understanding of the relationships between the human genome and society. Professor Cavalli-Sforza has traced historical migrations by analyzing the genetic diversity and phylogeny of human populations dating back as long as 100,000 years of human and cultural evolution.

Congratulations to Professor Cavalli-Sforza

Appointments and Promotions

Eugene Carragee has been promoted to Professor of Orthopedic Surgery at Stanford University Medical Center, effective 9/1/02

Sheau Yu Hsu has been appointed Assistant Professor of Obstetrics and Gynecology, 9/1/02-8/31/05

Ian Whitmore has been appointed Professor of Surgery (Anatomy) (Teaching), 9/1/02-8/31/08

Dean's Newsletter September 23, 2002

Professor David Botstein Will Move to Princeton

On Sunday, September 22nd, Princeton University announced officially that Dr. David Botstein, the Stanford Ascherman, M.D., Professor of Genetics, will become the new Director of the Lewis-Sigler Institute for Integrative Genomics. Although this represents a wonderful opportunity for Professor Botstein and for Princeton, it must be quickly acknowledged that Stanford will lose an extraordinary intellectual force whose contributions have been nothing short of spectacular. During his remarkable career, Professor Botstein has played a seminal role in the discovery of important yeast and bacterial genes, sequencing of the yeast genome, laying the intellectual and technical groundwork for mapping genes that led to the Human Genome Project, leading the efforts in biocomputation that are now governing the future of biology and, with Professor Pat Brown, leading Stanford's important contributions in the use of DNA microarrays to diagnose and categorize a number of human diseases, including cancer. In addition to these and many other breath-taking research contributions, he has been a committed teacher and innovator and has impacted significantly the careers of many students, postdocs and faculty members. He will play an important role in teaching and education at Princeton, in addition to his leadership of the Lewis-Sigler Institute.

Although someone of Professor Botstein's stature is simply irreplaceable, we must congratulate him and Princeton. We will now have to look east to benefit from his future contributions in research and education.

Our Incoming 2002 Stanford Medical Student Class

Our First Year Medical students officially began their academic year this past week. I thought you might like to know a little about this new Stanford class. It includes 86 students who were selected from 5239 applicants. Seven members of the incoming class were deferrals from previous years and nine of those admitted this year have deferred enrollment to 2003 or later. The average age is 22.9 years with a range of 19-31 years. A slight majority (53%) of the new class are women and 21% are underrepresented minority students. Fifteen percent have advanced degrees (6 Ph.D., 11 Masters of Arts or Science). The incoming students have performed very well as undergraduates, with an overall GPA of 3.74 and a science GPA of 3. Seventy-one incoming students come to Stanford from throughout the USA and 19 were born in foreign countries. They also come from 38 colleges and universities, with the largest number coming from Stanford (17 students) and Harvard (9 students) but with 25 schools being represented by a single student. Thus this is a diverse and highly talented class and we are most pleased to welcome them to Stanford.

Faces of the Community 2002

A rather extraordinary program entitled "Faces of the Community" was included during the orientation of our incoming medical students. This program offered a very moving portrait of the different personal and professional lives of eight of our current students. Each student provided a meaningful and very insightful description of his or her differences and similarities as "faces" within our community - both at Stanford and more globally. This program is available at the following URL:

<http://lanevid.stanford.edu:2020/ramgen/StudentResources/faces2002.smi>. I strongly recommend that you take the time to view it. I am confident that you will be deeply moved by these portraits. I found this to be a remarkable program.

Welcome to the 2002 Stanford Graduate Students in the Biosciences

Our 2002 Biosciences Graduate student class joined Stanford this past weekend. Following a “bonding” Biomass camping trip that occurred on September 20-21, our new graduate students will begin their more official orientation on Tuesday, September 24th, including a dinner at the Arrillaga Alumni Center.

Our new graduate students number 76 and represent 8 countries, including the USA, Taiwan, Thailand, Israel, Italy, Germany, China and South Korea. Ten of the new students are from underrepresented minorities and an additional ten are Asian. Of the new graduate students, 39 are male and 37 are female. Ten undergraduate institutions have several graduates in this class including: Stanford, Harvard, Yale, UC Berkeley, MIT, CalTech, Princeton, U. Michigan, UC San Diego and Cornell. Overall, the entering class was selected from more than 44 different undergraduate institutions. This is an outstanding group of young scientists by any criterion.

The CGAP (Committee on Graduate Education and Policy) is also planning a new seminar series for the entering graduate students, where Biosciences faculty will present their latest research. It will be held on Tuesdays, Wednesdays and Thursdays at noon beginning this fall. Faculty and medical students are also welcome to join with the graduate students in attending this seminar series.

IRT Begins Rolling Out New Wireless Network

The School of Medicine's Office of Information Resources and Technology (IRT) has announced that Phase One of a new wireless network will be available as of September 23, 2002. The initial rollout will provide wireless access in areas of high student usage, such as Lane Library, the CCSR cafe and basement classrooms, the new student lounge, the Alumni Green and the Dean's Courtyard. Additional information about the School's wireless network and how to access it is available at <http://www.med.stanford.edu/irt/wireless/>.

Town Hall Meeting on Women in Science and Medicine

On Monday, September 9th, Dr. Mary Lake Polan, Professor and Chair of the Department of Obstetrics & Gynecology, led a Town Hall meeting on Women in Medicine and Science. She presented the results of a survey that was conducted with women faculty at the Stanford University School of Medicine in February of 2002. Of the 309 faculty and staff physicians who received the survey, 163 (53%) responded.

Among the issues deemed important by those who participated in the survey, the three areas felt to be most significant were:

1. A flexible work environment, without negative consequences, for women with responsibilities for the care of young children or with responsibilities for elder care.
2. Departmental mentoring for grant preparation and academic career development and advancement.
3. The opportunity for a mini-sabbatical (e.g., 3 months) from clinical or administrative responsibilities at the end of an appointment cycle in order to enhance academic/career development.

The discussion at the Town Hall meeting recognized that these and other items were not gender specific but acknowledged that women may be more stigmatized by requesting special resources or adaptations to the work schedule or environment. Clearly this necessitates a cultural change in order to avoid real or perceived retribution. It also requires resources to help fund special programs to make these adaptations possible.

The Committee on Women in Science will also present their findings to the School's Executive Committee in October. It is our hope to then work toward a timeline for implementing the recommendations that is feasible and which we believe will provide an improved work environment for women in medicine and science.

Committee on Faculty Diversity Report

On Friday, September 20th, the Committee for Faculty Diversity, Chaired by Dr. Fernando Mendoza, presented their report to the Medical School Executive Committee. This report was delivered in response to the charge provided by Dr. David Stevenson, Senior Associate Dean for Academic Affairs, in the fall of 2001: "Consider how the School can enhance its ongoing efforts to increase the representation of diversity in the professoriate and to address the professional well-being and success of a diverse faculty." The Committee's report indicated that while a great deal has been accomplished in the past decades, much work still remains. For instance, while we do well with medical student minority recruitments, we don't do as well with graduate student and post-doc recruitments, and do even less with faculty recruitments.

The Committee believes that in order to sustain our progress and make additional improvements, future efforts require a clear mission, resources, long term commitment, and a formal infrastructure (i.e., a Center for Diversity). The Committee's specific recommendations included the following:

- Establish an Office of Faculty Diversity and sufficiently fund it to meet its objectives
- Establish routine monitoring of diversity recruitment and promotion in all facets of the Medical School (medical students, residents, graduate students, post-doctoral students, faculty and medical school leadership).
- Organize a centralized recruitment effort for residents and fellows in all Departments

- Develop and fund innovative programs to recruit diverse faculty
- Achieve diversity in the leadership of the Dean's Office

Specific goals for an Office of Faculty Diversity would include:

- Increasing the numbers of faculty and trainees from diverse backgrounds
- Centralizing recruitment assistance and monitoring of diversity
- Creating a Faculty Development Center with group-specific, yet integrated, programs
- Enhancing mentoring and monitoring through the creation of an Individual Academic Plan (IAP) for each Assistant Professor (i.e., all faculty, not only minority faculty)

Following the Committee's presentation it was determined that this topic should be taken to the Senior Associate Deans for additional review, and should then be brought back to the Executive Committee for further discussion. This is an important topic and one that merits continued, focused dialogue and planning. I wish to thank Dr. Mendoza and the rest of the Committee (Drs. Roy King, Phyllis Dennery, Iris Gibbs, Oscar Salvatierra, Yvonne Maldonado, Ray Gaeta, Steven Fong, Minnie Sarwal, Kelly Skeff, and Stanley Falkow) for their thoughtful and productive work in this area. I look forward to seeing this work move forward, and will be providing additional updates on these important activities as this work evolves.

Changes in Health Insurance

Continuing changes in health insurance around this country and in the Bay Area creates confusion and anxiety among consumers as well as providers of health care. In the September 19th issues of the New England Journal of Medicine, J.K. Inglehart reviews "Changing Health Insurance Trends": <http://content.nejm.org/cgi/content/full/347/12/956>

Update on Tolerance and Professionalism in the Workplace

As many of you will recall, last Spring a number of posters and other materials for the Lesbian, Gay, Bisexual and Transgender's (LGBT's) "Queer Health and Medicine" course were defaced or torn down. This was disgraceful and very disturbing for our students, faculty and community within the School and University. Although we have not been successful at discovering who committed these acts of intolerance, we have responded quickly and strongly to this hateful and inexcusable behavior. As the new school year begins I want to reiterate that acts of hate at our institution will not be tolerated under any circumstances, and I wish to provide this readership with an update of actions that have been taken over the summer to prevent such acts from recurring.

---Security---

The School has been working closely with Medical Center Security, as well as the Stanford and Palo Alto Police Departments, to investigate these acts. We have installed four surveillance cameras in locations where these acts occurred last spring, and we are currently discussing potential additional security measures that may be taken to prevent

further incidents from occurring. We are also developing policies re: advertising and poster hanging. We will be communicating the outcomes of these discussions as soon as final decisions have been made. In the interim, however, I wish to restate that the security and safety of our students, postdocs, faculty and staff continues to be our very highest priority, and we will continue to do everything possible to guarantee this safety and to promote a respectful work and learning environment.

---Sensitivity Training---

The Medical School HR Department is incorporating respectful workplace training into the hiring and training of Stanford Medical School faculty and staff. In addition, members of the Dean's Office, in concert with the HR Department and Ombudsperson, are meeting with each Department to conduct further discussion and training concerning the respectful work place. Similar sessions with students are being discussed as well. I welcome any input students may wish to provide on this topic.

---Curriculum Issues---

We are currently discussing how best to address cultural competency issues as a required part of the curriculum. A working group, consisting of Drs. Gabe Garcia, Fernando Mendoza, Elliott Wolfe and Ron Garcia, will be charged with the responsibility of developing a recommendation in support of curriculum related to LGBT and to clinical competence overall. This group will work jointly with students on this effort. Although it seems unlikely that we will be able to construct something for the first year students in the required fall curriculum, there should be space available in the winter and in the spring curriculum. In addition, Dr. Julie Parsonnet, Senior Associate Dean for Medical Education has asked for added emphasis in Preparation for Clinical Medicine (PCM) for second year students; Dr. Neil Gesundheit, who is in charge of our curriculum reform program for the class entering in 2003, will make sure that this is a required element of the new curriculum. Once the working group makes its recommendations we will then move to the review and approval process (either via the Committee on Courses and Curriculum (CCC) or the Faculty Senate, depending on the specific recommendation). I will be providing additional updates on this work as it progresses.

---Administrative Support---

In June an Advisory Group, consisting of senior University and Medical School administrators and faculty, was convened to discuss the acts of intolerance that targeted the LGBT community. At this meeting the group:

- Reaffirmed the focus of the University's and Medical School's attention on safety concerns and on creating a respectful working and learning environment.
- Reviewed the status of the police investigation regarding all known acts of intolerance.
- Agreed that greater dissemination of information about such incidents, and the University's response, should be provided throughout the campus community.

In addition, the group decided that ***any future acts of intolerance should be reported to Medical Center Security as the first point of contact re: any incident in and around the Medical School or Hospital.*** (This is important to know, as there are three agencies involved: Medical Center Security, Stanford Police, and Palo Alto Police.) The Medical Center Security dispatch center is in operation 24/7 and can be reached at 723-7222. ***Such acts also should be reported to the Special Assistant to the Dean at 724-1661.*** This role will serve as an information clearinghouse and as the Dean's Office administrative coordinator concerning acts of intolerance.

---Emergency Information Cards---

I strongly encourage all members of the School of Medicine to carry their "Emergency Instructions" wallet card with them at all times. This card, developed by the School's Health and Safety Programs Office, indicates the various numbers to call in case of emergency, and also provides space for you to fill in your specific Emergency Assembly Point (EAP) location in the case of an evacuation. Our Health and Safety Programs Office also has made available emergency phone number placards for all office/lab areas, as well as emergency contact stickers for telephones. All of these materials can be obtained through your Department Administrator. For more information on these and other important Health and Safety initiatives, please contact 3-0110 or visit their web site at: <http://somsafety.stanford.edu/>.

I believe our collective efforts have resulted in progress during the past months. I would like to thank the many students, faculty and staff within the School and from across campus who have worked closely with us on moving these issues forward. I will be providing additional updates in future editions of the Newsletter, and I welcome any input that you may wish to provide.

New Faculty Advisors

Dr. Julie Parsonnet, Senior Associate Dean for Medical Education has announced the group of faculty who has been selected to serve as Faculty Advisors to our medical students. Dr. Terry Blaschke, Professor of Medicine, will direct this program and will be joined by Drs. Denise Johnson (Surgery), Susan Knox (Radiation Oncology) and Kuldev Singh (Ophthalmology), each of whom will serve as Assistant Deans. This is a terrific group of faculty who all care deeply about students, medicine and education.

In addition, Dr. Elliott Wolfe has assumed the new position of Director of the Office of Medical Student Professional Development and will work with students regarding career and professional choices.

I am very pleased that such an excellent and committed group of individuals has agreed to serve as Faculty Advisors and I am confident that they will each play an important role in helping to guide the career development of our students. In addition to the advising program, we will also be further developing a mentoring program for our students. Details about this will be forthcoming.

Update on the Arbor Free Clinic Children's Health Fair

After sponsoring a very successful first fair on June 15th, the Arbor Free Clinic sponsored a second Children's Health Fair on Saturday, August 24th. This second fair was also a great success. The Fair was held at the South County Community Health Center in East Palo Alto. One hundred thirteen children were served at the Fair. Seventy-three children received physicals, and 89 children received immunizations. To help address the dental health needs of low-income children, a mobile dental van returned on September 7th to provide free dental exams, x-rays, and cleanings for 38 children who were signed up for these services at the Fair.

The Health Fair sought to not only provide medical care, but also to help families access more long-term care. Benefits analysts from the San Mateo County Health Department helped enroll or provide information about MediCal and Healthy Families medical insurance programs for dozens of families.

The success of this fair is due in no small part to the many volunteers who generously donated their time and talents to the fair. The volunteers consisted of approximately 60 physicians, nurses, medical students, undergraduate students, and translators. The translators and other Spanish-speaking volunteers were particularly important, since many of the patients spoke Spanish as their primary language.

For more information on these or future fairs, please contact Monica Eneriz (meneriz@stanford.edu) or Natalie Pageler (npageler@stanford.edu). I also want to thank Monica and Natalie, along with their student colleagues, for their dedication and commitment.

Events

A Mini-Course in Medicine, focusing on Immunology and Rheumatology, was presented to the public community by the Center for Clinical Immunology at Stanford (CCIS) on Tuesday evening, September 17th at the Arrillaga Center. More than 250 people attended the evening event that featured presentations and discussions on multiple sclerosis, rheumatoid arthritis, insulin-dependent diabetes, cancer immunology and stem cell research. Special thanks go to C. Garrison Fathman, Professor of Medicine, for assembling wonderful faculty and presentations, and to Mike Welch from the Office of Medical Development for playing an essential role in organizing the evening event. I also want to acknowledge the exceptional support of the Saal family, who have been such great friends of Stanford and the CCIS program in particular. We are most appreciative.

Ellison Foundation Symposium on "Global Infectious Diseases and the Biology of Aging". On Thursday, September 19th, Stanford served as host to the Ellison Medical Foundation symposium that featured, among others, an excellent presentation by Dr. David Relman, Associate Professor of Medicine (Infectious Diseases) and of Microbiology and Immunology. Dr. Relman is also a recipient of

a 2001 Ellison Medical Foundation Senior Scholar Award. We also had the pleasure of spending time with the Foundation's outstanding scientific advisory board, chaired by Dr. Joshua Lederberg, President Emeritus at the Rockefeller University and former Chair of Genetics at Stanford University School of Medicine.

Congratulations

Dr. Pat Brown: On September 17th, the Takeda Foundation announced that Dr. Pat Brown, Professor of Biochemistry at Stanford and Investigator in the Howard Hughes Medical Institute, was a winner of its 100 Million Yen Awards for Achievements in Engineering. This major award, which was established last year, is to be presented annually to individuals who have made outstanding achievements in creating and applying new engineering intellect and knowledge in three fields: social/economic well-being (information and electronics), individual/humanity well-being (the life sciences), and world environmental well-being.

The technical achievement honored by the Takeda Award 2002 Techno-Entrepreneurial Achievement for Individual/Humanity Well-Being is "the development and promotion of DNA Microarrays." The prize is awarded jointly to Dr. Pat. Brown (Stanford University) and to Stephen P.A. Fodor (Affymetrix Inc.).

Dr. Linda Cork, Professor and Chair, Department of Comparative Medicine, has been elected as a Distinguished Member of the American College of Veterinary Pathologists. This honor is based on extraordinary contributions to the field of Veterinary Medicine.

Stanford Team Lands NIH Proteomics Contract: A team of Stanford scientists, lead by Dr. Garry Nolan, along with Drs. Juan Santiago, P.J. Utz, Bill Robinson, Larry Steinman, Gil Chu, and Rob Tibashirani, have been successful in winning a \$14M contract from the National Heart, Lung and Blood Institute for the Stanford Proteomics Center.

Congratulations to all.

Announcements

Town Hall Meeting for Medical Students:

On Monday, September 30th, a special Town Hall Meeting will be held at 7:00 p.m. in the Fairchild Auditorium. Topics for discussion will be advising, Dean's Letter, curriculum, etc. All Medical Students are welcome to attend.

Symposium for Stanford Clinical Research Personnel:

On Monday, October 7th, there will be a symposium on the "Safety and Accountability in Clinical Research at Stanford" in the Fairchild Auditorium from

8:30 a.m. to 4:30 p.m. The Audience will consist of clinical investigators, research nurses, clinical research coordinators, fellows, students, research pharmacists, research administrators, hospital staff involved in clinical trials, and others interested in safeguarding the rights and welfare of human subjects in clinical research. Pre-registration is required by September 27th. Please refer to the following URL: <http://reggie.Stanford.edu/signup.asp?602>

Dean's Newsletter

October 7, 2002

Town Hall Meeting with Medical Students

On Monday evening, September 30th, a Town Hall Meeting was held for medical students to review a menu of relevant issues, including an update on the planning for education facilities, the new advising system, the latest on the "Dean's Letter" and an update on the status of the Family Medicine Clerkship. Several of these important issues have evoked concern among students and faculty. The goal of the Town Meeting was to provide information as well as to solicit input and evoke discussion. Dr. Julie Parsonnet, Senior Associate Dean for Medical Education led the Town Hall meeting, which was well attended by students, and held in Fairchild Auditorium from 7-9 p.m. Following are some of the highlights:

The Dean's Letter: As discussed in prior Newsletters, efforts have been underway to revise the Dean's Letter for students applying for internships in this academic year. This is largely based on fact that we have learned from Residency Program Directors at Stanford as well as from around the country that the format of the Stanford Dean's Letter used during the past several years has not been serving our students well. Given the absence of a grading or ranking system at Stanford (which we continue to value) the recent Dean's letters are perceived as being too subjective and not providing readers objective information to accurately determine the true strengths of our students or to discriminate among them. Based on these very important concerns, a number of steps have already been taken to remedy this situation by Dr. Parsonnet, including having the Dean's letters written by four faculty advisors (rather than one) and having them discussed by the group as a whole in order to assure that each letter is fair, accurate, and balanced in their reflections on student performance, especially during clinical clerkships. There needs to be recognition that the Dean's Letter is the official evaluation by the School of the student – and not a letter of recommendation (as it appears to have become in recent years).

A major point of controversy and debate however has been whether the final paragraph of the Dean's Letter would contain a summative statement – more specifically, identifying students as "outstanding", "excellent" or "very good". This is the practice of virtually every other medical school but is clearly

problematic at Stanford given its longstanding practice of not ranking students. While students are evaluated during their clinical clerkships, there is also a concern that the current evaluation system is not as robust or consistent as it should be. Accordingly, Dr. Parsonnet and her staff have determined that a summative statement (e.g., outstanding, excellent or very good) would **not** be included in the Dean's Letters currently being written for this year's graduating class. That said, every effort is being made to have the information about the student's performance on clinical rotations be as complete and accurate as possible so that residency program directors are able to make the best judgments possible on behalf of our students.

At the same time, efforts are already underway to assure that the evaluation system for clinical clerkships is as outstanding as possible – and to do so immediately, so that concerns about this will not confound our ability to write an objective and evaluative Dean's Letter in future years.

Recognizing all the concerns that have been engendered, I repeat the message I offered in my Newsletter of July 2nd: “While I understand the concerns about competitive environments, and absolutely would not want to see one develop at Stanford, I do not understand how an objective process of assessment and evaluation can be viewed as negative in relation to one's performance in clinical care. The goal of every student, just like every physician, should be to carry out her or his clinical care responsibilities in the very best manner possible. The competition in clinical care is really with oneself — to do the very best possible to care for one's patients. Naturally, one's interests and abilities in various areas of medicine will further guide one's individual performance. It is erroneous to think that we all have the same skills in every area and facet of medicine — or the same level of interest.”

Moreover, as I pointed out at the Town Hall Meeting, performance evaluation is mandated in every residency program and is increasingly expected for physicians in practice. Our patients want to know that we care about our proficiency and that we take seriously efforts to perform our clinical responsibilities in the very best way possible. I am confident that our students also want to perform their clinical responsibilities in as outstanding a manner as they can, and it is our mutual responsibility to help them accomplish that – and to help evaluate their performance so that they can become the very best physician they can possibly be.

Curriculum Updates: Senior Associate Dean Parsonnet also led the discussion on the plans to revise the curriculum with the goal of implementing changes for the class entering in September 2003. The key goals are to define the core curriculum, begin clinical training in parallel with basic science education and to continue these throughout all years of medical school, and develop “scholarly tracks” or “majors” for all medical students. Updates on progress to date follow:

- ***The Committee to Define the Core Curriculum***, chaired by Dr. Neil Gesundheit, has been charged to define the core concepts that each

medical student should master to be an outstanding clinician. The Committee has divided the preclinical curriculum into four "affinity" groups, each of which is comprised of courses that share common themes and in which teaching synergy is likely to occur. The affinity groups are entitled "Structure," "Molecular Science," "Disease and Therapeutics," and "Clinical Science," and the groups are led by Drs. Larry Mathers, James Ford, Donald Regula, and Peter Rudd, respectively. In addition, there are four student committee members, Vedant Kulkarni, Elizabeth Langen, Brett Pariseau, and Al Taira, and three staff facilitators, Elizabeth Moreno, Margaret Sequeira, and Jenn Stringer. The Committee has been asked to examine ways to improve instruction methods and efficiencies, with the goal of achieving a 20% reduction of instruction time during the preclinical years. The reduction in instruction time will allow students to take graduate courses and seminars in areas of special interest and to pursue research either through the current Medical Scholars or the emerging "scholarly tracks" programs (see below). The goal of the Committee is to present a draft of the new curriculum to the Committee on Courses and Curriculum (CCC) this fall and to the Faculty Senate and Executive Committee for their review in winter. If consensus is achieved, the new curriculum would be ready to begin during the 2003-04 academic year.

- ***The Committee on Scholarly Tracks*** is chaired by Dr. Gary Schoolnick, along with Rosalinda Alverado (Medical Student), Margaret (Minx) Fuller (Developmental Biology), Brian Hoffman (Medicine/Endocrinology), Emmet Keeffe (Medicine/GI), Ted Leng (Medical Student), Yvonne (Bonnie) Maldonado (Pediatrics), Doug Owens (Medicine/GIM), Audrey Shafer (Anesthesiology), Tim Stanton (PriSMS), Charlie Taylor (Surgery/Vascular Surgery and Engineering), and David O'Brien (Institutional Planning). Because of a prior commitment, Dr. Schoolnick was unable to attend the Town Hall Meeting but Dr. Parsonnet gave an update on the status of the Scholarly Tracks. Specifically, plans are underway to issue RFAs for the support of the initial Scholarly Tracks, each of which will need to develop a program of course work, mentoring and research opportunities for students. It is expected that all students will eventually participate in a Scholarly Track, making their selection during their first year but with the flexibility to change tracks based on evolving interests. Work is also underway to develop a general study track for students who require more independent study. Again, it is anticipated that the initial Scholarly Tracks will be available for students entering in September 2003.

Education Facilities Planning: I gave an update on the progress we have made in interim facilities renovation of classrooms, student lounge areas, library, etc. and the timeline for their completion during the next academic year. I also gave a

status report on the SMILE (Stanford Medicine Information and Learning Environment) Project, including its current scope, planned location and approximate timeline. This is my highest priority project for capital development for the School and it is our very definite hope to complete it by no later than 2008-2009. Parenthetically, those years are respectively, the centennial of the founding of the Stanford University School of Medicine, and the 50th Anniversary of the location of the School and Hospitals on the Stanford campus. I also described the site that will likely house SMILE, which is adjacent to the Clark Center and Beckman Center – more details will follow shortly.

Family Medicine Clerkship. Recognizing the important and valuable role that the family medicine clerkship provides to our students, I am pleased to announce that we are forming a Center for Education in Family and Community Medicine within the Office of Student Affairs. Dr. Sam LeBaron, Associate Professor of Medicine (Family Medicine) will serve as the first director. In addition to overseeing the clinical clerkship in family medicine, it is my hope that this new Center will provide an umbrella over the various important community based initiatives within the School. I very much value the many contributions made by faculty and students to improving the lives of our broader community through care, education and research. The new Center provides further evidence of the School's commitment to this important area.

Restructuring Plans for Information Resources and Technology

Senior Associate Dean for Information Resources and Technology (IRT), Dr. Henry Lowe, has asked me to inform you that on October 1, the School launched a new organization dedicated to providing innovative and effective information technology (IT) and knowledge access services to the Stanford biomedical community. Since it was established in March of this year, the Office of Information Resources and Technology (IRT) has been developing a new organizational structure that combines the exceptional talents of the staff of Lane Library, MedIT and SUMMIT with those of recently recruited IT professionals to create a newly integrated organization that will effectively support the Schools clinical, research, educational and community outreach missions. Under the direction of Dr. Lowe, this organization is currently engaged in a comprehensive IT strategic planning process, while also working on a number of urgent IT problems related to data center services, wireless networking infrastructure, IT security, database support, HIPAA-compliance, knowledge access tools and learning technologies. The overall goal of IRT is the development of an innovative information technology infrastructure and knowledge access environment that can support Stanford's biomedical community. This infrastructure will be designed to address critical, real-world problems that face our community. It will be developed collaboratively using a process that brings together information technology, library science and biomedical domain expertise both from within Stanford and from regional, national and international partners. The new Stanford Biomedicine information technology and knowledge resource infrastructure will be standards-based, innovative, user-centric and designed to support the essential systems inter-operability that will ensure the free flow of the data and knowledge that drives

patient care, research and education. IRT is committed to providing our community with access to information to support their missions while protecting the privacy and confidentiality of that information.

To learn more about the new IRT organization visit its website at <http://www.med.stanford.edu/irt/> or email IRT at irt@med.stanford.edu

Farewell and Welcome

October 4th was the final day for Ms. Beverly Simmonds, Special Assistant to the Dean. Ms. Simmonds leaves for Boston with her husband who is being relocated to that fair city. Bev joined the Dean's office just a year ago, having previously been the DFA for Biochemistry. Since joining the Stanford community nearly four years ago, Bev has done an outstanding job in every position she has held. I will miss her tremendously as will her many friends and at the School and the University. I want to take the opportunity to thank Bev for all the helpful and important work she has conducted for the School and especially for her invaluable role as Special Assistant.

While wishing Bev a fond farewell, I am also very pleased to announce that Kathryn Gillam, Senior Associate Provost for Faculty Affairs and Foundation Relations will replace Bev Simmonds as Special Assistant to the Dean beginning October 28th. Dr. Gillam has had an extremely distinguished career at Stanford during the past 12 years and I am enormously pleased that she has agreed to join the Dean's Office in this important position.

I am also pleased to welcome Ms. Ellen Waxman who will assume the new position of Director of Academic Reviews and Investigations reporting to Dr. David Stevenson, Senior Associate Dean for Academic Affairs. Ms. Waxman previously served as university ombuds and director of the Stanford Mediation Center. We are extremely pleased that she will be joining the Dean's office in this new and important position.

Past Events

- **Graduate Student Dinner:** On Tuesday evening, September 24th our incoming Graduate Student Class joined faculty for a festive welcoming dinner at the Arrillaga Center. Dr. James Nelson, Senior Associate Dean for Graduate Student and Postdoctoral Education served as the host. Once again, as noted in the September 23rd Newsletter, we are fortunate to have attracted another spectacular class of graduate students to Stanford.
- **Stethoscope Ceremony:** On Wednesday evening, September 25th the Annual Stethoscope Ceremony was held to welcome incoming medical students and their families to Stanford and the School of Medicine. While most schools herald the transition to medical school with a "white coat" ceremony, Stanford has been unique in providing a stethoscope to each student as an emblem and tool of the career on which they are about to embark. The concept of a Stethoscope Dinner is

attributed to Dr. Elliot Wolfe, the Director of the Office of Medical Student Professional Development, and I am personally grateful to the focus of this event since historically and to this day, the stethoscope has been used to connect physicians to their patients whereas the white coat, while symbolically significant, tends to create more of a distance and professional separation. The Ceremony was a true celebration of a new beginning for our students – and their families.

- **Blackhawk Event:** On Tuesday evening, September 24th I joined faculty of the Department of Urology for a special education event and reception at the Blackhawk Museum in Danville, CA. Sponsored by Mr. Kenneth Behring, currently Founder of the Wheelchair Foundation and founder of the Blackhawk Museum, the evening featured Dr. Linda Shortliffe, Professor and Chair of Department of Urology, who provided an overview of the field of urology to an audience of over 100 interested members of the community. Dr. Joe Presti, Associate Professor of Urology then gave an update on the screening and testing for prostate cancer and Dr. James Brooks presented an overview of preventive strategies as well as new approaches for diagnosing urological malignancies. The presentations were followed by a lively and informed discussion with a very interested and participative audience. This event helped us to bring an update on the important work going on at Stanford to the east bay community.
- **Addiction and the Brain.** In order to provide a better understanding of addiction, the Stanford Brain Research Center coordinated a program that attracted more than 400 participants to a symposium held in the Fairchild Auditorium on Friday, October 4th. The symposium was made possible through the generous support of Mr. T. Robert Burke and featured presentations by leading investigators in the field including Ting-Kai Li, who was recently named the new Director of the National Institute on Alcohol Abuse and Alcoholism. Special thanks for organizing this important event go to Professors Dick Tsien, Bill Mobley, Rob Malenka, Ben Barres and other members of the SBRC.

Future Events

- **How to be a Stanford Faculty Entrepreneur: Role Models and Resources:** I have been asked to let you know about special program exclusively for Stanford faculty members that focuses on the practical side of entrepreneurship at Stanford. The Stanford Office of Technology Licensing (OTL), the Stanford Technology Ventures Program (STVP), and Concept2Company (C2C) sponsor this event.

The program will be held on Wednesday, November 5th from 12:30-5:30 p.m. at the Arrillaga Alumni Center. The seminar will feature a welcome by Jim Plummer, Dean of the School of Engineering, and an interactive interview with John Hennessy, Stanford University President, both of whom are successful entrepreneurs.

This event is intended for Stanford faculty members who are interested in learning how to evaluate the commercial value of their academic research, how to work with the Stanford licensing office, and how to take advantage of all of the resources in the Silicon Valley community. Panels of industry experts and experienced entrepreneurs will provide a guide to resources available to prospective faculty entrepreneurs and advice from those who have traveled this path before. A reception will follow the formal program, providing an opportunity to talk informally with other faculty members and panelists.

To view the agenda, learn about the speakers and panelists, and to register for the conference, please visit: <http://sen.stanford.edu/senfacultyseminar/> Space is limited and registration is required. To register contact <http://sen.stanford.edu/senfacultyseminar/registration.fft>. If you have any questions, please contact Sally Hines at: sally.hines@stanford

- **Reception for New Faculty of Color:** On Monday, October 21st, Provost Etchemendy will host a reception to welcome new faculty members of color to the Stanford community. The reception will be held in the Stanford Faculty Club from 4:30-6:30 p.m. This event is the result of a coalition between the Committee on Black Performing Arts (CBPA) and other Ethnic Centers on campus. On behalf of Professor Elam and the Provost, I would like to extend an invitation to the School of Medicine faculty and community to attend this reception.
- **Invitation to Moonlighting:** Arghavan Salles, one of the newly elected members of SMSA, has extended an invitation to the faculty and staff of the School of Medicine to attend “Moonlighting” the medical school’s annual semi-formal dance on November 9th. It will be held in the Great American Music Hall in San Francisco from 9:00 p.m. – 1:00 a.m. Tickets are \$25 for students and \$40 for everyone else. The contact person for tickets and information is Gladys Martin – gladys.martin@stanford.edu. This is the first time that faculty and staff have been invited to this event and it is a lovely opportunity to develop new connections within our broader community. I want to thank SMSA for extending this invitation.
- **Etta Kalin Moskowitz Memorial Lecture:** Dr. Sanjiv Sam Gambhir, Director, Crump Institute for Molecular Imaging, UCLA School of Medicine, will be this year’s Memorial Lecturer. The title of his lecture is “Molecular Imaging in Animals and Humans: Opportunities for the Next Decade”. Dr. Gambhir’s lecture will be held on Thursday, November 21st at 5:30 p.m. in the Lucile Salter Packard Children’s Hospital Auditorium. A reception will follow in the lobby.

Announcements

- **Dr. Thomas M. Krummel**, Emile Holman Professor and Chair of the Department of Surgery, was recently inducted into the Halsted Society. This is one of the oldest and most prestigious surgical organizations in the country with

an active membership of only 75. He becomes the second Stanford Chair of Surgery, after Dr. Robert Chase, to be elected to this organization.

The Halsted Society was created in April 1923 and named after William Stewart Halsted, M.D. as it was felt that he had given the surgical profession a new philosophy and a basic scientific approach to surgery (Dr. Halsted had died just the year before on September 7, 1922).

Today the Halsted Society is a vigorous organization of professional men and women who support the purposes listed in Article II of the Society's constitution: to perpetuate the memory of Doctor William Stewart Halsted; to further the scientific principles and ideals for which he stood; to encourage exchange of ideas, free and informal discussion, and a spirit of sociability and good fellowship among its members.

- **Dr. Mark McClellan**, Associate Professor of Economics and of Medicine, has been nominated as Commissioner of the Food and Drug Administration by the Bush Administration. Dr. McClellan, a faculty member in the Department of Medicine and CHP/PCOR is currently on leave at the White House in order to fulfill this important duty. Dr. McClellan's nomination has already achieved broad bipartisan support recognizing his remarkable credentials and attributes for this most important position.
- **Terence A. Ketter, M.D.**, Chief, Bipolar Disorders Clinic, and Associate Professor of Psychiatry and Behavioral Sciences at Stanford School of Medicine has received the eighth annual Outstanding Faculty Physician Award for excellence in specialty care of students. The award was presented by the Vaden Health Center. Dr. Ketter's outstanding diagnostic skills and his expansive knowledge of psychopharmacology have made him an outstanding clinician and an invaluable consultant for CAPS staff. "His knowledgeable approach has enabled many Stanford students to continue their academic careers," said Dr. Alejandro Martinez, Director of Vaden's Counseling and Psychological Services.
- **Anna Dapelo-Garcia**, Business Operations Manager for Clinic Administration for Stanford Hospital and Clinics, was given the sixth annual Vaden Award for Exceptional Service in facilitating health care of Stanford students. These awards were presented at the annual fall seminar of Vaden staff on September 18, 2002. Dapelo-Garcia, a thirteen-year employee of Stanford, was honored for ensuring that the logistics of referrals between Vaden and Stanford Clinics proceed smoothly and in a timely manner. Jane Meier, Associate Director of Vaden, noted her recent key contribution dealing with changes in students' insurance coverage.

Vaden offers medical care, counseling and psychological services and health promotion services to 14,000 Stanford students and their spouses and domestic partners. By referral from Vaden, clinics at Stanford Medical Center had more than 2,000 visits last year by Stanford students.

Congratulations to all!

Dean's Newsletter

October 21, 2002

ACCESS: Safety and Accountability in Clinical Research

On Monday October 7th, ACCESS hosted an extremely well attended symposium on Safety and Accountability in Clinical Research at Stanford. Given the enormous attention that has been focused in the press and by communities nationally on the conduct of clinical research, it is imperative that leading academic medical centers like Stanford critically review their programs and performance to assure that patient safety and the public trust is assured. Thankfully, Stanford has taken these matters very seriously and has done an outstanding job in this important but challenging area. This is especially important given the School's commitment to research and the affirmation, through our ongoing Strategic Planning Process, that translational clinical research is one of our highest priorities in the years ahead, serving as a means to bring knowledge from the laboratory to the bedside and as a vehicle to align our basic and clinical research students and faculty.

This year's Keynote Symposium Speaker was Greg Koski, MD, PhD, who has served as Director of the Office for Human Research Protection in the Department of Health and Human Services since September of 2000*. Dr. Koski reviewed the progress that he observed taking place throughout the nation as academic medical centers have responded to the public concern about human subject safety in clinical research. He also cited Stanford as a leader and pacesetter in working diligently to assure human subject safety in clinical research.

Symposium participants, together with faculty panels, reviewed three mock cases to discuss issues in the recruitment of subjects to clinical trials, the informed consent process, conflicts of interest, the role of the Institutional Review Board, and the importance of assuring patient privacy as well as creating an environment of safety and accountability. Special thanks go to Dr. Steve Alexander, Professor of Pediatrics (Nephrology) and Medical Director of the ACCESS Clinical Trials Office and Mary Sweeney, Program Manager, along with the Planning Committee, for putting together an excellent program.

*Of note, Dr. Koski resigned from position of Director of OHRP on October 16th.

"Bench-Side" Consults

We generally tend to think of consultations regarding biomedical ethics as taking place in the hospitals or related medical settings. However, they are also very important in the research laboratory. Dr. Hank Greely, C. Wendell and Edith M. Carls Smith Professor in

Law and current chair of the University Academic Council, has provided the following update. According to Professor Greely, “not everyone knows...that, like the Medical School itself, the Bioethics Center has a dual focus, working on both clinical medicine and basic biomedical science. The Center has provided ethics consultations not just to clinicians, but to basic science researchers whose projects raise ethical concerns. The Center's monthly seminar this past October 3rd provided a nice example. Professor Hank Greely from the Law School presented the preliminary report of a five person working group assembled by the Center to consider the ethical implications of some of Dr. Irv Weissman's work with human brain stem cells. Dr. Weissman wants to try to create mice with brains made up, largely or entirely, of human neurons in order to have an *in vivo* model for studying those neurons and their reactions to both insults and treatments. The group's report tries to provide clarity and guidance about the issues this research raises, both for Dr. Weissman and for others, including the public. The Center wants to provide more help to basic science researchers, whether through published reports by working groups or through short telephone or e-mail communications.

More About the Respectful Workplace

I have conveyed in past Newsletters the importance I place on having a “respectful workplace” within the School of Medicine. A number of initiatives are in place to educate and assist students, faculty and staff and it is our hope that these will help to assure that all members of our community feel valued and respected but, if they have concerns, that they know where to go for help and assistance.

At the Dean's Staff Meeting on Wednesday, October 9th, Martha McKee reviewed her role as the Ombudsperson for the School. She also described other resources available within the medical community. She highlighted that the Ombudsperson must be both impartial and independent and assures confidentiality in all interactions. The Ombudsperson is available to listen to concerns, clarify procedures and suggest options. The mission of the Ombudsperson's Office is to consider the rights and interests of individuals but not to advocate for any individual or group but rather, to advocate for fairness and equal treatment. You should feel free to contact the Ombudsperson when you need someone to listen; when an awkward situation occurs in the workplace or uncomfortable feelings are bothering you; when you are unsure of Stanford policy or you believe a policy, procedure or regulation has been improperly applied; when you think you have been treated unfairly; when you think that someone has engaged in misconduct or what you think may be an ethical violation; when you believe you are being harassed; or when you are afraid of retaliation. The services of the Ombudsperson are available at Stanford to be a resource for faculty, students, staff, housestaff and postdoctoral fellows in the School of Medicine. If you need assistance contact Ms. Martha McKee at 650-498-5744 or by email at Martha.Mckee@leland.stanford.edu.

In addition to the Ombudsperson, the School of Medicine has other resources for problem resolution. Please note the following:

Medical Students

Julie Parsonnet, MD, Senior Associate Dean for Medical Education

Eleanor Antonakos, DFA/Office of Student Affairs

Interns and Residents

Ann Dohn, Office of Graduate Medical Education

Graduate Students

Ellen Porzig, PhD, Associate Dean for Graduate Student Affairs
W. James Nelson, PhD, Senior Associate Dean for Graduate and
Postdoctoral Education.

Postdoctoral Scholars

Michael Cowan, Associate Dean for Postdoctoral Affairs

Staff/Staff Physicians

Cori Bossenberry, Director, Human Resources Group
Norma Leavitt, Associate Director, Human Resources Group

Faculty

David Stevenson, Senior Associate Dean for Academic Affairs
Linda Deasey, Assistant Dean for Academic Affairs
Ellen Waxman, Director of Faculty Relations

Again, these resources are available to help us achieve the most respectful workplace that is possible.

Board of Trustees Update on the Clark Center

At the Committee on the Medical Center of the Stanford University Board of Trustees, Matt Scott, Professor of Developmental Biology and Genetics and Chair of the Bio-X Leadership Council, gave an update on “Interdisciplinary Research in Biology” also known as the Bio-X Program. The goals of Bio-X are to foster interdisciplinary education for a new generation of students, facilitate innovative collaborations among scientists and physicians across the spectrum of the physical, engineering, biological and social sciences, and provide bridges to the community through education and concerns for public policy and ethics. To accomplish these objectives, the Bio-X program will:

- Design events and programs that foster discussion and collaboration across the boundaries of traditional fields.
- Offer programs and incentives (e.g., grants) to stimulate collaboration of teams with diverse backgrounds.
- Build an intranet to facilitate communication between Bio-X affiliates across the Stanford campus.
- Generate a planning process for interdisciplinary education.

Among the current themes of Bio-X at Stanford are:

- Biocomputation (including imaging, bioinformatics, protein folding, biomechanical stimulation)
- Biodesign (including biorobotics, device discovery)
- Biophysics
- Chemical Biology
- Genomics/Proteomics
- Regenerative Medicine

Bio-X at Stanford has unfolded as a program that now engages four Schools (Earth Sciences, Engineering, Humanities & Sciences, and Medicine) and with more than 20 departments now participating. The Clark Center will house part of the Bio-X program when it opens in June, 2003. To date, 31 faculty are planning on locating some or all of their laboratories to the Clark Center. When assembled, they will include a breathtaking array of faculty disciplines, as well as both senior and junior members, a third of which are Assistant Professors. In addition, the Clark Center will be the administrative home of the newly established Department of Bioengineering between the Schools of Engineering and Medicine, whose mission is “Create a fusion of engineering and the life sciences that promotes scientific discovery and the development of new technologies and therapies”.

The emerging themes in multidisciplinary research and education at Stanford are exciting and important and are likely to distinguish our university as a unique and very special institution during the years ahead.

Faculty Senate Update on Curriculum Planning

As you know, under the leadership of Senior Associate Dean for Medical Education Julie Parsonnet, we are engaged in curriculum redevelopment for medical students with the goal of instituting important new changes for the Class entering in 2003. One of the overarching goals includes fostering parallel learning throughout the medical school in both basic science and clinical medicine in order to foster continued connectivity with the scientific principles that are the foundations of modern clinical medicine and clinical practice. In addition, we want our students to be able to pursue independent scholarship throughout medical school through “scholarly tracks” (or medical majors) that will enable them to develop specific skills through a mentored curriculum with associated research. In order to accomplish these and related goals, it is also important to critically assess the fundamental essential knowledge that students must gather early in medical school in order to prepare them for life-time learning. Rather than adhering to the more traditional and compartmentalized medical school curriculum of “preclinical” followed by “clinical” training, we would like to find greater linearity and connectivity to both areas of learning. To accomplish this and also create opportunities to commence the “scholarly track” experience during the first year of medical school, it is important to reduce class time during the initial phases of medical school – some of which will be moved to later years of medical training. These changes are, of course, all interrelated and must be further guided by assuring that our students still have an environment that fosters flexibility and individual development. Such changes quite naturally foster both excitement and concern.

In order to benefit from the experiences of other institutions that have recently undergone curriculum change, the Medical School Faculty Senate invited David Irby, Ph.D., Senior Associate Dean for Education and Helen Loeser, M.D., Associate Dean for the

Curriculum from UCSF to speak at its October 16th meeting. Drs. Irby and Loeser shared the challenges they faced in instituting the major changes under way at UCSF. One guiding principle is that the changes are continuous and require ongoing adaptation. The second is that there is always resistance to change, regardless of the nature of the change or the portion of the curriculum being modified. The third is that faculty and student engagement is critical and that a clear mandate from School leadership essential.

I am cognizant that change is difficult and that there are many stakeholders, each with an important perspective. That said, we agreed through the Strategic Planning process that began more than a year ago that the general directions outlined above were essential to the future of Stanford Medicine. I am absolutely and unequivocally committed to having these changes occur in a timely manner. I am confident that the guiding principles that will shape these changes discussed above will enrich the opportunities for our students and make education at Stanford transformational in American Medicine for the 21st Century.

Update from the Executive Committee

At the Executive Committee meeting on Friday October 18th, the changes that are now planned for the professorate were reviewed and discussed. These changes are the result of a more than yearlong planning effort led by Senior Associate Dean for Academic Affairs, Dr. David Stevenson. I will present an update about the changes in the next scheduled issue of the Dean's Newsletter on November 4th.

Among the other topics discussed at the Executive Committee were:

Working with the Office of Communications and Public Affairs. A presentation was given by Ritch Eich, Chief and Michelle Brandt who described the role of their Office in linking the faculty with the media. A strong plea was made to the Chairs that they and the faculty get to know and work with the Office of Communications and Public Affairs and that they should feel free to call (650-723-6911) whenever there are questions or concerns. Specifically, the Office can help faculty with:

- Counsel in responding to requests for interviews from print and broadcast reporters – including media training.
- The Office can help disseminate information that features important faculty stories and events.
- They can prepare response to sensitive and potentially negative information.
- Facilitate broadcast of photo shoots within the medical center.

Dr. Eich and Ms. Brandt also made clear that faculty could help them by:

- Contacting their office with ideas for the Stanford Report and press releases
- Providing notice (ideally two weeks) about publications that may be newsworthy.
- Alerting them to events or issues that may generate media interest.
- Letting them know if a reporter contacts you.

I would encourage you to work closely with the Office of Communications and Public Affairs – and to certainly contact them if you have any questions or need advice.

Health Insurance Benefits: We had a presentation regarding the upcoming open enrollment and the various changes in health care coverage. As you likely know, health care inflation is occurring nationally – and locally – with increases in rates exceeding 25-30%. These and other changes are impacting the choices available for Stanford University employees. You should have received information about the options and if you have questions you should contact the Benefits Office at 650-736-2985 or visit the website at <http://benefitsu.stanford.edu/>

It is important to note that if you want to have full access to Stanford faculty the options are restricted to the Blue Shield PPO and the Definity Plan. Access to Stanford physicians may be also available the Blue Shield Triple Option. Please also note that the options are different for Postdoctoral Scholars and their questions can be directed to Michael Cowan, Associate Dean for Postdoctoral Affairs at 650-725-5075.

Congratulations

On October 14th, the Institute of Medicine of the National Academy of Sciences announced its newly elected members. Included among them were **Dr. Linda Giudice**, Stanley McCormick Memorial Professor of Obstetrics and Gynecology and **Dr. Irv Weissman**, Karel and Avice Beekhuis Professor of Cancer Biology, Professor of Pathology, Developmental Biology and by courtesy, of Biological Sciences. This brings the number of Stanford faculty elected to the IOM to 36. Congratulations to Drs. Giudice and Weissman.

Mr. Mike Hindery announced that **Carole Buffum** has been appointed as Assistant Dean for Finance and Administration in the School of Medicine. Carole has served for four years as the School's Executive Director of Finance and Administration and before that served in several finance and management roles in the Dean's Office. Although Carole's role and responsibilities are not changing, the new title is appropriate recognition for Carole's role and responsibilities in and contributions to the School. Congratulations Carol.

Dr. David Spiegel was formally celebrated as the Jack, Samuel and Lulu Willson Professor at a lovely dinner held in his honor on October 8th. This offered an opportunity to acknowledge Dr. Spiegel's many contributions to both scholarship

in mind/body interactions and resultant important programs for patients facing the challenges of cancer or stressful life situations or events. He is internationally recognized for his important contributions to psychiatry and he is the recipient of numerous honors and awards.

Dr. Malcom Bagshaw, Henry Kaplan-Harry Lebeson Professor of Cancer Biology, Emeritus was awarded the Gold Medal of the American College of Radiology at its 79th Annual Meeting on October 1. He was recognized for his contributions to the field of radiology, especially the development of concepts for the treatment of prostate cancer.

Dr. Ted Harris, George DeForest Barnett Professor of Medicine and past Chair has been elected to Fellowship in the Royal College of Physicians of London. Congratulations to Dr. Harris

On Friday, October 18th, a wonderful event was held in the Bing Dining Room to celebrate the career of **Dr. Harry Oberhelman, Jr.**, Professor of Gastrointestinal Surgery, Emeritus. Dr. Oberhelman has been a major figure at Stanford for more than 42 years, having joined the faculty within a year of the School moving to the Palo Alto campus. Since then he has been a distinguished and revered surgeon and colleague who is deeply respected for his many contributions to patients, trainees and Stanford.

Upcoming Events

Walk for Diabetes. On Sunday, October 27th, Stanford Medical School students, along with others from the University and neighborhood communities will participate in the “Walk to Cure Diabetes” that will be held in Shoreline Park in Mountain View, beginning at 9AM (with registration beginning at 8:00 a.m. Our students invite you to join the Stanford School of Medicine Team and, by your participation, help in supporting research in diabetes. (The walk is only three miles).

The Fall Forum on Community Scholarship and Service, organized by Stanford Medical Students and sponsored by the Public Service Medical Scholars Program, will be held on Wednesday, November 6th, from 5:00-7:30 p.m. at the Frances C. Arrillaga Alumni Center. Dr. Robert Ross, CEO of the California Endowment will give the keynote address. This first-time event will showcase a wide range of service and partnership research projects undertaken by Stanford medical students in underserved communities here and around the world. If you have any questions please contact schevez@stanford.edu or call 650-736-1957 and if you are planning to attend, please RSVP to stanfordfallforum@yahoo.com or 650-736-1957.

Appointments and Promotions

Richard Bland has been appointed Professor of Pediatrics (Research), 11/01/02-10/31/08.

Joan Frisoli has been appointed Assistant Professor of Radiology at the Stanford University Medical Center, 10/1/2002 to 9/30/2005

Thomas Hsu has been appointed Assistant Professor of Urology at the Stanford University Medical Center, 11/1/2002 to 10/31/2005

Mark Musen has been promoted to Professor of Medicine (Medical Informatics) and, by courtesy, of Computer Science, effective 11/01/01.

Lawrence Shuer has been promoted to Professor of Neurosurgery at Stanford University Medical Center, effective 11/1/02.

Dean's Newsletter November 4, 2002

Important Evolution of the Appointment and Promotion Process

One of the nine Work Groups taking part in the School of Medicine's Strategic Planning process that began in September 2001 focused on the Professoriate and was led by Dr. David Stevenson, Senior Associate Dean for Academic Affairs and the Harold K. Faber Professor of Pediatrics. The major goal of the Work Group on the Professoriate was to recognize the important missions of the School of Medicine in education, research and clinical care and to seek ways of aligning faculty development and promotion to these essential roles. The dominant focus of the Work Group was on the appointments and promotions of clinical faculty. While there was a time when every clinical faculty member was expected to excel in each of these missions it is widely now recognized that the demands and expectations of a career in clinical medicine or in research requires a more singular focus. At the same time, it is expected that all faculty members in the School of Medicine should contribute to education. Dr. Stevenson and his colleagues recently completed their work, and I am pleased to announce the results of their efforts. The revisions discussed here are effective November 1, 2002.

Background and History

The changes that are forthcoming represent an evolution and are best framed within a historical context. Until 1989, Stanford faculty in the School of Medicine held Academic Council appointments in the "University Tenure Line (UTL)" or in the "Non-Tenure Line" in the areas of, teaching, research or clinical care (NTL[T], NTL[R] or NTL[C]). In 1989 a new faculty line, the Medical Center Line (MCL), was established by the

University. The new line was the result of a School of Medicine committee chaired by Dr. Saul Rosenberg, Maureen Lyles D'Ambrogio Professor of Medicine and Radiation Oncology, Emeritus. The driving rationale for creating the MCL was to help meet the increasing needs of the Medical Center to fulfill vital patient care and teaching needs. Although MCL faculty are members of the Professoriate and are eligible for housing, tuition and related benefits, they are not members of the Academic Council and can serve as the principal investigator of a research project only with a waiver. Further, their academic titles are associated with the respective affiliated hospitals (e.g., Stanford Hospital & Clinics [SHC], Lucile Packard Children's Hospital [LPCH], Palo Alto VA Medical Center [PVAMC], Santa Clara Valley Medical Center [SCVMC]) and do not carry tenure. That said, appointments at the rank of professor beyond the initial appointment, which is for a term of years, confer "continuing terms of appointment," which afford significant security.

During the past decade, the number of MCL faculty members has increased nearly exponentially, both to meet the expanding clinical needs of the clinical departments and hospitals and because of the relative limitations of appointing clinical faculty to UTL positions, especially during the early to mid 1990's. As of October 28, there were approximately 333 members appointed in the MCL, all of these appointments having transpired during the past decade. In contrast, as of the same date, there are 310 UTL in the School of Medicine, 88 in basic science departments and 222 in clinical departments.

During the past 10-12 years, there have been continuing changes in the composition and functions performed by "MCL" faculty. Most notably, an increasing number of our MCL faculty are now engaged in research (both wet and dry laboratory as well as clinical trials) and about 40% have achieved external peer-reviewed funding. In some cases, the distinctions between the research contributions of MCL and UTL faculty have become blurred. At the same time, there is also wide disparity in the written scholarly contributions of MCL faculty as a whole, in part because the expectations for such have themselves evolved. Furthermore, departments have had varying expectations for MCL faculty, in part because of innate differences among clinical specialties. Moreover, despite the progress that has been made in recognizing the critically important role of the MCL faculty in the School, since my arrival in April 2001, I have heard from many MCL faculty members that they still feel like "second class citizens" within the University. I certainly do not agree with that perception, and I believe that the MCL faculty is an essential and enormously valuable component of the professoriate.

In addition to the UTL, Non-Tenure-Line, and MCL faculty, there are two other groups who are extremely important to the patient care success of the Medical Center and the teaching mission of the School. First are "staff physicians," who are appointed within departments on fixed terms to carry out critical patient care responsibilities. They are regular university staff and are not members of the professoriate. They are currently appointed as members of the "Voluntary Clinical Faculty (VCF)." Their numbers vary across clinical departments but in the aggregate, there are now over 300 staff physicians, although a number of these are part-time appointments. In addition to the important role that staff physicians play in the delivery of patient care, many are also intimately

involved in teaching students and trainees, and a number of them have been highly lauded as among our most valued clinical teachers.

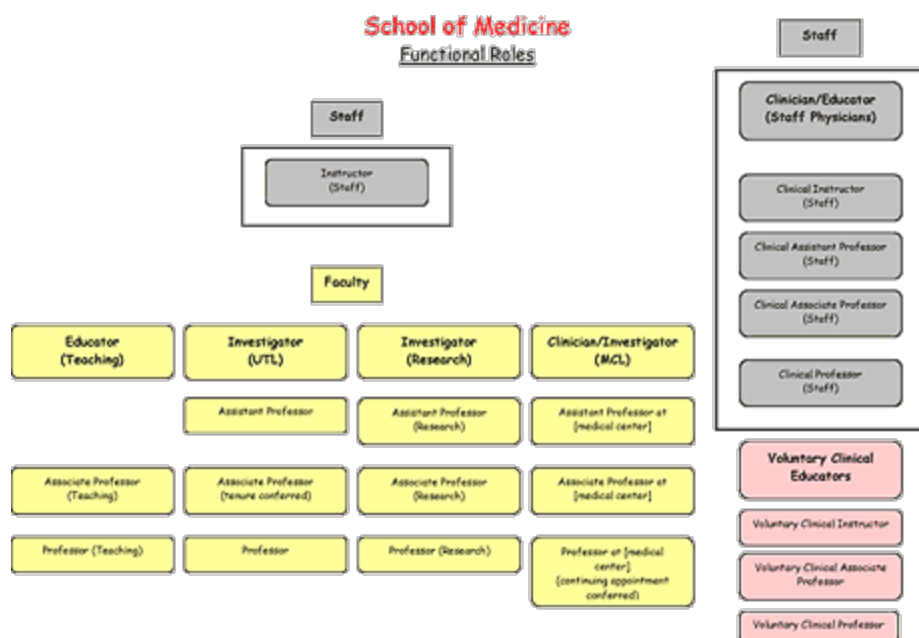
The final group is comprised of community physicians who either practice at Stanford Hospitals or who teach medical students and trainees in their offices or at affiliated hospitals. This group has been referred to as “Voluntary Clinical Faculty.” The VCF have been appointed by clinical departments and have been expected to provide at least 100 hours of teaching per year. While we welcome, value, and benefit from community physician colleagues who contribute to our teaching mission, it must be noted that the number of individuals in the VCF has expanded over the years, reaching in excess of 1500 just over a year ago; there are currently approximately 1035 members. While recognizing their value, I must also point out that the criteria for appointment and promotion of VCF have been without academic criteria; advancement from voluntary clinical assistant to associate to full professor has been based on length of service rather than evidence of scholarship or an evaluation of teaching performance. This represents a point of confusion both within the School and Medical Center as well as to our community of patients and colleagues locally and nationally.

Process for Change and Evolution

The major focus of the Work Group on the Professoriate chaired by Dr. David Stevenson was to address the current and future status of the MCL faculty, Staff Physicians and Voluntary Clinical Faculty. To accomplish this, two subcommittees were appointed, one focusing on the MCL faculty and the second on Staff Physicians, community physicians and the VCF. Both of these subcommittees were chaired by Dr. Maurice Druzin, Associate Dean for Academic Affairs and the Charles B. and Ann L. Johnson Professor of Obstetrics & Gynecology. Both subcommittees had broad representation, including UTL, MCL, Staff Physician and community physician VCF members. The subcommittees worked diligently during the past year and presented updates to the Medical School Executive Committee, Faculty Senate, the Strategic Planning Retreat and, during this past summer, to the Provost. Because the recommendations that were proposed to the Provost represent evolution and clarification, they do not constitute changes requiring review by the Senate of the Academic Council. At the same time, it was imperative that the recommendations have the support of the Provost and his advisory group. Not only did the Provost endorse the Schools recommendations, he also helped to clarify and improve a number of them. Accordingly, these changes became effective November 1, 2002.

A General Framework

Based on the issues and challenges described above, our overarching goal has been to develop and clarify our faculty and physician lines to better make sense in the current era and to better align available career paths to the functions carried out by faculty and physicians. To this end, we have devised a framework that encompasses all of our lines. Within this general framework we have made the specific revisions in the MCL, the staff physician, and the VCF categories that are described below.



The general framework is illustrated in the shown above. It consists of four groupings. The first is the faculty, which consists of the Academic Council and Medical Center Line. We have further designated the ranks within these two groups using the following names: the UTL and Non-Tenure-Line faculty are designated as Investigators, the Non-Tenure-Line Teaching faculty as Educators, and the MCL faculty as Clinician/Investigators. The purpose of these names is to highlight the distinguishing, core functions of the members of these groups; they are not meant to imply that members of a particular group do not engage in the activities of the other groups. For instance, faculty in all of these groups are engaged in the teaching enterprise.

The second and third groups are regular staff groups. One is the staff physician group, which we have designated Clinician/Educators, and the other is a new staff rank of Instructor. The fourth group, previously known as the Voluntary Clinical Faculty, has been given the new designation of Voluntary Clinical Educators.

Revisions in the MCL, Staff Physician, and VCF Lines

1. Designation of Medical Center Line faculty as Clinician/Investigators

Given the increasing role of MCL faculty during the past decade in clinical research and the mission of the School to promote translational research in medicine, this group of faculty is optimally poised to carry out these important functions. The new Clinician/Investigator designation is meant to highlight the research role of MCL faculty and to incorporate it into the criteria for appointment, reappointment, and promotion. MCL faculty will be expected to participate in clinical research and to produce written scholarship. The revised criteria for appointment, reappointment, and promotion, which make this expectation clear, will be available in the Faculty Handbook (www.med.stanford.edu/academicaffairs/handbook) in the near future.

We recognize that some current members of the MCL faculty may have entered their present positions with a somewhat different understanding of the criteria for scholarly productivity. For such individuals, the School and the Provost are prepared to consider extensions of appointment prior to the reappointment or promotion review to allow the opportunity for additional scholarly work. Faculty who believe they may fall into this group should be in touch with their department chairs. Requests for extensions of appointment will be considered on a case-by-case basis. The revised criteria apply immediately to all faculty appointed on or after November 1, 2002. They will be implemented for all current faculty over the next several years.

In the context of the new Clinical/Investigator designation, Dr. Stevenson and I have undertaken efforts to review the rights of PI-ship for MCL faculty. During this past year, we have achieved the ability to grant a “blanket waiver” for MCL faculty for research being conducted in the same general area. We are currently working with the Provost and the Committee on Research of the University Faculty Senate to pursue this important query.

We are also examining the role that MCL faculty have at different affiliated hospitals as well as the differences in rewards and benefits that may apply in different settings.

2. Designation of Staff Physicians as Clinician/Educators.

Recognizing the important role that Staff Physicians play in the delivery of patient care and to the education of medical students and trainees, we are seeking ways to better affirm the contributions these physicians make to our clinical care and education missions. The new designation of Clinician/Educator is meant to recognize these roles and provide a more meaningful career path for these individuals at Stanford. Because Staff Physicians are University staff, employed by clinical departments, they will no longer carry the term “voluntary” as an appellation to their academic title. Rather, they will be referred to as “clinical assistant, associate or full professors” based on their performance and contributions.

Written scholarship will **not** be required for promotion in the Clinician/Educator line. Individuals in this line can be reappointed for repetitive terms. We will also entertain the transfer of current MCL members to the Clinician/Educator line if they feel that the functional criteria are more appropriate for the activities they are carrying out. Because we recognize that this line does not currently carry housing benefits (but, does, as a category of regular staff positions, carry eligibility for the tuition grant program according to the University’s policies about this program) we are working with Hospital leaders to address this matter and are hopeful that a resolution will be achieved.

3. Designation of the prior Voluntary Clinical Faculty as Voluntary Clinical Educators

The respected and valued role of community physicians emanates from their collegiality and from the educational contributions they can offer to students and trainees based on their knowledge and experience. Accordingly, this is not a formal faculty line per se but a means of acknowledging and rewarding community physicians who volunteer their time to advance the School and Medical Center's education mission. The new designation of this group as Voluntary Clinical Educators is meant to recognize this important role.

Because changes were anticipated in the VCF, all new appointments were put on hold last year and all current members were extended for a year. This extension was reinstated in September of 2002 and extends through August 31, 2003. During this time, all community physicians who do not have current appointments in the previously designated VCF and who wish to have an appointment as a Voluntary Clinical Educator (VCE) must apply to the department chair. Those who do hold current appointments in the previously designated VCF will be grandfathered into the Voluntary Clinical Educator group and sustained at their current ranks with the requirement to add the word "Voluntary" to all titles and with evidence of continued service meeting the department's criteria for continued appointment.

The initial appointment in the VCE will henceforth be at the rank of "Voluntary Clinical Instructor." These appointments will be made by the clinical departments and will be based on criteria and procedures developed jointly by the department and the School. However, all other appointments and all promotions will require a review by a School-wide Voluntary Clinical Educator Committee. In addition, the rank of "Voluntary Clinical Assistant Professor" has been eliminated for new appointments.

As has been the case, in addition to being a physician in good standing who actively admits patients to Stanford Hospital & Clinics or Lucile Packard Children's Hospital or as a staff member at a major affiliate (Palo Alto VA Medical Center or Santa Clara Valley Medical Center), members of the VCE will need to make a commitment to engage in at least 100 hours of teaching annually. We recognize that this is a significant commitment for individuals who are very busy with full-time patient care responsibilities, and we deeply appreciate their generosity.

Importantly, all individuals must use the term "Voluntary" affixed to their title in order to make clear that they are volunteering their time and that they are not employed by the University and/or the Medical School

I want to underscore how much we value our community physician colleagues and how much we hope that these revisions will clarify and convey the value of an appointment as a Voluntary Clinical Educator.

Establishment of the Instructor Position

In order to smooth the transition from training to a path that leads to a faculty career in academic medicine we are introducing the title of Instructor. This is a regular University staff position. We envision that it will largely apply to individuals who are completing their clinical training and who may be candidates for “K awards”. The Instructor position will permit individuals to complete their training, assume where appropriate PI-ship, and compete for junior faculty positions at academic medical centers nation-wide.

I want to thank the many individuals who have worked hard to bring these important evolutionary changes to fruition. In particular, my thanks go to Drs. David Stevenson and Maurice Druzin along with Mrs. Linda McLaughlin. I also want to acknowledge the important input that we received from the Executive Committee, Faculty Senate, and Provost’s Office. It is important to note, of course, that these changes are aimed at making the process of appointment and promotion as fair and clear as possible and that this is a work in progress, with additional changes surely to follow in the months and years ahead.

Update on the Hiring Freeze

By now you have surely heard about the announcement of the Hiring Freeze at Stanford University that was recently announced by Provost John Etchemendy ([link to Stanford Report Oct 30th](#)). This is a University-wide mandate and thus includes the School of Medicine. Although we are cognizant of the potential impact of a hiring freeze we remain very optimistic that the School will sustain the progress we have been making and meet our important goals and objectives, especially those related to the School of Medicine Strategic Plan. Although the School of Medicine has had a number of challenges during the past years, and while we share the same concerns as the University regarding future forecasts based on the current economy, we have been managing our finances in very thoughtful, planned ways. That said, we believe that the University-directed hiring freeze provides us with an opportunity to review various personnel positions and determine if we might be able to save on expenses by doing things differently.

I wanted to update you on the way we will be handling the review of positions and requests within the School of Medicine. It is important to remember that this process applies to all positions, regardless of the source of funding. We have recently distributed to department chairs and DFAs the materials that must be completed to request an exemption to the freeze. These requests will be reviewed at least twice per week by a group led by Mr. Mike Hindery, Senior Associate Dean for Finance and Administration, that includes Ms. Cori Bossenberry, Director of Human Resources, Carole Buffum, Assistant Dean for Finance and Administration and Perry Everett, Controller. This group will determine whether the positions being requested are critical to the missions of the School and whether there might opportunities to do things differently, or more collaboratively. The criteria that will be used include the source of funding, the function

served, and the financial and staffing conditions of the unit requesting the position. Once this review has been completed, the recommendations will be forwarded to the Dean for a decision based on the process established by the Provost.

We recognize that this process will delay the posting of positions for several days. However we believe it will provide the most effective way of carrying out this process. Naturally, based on the experience that is gained, we will seek ways to further streamline the steps involved as this process continues.

We also recognize that while the announcement of a hiring freeze is not without significance and consequences, we remain optimistic that the University and we will remain successful in meeting our programmatic and mission-based objectives that our so vital to our collective future.

Updated Statement On Sexual Harassment at Stanford University

During the past week, an updated statement on sexual harassment has been circulated that addresses consensual relationships. As you know, I have underscored in previous communications and actions that a “respectful workplace” is one of my highest priorities. Accordingly, I am taking the liberty of reprinting the Statement from the University below:

CONSENSUAL SEXUAL OR ROMANTIC RELATIONSHIPS: 2002 Revision

- ***In General*** - There are special risks in any sexual or romantic relationship between individuals in inherently unequal positions, and parties in such a relationship assume those risks. In the University context, such positions include (but are not limited to) teacher and student, supervisor and employee, senior faculty and junior faculty, mentor and trainee, adviser and advisee, teaching assistant and student, coach and athlete, and the individuals who supervise the day-to-day student living environment and student residents. Because of the potential for conflict of interest, exploitation, favoritism, and bias, such relationships may undermine the real or perceived integrity of the supervision and evaluation provided, and the trust inherent particularly in the teacher-student context. They may, moreover, be less consensual than the individual whose position confers power or authority believes. The relationship is likely to be perceived in different ways by each of the parties to it, especially in retrospect.

Moreover, such relationships may harm or injure others in the academic or work environment. Relationships in which one party is in a position to review the work or influence the career of the other may provide grounds for complaint by third parties when that relationship gives undue access or advantage, restricts opportunities, or creates a perception of these problems. Furthermore, circumstances may change, and conduct that was previously welcome may become unwelcome. Even when both parties have consented at the outset to a

romantic involvement, this past consent does not remove grounds for a charge based upon subsequent unwelcome conduct.

Where such a relationship exists, the person in the position of greater authority or power will bear the primary burden of accountability, and must ensure that he or she - and this is particularly important for teachers - does not exercise any supervisory or evaluative function over the other person in the relationship. Where such recusal is required, the recusing party must also notify his or her supervisor, department chair or dean, so that such chair, dean or supervisor can exercise his or her responsibility to evaluate the adequacy of the alternative supervisory or evaluative arrangements to be put in place. Staff members may notify their local human resources officers. To reiterate, the responsibility for recusal and notification rests with the person in the position of greater authority or power. Failure to comply with these recusal and notification requirements is a violation of this policy, and therefore grounds for discipline.

- ***With Students*** - At a university, the role of the teacher is multifaceted, including serving as intellectual guide, counselor, mentor and advisor; the teacher's influence and authority extend far beyond the classroom. Consequently and as a general proposition, the University believes that a sexual or romantic relationship between a teacher and a student, even where consensual and whether or not the student would otherwise be subject to supervision or evaluation by the teacher, is inconsistent with the proper role of the teacher, and should be avoided. The University therefore very strongly discourages such relationships.

If you would like additional information, please review "Understanding Stanford's Policy on Sexual Harassment and Consensual Relationships" or at: <http://harass.stanford.edu>. In addition, if you feel you need advice or personal consultation, please feel free any of the individuals listed in the October 21st issue of the Dean's Newsletter.

Stanford Medical Alumni Association

The Stanford Medical Alumni Association (SMAA) was founded in November 1932 in San Francisco and extended membership to all graduates of Cooper Medical College (which became enjoined with Stanford in 1908) and Stanford Medical School. In 1950 the SMAA became incorporated as a non-profit organization and subsequent evaluations of the role of the Alumni Association led, in 1996-1997, to a restructuring led by the then Dean Gene Bauer. That resulted in the current close association of SMAA with the Office of Medical Development (OMD) and a strengthening of the role of the Associate Dean for Alumni Affairs that is now so ably held by Dr. Ross Bright. At the same time, the SMAA and its governing board maintains direct oversight over the programs and funds for alumni outreach as well as for a number of vitally important programs that support our students today. We are also fortunate in having very engaged officers elected to leadership in SMAA and I have benefited, since my arrival, from the efforts of Dr. Joshua Prager and, most recently, Dr. Newton Harband.

The SMAA long played an important and vital role in supporting students. In 1965, the SMAA was instrumental in establishing an endowment fund to support medical students that, by 1975 was focused on scholarship and loan programs. In 1980, the SMAA played a major role in the creation of the Medical Student Scholars Program. Both of these areas of support have had a major impact on the success of Stanford Medical School today.

Today, SMAA supports a number of the most important activities for introducing our medical students to Stanford and for welcoming them back once they leave. Included among these are:

- The Stethoscope Dinner (in conjunction with the Office of Student Affairs).
- Match Day Ceremony
- Medical School Graduation Picnic
- Health Careers Opportunity Program (HCOP) graduation event.
- Reunion Weekend, which includes special symposia, Reunion Dinners, the Annual JE Wallace Sterling Award Event and more.
- “On the Road” series, during which SMAA leadership, the Dean and others visit with alumni in various cities to inform them about the exciting events and happenings taking place at Stanford.

Clearly, the SMAA plays a vital and important role in the life of Stanford students and alumni. In order to provide greater connectivity of alumni to the activities on the campus, a new Website has been created that will bring news of events to our graduates in a timely way. You can access the website <http://www-med.stanford.edu/alumni/>. In addition to bringing information to our alumni, we are extremely eager to have input, comments and suggestions from our alumni – and I hope we will hear from you (or them) very often.

Important Upcoming Events

- ***This Wednesday, November 6th, will be the First Fall Forum on Community Scholarship and Service and will be held at the Arrillaga Alumni Center from 5:00 – 7:30 pm.*** This important event will feature poster and oral presentations by students and a keynote address by Dr. Robert Ross, President and CEO of the California Endowment. Please make every effort to attend.
- ***Mark your calendar for December 6th at 4:30 pm in the Fairchild Auditorium.*** **Dr. Freeman Hrabowski, III**, President of the University of Maryland, Baltimore County will give the first annual symposium on diversity in graduate education. Dr. Hrabowski is a scholar and educator who has won national recognition for his work on increasing minority participation in math and the sciences. For additional information please contact Kimberly Griffin at kgriffin@stanford.edu or at 724-2815.

Recognition

The recent Infectious Disease Society of America meetings in Chicago featured work from a number of Stanford faculty but two individuals deserve special recognition. **Dr.**

David Relman, Associate Professor of Medicine gave a wonderful special plenary presentation on “Infectious Diseases in the 21st Century: The ‘Omics’ Revolution is Coming”. In addition, **Dr. Ann Arvin**, Lucile Salter Packard Professor of Pediatrics and Professor of Microbiology and Immunology, Chief of the Division of Pediatric Infectious Diseases and Associate Dean of Research at Stanford University was the recipient of the prestigious John F. Enders Award and delivered a wonderful lecture on “Varicella-Zoster Virus Infections: Genetic Ingenuity encounters the Human Host.”

Appointments and Promotions

Jeffrey Axelrod has been reappointed as Assistant Professor of Pathology at the Stanford University Medical Center from 12/1/2002 to 2/28/2005.

Barry Behr has been reappointed as Assistant Professor of Obstetrics and Gynecology (Reproductive Endocrinology and Infertility) at the Stanford University Medical Center from 11/1/2002 to 7/31/2006

Sung Chun has been reappointed as Assistant Professor of Medicine (Cardiovascular Medicine) at the Stanford University Medical Center from 11/1/2002 to 8/31/2006.

Jessica Donington has been appointed as Assistant Professor of Cardiothoracic Surgery at the Stanford University Medical Center from 11/1/2002 to 10/31/2005.

Kenan Garcia has been reappointed as Assistant Professor of Microbiology and Immunology and of Structural Biology at the Stanford University Medical Center from 11/1/2002 to 4/30/2006.

Paul Heidenreich has been reappointed as Assistant Professor of Medicine (Cardiovascular Medicine) and, by courtesy, of Health Research and Policy at the Stanford University Medical Center from 11/1/2002 to 8/31/2006.

Noreen Henig has been reappointed as Assistant Professor of Medicine (Pulmonary and Critical Care Medicine) at the Stanford University Medical Center from 11/1/2002 to 8/31/2006.

Bradley Hill has been reappointed as Assistant Professor of Surgery (Vascular Surgery) at the Stanford University Medical Center from 11/1/2002 to 8/31/2006.

Mahmood Razavi was promoted to Associate Professor of Radiology at the Stanford University Medical Center, effective 11/1/2002 to 10/31/2007.

Audrey Shafer was reappointed as Associate Professor of Anesthesia at the Palo Alto Veterans' Affairs Health Care System from 11/1/2002-8/31/2007.

Melanie Smitt was promoted to Associate Professor of Radiation Oncology at the Washington-Stanford Radiation Oncology Center, effective 11/1/2002 to 10/31/2007.

Paul Utz has been reappointed as Assistant Professor of Medicine (immunology and Rheumatology) at the Stanford University Medical Center from 12/1/2002 to 8/31/2006

Isidra Veve has been reappointed as Assistant Professor of Anesthesia at the Stanford University Medical Center from 11/1/2002 to 3/31/2006.

Ching Wang was appointed as Associate Professor of Neurology and Neurological Sciences at the Stanford University Medical Center, effective 11/1/2002 to 10/31/2007.

Ann Weinacker has been reappointed as Assistant Professor of Medicine (Pulmonary and Critical Care Medicine) at the Stanford University Medical Center 11/1/2002 to 5/31/2006.

Congratulations to all.

Dean's Newsletter November 18, 2002

HIPAA in the School of Medicine

Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology has indicated that the first in a series of public forums will be held Tuesday, November 19th from 1:00-2:00 PM in the Fairchild Auditorium. As you know, the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations become effective on April 14, 2003. These regulations provide significant new privacy protections for the health information of patients and research subjects. As an academic medical center, Stanford University School of Medicine is implementing significant changes to address the management of health data in research, education and clinical care.

The School-wide assessment and planning phase is nearing completion. A School of Medicine HIPAA Steering Committee is being formed to spearhead the implementation effort in the departments and divisions. Among the important issues that will be addressed are:

- What are these changes and how will your work be affected? What is the timeline for implementation?
- Who is involved in making the changes?
- How can you be certain that your voice is heard? Where can you get answers to your questions?

You are invited to attend the first in a series of public forums on November 19th in the Fairchild Auditorium at 1:00 p.m. At the forum the effort currently underway to

achieve HIPAA compliance will be presented and discussed. Please click <http://reggie.stanford.edu/Signup.asp?638> to register.

Women in U.S. Academic Medicine

The Association of American Medical Colleges (AAMC) just recently released a report entitled “Women in US Academic Medicine Statistics, 2001-2002. The data show some progress and some areas where improvement is needed - including at Stanford. The report includes aggregated data as well as comparative data among US medical schools.

Across the country, women now constitute 48% of applicants and 47.6% of new entrants to US medical schools. At Stanford, approximately 45% of the applicants are women and 55% of the entrants are women. With respect to postgraduate training, the proportion of women has grown to 38% in 2001. Obstetrics & gynecology (71% women) and pediatrics (66% women) are in first and second place respectively. They stand in sharp contrast to surgical specialties, e.g., general surgery (24%), urology (13%) and orthopedic surgery (9%). Clearly, given the proportion of women now enrolling in medical school, there will be serious work-force issues in the years ahead if the trends do not change so that greater proportions of women elect to commit to the surgical specialties.

On a national basis, the proportion of women faculty is 28% nationally and 25% at Stanford. The proportion of tenured women faculty is 15% nationally and 14% at Stanford. Further, at Stanford 23% of women faculty are tenured compared to 40% of men. Perhaps not surprisingly, the proportion of women faculty is lowest in departments of orthopedic surgery (11%) and surgery (13%) and is highest in pediatrics. At Stanford these proportions are 18% for orthopedic surgery, 26% for general surgery and 28% for pediatrics.

Leadership positions on a national basis as measured by division chiefs and department chairs are 16% and 8% respectively. At Stanford, 11% of the division chiefs are women as are 23% of our department chairs.

Although progress has been made for women in medicine during the last decades, much more remains to be accomplished. For additional information, you can review the paper by Janet Bickel et al entitled “Increasing Women’s Leadership in Academic Medicine: Report of the AAMC Project Implementation Committee” and Commentary by Lois Margaret Nora, MD, JD in **Academic Medicine** 2002; 77:1044-1066. Continuing progress and opportunities for women students and faculty must be one of our highest priorities at Stanford in the years ahead.

Council of Clinical Chairs

At the Council of Clinical Chairs meeting on Friday, November 8th, the approach to planning new clinical programs was discussed with the goal of establishing a template for business planning. Given the missions of Stanford Hospital & Clinics and the School of Medicine, it is clear that integrated planning is essential. Critical components include an

assessment of the current state of operations for the proposed clinical program (e.g., recent trends in clinical volume, outcomes, service satisfaction, comparative market position compared to academic or other providers, financial contribution to the hospital and faculty practice, operational constraints), the future goal (i.e., what is being sought to improve the current situation in the areas noted above), strategies to bridge from the current to the future status (including the methods and rationale for volume growth, outreach, improving patient satisfaction, faculty/physician and capital needs along with other resources to support the faculty and staff, impact on other departments and on the School of Medicine, information technology requirements, etc.) and overall financial performance.

Given the size and scope of Stanford Hospital & Clinics, it is imperative that areas for potential growth and development be carefully planned and rigorously assessed both for strategic investment and for likely impact on the hospital, faculty and School. Currently, planning is underway in several clinical programs, including cardiac, cancer, solid organ transplantation, and neurosciences. At the November 8th COCC meeting, a preliminary presentation on the Cardiac Center program was presented by Dr. Robert Robbins, Associate Professor of Cardiovascular Surgery, based on work that he and Dr. Alan Yeung, Associate Professor Medicine (Cardiology) have been carrying out with at SHC. Drs. Robbins and Yeung have been recently appointed to serve as co-directors for the Cardiac Center and have been making significant progress in defining the scope of this important area of clinical medicine.

While developing plans for multidisciplinary centers is a vital component of the strategic initiatives of SHC, LPPH and the School of Medicine, it is also important to underscore that equally critical is the excellence of other important clinical programs, including those in various medical and surgical specialties as well as the novel and important diagnostic and support services that help make institutions great. Accordingly, the leadership is open to suggestions and input from all members of the medical community.

Update from the Executive Committee

At the School of Medicine Executive Committee meeting on Friday, November 15th, we continued our series of reports from basic and clinical departments and heard an excellent update on the Department of Anesthesia by Dr. Ron Pearl, Professor and Chair. Dr. Pearl alerted the Executive Committee to the workforce problems that have impacted departments of anesthesia in the 1990's following erroneous forecasts of an oversupply of anesthesiologists. This resulted in a dramatic decline in the numbers of medical students who applied for training in anesthesia, reaching a nadir in 1996. Since then, with the recognition that the assumptions guiding the workforce projections were incorrect, there has been a national shortage of anesthesiologists, and the numbers of applicants to training programs have increased accordingly. However, these remarkable swings in trainees have had a significant impact on the field of anesthesia. According to Dr. Pearl, these events, coupled with the consequences of managed care and the challenges facing anesthesia departments in predicting the correct size of their workforce since they do not

control the schedule of patients or clinical programs, have eroded considerably the academic underpinnings of departments of anesthesia across the country.

Thankfully, the department of Anesthesia at Stanford has been able to weather this storm, and under Dr. Pearl's leadership, is well functioning and much valued. Indeed, considerable praise for the excellent clinical service provided by the faculty and physicians in the Department of Anesthesia was offered by the chairs of surgical departments following Dr. Pearl's presentation. Nonetheless, Dr. Pearl presented a critical assessment of the challenges at Stanford related to the rapid expansion of both adult and pediatric surgical programs during the past couple of years. These are made more difficult by some of the unique structural anomalies that exist at Stanford that impact further on optimizing efficiency and effectiveness of clinical operations. Equally importantly, Dr. Pearl outlined the special difficulties in training and developing clinician-scientists in anesthesia research but also underscored the importance of doing so and of finding ways to accomplish this at Stanford. There was concurrence, which I certainly endorse, that this must be a priority for both the Department and the School.

We also heard a presentation from Dr. Gabe Garcia, Director of Medical Student Admissions and Associate Professor of Medicine, on the current admissions process at Stanford Medical School. His presentation engaged considerable discussion and interest by the Executive Committee. Dr. Garcia outlined the procedures followed to select the 86 students entering each medical student class from the well over 5000 applicants. A particular area of focus was the solicitation of a broader engagement of senior faculty from both basic and clinical science departments both on the selection committee and in interviewing applicants. There was a consensus that the basic and clinical science chairs would work with Dr. Garcia to identify both junior and senior faculty members in their respective departments to participate in file reading, interviewing and selection of medical students. I am very appreciative of this support since it is clear that the work of the Admissions Committee is among the most important activities of the School. Indeed, it helps define the future of Stanford Medicine.

Labor Strike at Stanford Hospital & Clinics and the Lucile Packard Children's Hospital

As you undoubtedly know by now, the Service Employees International Union (SEIU) Local 715 staged a 24-hour labor strike that began at 5 am on November 13th. Hospital CEO's Martha Marsh (SHC) and Chris Dawes (LPCH) worked diligently to reach an accommodation and resolution to avert this strike. They have each placed excellence in clinical care and support for employees, who provide the service to the hospital and to patients, as their highest priorities. Indeed, it was made abundantly clear how very valued the clinical services are at SHC and LPCH. Without question, assuring a quality work environment for employees in a setting that offers outstanding clinical care and service is a priority that we all share. Thankfully, although the strike did compel the hospitals to reschedule elective surgeries on November 13th, six emergency surgeries were preformed during the day. Moreover, the inspection team from the Department of Health

Services that was on-site during the strike noted the quality of care, teamwork and dedication that was evident among the staff at both SHC and LPCH.

Events Past

Fifth Anniversary Celebration of the Lucile Packard Foundation for Children's Health (LPFCH). On Wednesday evening, November 13th, the LPFCH celebrated its Fifth Anniversary with board members and community leaders and supporters. In five short years, the LPFCH, led by Mr. Stephen Peeps, President and CEO, has made remarkable progress in improving the health and well-being of children in northern California and, by extension and example, throughout the world. LPFCH's tripartite missions include fundraising, grantmaking and information, and they have succeeded in all three. In partnership with the David and Lucile Packard Foundation and the community, they have emerged as the Lucile Salter Packard Children's Hospital's largest source of philanthropy and have provided the highest level of grant support ever achieved for a pediatric effort.

Because of the work and commitment of the LPFCH, the Packard Children's Hospital has emerged, during its 10-year history, as an outstanding community resource as well as a superb center of excellence for the care of children facing the challenge of serious illness. In addition, the LPFCH has supported various community-based programs that improve the lives of children and their families and provide valuable and important knowledge and information to improve the health of children in our community. The wonderful work of the LPFCH has also provided much appreciated support to the School of Medicine and its Department of Pediatrics, further enabling and enriching opportunities in pediatric education, research and clinical care. I am pleased to extend my sincere appreciation and congratulations to the Lucile Packard Foundation for Children's Health.

The Fall Forum on Community Scholarship and Service. On Wednesday evening November 6th, thanks to the efforts of the PriSMS (Public Service Medical Scholars) program, the First Fall Forum on Community Scholarship and Service took place at the Arrillaga Alumni Center. The PriSMS program, originally based on the ideas and creative energy of Stanford medical students Steven Chen and Noemi Steiner, became official in 2000. Since its inception, PriSMS has helped to nurture physician leaders, who will help re-shape the way medicine, research, and service are theorized, practiced and delivered, in public service. The program is directed by Dr. Timothy Stanton along with Ann Banchoff, Associate Director and Michaela Kiernan.

The program included oral and poster presentations by medical students and covered a range of community and international topics. The evening's Keynote Speaker was Dr. Robert K Ross, President and CEO of the California Endowment, who spoke on "The Power of the Community".

In addition to congratulating each of the students who delivered excellent poster and oral presentations, I want to give special thanks to **Shari Chevez** (SMS III) and **Nicole Marsico** (SMS III) for their tremendous work and dedication in organizing this First Fall Forum. I do hope it will be followed by many others in the years to come.

Dean's Staff Recognition Banquet. Also on Wednesday evening, November 6th, the Annual Dean's Staff Recognition Banquet was held in the Faculty Club. Attended by over 230 staff who have worked at Stanford for five or more years, the evening proved to be a wonderful tribute and affirmation to the tremendous work and dedication of those who have truly helped make Stanford the wonderful institution it is today.

Special acknowledgement goes to those who have worked for 20 or more years. These include the following:

Employees with 20 years of service

- Wendy Lee Baumgardner, Radiology
- Pamela Bernstein, Dermatology
- Cecelia Coker, Surgery
- Linda Deasy McLaughlin, Dean's Office/Academic Affairs
- Susan Dejbakhsh-Jones, Medicine/Immunology
- Lawrence Fagan, Medicine/SMI
- Elizabeth Gananian, Pathology/Blood Center
- Gloria Garcia, Medicine/Oncology
- Susan Goodrich, Radiation Oncology/Radiation Biology
- Joyce Hages, Medicine/Cardiovascular
- Stephanie Johnson-Gray, Dean's Office/Controller's Office
- Lisa Joo, Dean's Office/Academic Affairs
- Julia Kraemer, Visual Arts Service
- Lucile Lopez, Medicine/Infectious Diseases
- Margaret Malone, Communications & Public Affairs
- David O'Brien, Dean's Office/Institutional Planning
- Susan Perkins, Pathology
- Elizabeth Pope, Cardiothoracic Surgery
- Holly Schrandt, Pathology/Blood Center
- Georgette Stratos, Medicine/General Internal Medicine
- Behnaz Taidi, Medicine/Oncology
- Eva Vasquez, Dean's Office/Graduate Student Support
- Janice Vierra, Visual Art Services
- Rosario Villacorta, Medicine/Infectious Diseases
- Kuo-Mei Wang, Pathology
- Claudia Weber, Genetics
- Reese Zasio, Comparative Medicine

Employees with 25 years of service

- Joan Bialek, Medicine/Nephrology
- Marie Elaine Casey, Molecular & Cellular Physiology

- Ella Doyle, Microbiology & Immunology
- Perry Everett, Dean's Office/Controller
- Shirley Feldman, Psychiatry
- Dolly Kagawa, Surgery/Emergency Medicine
- Sheryl Ann Kendall, Dean's Office/Planning & Budgeting
- Peggy Kemper, Pediatrics/Neonatology
- Mahmonir Keyhan, Microbiology & Immunology
- Paula Louie, Radiation Oncology/Radiation Therapy
- Frances Monroe, Comparative Medicine
- Rosella Morefield, Medicine/Gastroenterology
- Mary Palmer, Dean's Office/Research Management Group
- Hung Mihn Pham, Surgery, Plastic & Reconstructive
- Diane Rapacchietta, Radiation Oncology/Radiation Biology
- Debra Scheuch, Dean's Office/Controller's Office
- Laural Sledge, Office of Medical Development
- Sharon South, Microbiology & Immunology/Baxter Laboratory

Employees with 30 years of service

- Geraldine Derby, Medicine/Nephrology
- Σ Lucino Hidalgo, Pathology
- Barbara Jean Hill, Biochemistry
- Nancy Houston-Miller, Medicine/Cardiovascular Medicine
- Wendy Leong, Pathology/Blood Center Laboratory
- Melchor Madrigal, Comparative Medicine
- Zera Murphy, Student Affairs, Dean's Office
- Richard Stovel, Genetics

Employees with 35 years of service

- Marjorie Weesner, Genetics

Employee with 45 years of service

- June Hoshi, Biochemistry
- Darla Wilson, Visual Arts

Employee with 45 years of service

- Gene Celis, Comparative Medicine

As the contributions of various individuals were highlighted, it was clear how each played a vital role in providing vital functions to one or more of the missions of Stanford School of Medicine. From student services to animal care or research technology to operational support to clinical or basic science departments, the functions and achievements of the School and its faculty are clearly the result of the contributions of these wonderful employees. Equally impressive to me is the fact that so many of these individuals have had long years of dedicated service to Stanford, clear evidence of their commitment to the School and its value to them.

In addition to the remarkably dedicated members of the Stanford Medicine community, two individuals were selected to receive the SPIRIT Award. This is the second year this award has been given. SPIRIT stands for Service-orientation,

Initiative, Resourcefulness/Reliability, Innovation and Teamwork. While these valued extend across our community, they apply this year to two individuals:

2002 SPIRIT Award Winners

- **Ally Starrett**, Library Specialist/Lane Library
- **Michelle Ferrari**, Research Nurse/Urology

Congratulations and thanks to all of these wonderful employees - it is because of your efforts that we have such a successful School of Medicine.

Berry Foundation Visit. On November 8th, the Directors of the Berry Foundation visited Stanford. The Foundation is named after Walter V. and Idun Y. Berry who initiated a program to support nine post-doctoral fellows each year who are conducting research related to children's health. Since its inception in 1991, Berry Foundation has supported both basic and clinical science post-doctoral scholars thus permitting a score of young investigators to establish and launch productive research careers. A Committee led by Dr. Charles Prober, Professor of Pediatrics, along with Professors Linda Giudice, Mark Kay, Alan Krensky, James Nelson and David Relman, select the Berry Fellows. We are deeply appreciative to the Berry Foundation for this very valuable support.

Moonlighting. On Saturday night, November 9th, I was pleased to discover that our medical students put aside their studies, research and clinical activities to have a wonderful time at the Annual Moonlighting Semi-Formal Event, held this year at the Great American Music Hall in San Francisco. I was also pleased to attend - at least for a little while. Very impressive indeed.

Congratulations

Dr. Kelly Skeff, Professor of Medicine, was honored by the 113th Annual Meeting of Association of American Medical Colleges (AAMC) at a Black Tie event on Saturday November 9th where he received the **Abraham Flexner Award for Distinguished Service to Medical Education**. This award was established in 1958 by the AAMC "to recognize extraordinary individual contributions to medical schools and to the medical education community as a whole". During the past 25 years Dr. Skeff and his colleagues have established a remarkably successful program to help train physicians to become better teachers. Clinicians from throughout the country have enrolled in this program and have taken the skills and knowledge back to their home institutions. In doing so, they have trained others to become better teachers. More recently, Dr. Skeff has begun working with basic science faculty to help improve and extend their teaching skills as well. We are fortunate indeed to have Dr. Kelly Skeff at Stanford.

Communications and Public Affairs. At the AAMC Annual meetings, the Office of Communications and Public Affairs was highly praised and the recipient of several awards. Among these were:

- **Robert Fenley Writing Award for Medical Science Writing:**
- **Ruthann Richter** took the top prize (the Award of Excellence) for the story in the winter/spring 2001 issue of Stanford Medicine titled "Making the Case for Trials."
- **Krista Conger** received the Award of Distinction for "The Hunt is On" in the fall 2001 issue of Stanford Medicine.
- In the category Publications-External Audience Periodicals -- Stanford Medicine was one of three publications to receive an **Award of Distinction**. Rosanne Spector and several other staff were recognized.
- **Special Projects-Public Relations** - The efforts of the Stanford Office of Communications & Public Affairs in promoting the medical center's bioterrorism preparedness plan received one of three **Awards of Distinction**. The entire staff played a direct role including Ruthann Richter, Michelle Brandt, Susan Ipaktchian and M.A. Malone.

Honoring Dr. Richard E. Behrman

Dr. Richard Behrman is one of the pioneering leaders in American Pediatrics. His impact on neonatology, academic pediatrics, community service and pediatric policy has been extraordinary. This past week Dr. Behrman was honored, on the occasion of the Fifth Anniversary Celebration of the Lucile Packard Foundation for Children's Health (see above), by the inauguration of the Richard E. Behrman Lecture Series in Pediatrics. The first speaker in this series was Dr. Paul Newacheck, Professor of Health Policy at UCSF's Institute for Health Policy Studies and the University of California-Berkeley School of Public Health.

In addition, Dr. Behrman learned at the LPFCH Anniversary Event that an endowed professorship at the Stanford School of Medicine was being established in his name.

Congratulations to Dr. Richard Behrman and thanks to the LPFCH for honoring him in such important and significant ways.

Dr. Richard Myers, Professor and Chair, Department of Genetics, has been awarded a renewal of his grant entitled "Production of High-Quality Finished Human Genomic Sequence" from the Department of Energy. This award is for \$38,604,800 over the next 5 years. Congratulations to Dr. Myers and his colleagues.

Appointments and Promotions

Liqun Luo has been promoted to Associate Professor of Biological Sciences, effective 12/1/2002.

Thomas Rando has been promoted to Associate Professor of Neurology and Neurological Sciences, effective 12/1/2002.

Congratulations!

Dean's Newsletter

December 2, 2002

First Annual Presentation on Diversity in Graduate Education

On Friday, December 6th at 4:30 p.m. in the Fairchild Auditorium. Dr. Freeman Hrabowski, III, President of the University of Maryland, Baltimore County will give the First Annual Symposium on Diversity in Graduate Education. Dr. Hrabowski is a scholar and educator who has won national recognition for his work on increasing minority participation in math and the sciences. His presentation is entitled "Modeling for Success."

For additional information please contact Kimberly Griffin at kgriffin@stanford.edu or at 724-2815.

Moving Toward Curriculum Renewal

We are moving toward a renewal of the Medical Student curriculum designed to permit Stanford students to benefit as optimally as possible from the exceptional faculty and resources that exist at the Medical School and the University. The three guiding principles for the curriculum renewal include, first, defining the essential knowledge that students need for lifetime learning in medicine and bioscience and, as much as possible, to teach this in an integrated manner. Second, we are eager for students to begin learning clinical medicine in parallel with basic science at the outset of their medical education and to keep basic and clinical science closely aligned throughout medical school and through post-graduate education. Thirdly, we are eager for our students to pursue in-depth learning in a specific area of medicine or science through a "scholarly track" or "major and/or concentration." We believe this type of scholarly experience will enable them to become uniquely proficient and poised for leadership and a career of significance.

Needless to say, making curriculum changes is always a challenge, especially given the various constituents and stewards who are involved. Moreover, it is a process that is continually unfolding and evolving. Although a number of committees have been working diligently during the past months on this process, it seemed prudent to hold a leadership meeting to reaffirm our commitment to this important process. Accordingly, on Monday night, November 25th, a group of basic and clinical science course directors,

members of the Faculty Senate, Dean's Office, and students gathered to review the vision for the new curriculum and the accomplishments that have occurred to date – as well as the significant obstacles and challenges that remain ahead. This important meeting was co-chaired by Dr. Ted Sectish, Assistant Professor of Pediatrics and Chair of the Committee on Courses and Curriculum and Dr. Neil Gesundheit, Associate Professor of Medicine and Associate Dean for Medical Education. The group had a spirited discussion and crafted a process and timeline that would permit the initiation of changes to begin for the class entering in 2003. These principles were also articulated by a Charge to the CCC on April 24, 2002. While ambitious, the agenda is doable, although it will surely require accommodation, adjustment and compromise.

I am excited by the progress that has been made and do very much believe that we have the opportunity to develop a revitalized learning environment for our students and faculty that will impact on generations of future Stanford Medical Students. I want to add my personal commitment to affirming the importance of this process and the need for the current momentum to be sustained and enhanced during the months ahead.

Accessing and Tracking Faculty Appointments and Promotions

I am pleased to let you know that Ms. Linda Deasy McLaughlin, Assistant Dean for Academic Affairs, and her colleagues in Academic Affairs have announced the launch of *Faculty Appointment Tracking* on the web. This will permit Department Chairs and their designates to access updated information on the status of faculty actions on the web. Hopefully this will make the information more accessible to faculty within their departments.

The Dean's Office is actively working on ways to further streamline the appointment and promotion process for faculty and staff physicians. Details about this will be forthcoming in future Newsletters.

Remote Access to Online Lane Library Resources at the VA

The Office of Information Resources and Technology is pleased to announce that Stanford users at the Palo Alto VA can now receive access to online library content. Lane Library has completed extensive software testing and negotiations with publishers to create a secure and robust method for viewing online library content from off campus. For details connect to: <http://lane.stanford.edu/online/remotearchive.html>.

Please note some titles are still restricted to on campus use only per license restrictions. This list is constantly being updated. Contact laneinfo@lanelib.stanford.edu or 723-6831 for assistance

World AIDS Day 2002

Thanks to the efforts of Brent Kobashi, SMS I, and the Stanford World AIDS Day Committee, a moving Forum was held on Monday evening, November 25th. Despite the fact that AIDS has now passed the 20 year mark, its impact on human life remains

significant, especially in developing nations. Although much progress has occurred in the past two decades in both basic science and the clinical care of HIV/AIDS, the disparity of treatment and prevention strategies globally remains significant and is in some ways further deteriorating. It is imperative that we not become complacent about this devastating disease and that we serve as advocates for the delivery of care, treatment and preventive regimens on global basis.

Staff Seminar Series Begins December 4th

In order to engage as many members of our medical school community in the exciting advances that are taking place in medicine and science, we are introducing a *Staff Seminar Series*. The purpose of this seminar series is to give administrative staff an opportunity to hear faculty talk about the science and research that is being done in the School of Medicine, and to give staff a better understanding and closer connection with the research and teaching mission of the School of Medicine

On Wednesday, December 4, 2002 in the Munzer Auditorium, Beckman Center, from 4-5 PM, Dr. James Nelson, Rudy J. and Daphne Donohue Munzer Professor in the Department of Molecular and Cellular Physiology and Senior Associate Dean for Graduate and Postdoctoral Education, will be the first speaker. **Registration is required. To register, click on the web site, <http://reggie.stanford.edu/signup.asp?648>**

Town Hall Meeting Regarding the Professoriate

On Thursday, December 19th at 5:30 p.m. in the Fairchild Auditorium, a Town Hall Meeting on the Professoriate will be hosted by David K. Stevenson, M.D., Senior Associate Dean for Academic Affairs. The topic for the Town Hall Meeting is to clarify the criteria for appointment and promotion in the Medical Center Line (MCL) – Clinician-Investigator Line. This forum will allow faculty to ask questions on all related matters. All faculty are invited to attend.

Congratulations

Judy Illes, Senior Research Scholar at the Center for Biomedical Ethics, and a member of the Department of Radiology, was recently honored by the *Women in Neuroscience*, by being elected President-Elect. *Women in Neuroscience* is an international organization of about 900 members, associated with the Society for Neuroscience. It was founded in 1980 with the chief purpose of fostering the development and career advancement of women scientists, particularly in the field of neuroscience.

Appointments and Promotions

- **Joachim Hallmayer** has been appointed Associate Professor (Research) of Psychiatry and Behavioral Sciences, effective 12/1/2002 – 11/30/2008.
- **Thomas Rando** has been promoted to Associate Professor of Neurology and Neurological Sciences effective 12/1/2002.

- **Philip Tsao** has been appointed Assistant Professor (Research) of Medicine (Cardiovascular Medicine), effective 12/1/2002 – 11/30/2005.

Dean's Newsletter

December 16, 2002

Holiday Wishes

I want to extend to each of you my very best wishes for the Holidays and New Year. It has been a privilege to have served you and the Stanford community during this past year (my first full calendar year) and I look forward to many more years of collaboration and partnership. I hope in particular that you have a Happy Holiday Season and New Year.

Translating Discoveries: The 2002 Annual Report of the Stanford School of Medicine Strategic Plan

The year 2002 began with the compilation of our Strategic Plan for the Stanford University School of Medicine. By now all of the faculty in the School should have received “Translating Discoveries”, which details the strategic plan and crafts a road map for the future of Stanford Medicine. This represents the first attempt by the Medical School in over 30 years to establish a shared and compelling vision of its future and a systematic and comprehensive plan to achieve that vision. Coming at a time of profound change in academic medicine and the biomedical sciences, and during a period of severely constrained resources across the University and Medical Center, the strategic plan provides the school with a critical guide for helping to define the future of academic medicine.

The essence of the Medical School's strategic plan is captured in the school's mission statement, *“To be a premier research-intensive medical school that improves health through leadership and a collaborative approach to discovery and innovation in patient care, education, and research.”* Among the key elements in this statement are leadership, collaborative discovery and innovation that will impact on our core missions in clinical care, research, and education. We believe that this will emerge largely through our focus on translational research and on medicine that brings together basic and clinical scientists to improve health, better educate our medical and graduate students, and develop novel approaches to research.

In addition to the published version of “Translating Discoveries,” an executive summary and a full text version of the strategic plan can be viewed and downloaded from the strategic plan website at <http://medstrategicplan.stanford.edu/>. This will of course be updated on a regular basis in the months and years ahead.

It is important to recognize that some of the goals and accomplishments defined below are directly related to the strategic plan, whereas others are natural extensions of our

regular operations. Understandably there is a natural blending of what we are currently doing and what will drive our agenda in the years ahead. It is also important to note that the inclusions are selected from a larger list of operational and strategic initiatives and accomplishments. Most importantly, these goals and accomplishments are the result of hundreds of hours of work by faculty, staff and students. I am indebted to one and all for helping to make Stanford a better medical school.

In addition to the programmatic planning that embodies our Strategic Plan, we have also been very much engaged in long-range facility planning within the School and Medical Center and in relation to the University. An important aspect of this involves developing our facilities master plan not only for the next decade but for the 10-30 years that follow.

MEDICAL EDUCATION

The strategic plan for Medical Education affirms the school's commitment to excellence in the clinical training of medical students through curriculum reform and student scholarship and innovation. The most significant Medical Education strategic plan activities in 2002 involved the initiation of a comprehensive curriculum reform effort and the initiation of the Medical School's project for new educational facilities.

In addition, during 2002 significant progress was achieved on a number of key Medical Education goals and initiatives. These include:

Goal #1: To recruit, admit and retain a diverse group of students destined to become innovators in medicine and closely related disciplines.

- The Medical School Faculty Senate and Executive Committee approved changes to faculty involvement in the applicant interview and evaluation processes. These changes will help to ensure that our best applicants are identified and that they are left with a positive impression of the Medical School.
- An initial review of the school's applicant evaluation criteria was undertaken in light of anticipated curriculum revisions.

Goal #2: To foster and facilitate teaching, advising and mentoring among our faculty.

- Under the direction of the Senior Associate Dean for Medical Education, a "Teaching Incentives Committee" was established. This committee will develop specific recommendations for incentives programs to improve faculty teaching and pedagogy.
- The Medical School Executive Committee approved the development of a departmental planning process that will ensure the explicit recognition of education as an essential element of each department's mission.

Goal #3: To ensure a rigorous and robust curriculum that assures outstanding clinical skills and promotes in-depth scholarship.

- In conjunction with the Medical School Faculty Senate and the Committee on Courses and Curriculum, *ad hoc* Dean's committees on the "Core Curriculum" and "Scholarly Tracks" were established. Through these committees, the Medical School

began the development of a new medical curriculum based on the realignment, resequencing, and improved integration of basic and clinical education and on the introduction of “scholarly tracks” as a new essential element of student scholarship. We anticipate that the first significant change in the medical student curriculum will commence in the Fall of 2003.

- A new medical student pre-differentiation program was proposed and approved, allowing new students an early opportunity to explore the scholarly and curricular opportunities of the reformed curriculum.
- The Medical School began the process of developing new educational facilities by establishing an executive committee for the Stanford Medical Information and Learning Environment (SMILE) project. Separate programming committees were also established and activated in the areas of Instruction and Learning Technology, Lane Library and Information Services Technology Infrastructure, Student Services, Student Amenities, Public and Event Spaces, and Dean’s Office.

Goal #4: To promote opportunities for community service and patient advocacy.

- A joint Committee on Community and Public Service was established through the Dean’s Office to develop recommendations for a comprehensive Medical School program.

Goal #5: To provide support for a successful transition to a career in academic medicine.

- Discussions were initiated between the Medical School Dean’s Office, Department Chairs, and Hospital management regarding the missions, programs and management of residency and fellowship programs.
- The annual “Dean’s Letter” was revised to provide residency programs with more informative assessments of student skills and performance.

GRADUATE EDUCATION

The strategic plan for Graduate Education affirms the school’s continuing commitment to an interdisciplinary approach to graduate education and to the school’s responsibility to prepare its students for careers in science. The most significant Graduate Education strategic plan activities in 2002 involved the initiation of a new graduate student recruitment and career counseling programs.

In addition, during 2002 significant progress was achieved on a number of key Graduate Education goals and initiatives. These include:

Goal #1: To ensure that biosciences students are the highest-quality students available and that they are offered an unsurpassed quality, depth and breadth of graduate research opportunities.

- A new position of associate director for graduate student recruitment was created and filled by Ms. Kimberly Griffin. Included within this position’s responsibilities is the development of effective programs to support the recruitment of under-represented minorities to Stanford.

- To ensure that their educational facilities needs are met, biosciences graduate education programs representation was included in the SMILE project executive committee and in the separate programming committees.
- Graduate student housing opportunities were enhanced through the increased allocation of Stanford West units to graduate student populations.
- Graduate student childcare program enhancements were developed and recommended to the University for future implementation.

Goal #2: *To provide high quality training programs that feature innovative, multi-disciplinary and student-initiated course offerings.*

- A joint School of Medicine-School of Engineering Department of Biomedical Engineering was approved by the University Trustees in June, 2002. A joint graduate program and undergraduate program will unfold over the course of the next 2-3 years.

Goal #3: *To provide and encourage opportunities for scientific interchange and student-initiated cross-disciplinary training and to provide continued individualized guidance for each student's research and education.*

- A new graduate student pre-differentiation program was approved, allowing new students an early opportunity to explore the breadth and diversity of graduate program offerings through the Fall Forum: *Pre-differentiation in the Biosciences*.

Goal #4: *To provide support to optimize opportunities for further training and a successful transition to a career in the biosciences.*

- A new joint biosciences and postdoctoral professional outreach center was approved, providing graduate students with career counseling support by knowledgeable professional staff.

POSTDOCTORAL TRAINING

The strategic plan for Postdoctoral Training reaffirms the school's continuing commitment to supporting and facilitating the development of postdoctoral scholars into independent scientists while acknowledging the critical role that postdoctoral scholars play in the medical school's success. Key to the continued success of the Medical School's Postdoctoral Training programs is renewed attention to the economic environment of postdoctoral training. The most significant Postdoctoral Training strategic plan activities in 2002 involved enhancement to postdoctoral scholars' compensation programs and new institutional guidelines for training program quality.

In addition, during 2002 significant progress was achieved on a number of key Postdoctoral Training goals and initiatives. These include:

Goal #1: *To ensure that the intellectual, research and work-life environments at Stanford attract and retain the highest quality postdoctoral scholars.*

- A revised minimum compensation scale was implemented, providing significant compensation increases for most postdoctoral scholars, particularly those in the early years of their training.
- Substantial postdoctoral scholars benefits plan enhancements including disability life insurance and dental insurance benefits adopted.
- Postdoctoral scholars childcare program enhancements were recommended to the University for future implementation.
- A postdoctoral scholars' housing subsidy program was recommended to the Dean's Office for future implementation.

Goal #2: To recognize the contributions of postdoctoral scholars to the success of the University's research and teaching missions.

- The Provost approved the designation of "Postdoctoral Scholar" for all postdoctoral trainees.
- A Dean's committee was proposed to address the issues of program curriculum, quality, accountability and support for clinical fellows.

Goal #3: To provide postdoctoral scholars with an appropriate balance of freedom and support.

- A new policy establishing a maximum duration of training of five years for the Medical School's postdoctoral scholars (except for clinical fellows) was approved.
- The Medical School adopted the COSEPUP guidelines for postdoctoral mentoring.
- Staffing enhancements in the Office of Postdoctoral Affairs were approved in order to provide added support for the effective communication and dissemination of information on training program and educational opportunities.

Goal #4: To provide support for postdoctoral scholars to pursue the career paths of their choice.

- A new joint biosciences and postdoctoral professional outreach center was approved, providing postdoctoral scholars with career counseling support by knowledgeable professional staff.

RESEARCH PROGRAMS

The strategic plan for Research Programs recognizes the critical role of unique investigator-initiated research in tandem with collaborations and interdisciplinary programs in successful pursuit of new scientific areas. It also acknowledges the Medical School's resource limits and supports the more efficient allocation of research resources. The most significant Research Programs strategic plan activities in 2002 involved the development of guidelines for the creation of Medical School Institutes and the development and organization of data on the school's research resources.

In addition, during 2002 significant progress was achieved on a number of key Research Programs goals and initiatives. These include:

Goal #1: To ensure scientific excellence, innovation, and leadership through the recruitment and retention of outstanding faculty.

- Policies for the reassignment by the Dean's office of space to be vacated by Clark Center faculty were established and communicated.
- An inventory of Medical School "Centers" and other non-traditional academic units developed.
- Guidelines for the establishment of "Institutes" at the Medical School were developed and will be presented to the School's Executive Committee in January.
- A faculty demographic model forecasting future faculty turnover and recruitment opportunities was developed.

Goal #2: To be a world-leader in the translation of knowledge and scientific innovation to clinical applications.

- An inventory of all existing research core facilities and associated financial support and conducted a user survey to evaluate satisfaction and future needs was developed.
- "Translational Research and Medicine" was established as a dominant consideration in founding new Institutes. On December 10th we announced the formation of the Stanford Institute for Cancer/Stem Cell Biology and Medicine with Dr. Irv Weissman as the Director and Dr. Karl Blume as the Associate Director for Clinical Investigation. This Institute is being initiated with a founding gift of \$12M from an anonymous donor. This new Institute attracted considerable attention in the national media this past week.

Goal #4: To identify and foster strong interdisciplinary research efforts based on individual disciplinary strengths.

- Website design and redesign were initiated to better communicate faculty research interests and Medical School research initiatives.

CLINICAL PROGRAMS

The strategic plans for both the Adult and the Pediatric and Obstetric Clinical Programs recognize the critical role a robust, efficient, flexible and financially sound clinical practice plays in the success of the Medical School's education, research and clinical care missions. Clinical Programs strategic plan activities in 2002 addressed the fundamental issues of faculty practice organization and faculty physician staffing. It is also important to underscore that planning in this area requires a special alignment with the hospitals. Of these, Stanford Hospital & Clinics underwent new leadership this past year when Martha Marsh became President and CEO on April 2nd. It is anticipated that even more robust clinical planning will unfold during the next year.

Important goals achieved for 2002 include:

- Continued collaborative development of a formal faculty practice organization for Pediatric and Obstetric services under the leadership of Dr. Ken Cox, Senior Associate Dean for Obstetric and Pediatric Clinical Affairs. Our intent is to implement this organization in early 2003

- The “Council of Clinical Chairs” was established with SHC to provide advice and support by the clinical faculty leadership to institutional clinical initiatives. This committee is co-chaired by Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs and Mr. Mike Peterson, Chief Operating Officer, SHC.

ACADEMIC AFFAIRS

The strategic plan for Academic Affairs (the Professoriate) addresses the need to create and maintain a unified community of faculty that is able to support with excellence the broad range of academic responsibilities associated with the Medical School’s goals in education, translational research, and medicine. Academic Affairs strategic activities in 2002 were focused largely on the necessary revisions to the Medical School’s professoriate.

In addition, during 2002 significant progress was achieved on a number of key Academic Affairs goals and initiatives. These include:

Goal #1: To promote a professoriate that values equally the activities and contributions of all scholars, including researchers, educators and clinicians.

- A revised structure for the Medical School’s professoriate based on the functional roles of Educator, Investigator, Clinician/Investigator, and Clinician/Educator and Voluntary Clinical Educator was implemented.
- Revised and clarified appointment and promotion criteria for faculty in the Non-tenure line (Research) and Non-tenure line (Teaching) were implemented.
- Revised and clarified appointment and promotion criteria for Lecturers and Staff Physicians were implemented.

Goal #2: To support the continued professional growth of each faculty member through clear faculty role definitions and focused and effective career development programs.

- The development of a Medical School protocol for career development, goal setting and tracking for assistant and associate professors was initiated.
- Discussion with the University’s Office of Training and Organizational Development to develop a program for faculty as managers was initiated.

Goal #3: To maintain effective programs of future faculty development and outreach that recognizes the value to the medical school’s mission of a diverse faculty across all ranks.

- The Dean’s Committee on Women in Medicine and Science was established.
- The Dean’s Committee on Faculty Diversity was established.
- The Dean’s Joint Committee on Community and Public Service was initiated.

INFORMATION RESOURCES AND TECHNOLOGY

Following the Spring 2002 appointment of Dr. Henry Lowe as the Medical School’s Senior Associate Dean for Information Resources and Technology, an IRT strategic

planning group was established. The resulting IRT Strategic Plan outlines a comprehensive program for collaborative and local efforts and investments in IRT resources. Among the most noteworthy of the initiatives proposed in the IRT Strategic Plan are:

- Establish a joint School of Medicine, University, and Hospital information technology planning process to ensure that IT initiatives and architecture are interoperable and complementary.
- Develop a secure, standards-based wireless network for the School of Medicine that integrates with the wireless infrastructure of the University and the Hospitals.
- Develop a secure, Web-based intranet, supporting single sign-on, authentication and digital signature, to support the administrative, clinical, research, and educational needs of the School of Medicine.
- Promote and support the development of high-performance computing and network resources for Medical School users.
- Develop, in collaboration with the hospitals, a standards-based, large-scale clinical research data repository that will serve as a single point of secure access to integrated clinical research data.
- Develop a secure infrastructure using the School's data center, security, network and database initiatives to support the School of Medicine's translational research mission, including clinical trials data acquisition and management.
- Develop and implement a Learning Technologies Strategic Plan that integrates with the overall information technology strategic plan for the Medical School.
- Develop and implement a Biomedical Library Strategic Plan that integrates with the overall information technologies strategic plan for the School.
- Develop collaborative mechanisms to ensure that University and Hospital information systems meet the School's needs, offer high quality service, and integrate well with the School's IT infrastructure.

FINANCE AND ADMINISTRATION

The strategic plan for Finance and Administration fosters and reinforces the role of the administrative staff as partners with the faculty and students in the pursuit of the Medical School's mission. Finance and Administration's strategic activities in 2002 were focused largely on the continuous alignment of the administrative structure and financial mechanisms to the needs of the school's mission-based activities.

In addition, during 2002 significant progress was achieved on a number of key Finance and Administration goals and initiatives. These include:

Goal #1: To create a responsive administrative organization that effectively provides the resources, infrastructure and incentives required to support the School's education, patient care and research activities.

- The breadth and diversity of non-traditional academic units within the Medical School were surveyed and documented.
- A Dean's committee was initiated to develop recommendations for revisions to the Medical School's Operating Budget allocation methods.

Goal #2: *To ensure the optimum utilization of the School's resources.*

- A Medical School Office of Institutional Planning was created to develop and manage a continuous planning and evaluation function.
- The development of a departmental planning process was approved to augment the Medical School strategic plan and to replace the departmental review process. This planning process is currently being assessed in conjunction with the Department of Medicine.

Goal #3: *To ensure that administrative decisions and processes are understood by those affected.*

- The development of a Finance and Administration website was initiated.

Goal #5: *To continuously promote a culture that clearly recognizes and values the role of staff as partners in the success of the School's core missions.*

- A staff seminar series was initiated to better connect the school's administrative staff to its mission. The first such session was held on December 4th and was led by Dr. James Nelson, Senior Associate Dean for Graduate Education and Postdoctoral Affairs.

ADVOCACY, PUBLIC POLICY AND PHILANTHROPY

The strategic plan for Advocacy, Public Policy and Philanthropy establishes a new and prominent role for the School of Medicine as a national leader and advocate on issues germane to academic medicine. Advocacy, Public Policy and Philanthropy's strategic activities in 2002 were focused on the development of a medical school expertise in government relations and on the conceptual development of the medical school's needs within the broader University context.

In addition, during 2002 significant progress was achieved on a number of key Advocacy, Public Policy and Philanthropy goals and initiatives. These include:

Goal #1: *To communicate the medical school's excellence and accomplishments in education, patient care and research.*

- The Medical School's strategic plan was published and broadly distributed.
- A new communication strategy for the medical school based on the priorities and needs of the strategic plan was developed.

Goal #2: *To advance the mission of the School of Medicine by maximizing the generation of private philanthropic support.*

- A conceptual estimate was developed for the objectives and costs of a Medical School campaign. The coordination of this plan with Stanford Hospital & Clinics, Lucile Packard Children's Hospital, Lucile Packard Foundation for Children's Health and the University was begun, with the goal of developing an integrated strategy for 2003.

Goal #3: To actively engage the public to foster an appreciation for the importance of academic medicine to the health of the community and the nation.

- A Medical School Office of Government Relations was established with a recruitment nearly completed at the time of this report.

CONCLUSION/SUMMARY

During 2002 we have made progress in establishing a road map for Stanford Medicine under the banner of Translating Discoveries. Equally importantly, we have made progress in implementing some of these strategies. At the same time, there remains an enormous agenda to fulfill during the next year and those that lie ahead. But each step should bring us closer to fulfilling our mission as a *premier research-intensive medical school that improves health through leadership and a collaborative approach to discovery and innovation in patient care, education, and research.*

Again, I want to thank the enormous number of individuals who have worked to bring the Strategic Plan to its current stage – and, of course, the even greater number who will help us fulfill in the years ahead.

Material Transfer Agreements

I would like to inform you that effective immediately, all Stanford personnel who wish to share human tissue or blood products with an individual or organization outside of the university must do so using a Material Transfer Agreement (MTA). There should be a brief scientific justification for the sharing of material provided with the MTA. Exchange of tissue or blood products for remuneration is not a sufficient justification. For additional information on how to complete an MTA, contact the Office of Industrial Contracts in the Office of Technology Licensing (OTL) or go to the website at <http://otl.stanford.edu/industry/resources.html>.

Special Thanks

The Dean's Office would like to acknowledge and thank the Web & Multimedia Services of the Medical School's MedIT division for their assistance, technical abilities and guidance in publishing and distributing the Dean's Newsletter. Their lead web designer, Kevin Boyd, has been especially helpful in all aspects of producing the Newsletter.

Announcement

Pay Library Fines with Food Donations: The Lane Medical Library is accepting food for unpaid fines through December. Donations will go to the Second Harvest Food Bank. The Library will accept non-perishable foods, e.g.: powdered milk, peanut butter, pasta, tuna, cereal, canned foods (stew, chili, soup), and 100% fruit juices (in single serving boxes). No glass or perishable items, please. The Library will award \$1.00 credit for each

donated item. The Library will gladly accept food donations from patrons without fines as well. Donations will go to the Second Harvest Food Bank.

Appointments and Promotions

- **Paul Khavari** has been promoted to Professor of Dermatology, effective 1/1/2003.
- **Norman Silverman** has been appointed as Professor of Pediatrics (Pediatric Cardiology) at the Lucile Salter Packard Children's Hospital, 1/1/2003 to 12/31/2007

Congratulations!

Dean's Newsletter January 6, 2003

Happy New Year

Although the University has been relatively quiet during the past two weeks, the Medical School and Medical Center have been humming at its usual brisk pace since prior to the New Year. January 1st already seems long ago – but not so distant as to evoke a wish for Happy New Year to all.

We can surely look forward to an exciting and busy year. As we do so, I hope that each of you will also have time to pursue your additional personal interests, to enjoy your family and friends and rejoice of the benefits of living and working in such a beautiful and stimulating environment.

It has been a privilege for me to get to meet a large number of you during the past year and I look forward to additional opportunities in 2003. Best wishes to all for the New Year.

Translating Discoveries: The Stanford School of Medicine Strategic Planning Objectives for 2003

During the latter half of 2001 and throughout 2002, the School of Medicine has worked hard to develop its strategic vision, initiatives and plans for the first part of the 21st Century. To do so we have focused on our core missions in education, research, patient care, and service to our communities, locally and globally. We have formulated an action

plan that is codified in “*Translating Discoveries*” which readers of this Newsletter should have received by mail and which is also available as a downloadable PDF file at <http://medstrategicplan.stanford.edu/>. If you have not received a copy of “*Translating Discoveries*” and would like one, please contact us.

In the December 16, 2002 issue of the Dean’s Newsletter, I summarized some of the work we have carried out this past year in both launching and implementing our strategic plan for the Stanford University School of Medicine. While some of our short-term objectives have been fulfilled, many of our most important longer-term ones will take years to fully achieve. These include changes in education, new directions in research, and enhancements of clinical programs. These programs will require the efforts of many and ultimately involve needs for new programs and facilities. To be successful, it is important that the core goals are understood and supported by the School’s leadership and, equally importantly, by our faculty, students and staff. I hope that you will take the time to review *Translating Discoveries* and offer your comments to me or one of the cognizant Deans. I also hope that you will participate directly in our planning and help us to make Stanford a role model among research-intensive schools of medicine.

I am taking the liberty of highlighting below some of the key objectives we are setting for 2003. Clearly this is a high-level sampling; it does not include the many important initiatives that will be conducted through the basic and clinical science departments and by our faculty, students and staff both in conjunction with the School’s strategic plans and/or as an extension of them. Further, we will refine and develop these and other initiatives during and following our Second Strategic Planning Retreat that is scheduled for January 30 – February 1, 2003.

As always, I welcome your feedback.

Interrelatedness

It is important to underscore first that quite purposefully our Strategic Planning efforts have simultaneously engaged our multiple missions and support structures. From the onset it was clear to me that the manner in which we shaped our plans for education should have consonance with our research and clinical care missions. Similarly, the changes we make in one mission area will surely impact others, making it essential that we look at the interrelatedness of the threads that form the fabric of our academic medical center. Furthermore, aligning our strategic plans and initiatives with the resources we need to achieve them – through administration and finance, information technology, communications and philanthropy – is equally essential. Indeed our ultimate success will rest heavily on how able we are to move forward together, as Stanford Medicine, to fully achieve our mission of being *a premier research-intensive medical school that improves health through leadership and a collaborative approach to discovery and innovation in patient care, education, and research.*

Medical Education

The rejuvenation of a contemporary medical curriculum is a delicate and complex undertaking. Yet, it is among the most significant activities a medical school can pursue. Our strategic plan for medical education is centered on the alignment of the Medical School's mission—to translate research into clinical practice — with its medical curriculum.

Building on the momentum we gained in 2002, the medical education strategic plan activities for 2003 will focus on three major areas:

1. The continued definition and implementation of a “translational” medical education curriculum;
2. The development and implementation of effective mechanisms to honor, promote and facilitate teaching;
3. The continued development of a medical education facilities program for the planned Stanford Medicine Information and Learning Environment (SMILE).

The curriculum reform efforts in 2002 have focused on the overall structure, teaching methods, and content of a contemporary Stanford medical curriculum. To this end, the Dean's Office has worked with the Faculty Senate who has defined several important curricular objectives:

1. The development of “scholarly tracks” as described in the Medical School's plan;
2. Better integration of clinical and basic sciences throughout the curriculum;
3. An enhanced introduction to clinical medicine early in the curriculum;
4. A decrease in our currently hefty lecture time.

With these mandates, and with a project governance and approval process now in place, our goals for 2003 are to have a new “Year 1 Curriculum” in place in September 2003. Concurrent with this effort will be the definition of the core elements and structure of the remaining years of the curriculum. These will be rolled out sequentially in the following years. These years will again be constructed to fit the objectives outlined by the Faculty Senate.

Recognizing that any curriculum can only be as good as those who teach, our 2003 efforts will include completion of recommendations by a Teaching Facilitation Committee that will develop mechanisms to facilitate high-quality teaching, teaching innovation and collaboration, and interdisciplinary teaching between departments.

The SMILE project progressed, in 2002, from a facilities “problem” to an acknowledged facilities “project.” In 2003, this project will further progress from its current conceptual status to a Board-approved project with a defined program, site, and budget. The goal of medical education in 2003 is to work through the SMILE project team to clearly define an affordable facilities program for our core educational/teaching areas, for our student administration functions, and for our other student-focused amenities.

Graduate Education

The strategic plan for the Medical School's Graduate Education programs for 2003 will leverage the advantages from our existing strengths in programmatic flexibility and educational opportunity. In 2002, our efforts were largely focused on the elimination or mitigation of barriers to choice at the initiation and completion phases of the graduate program experience.

In 2003, the graduate education programs strategic plan activities will focus on the creation of enhanced educational opportunities within the graduate curriculum in three areas:

1. Interdisciplinary programs within the Medical School;
2. Interdisciplinary programs with other professional schools;
3. Collaborative opportunities within the local biotechnology industry.

The strategic plans of both the Medical Education and Graduate Education programs recognize the added value that each can bring to the other. Working initially with the Cancer Biology/Tumor Biology Program and the Stanford Brain Research Center, our goal for 2003 is to enhance collaboration of graduate programs with the clinical sciences in order to establish novel research-oriented courses in human health and physiology and disease mechanisms designed for biosciences students. The ultimate goal is to develop programs that engage and expose graduate students to the challenges of clinical medicine and translational research.

Currently, the Graduate Biosciences Program already includes numerous inter-school opportunities, particularly with the School of Humanities and Sciences. Significant additional inter-school opportunities are anticipated with the School of Engineering as a result of the newly established joint Department of Bioengineering. In 2003, opportunities for additional novel educational programs will be explored with other professional schools at Stanford, including Education, Law and Business.

To better prepare our graduates for careers that may bridge academia and industry, we are also committed to strengthening our programmatic relationships with the biotechnology community. In 2003, our goal is to develop program recommendations for joint seminars, workshops and internships with biotechnology partners.

Postdoctoral Scholar Training

Although additional progress is needed, some advances were made in 2002 in the mitigation of some of the major financial/economic barriers to our recruitment and retention of the highest quality postdoctoral scholars. In 2003 the postdoctoral training programs strategic plan activities will focus on two areas; continued strategies and options to address outstanding economic issues faced by postdoctoral scholars and the further development and documentation of institutional programs and guidelines for training program quality. In addition, one of our goals for 2003 is to continue to work

with the Provost's Office to develop affordable and effective housing and childcare programs for postdoctoral scholars for inclusion in the FY04 budget.

Recognizing that there are important differences in the goals and needs of clinical fellows associated with the School's Clinical Departments, Dr. Charles Prober has agreed to chair a committee that will advise the Dean's office one how to enhance the training of this important and vital group of postdoctoral scholars.

With the recent implementation of the Medical School's maximum duration of training policy, effective and high-quality mentoring and career management programs become even more important. In 2003, we will develop and distribute a "Best Practices" mentoring manual and we will develop and implement mentoring guidelines for "Exit Strategies" for postdoctoral scholars.

Research Programs

It is recognized that the best research is investigator-initiated and follows creative new directions supported by peer-reviewed funding. We clearly want to do everything possible to enhance basic research and, in addition and wherever possible, to foster an environment that engages basic and clinical faculty in collaborative research activities, ideally to translate research from the laboratory to the patient. Accordingly, our goals for research for the School of Medicine include:

1. Fostering and supporting an environment that values and promotes basic research;
2. Assessing what is needed to promote translational research among basic and clinical investigators;
3. Developing a small number of "Stanford Institutes of Medicine" that will bring together basic and clinical scientists and physicians, in a virtual manner, to facilitate and augment basic and translational research in selected, complex, multidisciplinary areas that are not fully encompassed within existing departmental structures;
4. To determine the space requirements for wet and dry laboratory research for the School of Medicine during the next decade within the comprehensive long-range facilities planning activities currently ongoing within the Medical Center and University.

During the latter months of 2002, we developed the draft guidelines for Institutes in the School of Medicine – which will be reviewed by the Executive Committee in January and discussed at the SoM Strategic Planning Retreat on January 30- February 1st. Of note, we announced the first of these efforts, the Stanford Institute for Cancer/Stem Cell Biology and Medicine in December of 2002, with Dr. Irv Weissman as Director. As you likely know from prior communications, this announcement generated significant interest and had considerable coverage within the lay and scientific press during the past weeks. During the next couple of years we envision the additional development of 2-3 Stanford Institutes of Medicine that will also follow important multidisciplinary directions.

While the aforementioned Stanford Institutes of Medicine are an important part of our agenda, even more important is the support for basic and translational research that permeates the entire School – without any specific organizational umbrella. Accordingly, in 2003 we will be examining a variety of ways to better support basic and clinical collaborative research initiatives and cross-disciplinary seminars featuring the work of Stanford faculty. We will also examine better ways to support clinical research and explore a model of developing a clinical research unit to support non-NIH sponsored clinical research in a manner analogous to the NIH funded GCRC.

One of the greatest challenges we face in 2003 and the years ahead is the limitations in research space. A significant aspect of this includes the aging space in the Grant, Always, Lane and Edwards buildings as well as the Fairchild Science Building. We are deeply engaged in evaluating space requirements for research and education during the next 10-20 years based on improved models to better forecast our short and long-term space needs. This will also require a better understanding of current space utilization, including the rationale for differences in space assignments among various departments. For the immediate future, developing facilities plans for the Stanford Medicine Information and Learning Environment (SMILE) and the Stanford Institutes of Medicine will be among our highest priorities. Our facilities planning activities are being conducted within the framework of both the medical center as well as within the university. Details about this will be forthcoming during the next several months.

Clinical Programs (Adult)

In 2003 the clinical programs strategic plan activities for our adult services will be coordinated with Stanford Hospital & Clinics and will focus on:

1. The continued refinement and implementation of an effective physicians' practice management structure that is aligned with SHC;
2. The development of an effective clinical strategy with SHC to address areas of clinical excellence and patient satisfaction within the local, regional, and national areas. These will be guided by carefully constructed business plans;
3. The enhancement of translational medicine as a feature that distinguishes Stanford from other providers and medical centers.

The establishment in 2002 of the Council of Clinical Chairs represented an important initial step toward an effective and collaborative management structure for the Medical School's clinical chairs and the SHC leadership. Among the significant challenges for 2003 will be the development of management information and reporting processes that will better support informed discussions and decision-making by the Council and the development of a more streamlined and empowered management process.

While the Medical School and SHC have worked our way through some critical organizational and leadership changes during 2002, the local healthcare market continued to evolve. Among our goals for 2002 was the development of an effective market strategy to address provider and health care system consolidations in the local area. We did not meet our goal for 2002, and the local market continues to present consolidation

threats. It is critical to the success of our faculty's practice and the success of SHC that we now address this issue. Recent revisions in the structure of our professoriate and improved clinical practice management processes should prove helpful in this regard.

The recent articulation of a congruent relationship of Clinical Centers of Excellence within SHC and Institutes within the School of Medicine provides us with an opportunity to jointly develop the details of these units with a clear and shared purpose. Much remains to be done before any of these areas can be fully operational. In 2003 we will work collaboratively to further develop the specific programs within these areas, to clearly articulate their defining characteristics, to bring forward for discussion and resolution any outstanding operational or organizational issues, and to develop a comprehensive business plan for the defined units.

Clinical Programs (Pediatrics/Obstetrics)

In 2003, the clinical programs strategic plan activities for our pediatric and obstetric services will focus on two major areas:

1. The continued refinement and implementation of an effective physicians' practice organization structure;
2. The continued implementation of the programmatic priorities identified in the LPCH Strategic Plan (including the Children's Health Initiative).

During 2002, the leadership of LPCH and the School of Medicine committed to the joint development of a Faculty Physicians' Organization (FPO) for the Pediatric and Obstetric clinical services. The faculty, School and LPCH leadership have developed the operating principles as well as management and governance structures for the FPO. The goals for 2003 are to implement the governance structure and, to work with LPCH to create the requisite financial reports to guide the practice, establish FPO performance goals and incentive models, and to have the FPO assume responsibility and accountability for the success and performance of the clinical practice.

As is the case with the strategic plans for the School of Medicine and SHC, the Children's Health Initiative includes a commitment to the development of interdisciplinary and comprehensive centers that are programmatically consistent across the Medical Center. During 2003, we will be working collaboratively to prioritize these initiatives in order to bring them forward in partnership with the hospitals and maximize their potential for success, especially in translational medicine.

Academic Affairs

The revision in the Medical School's faculty structure that was achieved in 2002 was a significant accomplishment in its own right and is critical to the success of the Medical School's strategic plans. To ensure that we fully realize the long-term benefits of these changes, however, it is imperative that we actively manage their implementation.

In 2003, the strategic plan activities for academic affairs will focus on three major areas:

1. The refinement and continued management and implementation of the approved and outstanding revisions to the faculty;
2. The further refinement and implementation of an effective faculty recruitment and career mentoring programs;
3. The implementation of recommended initiatives for the recruitment and retention of under-represented minority faculty and women in medicine and science.

A key element of the strategic plan for academic affairs was the creation and promotion of a faculty that recognizes and values the activities and contributions of all of its' members, be they investigators, clinician-investigators/scholars, clinician-educators, or voluntary clinical educators. Our goal for 2003 is to manage the details of the implementation of these changes within our appointment and promotion process while also promoting and monitoring our success in achieving a true community of faculty.

In 2003, we will undertake a comprehensive review of the faculty recruitment and appointment process in order to reduce the time and effort required for successful completion of the appointment/promotion process. More specifically, we will seek to identify mechanisms and opportunities to streamline the process while also working to optimize the candidate pools. We will also continue our efforts to refine and implement effective mentoring programs for our junior faculty. Through these two related efforts we expect to become more effective in finding and recruiting the best new faculty and to be more effective in supporting their success as faculty at Stanford.

Among our greatest and continuing challenges is our ability to recruit under-represented minority faculty to Stanford and to retain and promote those under-represented minority and women faculty we do recruit. Our goals for 2003 include the development and implementation of the approved recommendations from the Dean's Task Force on Minority Faculty and the Dean's Task Force on Women in Medicine and Science.

Information Resources and Technology

During 2002 we launched a new effort within the Dean's Office in Information Resources and Technology (IRT). Under the leadership of Dr. Henry Lowe, a strategic plan has been developed, including efforts for Learning Technologies. In 2003 the IRT strategic plan activities will focus on four major areas:

1. Active participation in the continued programmatic refinement of the "Information Center" and IT infrastructure elements of the SMILE (Stanford Medicine Information and Learning Environment) project;
2. The development of collaborative relationships and projects within the University and the hospitals (this includes meeting the HIPAA requirements and developing an informatics infrastructure for the new Clinical Cancer Center);
3. The continued definition and implementation of critical IT infrastructure improvements;
4. The continued implementation of the IRT organization structure and governance.

The role of IRT in the SMILE project is critical. Our goals for 2003 include the development of clear and affordable programs for the Information Center and Learning Technologies and the development of specifications for the facility's IT infrastructure. These will be particularly challenging goals in light of the rapid pace of change in all three of these areas.

A major strategic initiative within the IRT plan is the development of effective collaborative relationships with our IT partners across campus and in our affiliated hospitals. In 2003, we will establish with the University and SHC a joint IT planning group. We will also begin, in partnership with SHC to develop an informatics infrastructure to support the needs of the new Clinical Cancer Center. We will also pursue an "Integrated Advanced Information Management Systems (IAIMS)" grant from the National Library of Medicine. And we will work with SHC to develop a single Clinical Research Data Repository.

The Medical School's IT infrastructure needs are large. In 2003, we will continue the phased implementation of the School's secure wireless network, we will complete the development and implementation of a secure data center for the Medical School, and we will develop a conceptual model and architecture for a new Medical School public website. In addition, April 2003 is the deadline for compliance with the new federal HIPAA privacy regulations and we will be working to meet this deadline and to ensure ongoing improvements in the School's overall data security infrastructure.

We also hope to complete the recruitment of a new Library Director early in 2003. We will then quickly pursue the development of a strategic plan for the Medical School's Information Center.

Finance and Administration

The essence of the Finance and Administration strategic plan is the provision of service to faculty and students. Through effective and collaborative partnerships with the School's faculty and students and the staff of the University and our affiliated hospitals, the School's staff seeks to support the pursuit of excellence and innovation in education, patient care, and research. In 2003, the Finance and Administration strategic plan activities for will focus on four major areas: Funds Flow, Resource Allocation, Organizational Structure, and Staff Development.

The Finance and Administration strategic plan commits to the review and revision/rationalization of current funds flow mechanisms between the School of Medicine, and the University (the "formula"), between the School and its affiliated hospitals (SHC and LPCH), and between the Dean's Office and the School's academic units (the Operating Budget formula). Our objectives are to ensure the alignment of these methodologies with the School's mission and priorities and with the costs or values of the underlying transactions. Our goals for 2003 include the completion and implementation of the current Operating Budget reformulation project and the implementation of the revised University formula model. We are also committed to work with the Hospitals in 2003 to clarify and, if necessary, revise the funds flows between our organizations.

Improvements in the allocation of resources will be achieved through two significant continuing initiatives. In 2003, we will bring forward a Medical Center Long-Range Development Plan that will provide the University, the School of Medicine and the Hospitals with the land use strategies and facilities that are required to support our strategic plan. In addition, with the creation in 2002 of the Office of Institutional Planning a locus was established for coordinating the School's planning activities with those of the School's academic units. Our goal for 2003 is to implement the departmental planning process, including its application to the School's non-departmental units.

Critical to the success of the School's translational research and medicine vision will be an ability to create and support an adaptive organization, one that is able to accommodate an increasing array of formal and informal cross-disciplinary arrangements of varying durations. Our goal for 2003 is to create the criteria, nomenclature, and process for the establishment and recognition of non-departmental academic units, to define their associated program and administrative responsibilities, and to allocate the appropriate resources to them.

The administrative work processes of the School are greatly influenced by the University. The workload impacts on School staff of new University financial and information systems have been profound and have severely limited our ability to support effectively the School's on-going mission-based activities. Our goals for 2003 are to realign our administrative processes and models in order to better support our missions and use our resources. To that end, we will develop management information systems appropriate to the School's administrative model, evaluate and adapt the School's administrative model to the fixed requirements of University systems, engage the University in an evaluation of University-wide work processes, and initiate a process to evaluate periodically the School's administrative model.

Fundamental to the success of the School's strategic plan and its many associated initiatives will be the continued support of a well-trained and motivated staff. The Finance and Administration strategic plan promotes a coordinated set of staff training and development initiatives through which this essential staff support will be ensured. Among the most critical of these slated for 2003 are the implementation of the School's Management Training Program, the enhanced representation of School staff on University and School committees, the full implementation of the new Staff Seminar Series, and development of improved rewards and incentives mechanisms.

Advocacy, Public Policy and Philanthropy

The strategic plan for the Medical School's Advocacy, Public Policy and Philanthropy programs is focused on the articulation of a positive and progressive identity for the Medical School consistent with its strategic vision as a research-intensive medical school promoting the translation of discoveries.

In 2003, the Medical School will focus its strategic activities in three areas:

1. The implementation of a comprehensive and effective communications strategy appropriate to the School's mission;
2. The development and implementation of a Medical School-based government relations program;
3. The further refinement of and preparation for a major development campaign encompassing the School's strategic needs in conjunction with Stanford Hospital & Clinics, the Lucile Packard Children's Hospital, and the University.

The implementation of a comprehensive and effective communications strategy appropriate to the School's mission and role in the reformation of academic medicine will be essential to the success of our major strategic planning initiatives. Our goal for 2003 is to refine our message and define the means by which it is regularly communicated.

In order to actively engage the public to foster an appreciation for the importance of academic medicine to the health of the community and the nation, a Government Relations position was created within the Dean's Office. This position will soon be filled. Our goal for 2003 is, through this position, to develop jointly with the University and our hospitals a coordinated program of government relations that will reinforce the role of the Medical School as an active and engaged asset to the local and national community.

The successful pursuit of the Medical School's strategic plans and other program needs must be supported with substantial development. Throughout this process, the Medical School, the University, and the Hospitals have been actively engaged in the definition of the elements for a comprehensive and effective campaign. Our goal for 2003 is to continue these discussions, leading to the announcement in 2004 of a campaign.

In Summary

While we have made progress in 2002, much remains to be accomplished in 2003 and beyond. Indeed, the plans we are constructing will help shape Stanford Medicine for the next decades. While planning is important, it cannot replace the excellence of the work accomplished by our students, faculty and staff. Your individual efforts and successes, together with an alignment of our goals and mission, can truly make a difference. In the end, the work done by each member of our Stanford community will determine our future. I look forward to continuing to work with each of you to achieve both individual and collective goals and objectives.

Leadership Changes

- **Dr. Minx (Margaret T.) Fuller**, Professor of Developmental Biology and of Genetics, has become the Chair of the Department of Developmental Biology beginning January 1, 2003. Dr. Fuller has been a member of the Stanford faculty since 1980. Her research has focused on the regulation of stem cell behavior and on how the developmental program remodel fundamental cellular functions like the cell cycle, the cytoskeleton, and the general transcription machinery to give rise to specialized cell types during cellular differentiation. I am very pleased to welcome Dr. Fuller as a new Department Chair.

I also want to take this opportunity to thank Dr. Roel Nusse who stepped down as Chair of Developmental Biology. He did a wonderful job for the Department and for the School and it has been a true privilege to work with him.

Dean's Newsletter

January 20, 2003

Update on Medical Education

During the past months considerable activity has been underway on the School of our Medical Education Curriculum. This important effort has been lead by Dr. Julie Parsonnet, Senior Associate Dean for Medical Education, with enormous help and contributions from numerous faculty, students and staff. As you will recall, the fundamental underpinning of the curriculum restructuring has been to develop a new path for training future physician-scholars and leaders. Central to the restructuring is the creation of ***Scholarly Concentrations***, which will “define an area of academic focus within the overall medical school curriculum that provides an opportunity for students to engage in an in-depth study of an area pertinent for the practice or science of medicine and to develop analytical skills required for the critical evaluation of the scientific literature. As part of this program, students will engage in an original project or creative endeavor...”

Dr. Parsonnet presented the Request for Proposals for Scholarly Concentrations to the Medical School Faculty Senate on Wednesday January 15th and received both enthusiasm and unanimous approval to proceed. Accordingly, the RFP is now being sent to all Medical School Faculty with the goal of receiving “Letters of Intent” by February 7th and then full proposals by April 1st. Final decisions will be made by the Scholarly Concentration Committee by April 30th. This time frame will enable this exciting new program to be initiated in the Fall of 2003 for the next incoming class.

As described in the RFP, possible areas of scholarly concentration include, but are not limited to: Molecular and Genetic Medicine; Bioengineering; Community and Public Service Medicine; Health Services, Outcomes and Policy Research; Infectious Diseases and Microbiology; Medical Humanities and Ethics. Within each scholarly concentration, students can elect to pursue an original research option or an investigative scholarly option.

- In the ***Original Research Scholarly Concentration Option*** students must complete the course requirements of the concentration, participate with graduate students in the research seminar program of the relevant department or consortium, and engage in an original research project directed by a member of the concentration faculty. Research projects will be reviewed and approved by a thesis committee. For some concentrations, additional work that would fulfill the requirements of a Masters degree may also be proposed. Students electing the

Original Research Scholarly Concentration Option will ordinarily complete both the requirements of a regular medical school curriculum and the research component of the concentration in a minimum of five years.

- In the *Investigative Scholarly Concentration Option* students will fulfill the requirements by completing the designated concentration course requirements and by an independent study culminating in a scholarly paper that pertains to an original question developed by the student but that need not involve the collection of original data. Students who select the *Investigative Scholarly Concentration Option* can ordinarily complete both the standard medical school curriculum and the requirements of their elected concentration within four years if they so desire.

In parallel with the creation of the Scholarly Concentrations, the curriculum restructuring also addresses revising the traditionally dichotomized pre-clinical and clinical curriculum to one that includes parallel learning of both basic and clinical science and medicine throughout medical school. This requires redefining the essential knowledge that students require during their first and second years along with determining which basic science courses or mini-courses are better taught during the time when students are doing their clinical rotations. This restructuring also permits the creation of the necessary time-blocks to enable the Scholarly Concentrations to be successfully conducted.

In order to make the necessary changes for the class entering in the Fall of 2003, considerable work, accommodation and compromise is needed by faculty, students and staff. To a great degree this is being accomplished by the very successful partnership that has been forged between the Dean's Office and the Faculty Senate. I want to particularly thank Dr. Oscar Salvatierra, Chair of the Faculty Senate, and Dr. Ted Sectish, Chair of the Committee on Courses and Curriculum, whose leadership has been instrumental in assuring that the curriculum agenda stays on schedule. In addition, I want to also thank Dr. Neil Gesundheit, Associate Dean of Medical Education and Betsy Moreno, Office of Academic Research, for their major efforts. I also want to thank Dr. Gary Schoolnick and the members of the Scholarly Concentration Committee for their impressive work. Although much remains to be done, the work that has been accomplished to date is enormously gratifying and will serve well future generations of Stanford medical students.

Update on Education Facilities

In addition to curriculum restructuring, considerable work has also been underway in the planning for new education facilities and for the renovation of existing ones. The following update has been prepared by Maggie Saunders, Education Programmer/Project Planner in our Office of Facilities Planning and Management.

Stanford Medicine Information and Learning Environment (SMILE)

The Programming and Feasibility Phase of the SMILE project is fully underway. Initial discussions and planning have been initiated in each of the major program areas including: Learning Environments, Information Center (Lane Library), Office of Student

Affairs, Student Life, Conference Center, and Dean's Offices. Additionally, exciting discussions have emerged related to the creation of an Immersive Learning Center, which would provide a hub for the integration of state of the art simulation technologies into the teaching and learning of clinical skills.

The focus of the current effort is to understand the types, number and relationship of spaces that would accomplish the goals of each of these program elements. Parallel to the programming effort, a second set of activities has been initiated to understand the engineering and site complexities of the current SMILE site located where Fairchild Auditorium is today (to be demolished and then replaced in SMILE) and southwest of Fairchild Science Building (currently a parking lot) in terms of the evolving program information. The combined result of these efforts will be the first and most preliminary definition of a building complex and a cost estimate. These two preliminary phases are anticipated to be completed sometime in April. An update is planned for a future Town Hall meeting. In the meantime, the Office of Facilities Planning and Management is eager to receive your thoughts and ideas. Please communicate your ideas to Maggie Saunders, madaca@stanford.edu.

Fleischmann Lab Renovation

The Fleischmann Lab renovation project is also progressing as planned. Construction drawings are complete and initial bids, which are within range, have been returned. In addition, technology specifications, furniture selection, and project schedule are being refined. Demolition of the current teaching labs is scheduled to begin May 15th with project completion planned for early September.

A primary goal of the renovation is to enable the Fleischmann Labs to be more flexible and technology-capable spaces. To accomplish this goal additional electrical service will be provided in the floors of the Labs. To complete this electrical work and to enable the installation of new technologies in the M-Wing classrooms in the Alway building, the classrooms (with exception of M104) will also be pulled out of operation during the summer of 2003, beginning June 16 through end of August. An announcement has been distributed to the course directors, faculty and staff that we anticipate will be effected during the Spring and Summer terms. Primary surge space for courses and events taught during the summer term will be in the Herrin Lab building on main campus. A few larger events are being accommodated in other main campus facilities. Meetings with individual course directors are underway to accommodate the Spring courses taught in the Fleischmann Labs that will be disrupted from May 15 - June 13. Should you have any questions about this project or surge space for your course or event, please contact Maggie Saunders, madaca@stanford.edu or Linda Gibson, lindah@stanford.edu.

Responsible Conduct in Clinical Research

Thanks to the efforts of Dr. Ellen Porzig, Associate Dean for Graduate Education, Dr. Mildred Cho, Senior Research Scholar, Center for Biomedical Ethics, and Michael Cowan, Associate Dean for Post-Doctoral Affairs, an important course for graduate students and post-doctoral scholars entitled "Responsible Conduct of Research"

commenced on January 8th and extends through March 5th. Held on Wednesday evenings at 5:30 PM, in the Fairchild Auditorium, the course features presentations on scientific conduct, misconduct and mentorship; scientific record keeping; authorship, intellectual property and peer review; conflict of commitment, conflict of interest and relationships with industry; use of human subjects; social responsibility of biomedical scientists; and vertebrate animals in research.

This is an important program because it emphasizes our School's institutional commitment to fostering an environment that values scientific integrity. Indeed, as a community of scholars we are responsible not only for our individual actions but also for how they impact on and can be affected by the actions of others. Thus the interrelationship between integrity at the individual and at the institutional level is critically important. So too is the recognition that integrity in science is on a continuum with our personal and professional lives. Indeed, it is hard if not impossible to separate them. In 2002, the Institute of Medicine of the National Academies published an important monograph entitled ***Integrity in Scientific Research: Creating an Environment that Promotes Responsible Conduct.*** I would encourage you to read this monograph, which can be accessed at www.nap.edu

The cover of the aforementioned monograph contains a quotation that I believe accurately captures the essence of scientific integrity: “*Many people say that it is the intellect which makes a great scientist. They are wrong; it is character.*” – Albert Einstein.

When Does Clinical Care Become Research?

There can sometimes be a blur between clinical care and clinical research. This has important implications for deciding when approval from the Institutional Review Board should be sought before initiating a project or inquiry. The following information is provided by Vicki Jones with input from Kathy McClland and Dr. Ann Arvin.

"Clinical Research"--Gray Matters

Investigators, both junior and senior, need to be aware that Institutional Review Board (IRB) review and approval must be obtained **prior** to collecting and analyzing patient data for purposes of research. These activities are different from the clinical care of the individual patient, even though the same clinical information may be used for research purposes. A lack of understanding of the human subjects regulations and what constitutes human subjects research can lead to violations of Stanford policy and federal regulations.

The IRB offers the following advice and information to assist investigators with their obligations to comply with Stanford's requirements for the protection of human research subjects. Stanford's Human Subjects Manual (<http://humansubjects.stanford.edu/manual/>) states that research activities involving human subjects must be reviewed by a Human Subjects Panel (part of the IRB). To determine if an activity involves human subjects research, ask yourself:

1. *Are human subjects involved in any aspect of the activity?*

2. *Is this activity direct clinical care of an individual patient only, or is it a research analysis of data from this and other patients?*
3. *Is the activity within Stanford's jurisdiction?*

Whether an activity represents research may fall into a gray area. What starts out as basic medical practice designed to help an individual patient can gradually develop into a systematic investigation to improve the quality of care for a small group of patients, and ultimately turn into a full research project intended to produce a significant body of sharable, transmittable, publishable data. The purpose of medical or behavioral practice is to provide diagnosis, preventive treatment or therapy to particular individuals. By contrast, the term *research* designates an activity designed to test an hypothesis, permit conclusions to be drawn, and thereby to develop or contribute to generalizable knowledge (expressed, for example, in theories, principles, and statements of relationships). Research is usually described in a formal protocol that sets forth an objective and a set of procedures designed to reach that objective.

The following case study is offered to assist answering the question: *When does clinical practice end and "research" begin?*

Dr. Smith notices what he believes is a correlation between a patient's symptoms when on a relatively new prescription medicine and a food supplement some of his patients are taking. Dr. Smith asks a Resident to search the medical records of his patients to identify those who have both been prescribed the new medication and who have complained of certain symptoms. *Does this constitute research that requires IRB approval?*

The Resident's review of the files nets about 15 records. Dr. Smith then asks the Resident to contact those patients and ask them if they have ever taken the food supplement in question. *Does this constitute research that requires IRB approval?*

The patient information gathered by the Resident points to a strong statistical correlation between taking the prescription medication and the food supplement concurrently, and the symptoms observed by Dr. Smith, even in the small group of patients contacted. Dr. Smith then asks some of his colleagues to review the records of their patients who have been prescribed the medication and to keep track of their symptoms and dietary supplements. ***Is this research that requires IRB approval?***

Research, as officially defined by the Department of Health and Human Services http://humansubjects/manual/chapters/ch6_1_review_pro.html is: *...a systematic investigation, including research development, testing, and evaluation, **designed** to develop or contribute to generalizable knowledge.* So, whether an activity is research, becomes a matter of **intent**. At the point where Dr. Smith discovers a correlation that might *develop or contribute to generalizable knowledge*, his efforts become research-oriented. It may be that the investigation commenced with the idea of helping Dr. Smith's individual patients, but somewhere along the line Dr. Smith decided to explore the correlation further with the possible intent of contributing to general medical knowledge.

Therefore, when Dr. Smith asked the Resident to review the medical charts, if his intent was to analyze the data and eventually publish the results or use them in a larger, formal investigation, then this was research requiring IRB approval. If, on the other hand, Dr. Smith's intent was simply to help his own patients, then his actions were part of clinical practice.

The purpose of medical or behavioral practice is to provide diagnosis, preventative treatment, or therapy; and interventions are designed solely to enhance the well being of the individual patient or client. Research constitutes activities designed to contribute to general knowledge. Once a study begins, new relationships are created. Patients become subjects, doctors become researchers, students, as subjects, become respondents. The line between practice and research is often a blurred one, and confusion can arise on the part of the investigator, as well as the subject. It is the responsibility of the investigator to understand and maintain the distinction between practice and research and to inform study participants of their role as research subjects versus their role as patients.

The most efficient solution at every step of the *Dr. Smith* scenario described above would have been: *When in doubt, ask the IRB*. The IRB, in the Research Compliance Office, is available to answer questions concerning the use of research subjects and to help investigators submit research protocols for IRB approval. Stanford has four IRBs that each meet monthly to review protocols covering all aspects of human subjects research. For general information and assistance related to Human Subjects in Medical Research, please visit the Human Subjects web site <http://www.stanford.edu/dept/DoR/hs/>. For answers to questions, contact Jon Schwaiger (Jon.Schwaiger@Stanford.edu or 650-723-0082). For general information and assistance related to Human Subjects in Non-Medical Research, please visit the web site and then contact Juli Espinoza (Juli.Espinoza@Stanford.edu or 650-723-4526) concerning any questions

Inauguration of the Stanford Medicine National Advisory Council

I am pleased to announce the inauguration of the Stanford University School of Medicine's National Advisory Council. Given the many changes impacting academic health centers, it is imperative that the School and University periodically assess its strategic initiatives and direction. The School of Medicine's National Advisory Council will meet annually to review School-wide initiatives and strategic plans, including future programs and capital development. The NAC will report its findings and recommendations to the Dean and the Provost. The following list includes the individuals who have agreed to serve on this new Council:

Edward Benz, M.D.
President
Dana Farber Cancer Institute
Harvard Medical School

Elizabeth Blackburn, Ph.D.
Professor, Department of Biochemistry &
Biophysics
University of California, San Francisco

Thomas F. Boat, M.D.

Mr. William A. Halter

Professor and Chair, Dept of Pediatrics
Children's Hospital Medical Center
Cincinnati, OH

Stanford University, Board of Trustees
Washington, D.C.

Donald A.B. Lindberg MD
Director, National Library of Medicine
National Institutes of Health

David Satcher, M.D., Ph.D.
Director, National Center for Primary
Care
Morehouse School of Medicine

Susan Lindquist, Ph.D.
Director, Whitehead Institute
Massachusetts Institute of Technology

Carla Shatz, Ph.D.
Professor and Chair, Department of
Neurobiology
Harvard Medical School

Daniel H. Lowenstein, M.D.
Professor of Neurology
Department of Neurology
University of California, San Francisco

Samuel A. Wells, Jr., M.D.
Department of Surgery
Duke University Medical Center School
of Medicine

William A. Peck, M.D.
Dean, School of Medicine
Washington University

I am enormously pleased by the quality and depth of the individuals who have agreed to serve on this Council. They represent a breadth of knowledge and expertise that spans the School of Medicine's missions in education, research, patient care and community service.

We are planning our first meeting of the National Advisory Council for November 2003.

Congratulations

- **Dr. Stanley Falkow:** This past week, the National Academy of Sciences (NAS) has selected 18 individuals to receive awards honoring their outstanding scientific achievements. Among these is Dr. Stanley Falkow, Professor of Microbiology and Immunology, who will receive the **Selman A. Waksman Award** "for his many contributions to understanding the mechanisms by which bacteria cause infection and disease." The award is supported by the Foundation for Microbiology and has been presented since 1968. Congratulations to Dr. Falkow.
- **Dr. Carlos Esquivel:** The Northern California Chapter of the American Liver Foundation will honor Dr. Carlos Esquivel for his outstanding contribution to biotechnology and medical innovation at a gala event in San Francisco in March. Congratulations Dr. Esquivel.
- **Stanford Medical Center** has received among the highest scores in California on the first comprehensive report on hospital performance publicly released by a health plan. The Pacificare Quality Index, released this past week, evaluated 200 California hospitals on more than 60 measures of quality and affordability.

Stanford achieved an overall quality score of 95%, with an overall patient safety score of 98%. Given the complexity of the cases cared for at Stanford, these results are excellent and compare favorably to other academic medical centers (e.g., UCSF Medical Center had a score of 79% and UCLA Medical Center scored 58%). While these are gratifying, by all accounts considerable work remains in further improving the quality of patient satisfaction at Stanford – a matter that is high on the priority list of hospital leaders.

Announcements

2nd School of Medicine HIPAA Public Forum to Focus on Research

The second in the series of HIPAA Public Forums sponsored by the School of Medicine is slated for Wednesday, January 29 from 1:00pm – 2:30pm in Fairchild Auditorium.

In response to many requests for more information regarding the HIPAA privacy rules and research, this Forum will focus on research compliance and the impact of the new HIPAA regulations. A panel representing HIPAA staff from the School, Hospitals, and University will provide the most current information regarding Stanford research policies, answer faculty and staff questions, and solicit input for future training needs. Investigators and research staff are encouraged to attend.

Due to space limitations, participants are asked to pre-register for this event by using the following link: <http://reggie.stanford.edu/SignupForm1.asp?670>

Prior to the Forum, participants are encouraged to submit questions they would like the panel to address. Please submit general questions and common concerns to HIPAA@med.stanford.edu.

Stanford University Minority Medical Alliance's (SUMMA) Twelfth Annual Premedical Conference

As you probably already know, SUMMA is a coalition of African American, Latino, and Native American medical students committed to recruiting and retaining underrepresented medical professionals. Every year, SUMMA hosts the largest minority premedical conference on the west coast, typically drawing 400-600 attendees each year. The goal of the conference is to increase the number of minority applicants to the health professional fields so that we can better serve our communities.

Our opening speeches begin at 8 a.m., with the conference ending at 4:30 p.m. In line with our goal of increasing the numbers of underrepresented minorities in medical school, SUMMA will focus on the pre-medical process by providing workshops targeted at specific aspects of the application process, a newly revamped booklet with 65 pages of facts, advice, and tips, and invaluable interaction with medical students, physicians, and recruiters from around the country.

Please join us on Saturday, February 1, 2003 at Fairchild Auditorium. Further details about this exciting event can be found at: <http://www-med.stanford.edu/osa/summa>

Appointments and Promotions

- Craig T. Albanese has appointed to Professor of Surgery at the Lucile Salter Packard Children's Hospital and Professor, by courtesy, of Pediatrics at the Lucile Salter Packard Children's Hospital and Professor, by courtesy, of Obstetrics and Gynecology at the Stanford University Medical Center, effective 1/1/2003 to 12/31/2007.
- Natalie Rasgon has been appointed to Associate Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 1/1/2003 to 12/31/2007.

Dean's Newsletter February 3, 2003

Strategic Planning Retreat 2003

From January 30th to February 2nd some 76 members of the School of Medicine and Medical Center gathered at the Carmel Valley Ranch for the Strategic Planning Retreat 2003. Attendees included basic and clinical science department chairs, senior deans, faculty leaders, students and postdoctoral scholars, alumni, hospital CEO's and their strategic planning staff, university representatives and trustees. Although the group was diverse, it became united in seeking how to make Stanford University School of Medicine a transforming agent for academic medicine. It is, of course, difficult to capture the excitement and enthusiasm that emerged at the Retreat for those who were not in attendance. However, it is our hope that we can engage and enlist as many of you as possible in the new bold vision we believe is emerging for Stanford Medicine.

Last year's Strategic Planning Retreat in February 2002 (my first at Stanford) laid out the rough outlines of our agenda. Recognizing the interrelatedness of our core missions, Work Groups of faculty, students and staff, each lead by a Senior Associate Dean, had carried out critical reviews and analyses in key areas of the School. These were: medical student education; graduate student education; postdoctoral scholar training; research; clinical care; the professoriate; finance and administration; advocacy; communication; government relations and philanthropy. We came to the 2002 Retreat with over a hundred strategic initiatives and emerged with a core mission and a more defined set of goals. Our defined mission is *to be a premier research-intensive medical school that improves health through leadership and collaborative discoveries and innovations in patient care, education and research*. Our overarching goals included:

- To become a leader in the movement to reform and rejuvenate the education and career development of biomedical innovators;

- To transform the future of biomedical, translational, clinical research and education by fostering novel collaborative alignments between basic and clinical scientists, clinicians, and educators throughout the University, as well as with public and private partners worldwide;
- To earn the public's trust and respect as a premier medical school through outstanding patient care and academic medicine.

During the past year, considerable progress has been initiated in each of our mission critical areas. Some of these were codified in the end-of-the-year summary included in the December 16, 2002 issue of the Dean's Newsletter (<http://deansnewsletter.stanford.edu/>). Further, we recently published and distributed the first draft of our strategic plan and objectives in "Translating Discoveries," which is also available at (<http://medstrategicplan.stanford.edu/>). In addition, in the January 6, 2003 Dean's Newsletter (<http://deansnewsletter.stanford.edu/>), I summarized our objectives for 2003.

While our goals and their implementation are key to our success, even more important is our ability to come together and work closely as a community committed to each other and to the future of Stanford Medicine. Of course this is a difficult challenge given the many demands and economic forces affecting academic medical centers and their various internal and external communities. Traditionally, it is not infrequent that fracture lines develop among basic science, clinical science and clinical care communities. Indeed, it is well recognized that this has been true at Stanford in the past and that there is still very much the perception that these communities are not well aligned today. I fully recognize the important and unique differences that apply to each group, but I am also cognizant of their inextricable interrelatedness. More importantly, it is clear that alignment is critical if our "sum is to be greater than the whole of our parts" or, put another way, if we are to achieve the excellence we are capable of as an academic medical center and, even more importantly, to serve as a role model among research-intensive schools of medicine.

I felt that the 2002 Retreat helped to build some new bridges between our various communities based on improved understanding of how intertwined our communities truly are – and how they are each important to achieving our overarching goal of "translating discoveries". While this spirit has been sustained during the past year, it is of course fragile and requires frequent reinvigoration. The 2003 Strategic Planning Retreat held at the end of last week helped secure and significantly amplify our alignment and commitment to changing the "culture of medicine" and to working together so that Stanford could transform the future of academic medicine. I will not attempt in this report to review each element of the Retreat but will focus on some of the most important interlocking highlights and conclusions that we reached. We will post the presentations from the Retreat on the website (<http://medstrategicplan.stanford.edu/>) and will hold a Town Hall Meeting on Tuesday, February 18th at 5:30 p.m. to discuss the outcomes of the Retreat further. Perhaps most importantly, I hope that each department chair, faculty, student and staff leader will give an update on the Retreat to her or his department, group or constituency.

Following are some selected highlights.

1. There was strong concurrence that the **curriculum changes** being led by Dr. Julie Parsonnet, Senior Associate Dean for Medical Education, and her colleagues are important, exciting and transformational. The intersections between programs training future physician leaders and scholars and those training graduate students were highlighted, and efforts to develop shared opportunities (e.g., a joint medical and graduate student “pre-differentiation experience”) were discussed with considerable enthusiasm.
2. There was considerable appreciation for the changes that have already taken place for **graduate students and postdoctoral scholars** that was presented by Dr. James Nelson, Senior Associate Dean for Graduate Education and Postdoctoral Affairs. However, there was a recognition that much greater inclusion of residents and clinical fellows into the curriculum and under the broader umbrella of the School was important – and should be a major goal for this next year. A committee led by Drs. Charles Prober and Larry Shuer has recently been appointed to address how to better engage residents and clinical fellows into the missions of the School. This committee will provide at least an introduction to this important initiative.
3. There was praise for the changes that have occurred during this past year in the **professoriate** lead by Dr. David Stevenson, Senior Associate Dean for Academic Affairs and his colleagues. The more functional characterization of faculty roles and expectations for appointment and promotion was especially noted. In addition, the recent and unanimous support of the University Faculty Senate to grant PI-status to MCL faculty was especially appreciated as an important step to better aligning faculty groups and dissipating the perception of “second-class status” for our clinician investigator scholar community. An important objective for 2003 is to more fully develop the role of the “clinician-educator” as an important member of the medical center team and to do our best to clarify the important role and nomenclature for our “voluntary clinical educator faculty”. In addition, and in recognition of the value the School is placing on interdisciplinary team-based efforts, a strong plea was made to address the promotion criteria to better acknowledge and reward such important efforts – something that should be done over this next year.
4. There was recognition that our plans for the School of Medicine are closely linked to the future success of the **clinical programs** of our major affiliated hospitals, especially Stanford Hospital & Clinics (SHC) and the Lucile Packard Children’s Hospital (LPCH) as well as the Palo Alto VA Hospital and the Santa Clara Valley Medical Center. Dr. Ken Cox, Senior Associate Dean for Pediatric and Obstetric Clinical Affairs presented a report on the clinical programs at LPCH, which was followed by comments from Chris Dawes, CEO for LPCH. The strategic plan for LPCH is reasonably well developed. It focuses on the delivery of outstanding tertiary and quaternary care along with continuing to service to its communities

for primary and secondary care. A number of partnerships with LPCH and community hospitals and practices have been established over the past decade that will be sustained and enhanced in the coming years. The importance of alignment of the physicians and the hospital in carrying for these missions is essential, and Dr. Cox reviewed the progress to date in developing a faculty practice organization that is part of a “physician-hospital” structure. Implementation of this organization during the next months is one of the highest priorities. At the same time, the success of clinical programs at LPCH has now put an enormous strain on its bed resources, and one of the most significant objectives before LPCH is the creation of additional bed capacity both on and off the medical center footprint. These important needs are being captured and developed as part of a long-range medical center facilities planning effort. This will be an important topic for discussion during the next several months.

5. Together with the new leadership at SHC being developed by Martha Marsh, CEO, the important clinical strategic objectives for **enhancing adult patient care** were reviewed by Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs. Central to this effort is improving the position of SHC as a “value leader” whose expertise is both concentrated in certain areas (e.g., cancer, cardiovascular, neuroscience, transplantation) and broad in secondary care delivery. While considerable attention has focused in the past on inpatient services, much more effort is needed to develop ambulatory services both within the SHC complex and off-site in the community. One of the overarching needs is to expand the depth and “market-share” of clinical services; this will require an expanded clinical workforce. Important to this effort will be clarification and enhancement of the role of clinician-educators. In tandem with this will be the formation of strategic partnerships with community hospitals and physician groups, which will be coupled with efforts to improve patient care services at SHC. The value of translational medicine in further distinguishing SHC and LPCH from its competitors in the community was highlighted repeatedly. This further underscored the benefits of a close partnership and association with the School of Medicine, SHC and LPCH. Important to this goal is a transparent and close working relationship among Hospital and School leaders, and it was pointed out repeatedly that this seems to be working successfully with the current Dean and CEOs. Such collaborations will also need to extend to new ways of organizing our clinical care and research interface. The creation of the Stanford Institutes of Medicine will be one means for bringing basic research, translational medicine and clinical care under overarching umbrellas. While we have announced one such effort in Cancer/Stem Cell Biology and Medicine, we are also envisioning a small number of additional Institutes that align our communities in mutually important topics such as cardiovascular medicine, neuroscience, immunology and infectious diseases. We also can envision the development of additional interdepartmental clinical centers (e.g., vascular center) to provide a more seamless interface to the patients we serve and the care we deliver.

6. **Translating Research and Medicine** was among the key conclusions and derivatives of the 2002 Strategic Planning Retreat. To further our discussion of this vitally important topic, Senior Associate Deans for Research John Boothroyd and Harry Greenberg organized a panel discussion that touched on a range of topics related to translational and interdisciplinary research. These included updates on the Children's Health Initiative, the newly announced Stanford Institute for Cancer/Stem Cell Biology and Medicine, the Bio-X/Clark Center programs and an update on the "multidisciplinary research program" supported by the Dean's Office. Among the most exciting efforts was the initiative started by Drs. Judy Swain, Chair of Medicine, and Lucy Shapiro, Director of the Beckman Center. Following last year's retreat, they created a cooperative effort to jointly fund and support interdisciplinary projects involving collaborations between physician-investigators and basic and/or applied scientists. This very exciting project is not only valuable in its own right; it also demonstrates how faculty leaders and departments can use their creativity, energy and resources to further our shared vision for "translating discoveries". Another important facet of this presentation was to define the resources needed to further foster translational research throughout the school – including support personnel and informational technologies. While it is recognized and understood that great fundamental basic research will always be the distinguishing feature of Stanford, it is also clear that translational research will help to unify our communities and enable us to bring forth knowledge from the laboratory to help benefit our adult and pediatric patients.
7. At last year's retreat, the only area in which a report was not presented was in **Information Resources and Technology (IRT)**. With the appointment ten months ago of Dr. Henry Lowe as Senior Associate Dean for IRT, a bold and exciting plan for state-of-the-art information resources at Stanford has been developed. This plan was outlined by Dr. Lowe. It is closely linked to our efforts in education, research, clinical care, community outreach – and virtually everything else that will enable us to be successful. Accomplishing this will require enormous coordination and cooperation between the School, Departments, Hospitals and University. These technologies will be expensive but there is the opportunity to develop strategic partnerships with community leaders. The goals of our IRT plan include: Enabling ubiquitous access to information; assuring data privacy and security; developing our library as a "knowledge-management center"; optimally using the internet as a communications medium; innovating learning through information technologies; enhancing research through "translational informatics." In addition, we hope to develop a "clinical informatics center" at the School level to work with Departments and Institutes to develop domain-specific informatics programs with the Hospitals that would assist in the effective implementation of clinical systems. During the next year Dr. Lowe and his colleagues will work on the following projects, among others: optimize IT planning between the School and Hospitals; develop the Clinical Informatics Center; secure a wireless network for the School; plan for a clinical research data repository; further the goal of developing our library as a "knowledge-

management center”; assure the data security and compliance with HIPAA; and develop a new School Website. There was an enormous amount of enthusiasm for the plans presented by Dr. Lowe. Clearly the challenge now will be to develop the resources to achieve and implement them.

8. Bringing our ongoing and new initiatives to fruition requires optimal use of our current **financial and administrative resources** as well as the creation of new ones. Simply put, we will need considerable new dollars to support the programmatic and capital requirements that will enable Stanford Medicine to achieve the full potential we envision. At the Retreat, Mike Hindery, Senior Associate Dean for Finance and Administration, reviewed the current financial status of the School. He also discussed the various changes that have been occurring in the important funds-flow relationships between the School and the University, School and Hospitals and, within the School, between the Dean’s Office and the Departments. Each of these has historical precedents and all have various perceptions surrounding them. Mike and his colleagues have recently completed a redefinition of the formula between the School and the University, and work is underway to address the funds-flow process between the SHC and the School of Medicine. During the past year a number of important steps were taken in rationalizing the funding expectations and relations between the Dean’s office and Departments, and a review of the School’s operating budget is currently moving toward completion. While each of these carries considerable challenge and shared risks, they are all important to better defining how resources are used to support our missions in education, research and clinical care. Although each of these areas have their complexities, the important theme which emerged was an appreciation that “transparency” is a guiding principle being used by Mike Hindery and his colleagues – and that this will help us to make progress in better realizing our shared objectives.
9. Being able to achieve our goals for the future will require a renewal and further development of our physical resources. I reviewed the 10-year **facilities plan** for the School of Medicine as well as the 15-year plan, recognizing that these are closely connected to the long-term facilities master plan being developed for the Medical Center as a unit and within the University. I am particularly grateful for the important work that Ms. Nancy Tierney, Director of Facilities Planning for the School, and Mr. David O’Brien, Director of Institutional Planning, have done to help develop our long-term plans. We are also working closely with the University as part of the Science-Engineering-Medicine West Campus Plan that will unfold during the next decade. For the School the primary focus will be on our SMILE (Stanford Medicine Information and Learning Environment) project and the first of our Stanford Institutes of Medicine. Although the details of these plans are not yet available, I do believe we now have in place a strategy that will enable the School to best optimize its facilities during the next 10-15 years. Central to this is the conceptual view that we are best served by remaining physically contiguous to the Hospitals (to best ensure translational research and medicine) and to the rest of the university (to best optimize interdisciplinary

research and education). Finding the support to develop these programs and facilities is our biggest challenge – and this requires a clear alignment of our faculty with the School, Hospitals and University.

10. **Communications, Advocacy, Government Relations/Public Policy and Philanthropy** also comprised an important aspect of the Retreat. During the past year, Ritch Eich, Director of Communications and Public Affairs, and his colleagues have been developing a communication strategy for the School and Medical Center. This requires the continued refinement of our message, the development of “thought-leaders” who can represent the School and Medical Center, and improved relations with our neighbors and community – both within the University and with our neighbors locally, regionally and nationally. This will enable us to better communicate the excellence and accomplishments of the School in education, research and patient care and, through that, to better foster the public’s appreciation for the contributions of academic medical centers to the health of our community and the nation. Through this communication, we will better engage the public’s trust and support – in both the public and private sectors. I announced at the retreat that the Office of Government Relations that we planned last year has a newly appointed leader: Mr. Ryan Adesnik. Ryan will join the School as Director of Government Relations in mid-March. Of interest, Mr. Adesnik was able to attend and participate in the recent Retreat.

Of course one of the major goals of our Strategic Planning Activities will be the Campaign for Stanford Medicine – an effort we plan to begin this year. Ms. Jackie Brown, Director of the Office of Medical Development, reviewed the background for the capital plan that she has worked on with the School and Hospitals. We envision this will be an integrated campaign for Stanford Medicine and that it will also be part of the University Capital Campaign. Mr. John Feidenrich, who attended the Retreat, will be serving as the Chair of the Stanford Medicine Leadership Council. During the next months we will be enlisting volunteers for the Council and will further craft the bold vision that characterizes our efforts for the future of Stanford Medicine.

There is no question that achieving some of the goals we set last year is enormously important and that this has helped to sustain the thrust of our strategic planning. However, perhaps even more important is building the community of excellence that shares a common vision and that seeks to work collaboratively to achieve it. As the Retreat drew to a close it was clear that the leaders who were present were united. They expressed a commitment to the vision of Stanford School of Medicine and Medical Center as being the leader in the movement to reform and rejuvenate the education and career development of biomedical innovators. They were united in the goal of having Stanford transform the future of biomedical, translational and clinical research and education by fostering novel collaborative alignments between basic and clinical scientists, clinicians, and educators throughout the University as well as with public and private partners worldwide. They shared a commitment of earning and ensuring the public trust and respect for Stanford as a premier medical center that delivers outstanding

patient care and that serves as a global model among research-intensive schools of medicine.

Equally important was the commitment of these leaders to value each other for the collective future of Stanford Medicine. While there is no doubt that achieving the goals we set before us will be challenging, there is no question in my mind that we can do so if we are united and collaborative. While a number of individuals expressed the notion that this might not have been possible in the past, the unifying theme of our discussion was that it is achievable now and that we must accomplish it. I know it is hard to capture these strong sentiments in words – especially for those who were not part of the shared activity of the recent leadership Retreat. But more important than words will be our deeds, and I am confident and committed to bringing those to fruition in the months and years ahead.

I also want to thank a couple of people for making the Retreat so operationally successful. First is Ms. Sharon Olsen who worked through virtually all of the logistics and coordination. Second, is David O'Brien for all his efforts in moving our plans forward and for helping to assure that all the presentations were clear and informative. I also want to thank all the Senior Associate Deans and their staff and colleagues for developing and implementing far-reaching plans. And finally, I want to thank the Department Chairs, faculty, medical center leaders, students and staff for the time, energy and commitment that they put into the Retreat – and that I will hope they will continue to put the goal of making Stanford a truly outstanding *research-intensive medical school that improves health through leadership and collaborative discoveries and innovations in patient care, education and research*.

Congratulations

Dr. Debra Ikeda is the recipient of the Editor's Recognition Award for her significant contributions as an editorial board member of the *Journal of Women's Imaging*.

Announcements

- **Town Hall Meeting:** February 18, 2003 at 5:30 p.m. in the Fairchild Auditorium.

Dean's Newsletter
February 17, 2003

*****Town Hall Meeting Reminder*****

This is to remind you that there will be Town Hall Meeting tonight at 5:30 p.m. in the Fairchild Auditorium. If you are unable to attend, please note there will be a second meeting as follows:

- **Thursday, February 27th at Noon in the Fairchild Lobby.** Feel free to bring your lunch.

Again, the purpose of these meetings is to update faculty, staff and students of the outcomes of the recent School of Medicine Strategic Planning Retreat. You are encouraged to attend one of these meetings to gain a better understanding of the goals of the Medical School and of your important role achieving them.

Safety and Security

World events dominate our attention, and heightened security alerts have raised questions of what we, as individuals, can do to get ready for unanticipated, emergency situations. David H. Silberman, Director, Health and Safety Programs for the School of Medicine, has provided the following guidance, which is appropriate to review for any potential emergency.

The School's Health and Safety Programs Office strongly recommends a review of your department's emergency plan and your role in it. Make sure you are familiar with established procedures and emergency numbers: 286 (School), 211 (Hospital and Clinics) and 9-911 (University). Check the accuracy of telephone call lists and ensure that you know both the School's Emergency Hotline Number: 723-7233 (7BE-SAFE) and that of your department. In the event of an emergency, the School's new, paging alert system will allow us to provide information to key department staff who can pass it along via the department hotline.

It is important to emphasize preparedness over panic. We have a robust plan in place at the School of Medicine, as do the University, Hospitals and Clinics; it has been exercised in drills and in real events with positive outcomes demonstrating that we can be safe if we follow the appropriate guidelines. **It is also critically important that physicians and other members of the community participate in the disaster drills.**

Questions and concerns within the School of Medicine can be communicated to the School's Health and Safety Program's Office by email: somsafety@stanford.edu.

More About Stem Cells

With legislation now being introduced in the House and Senate to either protect or ban research on nuclear transplantation to produce human pluripotent stem cell lines (which is also referred to by the less precise and more emotionally and politically-charged names of “therapeutic cloning”, “research cloning” or “cloning for biomedical research”) it was appropriate to provide an update to the University Board of Trustees Committee on the Medical Center about our new Stanford Institute for Cancer/Stem Cell Biology and Medicine. At the Board’s recent meeting on Monday February 10th, Dr. Irv Weissman,

the Karel and Avice Beekhuis Professor of Cancer Biology and Director of the Cancer/Stem Cell Institute, and I reviewed the events that had transpired since our announcement of the Institute on December 10, 2002.

You may recall that, on the day of the announcement, international attention was focused on Stanford when an Associated Press wire story headlined that Stanford planned to “clone human embryos”. This erroneous story triggered a media eruption and rekindled the national debate over stem cell research in general and Stanford’s new Institute specifically. During the days and weeks that have followed, new articles and broadcast reports have appeared throughout the nation along with a number of editorials and Op-Ed pieces, including coverage in *Science*, *Nature* and *Nature Medicine*. Coverage in the *Wall Street Journal*, *LA Times*, *New York Times*, *Chicago Tribune*, *San Francisco Chronicle*, *San Jose Mercury News*, *Sacramento Bee* and *USA Today* were well balanced. So too were editorials and OpEd pieces in numerous national newspapers – although some pieces (e.g., *Wisconsin State Journal*, *Weekly Standard*, *Poughkeepsie Journal* and *Washington Post*) were more critical of the new Institute.

Central to the matter is the debate over whether nuclear transplantation to produce pluripotent stem cell lines is equivalent to “cloning”. We, along with the National Academies of Sciences, have indicated that the use of the word cloning is misleading and creates confusion in the public’s mind with reproductive cloning – the latter being something we believe should be banned.

We have indicated that the experiments that occur in the new Institute will follow all research guidelines, including those of the NIH, and that when research moves from preclinical to clinical studies, it will be carefully monitored by ethical oversight and institutional review. We maintain, however, that the line of inquiry that employs nuclear transplantation to study diseases like cancer is important and we very much hope it can be pursued.

For additional information regarding stem cell research and the new Institute for Cancer/Stem Cell Biology and Medicine, I refer you to the newly released Q&A section on the Medical Center’s Web Site at <http://mednews.stanford.edu/stemcell-index.html>.

Clinical Program Planning and Development

The strategic plans for both pediatric and adult patient care activities for the Medical Center were discussed and reviewed at our recent Strategic Planning Retreat on January 30-February 1st (<http://deansnewsletter.stanford.edu/>), at the Board of Directors meeting for Lucile Packard Children’s Hospital (LPCH) on February 7th, and at the Board of Directors Meeting for Stanford Hospital and Clinics (SHC) on February 14th. While there are overlapping themes, there are a number of differences between the timelines and agendas for LPCH and SHC.

Pediatric patient care agenda: During the past decade, the pediatric programs at LPCH have evolved, initially in general medical specialties and more recently in

surgical specialties and centers of excellence. The governing themes for LPCH and the Children's Health Initiative have been preeminence and sustainability. To accomplish these goals, the LPCH leadership, in collaboration with the School of Medicine and in partnership with CHI and the Lucile Packard Foundation for Children's Health, has developed a plan to focus on key areas of concentration (including newborn medicine/obstetrics [through the Johnson Center]), cardiac, cancer, pulmonary, transplantation, and brain & behavior. The past couple of years have witnessed dramatic progress in achieving or sustaining preeminence in several of these areas thanks to important new recruitments as well as the support of already extant programs. In past Newsletters, I have addressed the accomplishments achieved in the Heart Center. At the February 7th Board meeting, Dr. Michael Link, Professor of Pediatrics, gave a stellar presentation on the progress that he and his colleagues have made in bringing the LPCH/Stanford Cancer Center to preeminence in pediatric cancer care and research. Importantly, he also discussed how this pediatric program should be aligned to the future development of the Stanford Institute for Cancer/Stem Cell Biology and Medicine.

In addition to developing centers of excellence within LPCH, the Hospital and faculty have also developed an impressive regional network of satellites and joint programs in neonatology and specialty care throughout the Bay area as well as more distant sites (e.g., Oregon, Nevada, Alaska, Hawaii). This adds to the sustainability of the pediatric clinical programs and further assures that LPCH serves as both a community/regional resource as well as a referral center for children facing serious health challenges.

Also at the February 7th Board of Directors meeting, Dr. Ken Cox, Senior Associate Dean for Pediatric/Obstetric Clinical Affairs and Dr. William Feaster, gave an update on the Pediatric/Obstetric Faculty Practice Organization (FPO) that is being designed to further enhance the clinical programs by aligning the goals of the faculty, LPCH and the School of Medicine. Although the FPO will not be a new corporate entity, it is being designed so that faculty will be responsible and accountable for the financial, quality and service outcomes of the pediatric/obstetric clinical practices. The plan is to implement the FPO management and committee structures during this year and to have the FPO assume responsibility and accountability for the operations of the pediatric practice. This will include budget planning for FY04 as well as the development and implementation of an integrated statement of revenues and expenses for the practice along with performance goals and related incentive models. Clearly, it is hoped that these processes will help the pediatric practice to become more successful and, accordingly, to play an ever-important role in allowing LPCH, the School and pediatric faculty to achieve excellence in the care of patients – and in the preeminence and sustainability of pediatric programs at LPCH/Stanford.

Adult patient care agenda: At the SHC Board of Directors Meeting on February 14th, Martha Marsh, CEO, and Michael Calhoun, Vice President for Strategic Planning and

Marketing, presented an update on the Hospital's strategic plan. As with LPCH, the goal is to achieve preeminence and sustainability. To do so will require growth in the overall clinical enterprise, distinction in clinical quality overall as well as leadership in selected services, distinction in patient service and satisfaction, and a strong alignment with the School of Medicine. Although there is little doubt about the excellence of the faculty as well as clinical and professional staff at SHC, there are a number of important issues that must be addressed if sustainability and preeminence are to be assured.

Among the most significant challenges facing SHC (and other academic medical centers) is changing revenue patterns since more patients are being cared for in the ambulatory setting, requiring specific plans and objectives are required to better optimize ambulatory care delivery both at the Medical Center as well as in the community. Further, the patterns of health care payments are continuing to change based on both regional and national trends. Locally, lower-cost systems, like Kaiser, command a large portion of the patient base and offer options to employers that are attractive compared to the rising rates of health care at teaching hospitals, including Stanford. This becomes particularly problematic given a down-turned economy in which rising health insurance costs are increasingly challenging to employers. This has led to a national trend of shifting more of these costs to employees by both employers (e.g., GE has attracted national attention because of its position on this issue) as well as by insurance companies that may charge patients larger co-payments if they seek care by more expensive providers. While the health care provided by Stanford is state-of-the-art and highly innovative, both employers and employees may make decisions based on cost rather than on the perceived advantages of receiving care at Stanford or other academic medical centers. Obviously the impact of such trends has enormous consequences and ultimately will need to be addressed by national or regional reforms rather than local market force dynamics.

In addition to these challenges, SHC also faces local competition for patients and a less secure referral base than desired. Recent data shows that in-patient volumes are down compared to budget and prior year actuals, notably in some key areas (e.g., cardiovascular surgery). Addressing these changes in volume, especially in key selected services is essential, and will be the focus of upcoming meetings of the Council of Clinical Chairs. Coupled with this is the fact that overall size of SHC is small compared to peer institutions across the country, and opportunities for increasing bed capacity and ambulatory services on-site are difficult because of land-use politics as well as funding support.

Based on the dynamic changes in the health care marketplace locally and nationally, it is imperative that SHC expand its regional referral relationships and achieve a more optimized scale of inpatient and outpatient facilities for both financial and service performance. In addition to seeking excellent clinical services throughout, areas of special focus will include cancer, cardiovascular, neurosciences, transplantation. These are consonant with the already established Stanford Institute of Medicine in Cancer/Stem Cell Biology and Medicine, as well as those being considered:

Cardiovascular Institute, Neurosciences Institute and Immunology and Infectious Disease Institute. Aligning SHC, the School and LPCH in these areas will create a powerful interface that fuses basic research, translational medicine and clinical care for adults and children.

Further optimizing clinical care delivery will require facilities improvements both within the current SHC footprint as well as community based outpatient facilities. Options are currently being explored to facilitate these programs. Clearly financial limitations and competing capital demands will impact the available choices.

It is clear that the success of SHC depends on its ability to deliver outstanding clinical care in a manner that makes it an essential offering for employers and that is a hospital that is attractive to payers and to patients. This not only requires more effective hospital management and the availability of electronic data to better inform decisions, but also the increased collaboration of clinical faculty and leaders. Since the information currently available demonstrates that many of the clinical practices are busier than last year, it is likely that additional physician capacity will be needed in some key areas. This will likely require the expansion of our clinician-educator staff, especially in selected services and ambulatory sites. Assuring that our clinical staff is valued and successful is an enormously high priority for the School and the Medical Center.

Bicycle Safety on Campus

In previous Newsletters and communications I have raised serious concerns about bicycle safety on campus. This issue was also addressed by Laura Wilson, Chief of the Department of Public Safety, at a meeting of the University Faculty Senate on Thursday February 6th (see Stanford Report, February 12th). I was encouraged by the actions being taken to address the problems of students and other cyclists who fail to use lights at night or who ignore basic rules such as stop signs. Since I drive on campus virtually every night I am horrified by the numbers of students who simply cannot be seen since they have neither head or tail lights, or who proceed through stop signs without pausing for cars that may make right-hand turns.

Although Chief Wilson presented data to demonstrate that progress was being made, my informal sampling suggests that relatively few bike riders have lights at night and that a large portion still ignore stop signs or the rules of the road.

I hope that efforts to further improve bicycle safety on campus can be further accelerated. I hope that each of you who ride a bicycle on campus do so with attention to safety – and with headlights and rear lights at night. I also encourage each of us to take a more proactive role in informing riders without lights or who ignore stop signs that they are at risk for serious harm. We have a responsibility to assure that the School of Medicine serves as a role model for bicycle and health safety for the Stanford campus.

Innovations in Biomedical Research

On Saturday February 15th, the Stanford University Medical Alumni Association sponsored the first symposium for alumni, graduate students, and postdoctoral scholars in the biomedical sciences. One of the goals was to strengthen connections between graduate students and postdoctoral scholars with the School of Medicine. Since Stanford has nearly the same number of medical students as graduate students, along with a very robust program for clinical and research postdoctoral scholars, this outreach is both appropriate and welcome.

The first symposium on Innovations in Biomedical Research was also outstanding and included presentations by MD, PhD and MD/PhD degrees as well as individuals who carried out their postdoctoral training at Stanford. Included in this stellar group were:

Irv Weissman, Director of the Institute for Cancer/Stem Cell Biology and Medicine and the Karl and Avice Beekhuis Professor of Cancer Biology

Linda Giudice, Stanley McCormick Memorial Professor of Obstetrics and Gynecology

Seung Kim, Assistant Professor of Developmental Biology and of Medicine

Thomas Schall, President and CEO of ChemoCentryx, Inc

Fred Alt, Charles A. Janeway Professor of Pediatrics and Genetics, Harvard Medical School

Thea Tlsty, Professor of Pathology and Director of UCSF Center for Translational Research in Cancer, UCSF

Farhad Imam, MD/PhD Candidate at Stanford

I want to offer my thanks to Mr. Andrew Cope from the Office of Medical Development for his work arranging this symposium. Andrew could not attend this event for a very good reason – the welcoming of his new son who was born on Thursday, February 13th. I also want to thank the Organizing Committee including: Babak Alizadeh, PhD candidate and Lead Volunteer, along with Ross Bright, Michael Cowan, Mignon Fogarty, Lynette Fung, Rosalind Grymes, Grace Park and Ellen Porzig. I hope this is just the beginning of a long series of great lecture series on “Innovations in Biomedical Research”.

Congratulations to Dr. Iris Litt

On the evening of February 4th, a celebratory dinner was held to officially present Dr. Iris Litt as the new Marron and Mary Elizabeth Kendrick Professor of Pediatrics. Dr. Litt has had an enormously distinguished career in pediatrics. She is one of the founders of the field of Adolescent Medicine and has made major contributions to this field during the

past twenty-five years, focusing on the challenging problems of substance abuse, pregnancy, sexually transmitted diseases, compliance with medical therapies and eating disorders. Her work has been internationally acclaimed and she has been the recipient of numerous awards, including election to the Institute of Medicine of the National Academy of Sciences. Dr. Litt succeeds the first two incumbents of the Kendrick Professorship – Dr. Irving Schulman and Harvey Cohen – both chairs of the Department of Pediatrics. The evening was made particularly meaningful by the presence of Professor Litt's family, colleagues and friends.

Please join me in congratulating Dr. Litt as the Marron and Mary Elizabeth Kendrick Professor of Pediatrics.

Commencement Speaker 2003

It gives me great pleasure to announce that Julie Louise Gerberding, M.D., MPH, Director of the Centers for Disease Control and Prevention (CDC), will speak at this year's graduation ceremonies on the afternoon of June 14th, 2003. Dr. Gerberding is the first woman to lead the CDC at a very pivotal time as it addresses bioterrorism (notably smallpox vaccinations), global health, infectious disease, and engages in intense research efforts. She trained in the Bay Area and is an excellent speaker who has testified multiple times before Congress. Dr. Gerberding is also an Associate Clinical Professor of Medicine (Infectious Diseases) at Emory University.

As Acting Deputy Director of National Center for Infectious Diseases, Dr. Gerberding played a major role in leading CDC's response to the anthrax bioterrorism events last fall. She joined CDC in 1998 as Director, Division of Healthcare Quality Promotion, where she developed CDC's patient safety initiatives and other programs in the prevention of infections, antimicrobial resistance, and medical errors in healthcare settings. At UCSF, where she earned her MPH degree, she was Director of the Prevention Epicenter, a multidisciplinary service, teaching, and research program that focused on preventing infections in patients and their healthcare providers.

Dr. Gerberding is also a member of the Society for Healthcare Epidemiology of America (SHEA) and has served as a member of the AIDS/Tuberculosis Committee. She is currently serving her third year as Academic Counselor on the SHEA Board, and will be President of SHEA in 2003. In the past, she served as a member of NCID/CDC Board of Scientific Counselors, the CDC HIV Advisory Committee, and the Scientific Program Committee of the National Conference on Human Retroviruses. She has also been a consultant to NIH, AMA, CDC, OSHA, National AIDS Commission, US Congress OTA, and WHO.

We are privileged and honored to have Dr. Gerberding speak at Commencement, 2003.

Appointments and Promotions

- **Victor Carrion** has been reappointed as Assistant Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 2/1/2003 to 12/31/2006.
- **David Clark** has been reappointed as Assistant Professor of Anesthesia at the Palo Alto Veterans Affairs Health Care System, effective 2/1/2003 to 12/31/2006.
- **Anne Dubin** has been promoted to Associate Professor of Pediatrics (Pediatric Cardiology) at the Lucile Salter Packard Children's Hospital, effective, 2/1/03 - 1/31/08.
- **Jeffrey Feinstein** has been reappointed as Assistant Professor of Pediatrics (Pediatric Cardiology) at the Lucile Salter Packard Children's Hospital, effective 2/1/2003 to 5/31/2006.
- **Michael K. Gould** has been reappointed as Assistant Professor of Medicine (Pulmonary and Critical Care Medicine) and, by courtesy, of Health Research and Policy at the Palo Alto Veteran's Affairs Health Care System, effective 2/1/2003 to 8/31/2006.
- **Christina Mora Mangano** has been promoted to Professor of Anesthesia at the Stanford University Medical Center, effective 2/1/2003.
- **David Rosenthal** has been promoted to Associate Professor of Pediatrics (Pediatric Cardiology) at the Lucile Salter Packard Children's Hospital, effective 2/1/03-1/31/08.
- **Jennifer Raymond** has been reappointed as Assistant Professor of Neurobiology, effective 2/1/2003 to 12/31/2005.
- **Kathryn Stevens** has been appointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective 2/1/03 – 1/31/06.
- **David Tong** has been promoted to Associate Professor of Neurology and Neurological Sciences and, by courtesy, of Neurosurgery at the Stanford University Medical Center, effective 2/1/03 – 1/31/08.
- **Sharon Williams** has been reappointed as Assistant Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 2/1/2003 to 12/31/2006.

Dean's Newsletter

March 3, 2003

Town Hall Meetings and Communications

In the past couple of weeks I have held two Town Hall Meetings in order to provide additional opportunities for communication and dialogue with faculty, students and staff about the many changes that are occurring at the School and Medical Center (see coverage in the February 26th issue of the Stanford Report [<http://www.stanford.edu/dept/news/report/>]). In particular, I felt it was important to have the opportunity to communicate with interested members of the community some of the events that have transpired at the Second Strategic Planning Retreat that was held on

January 30 – February 1st. If you are interested, the presentations that took place at the recent Strategic Planning Retreat are also now posted on our Web-Site (<http://medstrategicplan.stanford.edu/>).

I firmly believe that bilateral communication is essential and welcome opportunities for feedback and recommendations from you about how to help Stanford succeed in its mission of being a global role model among research-intensive schools of medicine. I view periodic town hall meetings, along with my meetings with individual departments, small informal gatherings of faculty, students and staff, the circulation of our Strategic Plan “Translating Discoveries” both in hard copy as well as on the Web-Site (<http://medstrategicplan.stanford.edu/>), and this Newsletter, as ways of sharing with you the issues or challenges that I see as important to the future of our School.

While I recognize that much of the work carried out is at the individual level of research, education and patient care, it is my hope that by being informed about the broader directions and challenges of the School, our community will feel more engaged and involved in helping to shape its destiny. I also believe that since no single form of communication is optimal, using multiple venues is best. I am naturally interested in what you think works – or doesn’t – and especially your input, comments and suggestions. Please feel free to send those to me directly.

“Envisioning the Future of Academic Health Centers”: Final Report from The Commonwealth Fund Task Force on Academic Health Centers

In February 2003, the Commonwealth Fund Task Force published its report on the future of academic health centers. The full report is available on the funds website at www.cmwf.org. I would encourage you to read the report since it contains a number of important observations. Of interest, many of the aspects of The Commonwealth Report have been captured in our independently prepared School’s Strategic Plan for the Future of Stanford Medicine – which provides at least some affirmation that we are moving down the right pathway. I am taking the liberty of abstracting some of the recommendations from the Commonwealth Fund Report’s Executive Summary. They are broken down by mission as follows:

Organization, Management and Leadership

- Academic Health Centers (AHCs) should strive to be leaders in the application of information technology to improve health care.
- AHCs should develop organizational structures that are more responsive to the needs of the communities they serve.
- AHCs should dramatically improve their internal accounting capabilities and their abilities to manage the flow of funds supporting routine activities and mission-related work.
- AHCs should develop capabilities for performance measurement and improvement, and should train and lead personnel at all levels to value openness, learning, teamwork, accountability, and patient-centeredness.

- AHCs should develop mechanisms to learn about the work of other AHCs, nonacademic health care organizations, and non-health care institutions to identify best practices that may be usefully incorporated into their own activities.
- AHCs should develop mechanisms to assess continually the health care needs of their own communities and the US population more generally, and should ensure that resulting data are incorporated into strategic planning and management decisions.

Research

- AHCs should develop rigorous, peer-reviewed, accountable procedures to allocate space, internal start-up funds, and other research resources.
- AHCs should develop interdisciplinary research structures and recruit faculty who can lead them.
- AHCs should give higher priority and recognition to new and traditionally undersupported areas of biomedical science, including behavioral science, public health-related research, informatics, management sciences, clinical research, and health services research.
- AHCs should develop the means necessary to translate results of clinical research into practice.
- AHCs should manage their relationships with industry and their research generally in a manner that protects patient participants, maintain academic values, and sustains public trust in the objectivity of the research enterprise.
- AHCs should provide increased support for and academic acknowledgement of the work of the faculty who participate in management of ethical issues in research and practice.
- AHCs should play a leadership role in ensuring that the clinical research enterprise protects the welfare and rights of human participants in clinical investigation.

Education

- The curricula of AHCs should dramatically increase emphasis on lifelong learning, teamwork, continuous improvement, and measurement of clinical performance in addition to command of biomedical information and culturally competent care.
- AHCs should develop capabilities to educate students, residents, and clinicians online and remotely.
- AHCs should develop capabilities to use simulation at all levels of the educational experience, from students' first encounters with clinical care to continuing education and certification of master clinicians.
- AHCs should train and reward educators with the same generosity as researchers and clinicians.
- AHCs should develop systems performance measurement and accountability that promote continuous improvement in education.
- AHCs should provide training to prepare clinical researchers for the challenges of an increasingly complex and accountable research environment.

- AHCs should provide leadership in training a culturally competent research workforce

Clinical Care

- AHCs should act decisively to improve safety, quality, and efficiency of the services they provide as part of a process of continual improvement in their performance.
- AHCs should invest in information technologies necessary to automate all appropriate clinical care processes, provide patients with secure access to their medical records, and help patients with self-care and medical decision-making.
- AHCs that fail to achieve the best obtainable outcomes demonstrated by peer institutions should act decisively to improve outcomes or discontinue those clinical services.

Again, I think the full report is worth reading. Given the many challenges we face at Stanford, it is helpful to know that we have recognized many of the same issues as the Commonwealth Fund Task Force and, more importantly, are well on our way to addressing many of them as well as others that we have identified as important for the future of Stanford Medicine.

Current Visa Problem for Students and Faculty

Following September 11, 2001 a number of Visa challenges have arisen for students, fellows and faculty. To better understand the implications of these changes, we invited, John Pearson, Director of the Bechtel International Center, to present an up-date on the current situation to the School's Executive Committee with respect to F and J visas. He brought three issues to the attention of the February 21st meeting of the Executive Committee that I want to share with you:

1. There will be delays in obtaining visas for the foreseeable future for students and scholars from certain countries and in certain fields. The State Department background checks for these individuals may take as long as 5-6 months, and there is no procedure available to expedite these applications.
2. Information we have always had to keep on file will now have to be submitted electronically to the Student and Exchange Visitor Information System (SEVIS). In addition, we now have to report on dependents as well, and holders of F & J visas must have full-time status.
3. There may be a change that will make getting a Social Security number contingent on having a job rather than the current situation of allowing a Social Security number if the visa holder is eligible to get a job. If this change goes through, it could make it very difficult for our international student to carry out such normal activities as renting an apartment or obtaining a driver's license. However, it is important to recognize that this last change has not yet been finalized.

Clearly, the implications and impact of these policy changes are concerning and very challenging and we are saddened by the way they affect our students and colleagues. Dealing with them is, however, difficult and complicated. Mr. Pearson expressed a willingness to be as helpful as possible and indicated that further information can be found at the International Center's web site, which is <http://icenter.stanford.edu>. The INS also has a web site as well that you may wish to consult. It is <http://www.ins.usdoj.gov/graphics/services/tempbenefits/sevp.htm>.

Update on the Medical Education Curriculum

During the past 18 months considerable progress has been made in the development of an exciting and bold new curriculum for Stanford Medicine. In concert with the School's overall Strategic Plan, "Translating Discoveries," the creation of a medical education curriculum that equips students to face and then lead the challenges of medicine and health care in the 21st Century is essential.

The goals guiding changes in the emerging Stanford Medical Curriculum "Learning to Explore, Advocate and Discover (LEAD Curriculum)" were articulated by the Medical School's Faculty Senate on April 2 2002. These included:

- Restructure the current curriculum to achieve more logical sequencing and integration of related topics, more creative use of learning resources, and more efficient use of time where possible;
- Provide a stronger emphasis on development of clinical skills/clinical reasoning and exploration of physician/patient topics throughout the first two years;
- Create opportunities to introduce or reinforce basic science concepts in the clinical years;
- Create opportunities to pursue scholarly concentrations;
- Create more time in the preclinical schedule for students to engage in:
 - Reflection, independent thought, processing of information
 - Early clinical experiences
 - Course work in other disciplines
 - Independent projects and/or laboratory research

While many challenges remain, considerable progress has been made thanks to the leadership of Drs. Julie Parsonnet, Senior Associate Dean for Medical Education, Oscar Salvatierra, Chair of the Faculty Senate, Ted Sectish, Chair of the Committee on Courses and Curriculum (CCC) and many others. As discussed in the January 20th Dean's Newsletter, progress is underway in the development of the new Scholarly Concentrations that will become available for students entering in the Fall of 2003. At this time, over twenty proposals for Scholarly Concentrations, ranging from Molecular Medicine to Public Policy and Community Service, have been submitted through the recent RFP process. Selection of the first Scholarly Concentration options for the incoming medical school class will be completed by the end of April.

In tandem with the development of Scholarly Concentrations, the CCC has been addressing changes in the sequence, scope and content of the current curriculum. The CCC has addressed a number of important issues, and some general areas of agreement have been reached. These include the fact that beginning in 2003, the Autumn Quarter will be lengthened by beginning classes earlier, thus allowing more time for some of the important curricula changes underway. In addition, it has been recommended that biochemistry should no longer be included in the core curriculum (with the expectation that students will have taken biochemistry before entering medical school) and that, in place, a new course on the ‘molecular foundations of medicine’ will be developed. In order to assure that clinical knowledge and basic science education are synchronized throughout medical school, certain courses now taught in a concentrated fashion in the first two years will be either spread out or introduced as mini-courses during the more clinical years later in the medical school curriculum. These changes will help to better define the core knowledge students require and provide a better road map for life-time learning as well as for the coordinated study of the basic science of human disease. In addition, a goal of the curricula change is to create space during the first years for students to pursue independent study and research through “scholarly concentrations”.

There is no question that the changes that are now being proposed and that are moving toward implementation are significant and challenging. They naturally have their supporters as well as those who would prefer either the status quo or some other pathway. Reaching agreement and consensus is not easy, especially in light of the ambitious timeline underway. Compromise and coordination as well as a tremendous time-commitment have been necessary. Accordingly I want to express my appreciation to the leadership and members of the CCC including: Ted Sectish (Chair) and Pat Cross (Student Affairs), Charles DeBattista (Psychiatry), Maurice Druzin (Ob/Gyn), Jim Ferrell (Molecular Pharmacology), Neil Gesundheit (Office of Medical Education), Sanaz Hariri (Medical Student), Vedant Kulkarni (Medical Student), David Lewis (Neurobiology), Peter Parham (Structural Biology), Julie Parsonnet (Senior Associate Dean for Medical Education), Ellen Porzig (Associate Dean for Graduate Education), Kelly Skeff (Medicine), Ken Vosti (Student Affairs-Emeritus), Elliott Wolfe (Student Affairs), Sherry Wren (Surgery). I also want to thank Betsy Moreno for her many efforts, as well as Steve Keller (SMS I) for creative recommendations and contributions to the dialogue regarding curriculum reform.

While much remains to be done, a significant amount has been accomplished. Our new LEAD Curriculum: The Stanford Plan for Medical Education in the 21st Century, now appears destined to offer exciting innovations that will help students to Learn to Explore, Advocate and Discover and thus improve the lives of adults and children facing the challenge of illness and disease.

New Teaching Physician Guidelines for E&M Documentation

On November 22 2002, the Center for Medicare and Medicaid Services (CMS) revised the rules around the documentation by attending teaching physicians for evaluation and management (E&M) services. Until the implementation of these new rules, attending

teaching physicians needed to separately document the history of the present illness, key portions of the review of systems, past history, family and social history and physical exam in the patient's medical record independent of what was written by the resident. In order to permit teaching physicians to spend more time on patient care and less on documentation, the revised rules, permit the teaching physician to rely on the Resident's note for documentation of this detail. While a note from the teaching physician is required, it does not need to repeat information already contained in the Resident's note. In the new guidelines, the combination of the Teaching Physician and Resident's notes must have the necessary documentation to support the billing code.

Under these new guidelines, effective immediately, the Teaching Physician must include one of the following statements as applicable in the Medical Record:

- I was present and directly participated during the history and examination performed with (Name of Resident) *or* I performed a history and physical exam of the patient (in which case full documentation is needed)
- I have reviewed the resident's note dated ___/___/___ and agree with the documented findings and plan *or* I have reviewed the resident's note dated ___/___/___ and agree with the documented findings and plan, except as documented in my note below.
- I was present and directly participated during the entire procedure or I was present and directly during participated during the key portions as described below, and I was immediately available to return to the procedure.

These changes are very welcome and will certainly help to improve the efficiency of teaching physicians and also eliminate enormous unnecessary redundancy from the medical record.

I want to thank Dr. Al Lane, Chair of the Department of Dermatology, for taking a leadership role in helping to assure the implementation of these new guidelines at Stanford. If you have specific questions please also feel free to contact Ms. Carole Klove, Chief Compliance Officer for SHC and LPCH at 724-1371 or 724-2572.

University Policy on Performance-Based Raises for 2003-2004

As you likely know by now, on February 26th, the Provost sent a letter to all faculty and staff announcing that the University will not be able to provide faculty and staff with performance-based salary increases for next year. On February 27th, Mike Hindery, Senior Associate Dean for Finance and Administration, and I sent a message to the School of Medicine community indicating that we knew that this decision was difficult for all. Also, the School of Medicine, as an integral part of the University, will confront the same challenges and difficult decisions presented by the current economy.

We recognize the outstanding productivity of the School's faculty and staff. We are also cognizant that we are all constantly confronted with the need to do more work. We also recognize the stress and challenges involved with working harder and yet receiving no associated performance-based salary increase.

It is important that we work with the Provost's decision regarding performance-based salary increases for next year at this time. However, we want to make clear that, while accepting the Provost's decision, we will continue to explore and evaluate whatever options we may have or that may emerge. We recognize its impact on you and your families and continue to value you as individuals and as members of the School's community. We will be communicating pertinent information about budget and financial issues as the year goes on and the budget process proceeds.

Biosciences Interviews

From February 27th through March 2nd, some 280 students applying for the Stanford Graduate Program in the Biosciences, visited campus to meet with students and faculty. Each student had six interviews with faculty from the 11 Biosciences Home Programs. There was a palpable energy and excitement as prospective students learned about the extraordinary learning opportunities available at Stanford. Coordinating such a venue is both complex and demanding. I want to thank the chairs, faculty and staff of the Biosciences programs, as well as Ellen Porzig, Associate Dean for Graduate Education and new Assistant Directors of Graduate Education, Suzanne Frasca and Kimberly Griffin for the tremendous amount of work that they did to make the visits so successful.

In a subsequent Newsletter later this Spring, I will give an update of the process and results of the selection of our 2003 Graduate Student Class in the Biosciences.

Learning Technologies Offers Mini-Grants

Learning Technologies in IRT supports the School of Medicine and its faculty in the effective application of education technology to enhance learning. In order to encourage technology integration and evaluation we are pleased to announce the availability of several mini-grants to support course directors and instructors. All applications are welcome. However, priority will be given to applications addressing:

- Integration of educational technologies into existing biosciences graduate courses.
- Use of educational technologies to support preclinical courses and clerkships involved in the curriculum reform effort.
- Evaluation of the impact of educational technologies currently implemented in School of Medicine courses.

Several grants will be awarded, ranging from \$1,000-\$5,000, with \$20,000 total available for all grants. Funds must be used to work in conjunction with Learning Technologies to develop and implement the proposed projects. Development work should be scheduled for the Spring and Summer of 2003 and implemented in the 2003-04 academic year.

Applications are due March 14, 2003 at 5pm. More information and the complete application can be found on the LearningTech website <http://www-med.stanford.edu/olt/> or contact Jenn Stringer, Associate Director, Learning Technologies, jenn@stanford.edu, 723-9688.

HIPAA Update

The Health Insurance Portability and Accountability Act (HIPAA) privacy regulations become effective on April 14, 2003 and will provide significant new privacy protections for the health information of patients and research subjects.

HIPAA Training will be launched in early March. Everyone in the School of Medicine workforce, including volunteers and students, will receive basic training about the privacy regulations. In anticipation of this effort, the Directors of Finance and Business Managers have identified one or more departmental or divisional HIPAA Leads.

All members of the School workforce will be notified with detailed instructions. We anticipate that this will occur during the week of March 10. *If you are not notified, please bring this to the attention of your DFA or Business Manager.*

The first training effort will focus on generalized training. Shortly thereafter, members of our workforce who engage in human research and education will be provided training specific to those topics.

Please review the latest HIPAA project information on the School of Medicine web site <http://www.med.stanford.edu/HIPAA/>

Memorial Service for Dr. Robert Warren Jamplis

On Tuesday February 18th, the Stanford Memorial Chapel was filled with the family, colleagues and friends of to celebrate the life and death of Dr. Robert Jamplis. Dr. Jamplis served as the CEO of the Palo Alto Medical Clinic and played a major role in shaping health care in this community. He was widely admired by all for his drive, charisma, commitment and dedication to improving the lives of the community of Palo Alto.

Appointments and Promotions

- **James K. Chen** has been appointed to Assistant Professor of Molecular Pharmacology, effective 3/1/2003 to 2/28/2006.
- **Ricardo Dolmetsch** has been appointed to Assistant Professor of Molecular Pharmacology, effective 3/1/2003 to 2/28/2006.
- **Donna Peehl** has been reappointed to Associate Professor (Research) of Urology, effective 3/1/2003 to 5/30/2008.

Dean's Newsletter

March 17, 2003

HIPAA Training Update: Basic & Research Training

On April 14, 2003, the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations become effective and will provide increased privacy protections for patients and research subjects. New policies and procedures are being implemented to address the regulations.

Everyone in the School of Medicine workforce, including volunteers and students, will receive training about the privacy regulations. Basic training began the week of March 10 when all members of the School workforce were notified with detailed instructions to access training. *If you were not notified, please contact your DFA, Business Manager, or HIPAA Lead for assistance immediately.*

Training for members of our workforce who engage in human research will begin the week of March 24. A general announcement will be sent to the workforce providing instructions to access the training. If you are a researcher and don't receive instructions, please contact your HIPAA Lead for assistance or go to <http://www.med.stanford.edu/HIPAA/> for more information.

Also, the IRB sent out a month ago a notice requesting protocol directors planning to enroll subjects on or after April 14, 2003, to add HIPAA authorization language to their consent form(s). The template for such language can be found at <http://humansubjects/medical/consent.html#forms>. If you have not received this notice or have not yet responded, please contact the HIPAA-Research staff at 650-725-9834 or hipaa-research@stanford.edu. It is important to underscore that human subjects enrolled in clinical protocols on or after April 14, 2003 must be presented with a HIPAA compliant form. If you have active exempt protocols, please contact the IRB if you intend to continue the research after April 13, 2003. You may need a waiver of individual authorization under HIPAA.

Training for our students and the members of the workforce who interact with them is coming soon. A general announcement will be sent when it becomes available.

Please view the latest HIPAA project information on the School of Medicine web site <http://www.med.stanford.edu/HIPAA/>.

Town Hall Meeting on Cancer Programs

On April 9th we will hold a Town Hall Meeting at 5:30PM in Fairchild Auditorium to review plans regarding the future of cancer programs at Stanford. During this informal meeting, I will be joined by Dr. Irv Weissman, Director of the Stanford Institute for Cancer/Stem Cell Biology and Medicine, and Dr. Karl Blume, Associate Director for Clinical Affairs, to review and update the unfolding plans for cancer care and research at Stanford. We will update the community on our plans to become an NCI-designated Comprehensive Cancer Center. All faculty, staff and students are invited. We are very interested in your comments, questions and recommendations. Please attend.

Additional Changes in the Professoriate

In the November 4, 2002 issue of the Dean's Newsletter (<http://deansnewsletter.stanford.edu/>) I reviewed the changes that have come forth in the Professoriate during the past 18 months. These changes were developed under the guidance of Dr. David Stevenson, Senior Associate Dean for Academic Affairs, in collaboration with faculty committees, the School's Executive Committee and the Office of the Provost. The various changes and clarifications in roles and functions were also presented to the Academic Council and Faculty Senate and discussed in a number of public meetings and in written communications. The major changes focused on the development of function roles for faculty. Included were clarification of the roles as well as appointment and promotion criteria for "Clinician-Investigators/Clinician-Scholars" (i.e., MCL faculty), "Clinician-Educators" (i.e., Staff Physicians) and the "Voluntary Clinical Educators" (i.e., community physicians who play an important role in the education and training of medical students and residents). One of the recent positive outcomes of these changes was the granting of PI-status to our MCL faculty, thus overcoming the need for "PI-waivers" for these faculty members.

Since the announcement of these changes, there has been a considerable amount of concern expressed by our community physician colleagues on what is now perceived to be a lack of recognition of their contributions and a demeaning attitude toward their status. I want to begin by stating that this was surely never our intention. Indeed, the recommended changes were developed through a committee that included representatives from the community and articulated changes that we all thought were fair and appropriate. These included referring to the community physicians as Voluntary Clinical Educators in recognition of the important role that they play in educating residents and students. Although all the appointments that had been made in the VCF prior to these changes were "grandfathered," the revisions will have an impact on future appointments and promotions by taking into account the need and importance of criteria for advancement beyond the length of time in clinical practice (which had been the case in the past). As with at least one other track, the revisions also eliminated the rank of "voluntary clinical assistant professor", meaning that most physicians would enter at the "clinical instructor" rank. It is, however, possible to be appointed directly to the level that is most suitable and appropriate for the individual. Among the most frequent concerns voiced in letters and petitions to the Dean's Office as well as in direct conversations were the change of the title of this group from "voluntary clinical faculty" to "voluntary

clinical educator" and the requirement to include the appellation "voluntary" as part of all working titles in this group. Both of these were seen as quite onerous.

Having heard the concerns from our community we held a series of meetings, discussions and dialogues with representatives from the community. As a result some changes are being recommended. These changes have the concurrence of the Dean's Office, the School's Executive Committee and the University. They include the following two changes, both effective immediately:

1. The appellation "voluntary" will be change to "adjunct". However, it is expected that this appellation will appear whenever the Stanford title is used. Thus, community physician titles will include: Adjunct Clinical Instructor, Adjunct Clinical Assistant Professor (for current holders of this rank; there will be no new appointments to this rank), Adjunct Clinical Associate Professor, and Adjunct Clinical Professor.
2. The term "Voluntary Clinical Educators (VCE)" will be changed to "Adjunct Clinical Faculty (ACF)"

All the other changes that were announced in November will remain. While these changes do not satisfy all the concerns that have been raised, it is our hope that they convey our respect and commitment to our community colleagues, our willingness to listen to the concerns that were expressed, and our attempt to be as responsive as we can be to them at this time.

Launching the Office of Government Affairs

One of the conclusions of our First Strategic Planning Retreat in February 2002 was the importance of establishing an Office of Government Affairs within the School of Medicine (<http://medstrategicplan.stanford.edu/retreat03>). The goal of this office is to create a liaison between the School, Hospitals and University that will forge relations with government leaders at the local, regional and national level in order to better communicate the mission and goals of the School. Further, it is my hope that we will be able to be more proactive in setting public policies that impact academic medical centers like Stanford and that enable us to assume a leadership role as advocates for our programs in education, research and patient care.

I am very pleased to announce that **Mr. Ryan M. Adesnik** will begin today, March 17th, as the director of the new Office of Government Affairs. Mr. Adesnik most recently served as the Vice President of the Carmen Group, Inc in Washington DC where, among other things, he designed and successfully executed innovative strategies to help support academic medical centers and to help represent healthcare coalitions to achieve legislative strategies and objectives. Prior to that Mr. Adesnik served as Senior Legislative Aide to Congressman Benjamin Gilman. Mr. Adesnik holds a BBA degree from Emory University and a JD degree from the University of Miami School of Law.

In this new position Mr. Adesnik will report to the Dean. He can be reached at 650-726-1906 or at radesnik@stanford.edu. Please join me in welcoming Ryan to the School of Medicine and Stanford University.

Formulas, Funds-Flow and Operating Budgets

The School of Medicine is one of two “formula schools” at Stanford University, the other being the Graduate School of Business. This essentially means that medical school is responsible for its own financial support and performance. That said, the School of Medicine and its six sister schools (Humanities & Sciences, Engineering, Earth Sciences, Business, Law and Education) share in common missions in education, research and, for the school of medicine, patient care. Supporting these missions is of course defined by the availability of funding and accordingly by the formulas and operating budgets that delineate the exchange of funds to pay for and support shared services as well as specific functions.

In reality the School of Medicine has three major formulas or funds-flow: one between the University and the School, another between the School and the Hospitals (Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital) and one between the School and its basic and clinical science departments and non-departmental academic units. Because every formula, funds-flow and operating budget has limitations, it is common for special deals or “work-arounds” to occur over time, which often raise concerns and perceptions about equity, fairness and transparency. Accordingly, I felt it was important to revisit these formulas and to develop guidelines and principles to shape them. Quite naturally, in doing so, there is also the risk of creating dislocations of prior funding or support that can inadvertently or actually impact perceived financial interactions and understandings. Despite these risks, I firmly believe that it is best to have a transparent process and to develop formulas, funds-flows and operating budget principles that are clear and simple, and that align goals and objectives as closely as possible. Accordingly, during the past year we have been actively involved in reassessing and redoing the formulas, funds-flow and operating budget between the university, school, hospital and departments. It is important to note that this is a work in progress and that whatever formulas are developed will need refinement and redefinition over time.

Formula between the School of Medicine and the University

The Working Group for reviewing the University-School of Medicine Formula was led by Randy Livingston, CFO for the University, and Michael Hindery, Senior Associate Dean for Finance and Administration, and included, for the University, Paul Goldstein and Tim Warner and, for the School of Medicine, Carole Buffum and Perry Everett. This group presented their results and recommendations to the Provost and Dean. The guiding principles included the following:

- The School of Medicine should pay its fair share of the costs of operating the University.

- The University should allocate and credit to the School of Medicine the revenue it generates.
- It might be appropriate for the School to make some contribution to the University beyond its fair share of the costs.
- The methodology for the allocation of revenue and costs should be simple and easy to explain.
- The formula should capture and clarify all services and activities except for liability insurance and direct legal defense and settlement costs, eliminating the need to negotiate separate programs (i.e., compliance),
- The methodology should be feasible to use for at least several years without extensive recalculation.
- The methodology should be initially reviewed and revised after three years and then as necessary – but at least every five years.

The working group evaluated both a revenue and an expense-based methodology and chose the revenue-based approach. It was felt that this method would require less recalculation from year to year and would be easy to explain as "income tax." Further it was felt that linking the amount to be paid to the University to revenue creates an incentive to keep central costs down. The charge assessed to the School is intended to represent and pay for the costs of services provided by the central campus administration.

The amount charged to the School will be determined by the percentage of revenue generated by the School. The tax rates will be related to the School's portion of the total revenue, including gifts, and will apply to all campus services and expenses, including maintenance/police, fire, etc, central administration, office of development, sponsored projects administration, student services (both graduate and undergraduate).

This new revenue based formula will become operative in FY04. While it will lead to some challenges, it will go a long way to making the process transparent between the University and the School and, importantly, in dissipating the perception that either the University or the School is receiving or paying too much or too little to each other. While that sounds obvious, it is not uncommon for members of the non-medical University community to worry that the University is subsidizing the School of Medicine or conversely, for the Medical School faculty to believe that it is supporting the University. Hopefully, the new formula will provide a transparent means to assure that both the University and the School are being equitably and fairly treated in their financial interactions.

Revised Operating Budget Within the School of Medicine

Also during the past year, a committee chaired by Michael Hindery, Senior Associate Dean for Finance and Administration, has been addressing the operating budget within the School of Medicine. Members of this committee include Eleanor Antonakos, John Boothroyd, Carole Buffum, Brian David, Garry Fathman, Michael Levitt, James Nelson, Julie Parsonnet, Robert Robbins and Judy Swain. This group met intensively over the past many months to define the principles, goals, and methodology for a new School of Medicine Operating Budget.

Among the key objectives of the Committee was to define a formula that provides direct funding for teaching (including both team and interdisciplinary teaching), that recognizes both departmental and non-departmental academic units, and that is simple and easy to calculate. The Committee further wanted to make sure that the revised operating budget formula would accommodate to changing organizational and interdisciplinary models, reinforce local control and decision-making, and permit an understanding of both revenue and costs. Clearly the Committee also sought for a formula that would be fair, transparent and scalable and that permitted data to be shared across the School.

The current formula, which has been in place for decades, is calculated based on a percentage of tuition revenue, indirect cost recovery, and base salary of university tenure line faculty. However, the dollars were pooled and not specifically designated to specific missions or goals. In the new operating budget formula, a specific allocation will be made for education, focusing on course direction and favoring, in particular, small group teaching, including laboratory-based teaching of graduate students. In addition, funds for education innovation and/or transition will be included in the new budget.

In addition to specifically focusing on funding education, the new operating budget formula is calculated based on all faculty members equally – including UTL, MCL, and NTL faculty. Further, the new operating budget formula will recognize space costs and indirect cost recovery as well as modified total direct costs – with further work underway to recognize the varying importance of different types of sponsored research funding.

Although there is still work to be done to finalize the specific allocations to each of the categories, the new formula recognizes the importance of education, acknowledges all faculty equally in the calculation, addresses research space and utilization, and provides a more principled approach to the operating budget allocation with the School to departments and non-departmental academic units.

At the same time we recognize that any new formula runs the risk of unintended negative impact on some departments – which must, of course, be dealt with in a transparent and fair manner. Our goal has been to come up with a methodology that permits us to better align funding to our missions and to underscore the interconnectedness of our research and clinical faculty. Indeed, we can only achieve the excellence we strive for by supporting and valuing the contributions of both our basic and clinical science faculty.

It is our expectation that the new Operating Budget will be implemented for the FY04 budget cycle.

Funds Flow Between the Hospitals and the School of Medicine

Work is also ongoing to finalize the funds flow issues between the hospitals and the School. One important aspect of this flow of funds is the professional services payments that relate directly to the clinical practices associated with both SHC and LPCH. It should be noted that the School has placed a direct tax known as the “Dean’s Tax.” of 6.1% on the clinical practices. This support is essential to help cover general school

expenses including recruitments, retentions, new programs, departmental deficits, etc. In addition to the professional service revenue, clinical faculty also receive funding support for non-reimbursable activities they carry out, including their roles in medical direction. Included also is support for services that the hospital believes it needs despite the fact that they may not be financially viable (e.g., “essential services”) and for new program development. There are other important aspects of hospital-school funds flow hope will be reconciled in the next weeks. Here too the goal is to make this important exchange of funds equitable and transparent – both between the hospitals and the School as well as among the School’s departments and the Dean’s Office.

Special Events

- ***Honoring Dr. Ralph Spiegl.*** On March 4th more than 120 family, friends and former patients gathered in the Faculty Club to honor the nearly four decades of outstanding contributions that Dr. Ralph Spiegl has made to the School of Medicine and Stanford University. Joined by his wife Marilyn, seven children and 12 grandchildren, former colleagues, patients and friends spoke by the remarkable contributions of Ralph Spiegl to their lives, Stanford and the community. I would add that in my nearly two years at Stanford, I have had the opportunity to witness Dr. Spiegel’s dedication and commitment to our students and School in a number of significant ways. It is notable that he was also previously presented with the “Golden Spike” Award, the highest honor for volunteer service at the University. I would like to again extend my thanks and appreciation to Ralph and Marilyn for their kindness and generosity to Stanford and the School of Medicine.
- ***Dwight and Vera Dunlevie Professorship.*** On Monday March 10th, the friends and colleagues of the Dunlevie family joined with the family, friends and family of Dr. Marlene Rabinovitch to celebrate her appointment as the first incumbent of the Dwight and Vera Dunlevie Professorship in Pediatric Cardiology. Dr. Rabinovitch recently joined Stanford from the University of Toronto as Professor of Pediatrics and Research Director of the newly created Vera Moulton Wall Center for Pulmonary Vascular Disease at the Lucile Packard Children’s Hospital and Stanford Hospital and Clinics. Our thanks and gratitude goes to the remarkable generosity of Bruce and Elizabeth Dunlevie and the Dunlevie family for establishing this new professorship. Please join me in congratulating Dr. Rabinovitch as the first incumbent of this newly created endowed professorship.
- ***Helen and Peter Bing Luncheon Series:*** On Wednesday March 12th, we had our final “Bing Luncheon” for the 2002-2003 Academic Year. These special luncheon events represent a tradition extending back well more than a decade thanks to the support of Helen and Peter Bing. They include presentations by leading faculty to a group of Friends of Stanford who reside in southern California. Four events are held each academic year. The March 12th luncheon lecture was given by Dr. Tom Quertermous on the interplay between genes and the environment in relation to heart failure and disease. Thanks again to Helen and Peter Bing for making these events possible.

- ***On the Road in Los Angeles Alumni Event.*** On Saturday March 8th we held our annual “On the Road in Los Angeles” Alumni Event. Thanks to the support of the Stanford Medical Alumni Association under the leadership of Dr. Ross Bright, we visited with alumni and hosted an educational program that included presentations by Dr. D. Craig Miller, Thelma and Henry Doelger Professor of Cardiovascular Surgery, on “Thoracic Aortic Stent Graphs: The Future or a Failed Clinical Experiment?” and by Dr. C. Garrison Fathman, Chief of the Division of Immunology and Rheumatology, Director of the Center for Clinical Immunology, and Professor of Medicine, on “New Directors in Gene Therapy to Treat Autoimmune Diseases”. In addition, I had the privilege of being able to give an update to Alumni on the State of the School.

Congratulations

I am very pleased to announce that Mina Matin, third year Stanford Medical Student, received the “Best Poster” Award from the International Health Medical Education Consortium in New York for her work on the attitudes of Muslim women in the Bay area toward health care. Congratulations to Mina.

I also pleased to announce that Dr. James Hallenbeck, Assistant Professor of Medicine at the Palo Alto Veterans Affairs Health Care System, has been awarded the 2002 David M. Worthen Award for Academic Excellence for his work in education in palliative care. This award is the highest award given by the Department of Veterans Affairs to recognize outstanding achievements of national significance in health professions education. Congratulations to Dr. Hallenbeck.

Appointments and Promotions

* Daniel Arber has been appointed Professor of Pathology, effective 3/1/2003 to 2/28/2008.

* Ting-Ting Huang has been appointed Assistant Professor (Research) of Neurology and Neurological Sciences, effective 3/1/2003 to 2/28/2006.

* John Huguenard has been appointed Associate Professor of Neurology and Neurological Sciences, effective 4/1/2003.

* Peter Jackson has been promoted to Associate Professor of Pathology and of Microbiology and Immunology, effective 4/1/2003.

* Edward Manche has been promoted to Associate Professor of Ophthalmology, effective 3/1/2003 to 2/28/2008.

* V. Mohan Reddy has been appointed Associate Professor of Cardiothoracic Surgery (Pediatric Cardiac Surgery) and of Pediatrics, effective 3/1/2003 to 2/28/2009.

* Samuel K.S. So has been promoted to Professor of Surgery (General Surgery), effective 3/1/2003.

* Roy Soetikno has been promoted to Associate Professor of Medicine (Gastroenterology and Hepatology), effective 3/1/2003 to 2/28/2008.

* Daniel Sze has been promoted to Associate Professor of Radiology, effective 3/1/2003 to 2/28/2008.

Dean's Newsletter

March 31, 2003

Two Years Already

Although I am still often introduced as the “new dean of the School of Medicine” (which is either a good or bad sign depending on one’s perspective), it is remarkable to me that this week marks the end of my second year at Stanford. The days have marched by without pause and have been punctuated by the many changes in our community and, even more importantly, the world around us.

It has been my privilege to meet and interact with countless students, faculty and staff throughout the School, Hospitals, University and Community since coming to Stanford. I am always impressed by the intelligence, commitment and accomplishments that occur within our School and University. Indeed, during my time here, our faculty, students and staff have achieved a number of startling discoveries, innovations, and accomplishments. In addition to individual successes, one of the most important activities at Stanford is the focus in interdisciplinary and collaborative research, education and, within the School of Medicine, patient care. Certainly notable are BioX and the Clark Center, the new joint Department of Bioengineering, the emerging Stanford Institutes of Medicine, our evolving LEAD (Learning to Explore, Advocate and Discover) Curriculum, and our commitment to engaging our faculty in our long-range strategic plan “Translating Discoveries” (<http://medstrategicplan.stanford.edu/>). All of these efforts exemplify our shared commitment to our mission “*to be a premier research-intensive medical school that improves health through leadership and collaborative discoveries and innovations in patient care, education and research*”.

I want to express my continued appreciation and thanks to all the individuals who have worked so hard during my time at Stanford to help us make progress in helping our school become a role model among academic medical centers. I have appreciated your support. In addition to the important leadership provided by our basic and clinical science department chairs and senior associate deans, I want to also thank the numerous students, faculty and staff within the School and Medical Center for the many ideas, suggestions and hard work they have contributed. Even when we have had disagreements

about issues or directions to pursue, we - and most importantly the School - have benefited from critical debates and refinements of ideas and plans. I also want to thank the support and cooperation of our Hospital CEOs and leaders at Stanford Hospital & Clinics, the Lucile Packard Children's Hospital, the Palo Alto VA Hospital and Santa Clara Valley Medical Center. Perhaps most importantly, I am appreciative of the support the School and I have received from our President, Provost, Deans of other Stanford Schools and our Board of Trustees. Given the many changes around us - both those we have introduced and those emanating from the crisis in health care - this support has been essential and most appreciated.

Of course everyone's attention is now riveted to the changing world landscape that has also been occurring during the same past two years. As a community dedicated to scholarship, discovery, promotion of health and well being, it is most distressing to witness the tragedies that are occurring world-wide and especially in Iraq. I recognize that in a community like ours there are many opinions and positions and that it is important to be respectful to the rights of speech and expression. I do not wish to impose my views but it is hard not to comment on how very tragic I find the decisions that have been made by world leaders, including our own. There is no question that tyranny and terrorism are reprehensible and should be condemned by our global community. But to stray from working with the world community and to operate virtually unilaterally represents, in my opinion, a de-evolution of social progress, and risks further severing alliances that have been formed and forged during the past decades. One can only hope that our leaders will now seek to work more closely with the global community and its leaders to assure the preservation of human freedom and dignity. As physicians and scientists we must speak for the health, freedom and dignity of our community - including our global community. I fear that we are not doing that at this point and hope that future policies will be more embracing - for the health of individuals and for the world.

A Very Successful Match Day

Thursday, March 20th, was Match Day for our graduating medical students. At 9am PST (and noon EST), students were issued the news of where they matched for internship. Although a few disciplines match a bit earlier, all share the excitement of the day.

As I hope you have already heard, this year's Match was enormously successful. Indeed, 80% of students matched at their first choice, and 96% matched at one of their top 3 choices. Among the most frequent sites our students will be serving as residents beginning this June/July are Stanford, UCSF, Harvard, Yale, Columbia, Cornell, Penn and others. A complete listing follows:

2003 Residency Match Results: Stanford University School of Medicine

Ahmari, Susanne

NYP Hosp-Colum Presby-NY

Psychiatry-Columbia-NYPH

Aldrich, Matthew Jon	UC San Francisco-CA	General Surgery
Babik, Jennifer	UC San Francisco-CA	Internal Medicine
Barad, Meredith	Santa Clara Valley MC-CA	Medicine-Preliminary
	Stanford Univ Progs-CA	Neurology
Bartsch, Leah	Childrens Hosp Boston-MA	Peds/Childrens Hosp
Beckman, Sarah	UC San Francisco-CA	Internal Medicine
Bennitt (Gaenger), Eliza	Stanford Univ Progs-CA	Internal Medicine
Bernstein, Jonathan	Stanford Univ Progs-CA	Pediatrics
Beslow, Lauren	Childrens Hosp-Phila-PA	Pediatrics
	Childrens Hosp-Phila-PA	Pediatric Neurology
Boldrick, Jennifer	Santa Clara Valley MC-CA	Medicine-Preliminary
	Stanford Univ Progs-CA	Dermatology
Casas, Marcia	UCSF-Fresno	Transitional
	Einstein/Jacobi Med Ctr-NY	Emergency Medicine
Chamie, Gabriel	UC San Francisco-CA	Internal Medicine
Chavira, Daniel	Harbor-UCLA Med Ctr-CA	Emergency Medicine
Chhor, Chloe	NYU School Of Medicine	Medicine - Preliminary
	UC San Francisco-CA	Radiology-Diagnostic
Chiu, Annie	White Mem Med Ctr-LA-CA	Medicine-Preliminary
	Emory Univ SOM-GA	Dermatology
Clark, Cheryl	Brigham & Womens Hosp-MA	Internal Medicine
Click, Eleanor	U Washington Affil Hosps	Pediatrics
Eby, Joshua	Brigham & Womens Hosp-MA	Internal Medicine
Fix, Megan	Brigham & Womens Hosp-MA	Emergency Medicine
Garcia, Joaquin	UC San Francisco-CA	Pathology
Goldberg, Jeffrey	Santa Clara Valley MC-CA	Transitional
Hariri, Sanaz	Massachusetts Gen Hosp	Harvard Combined Ortho
Herz, Susanne	U Washington Affil Hosps	Pediatrics
Hong, Yoon Mark	Brigham & Womens Hosp-MA	Urology
Jain, Vivek	UC San Francisco-CA	Internal Medicine
Jarvis, Lesley	Alameda Co Med Ctr-CA	Transitional
Jones, Chauncey	Univ Maryland Med Ctr	Medicine-Preliminary
	Johns Hopkins Hosp-MD	Anesthesiology
Kochanski, Joel	Louis Weiss/U Chicago-IL	Transitional

Lee, Kimberly	Univ Of Chicago Hosp-IL	Radiation-Oncology
Lee, Una	UCLA Medical Center-CA	Otolaryngology
Lin, Eric	Medical College of Georgia	Urology
	Santa Clara Valley MC-CA	Transitional
Mani, Aravind	UC San Francisco-CA	Anesthesiology
Mar-Tang, Roger	UCLA Medical Center-CA	Internal Medicine
Marouf, Feyza	UC Davis Med Ctr-Sac-CA	Internal Medicine
Matcuk, George	NYP Hosp-NY Cornell-NY	Psych/Payne Whitney
	VA Greater LA Hlth Sys-CA	Med-Preliminary UCLA/WLA
	U Southern California	Radiology-Diagnostic
Mathy, Jonathan	Brigham & Womens Hosp-MA	Surgery-Plastic Surg
Maylie, Brooke	Kaiser Perm-Santa Clara-CA	Medicine-Preliminary
McCoy, Kristine	Sutter Med Ctr-Santa Rosa-CA	Family Practice
Metz, Erica	UC San Francisco-CA	Medicine-Primary/UC
Morales, Carmen	Harbor-UCLA Med Ctr-CA	Family Practice
Neal, Wesley	U Washington Affil Hosps	Internal Medicine
Newton, Rebecca	Stanford Univ Progs-CA	Psychiatry
Nguyen, Eddy	Santa Clara Valley MC-CA	Transitional
	UCLA Medical Center-CA	Ophthalmology
Nguyen, Michelle	St Marys Medical Ctr-CA	Medicine-Preliminary
	UC San Diego	Radiology
Nix, David	Stanford Univ Progs-CA	Emergency Medicine
Njaa, Matthew	Duke Univ Med Ctr-NC	Anesthesiology
Norman, Joseph	U Michigan Hosps-Ann Arbor	Internal Medicine
Pai, Shan	Santa Clara Valley MC-CA	Transitional
	UC San Francisco-CA	Dermatology
Pariseau, Brett	U Wisconsin Hosp/Clinics	Plastic Surgery
Park, Irene	Stanford Univ Progs-CA	Pediatrics
Pelayo, Leticia	Stanford Univ Progs-CA	Pediatrics
Peng, Peter	Stanford Univ Progs-CA	General Surgery
Peters, Katherine	Johns Hopkins Bayview-MD	Medicine-Preliminary
	Johns Hopkins Hosp-MD	Neurology
Pilyugina, Svetlana	Santa Clara Valley MC-CA	Transitional
	Stanford Univ Progs-CA	Ophthalmology

Powers, Elizabeth	Oregon Health & Science Univ	Family Practice
Reimann (Regan), Julie	Brigham & Womens Hosp-MA	Pathology
Reynoso, Liliana	Kaiser Permanente-LA-CA	Obstetrics-Gynecology
Robinson, Christopher	St Marys Medical Ctr-CA	Medicine-Preliminary
	Univ of Iowa	Ophthalmology
Rodwell, Timothy	Stanford Univ Progs-CA	Medicine-Preliminary
Rogers, Elizabeth	UC San Francisco-CA	Pediatrics
Rubio II, Richard	Hosp of St Raphael-CT	Transitional
	NYU School Of Medicine	Anesthesiology
Sakamoto, Gordon	Stanford Univ Progs-CA	Neurological Surgery
Shin, William	Yale-New Haven Hosp-CT	Internal Medicine
Sholl, Lynette	Hosp of the Univ of PA	Medicine-Preliminary
Siegel, Matthew	Rhode Island Hosp/Brown U	Peds/Psych/Child Psych
Simmons, Matthew	Cleveland Clinic Fdn-OH	Urology
Sun, Naiyi	Stanford Univ Progs-CA	Trans/Anes Santa Clara
	Stanford Univ Progs-CA	Anesthesiology
Tang, Jean	Santa Clara Valley MC-CA	Transitional
	Stanford Univ Progs-CA	Dermatology
Torres, Mylin	Alameda Co Med Ctr-CA	Transitional
	U Texas M D Anderson-TX	Radiation-Oncology
Trivedi, Kavita	UC San Francisco-CA	Internal Medicine
Vargas, Rafael	SIU SOM & Affl Hosps-IL	Radiology-Diagnostic
Wang, Gerald	NYP Hosp-NY Cornell-NY	Urology
Watkins, Melanie	UC San Francisco-CA	Obstetrics-Gynecology
Yang, Chou	U TX Med Branch-Galveston	Anesthesiology
Yeatts, Dale	Harbor-UCLA Med Ctr-CA	Emergency Medicine
Yeh, Cory	Harvard Hospital	Otolaryngology
Yu, Grace Chen	San Jose Med Ctr-CA	Family Practice

We should all congratulate our students for their clear success. They should feel proud of their accomplishments. I also want to thank Senior Associate Dean Julie Parsonnet, our Faculty Advisors (Drs. Terry Blaschke, Denise Johnson, Susan Knox, Kuldev Singh), Dr. Elliott Wolfe and all the wonderful members of the Office Student Affairs for their dedicated commitment and work on behalf of our students. Also thanks for support from the Stanford Medical Alumni Association (SMAA). We had the opportunity to celebrate

the accomplishments of our students and their guests at the Eighth Annual Match Day Celebration on the evening of March 20th in the Faculty Club.

You may recall that some months ago I shared some of the anxieties and debates that were unfolding as we began making changes in the Dean's letter. It seems clear that those changes have been beneficial and I am confident that the clarity on performance that we will bring in future years will be even more helpful to our students. That said, most important of all are the accomplishments of the students themselves. Indeed they are easy to write about when they are well accomplished - as was clearly the case for this year's graduates.

I should also add that in addition to our own medical students doing well, each of the Residency Programs at Stanford Hospital and Clinics and the Lucile Packard Children's Hospital also did extremely well in drawing Stanford and other outstanding students to their residency programs, making this a stellar year for the School and for the Medical Center.

Of course it should also be pointed out that although Match Day has been highly successful since its inception, it is currently under challenge by Jung vs. NRMP. Hopefully this matter will be resolved in a manner that permits this important tradition to continue.

Curriculum Reform on Tight Schedule

As I have discussed in prior Newsletters, progress is underway to make substantive and exciting changes in our medical education curriculum - LEAD (Learning to Explore, Advocate and Discover). Thanks to the efforts of Drs. Julie Parsonnet, Neil Gesundheit, Ted Sectish and the Course Directors, the Faculty Senate, and the Dean's Office, who have been working closely to make the required changes that will enable the new curriculum to begin this Fall. The most immediate next step includes an April 9th meeting with Course Directors along with a Town Hall Meeting with students and faculty to review the progress that has been made to date - and the work that remains. Also in April, selections of the Scholarly Concentrations that will be launched this Fall will be made. Understandably this is a most demanding and challenging time for all who are involved in this process - and I want to thank everyone for the tremendous work they are doing on behalf of our students.

Important HIPAA Announcements:

- Training for School of Medicine Researchers
HIPAA research training specific to the Stanford research environment is now available. If you participate in research activities that involve humans, you are required to successfully complete this training. The training will require about one hour and may be accessed at <http://www.med.stanford.edu/HIPAA/training/>

Basic HIPAA training began the week of March 10 when all members of the School workforce were notified of this requirement and given access instructions for the training. *If you were not notified, please contact your DFA, Business Manager, or HIPAA Lead for assistance immediately.* It is recommended that you complete the HCCS basic training before beginning the Stanford-specific research module.

If you have questions, please contact us at hipaa@med.stanford.edu, or telephone the HIPAA Compliance Project at 724-7481.

For the latest information on the School of Medicine HIPAA project, please visit our web site <http://www.med.stanford.edu/HIPAA/>

- Active Research Protocols and Databases, Enrollment of Human Subjects
Active exempt protocols or research databases created prior to April 14, 2003 must be reviewed by the IRB for HIPAA compliance. Please contact the IRB if you intend to continue your research after April 13, 2003. You may need a waiver of individual authorization under HIPAA.

Subjects enrolled on or after April 14, 2003 must be presented with a combined informed consent/HIPAA authorization form. Protocol directors planning to enroll subjects on or after April 14, 2003, need to add HIPAA Authorization language to their consent form(s) and submit this revision to the IRB. Template for such language can be found at <http://humansubjects/medical/consent.html#forms>

If you have not received the notice the IRB sent out a month ago, or have questions about an existing research protocol or database, please contact the HIPAA-Research staff at 650 725-9834 or hipaa-research@stanford.edu

Continuing Review of Medical Human Subjects' Activities

The following requests your attention to a very important matter that requires strict adherence. Human subjects' research activities have grown significantly over the past years and so has the complexity of the regulations governing the protection of human subjects. Our Human Subjects Panels are responsible for initial protocol review, as well as continuing review of ongoing research to ensure that the rights and welfare of human subjects are protected. Continuing reviews must take place, at a minimum, on an annual basis.

To facilitate the continuing review process, the Human Subjects Panels send out reminder renewal applications approximately six weeks before the protocol's expiration date. Given our current volume of over 5000 human subjects' activities per year, this is a substantial undertaking.

It is imperative that you respond to the Human Subjects Panel by the date specified on the Renewal Notice. The continuation of research after expiration of approval is a violation

of federal regulations; human subjects' research activities must stop; no new subjects may be enrolled in the study.

The Human Subjects Panel will **send only one notice** to remind you of your renewal obligations. It is your responsibility to renew your study on time and to comply with Stanford policy and federal regulations to maintain your privilege to use human subjects.

Please feel free to contact Kathy McClelland (**Kathy.McClelland@stanford.edu**) in the Research Compliance Office if you have any questions.

Changes in the Dean's Office

During the past two years, Dr. James Nelson has made enormous and enduring contributions to the School through his work on behalf of Graduate Students and Postdoctoral Scholars. However, because of the increasing demands of his research and teaching responsibilities, he has elected to step down from his position as Senior Associate Dean for Graduate Education and Postdoctoral Scholar Affairs. While I am sorry that we will not benefit from his future work as a Senior Associate Dean, I am pleased that I have had the opportunity to work with Dr. Nelson and that he will remain available for special guidance and consultation. He has done a terrific job and I will miss working directly with him - both professionally and personally. I want to thank him for all that he has done for our students, fellows and the School, and I hope you will also find a way to thank him as well.

I have asked Drs. John Boothroyd and Harry Greenberg to expand the scope of their responsibilities to include graduate education and postdoctoral affairs. You may recall that two years ago we had combined the roles of the Senior Associate Dean of Research to include Graduate Education and Postdoctoral Affairs. That proved to be too large a portfolio for a single individual working part-time in the Dean's Office, so we split the functions of Research and Education. Given that Drs. Boothroyd and Greenberg are working very closely together to cover our basic and clinical research agenda, it seems appropriate to expand and adjust their individual and collective responsibilities to also embrace graduate education and postdoctoral scholar affairs. Specifically, Dr. Boothroyd will assume oversight over graduate education and postdoctoral fellows. Dr. Greenberg will assume responsibility for clinical fellow programs. They will continue to work closely together. To accommodate these new additional responsibilities, Dr. Greenberg will pick up oversight over the animal programs from Dr. Boothroyd.

Our plan is to assess this new model through the end of the year. However, I am quite confident that both Drs. Boothroyd and Greenberg will do an outstanding job, and I am most appreciative of their willingness to serve the School, our students and trainees in this important matter.

New Professorships at the School of Medicine

I am very pleased to report that the Provost has announced the following new endowed professorship appointments for faculty in the School of Medicine. They will be reported to the Board of Trustees on April 7th and I am most pleased to be able to share this news with you now. They include:

- **Stanley Falkow** has been appointed the Robert W. And Vivian Cahill Professor.
- **Roger D. Kornberg** has been appointed the first holder of the Mrs. George A Winzer Professorship.
- **Daria Mochly-Rosen** has been appointed the first holder of the George D. Smith Professorship in Translational Medicine.
- **Kelly M. Skeff** has been appointed the first holder of the George DeForest Barnett Professorship in Medicine II.
- **Lucy S. Tompkins** will be appointed the Lucy Becker Professor in Medicine on June 1st. (Eugene Bauer will become emeritus at that time).
- **Judith L. Swain** has been appointed the first holder of the George E. Becker Professorship in Medicine.

Please join me in congratulating each of these individuals on being appointed an endowed Professor at Stanford.

Town Hall Meeting to Discuss Cancer Research and Care at Stanford

On April 9th, we will hold a Town Hall Meeting at 5:30PM in Fairchild Auditorium to review plans regarding the future of cancer programs at Stanford. During this informal meeting, I will be joined by Dr. Irv Weissman, Director of the Stanford Institute for Cancer/Stem Cell Biology and Medicine, and Dr. Karl Blume, Associate Director for Clinical Affairs at the Institute, to review and update the unfolding plans for cancer care and research at Stanford. We will update the community on our plans to become an NCI-designated Comprehensive Cancer Center. All faculty, staff and students are invited. We are very interested in your comments, questions and recommendations. Please attend.

Council of Clinical Chairs Update

At the March 28th Council of Clinical Chairs meeting Mr. Michael Calhoun reviewed the work being done on the Stanford Hospital & Clinics Budget Priorities for FY'04. Central to these will be initiatives to provide excellent quality of care that achieves national distinction in all areas of medicine and that has national prominence in cancer, cardiovascular health, neuroscience and transplantation. Of interest, these areas are closely aligned to the School's planned Stanford Institutes of Medicine (i.e., Cancer/Stem Cell Biology, Cardiovascular Medicine, Neurosciences, Immunology & Infectious Diseases). In addition, SHC will focus on providing excellent service in both in-patient and outpatient areas that achieve a high satisfaction by patients and employees. SHC will

also focus on achieving excellent financial performance. Mr. Calhoun outlined primary tactical goals and implementation actions in each area. He requested that the COCC and faculty provide feedback about these goals, tactics and implementation steps in the next week.

Upcoming Symposia:

- ***Frontiers in Neuroscience:*** Beginning April 3rd, the Department of Neurobiology will present the first in a weekly series of Frontiers in Neuroscience that will be held in the Munzer Auditorium beginning at 4:15 p.m.. This is an outstanding series.
- ***Show Me the Money! Collaborations, Contracts and Consulting:*** Faculty and senior post docs are invited to a seminar ‘**Show Me the Money! Collaborations, Contracts, and Consulting**’, Wednesday, April 2, 2003, 5:00 p.m.-7:00 p.m. in Munzer Auditorium. This seminar is aimed at those interested in learning how to navigate the research enterprise, enhance their interactions with industry, and eliminate delays in their research activities.

Presenters include Dr. Ann Arvin, Associate Dean of Research; Elizabeth Caplun-Cochrane, Associate Director, Research Compliance; Barbara Flynn, Manager, Conflict of Interest Review Program; Katharine Ku, Director, Office of Technology Licensing; Sally O’Neil, Manager, Industrial Contracts Office; Kathryn Pyke, Senior Contract Officer, Office of Sponsored Research; Kathleen Thompson, Co-Director, Research Management Group; Ted Tussing, Director, Corporate Relations.

To register please contact Shawn Harlan at 725-9037 or email shawn.Harlan@stanford.edu

- ***13th Annual Beckman Symposium and launch of Stanford’s newly established Institute for Cancer/Stem Cell Biology and Medicine.*** Dr. Lucy Shapiro, Director, Beckman Center for Molecular and Genetic Medicine, and Dr. Irving Weissman, Karel H. and Avice N. Beekhuis Professor in Cancer Biology and Director of the Institute for Cancer/Stem Cell Biology and Medicine, invite you to attend this inaugural event for Stanford’s new Institute for Cancer/Stem Cell Biology and Regenerative Medicine.

Speakers include Michael Clarke (Stanford); Fred Gage (Salk Institute); Rudolf Jaenisch (MIT); Seung Kim (Stanford); Ma Surani (UK Institute of Cancer and Developmental Biology); James Thomson (University of Wisconsin); Irving Weissman (Stanford); Hynek Wichterle (Columbia University); Owen Witte (UCLA).

This two-day event will be held in the Fairchild Auditorium, Stanford University School of Medicine:

Monday, April 14, 2003 12:00 p.m. – 6:00 p.m.
Tuesday, April 15, 2003 7:00 a.m. – 8:00 p.m.

Event Coordinator: Belinda Byrne (650-724-0034; bbyrne@stanford.edu)

- **Second Staff Seminar** is scheduled for April 23, 2003. We are pleased to announce that **Dr. Irving Weissman, Karel H. and Avice N. Beekhuis Professor in Cancer Biology and Director of the Institute for Cancer/Stem Cell Biology and Medicine.** The Staff Seminar Series is intended to give administrative staff an opportunity to hear faculty talk about their science and research, giving staff a better understanding and a closer connection with the research mission at the School of Medicine. This seminar will be held from 3:30-4:30, refreshments following until 5:00 on April 23rd.

To register, click on <http://reggie.stanford.edu/signup.asp?720>

Congratulations

- **Dr. Paul Berg** was awarded the Sustained Leadership Award at the National Level by Research America at a gala event held at the National Academy of Sciences on March 18th. Dr. Irv Weissman and I had the pleasure of being at the event with Dr. Berg and his wife Millie. This is another in a very long list of accolades and honors for Dr. Berg, but it does speak specifically to the very significant contributions he has made as an advocate for science and medicine. His leadership in the recent stem cell debate has been particularly noteworthy.
- **Katy (Ekaterina) Gladysheva and Amy Chow**, both first year medical students have been selected to be Fellows of the Paul and Daisy Soros Fellowship for New Americans. Please join me in congratulating Katy and Amy.

Appointments and Promotions

- **Ajay Chawla** has been appointed to Assistant Professor of Medicine (Endocrinology, Gerontology and Metabolism), effective 4/1/2003 to 3/31/2006.
- **John Huguenard** has been appointed to Associate Professor of Neurology and Neurological Sciences, effective 4/1/2003.
- **Peter Jackson** has been promoted to Associate Professor of Pathology and of Microbiology and Immunology, effective 4/1/2003.
- **W. James Nelson**, Professor of Molecular and Cellular Physiology, has also been appointed Professor, by courtesy, of Biological Sciences, effective 1/1/2003 to 12/31/2007.

Dean's Newsletter

April 14, 2003

We're In a HIPAA World Now

Although you may be focused on April 15th as the deadline for filing your income tax, April 14th was the effective date for HIPAA compliance. Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, and his staff have made numerous teaching and presentation materials available to you through a variety of media. If you have not already done so, it is imperative that you complete your training as soon as possible. Please refer to the Web Site <http://www-med.stanford.edu/HIPAA/training/> for the necessary information and guidance.

SARS (Severe Acute Respiratory Syndrome)

Because there have been so many inquiries and expressions of concern regarding SARS, David Silberman, Director of Health and Safety, has prepared the some comments noted below. Specifically, the University is carefully monitoring the situation regarding recent reports of SARS both abroad and locally. University officials have been in contact with public health agencies and have determined that there is no health emergency on campus.

Returning to the Workplace

At present, no directives have been received from the Centers for Disease Control or local Health Departments (Santa Clara, Palo Alto or the California Department of Health Services) advising us to avoid contact with people returning from China and other areas where SARS has been reported, **unless they**:

- have been treated, cared for or been in contact with an individual diagnosed for SARS;
- have stayed in a hotel (especially the Hong Kong Metropole) where the disease has been reported;
- show any signs or symptoms associated with SARS (e.g., temperature or fever), or
- experience any symptoms associated with SARS, upon returning to work.

Individuals who have been in areas where SARS has been reported and feel they are experiencing symptoms of the disease should see their personal physicians immediately. David Silberman is in contact with the Hospital's Infection Control Department who will advise him if there are any changes to the above procedure.

Traveling Related to Work

While employees may choose to proceed with work-related travel plans (i.e. conferences, symposia, etc.) to CDC-identified locations where there has been an outbreak of SARS, I would strongly suggest that they should not do so unless absolutely essential.

For more information about this topic, we refer you to the following web sites:

<http://www.stanford.edu/dept/ucomm/sars/>

<http://www.cdc.gov/ncidod/sars/>

If you have additional questions after reviewing the web site information, please contact David Silberman, Director of Health and Safety at davidhs@stanford.edu.

Ratings: Better But Still Not Right

On Monday April 7th, *US News & World Reports* came out with its annual ranking of graduate schools, including schools of medicine. In this latest report, Stanford was ranked #8 among research-intensive medical schools. While it is gratifying to be listed as a top ten school, the methodology used in this ranking is flawed in my opinion and actually adversely impacts our School.

Here's the problem. *US News & World Reports* weighs most heavily among its criteria the total amount of NIH funding. Stanford has the highest amount of peer-reviewed NIH funding in the nation per principal investigator, but because we are also among the smallest of the research-intensive schools, our total amount of NIH funding is necessarily limited compared to larger Schools of Medicine. Thus, in actuality, *US News & World Reports* values size more than quality.

Last year I wrote to the Editors of *US News & World Reports* about this problem and visited with them in Washington, DC. My message was that they should employ a methodology more akin to that used in schools of engineering whereby they weigh equally the total amount of NIH funding and the NIH funding per PI. That would be much fairer. If this is done for medical schools, it would mean that Stanford would be within the top 5 schools – more accurately reflecting our true ranking.

I intend to continue to try to “educate” the editors of *US News & World Reports* with the hopes that they might revise the criteria for future years. In the interim, it is only fair to say that our ranking this year is better, but still not right!

Making Our Whole Greater Than the Sum of Its Parts

One of the most striking comments I heard on arriving at Stanford was that our collective whole as a school was less than the sum of its parts. Among the most important achievements of the past two years has been the unification of basic and clinical science leaders within the School of Medicine around a commonly shared and valued mission. Equally important has been the increased understanding and appreciation of the significant and unique challenges faced by basic and clinical investigators and clinician scholars and educators – both separately and together. Our ability to work together in education, research and patient care – and in particular in translating discoveries from the bench to the bedside – is and will be one of our most distinguishing features. Indeed, I believe we have come to recognize that translational research and medicine will help define the future of Stanford Medicine for the 21st Century. Needless to say, our success

depends on our willingness and ability to work collaboratively, share ideas and resources and most importantly, to have mutual respect for our individual and collective roles.

Unfortunately, in recent weeks, our unified resolve has been challenged and even shaken by concerns, perceptions and misimpressions regarding the consequences of changes in the School's Operating Budget (see below for additional details). Indeed these have been characterized as indicators of whether one community (e.g., basic or clinical science) is more important or valued than the other; whether one department deserves more or less support than another on a relative or absolute scale; and whether financial support *per se* translates into evidence of greater respect or value within the School and University.

I want to underscore that our ultimate success depends on being a community that values equally the contributions made by basic and clinical scientists and physicians. Our missions in education, research and patient care are interrelated as are the funds that help to support them. Sadly, a number of our missions do not bring sufficient revenue to stand alone without additional institutional support and thus this requires our alignment, willingness to share, and most importantly, respect for and value of each other's contributions. That recognition has resonated loudly at our Leadership Retreats in 2002 and 2003. Only if we work collaboratively and respectfully can our "whole exceed the sum of our parts". Despite the tensions and reactions that have arisen during the discussions regarding the changes in our School's Operating Budget, I am confident that we can all rise above the immediate concerns and put Stanford Medicine first. Our students, colleagues and patients – and the future success of our Medical School and Medical Center – make that essential.

So, What Has Been Going On Regarding the Operating Budget?

In the March 17th Dean's Newsletter (<http://deansnewsletter.stanford.edu/>), I described some of the important changes that have been made in various funds flows between the University and School of Medicine (aka "The Formula"), between the School and Stanford Hospital and Clinics (aka "Funds Flow") and between the Dean's Office and Departments (aka "Operating Budget"). Each of these has been challenging and contentious. As noted above, the changes in the Operating Budget have created some specific rifts between our basic and clinical science departments and leaders. This is not so much around the principles of the Operating Budget but rather about the financial implications and impact of its initial application.

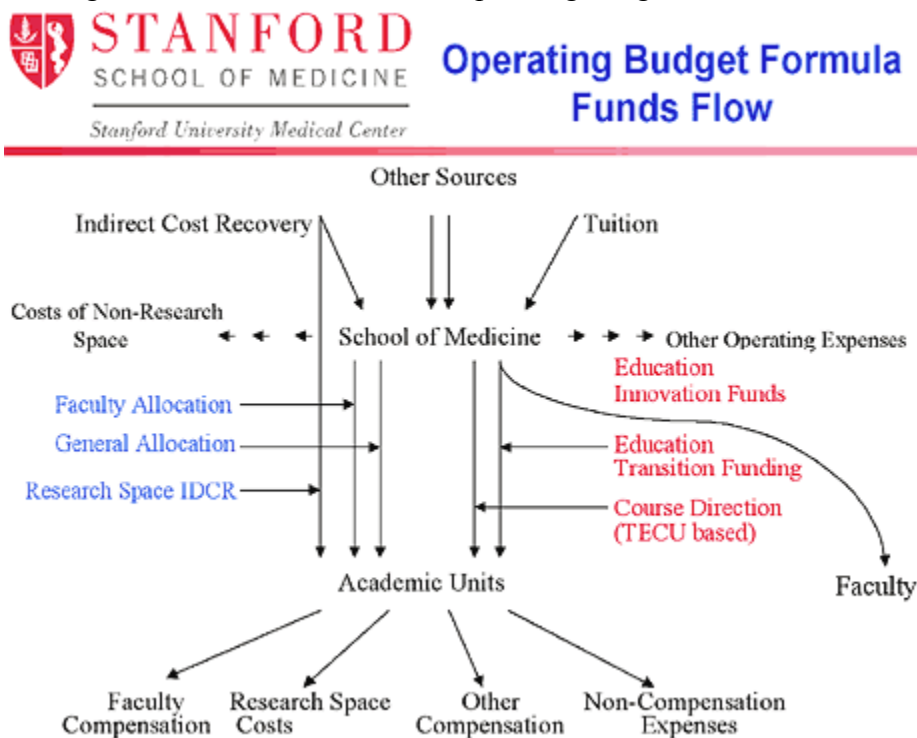
So, what is going on regarding the Operating Budget? First I want to point out that the reasons for making changes in the current Operating Budget formula are because it has no guiding principles and because the former Operating Budget formula did not help us to achieve most effectively our missions, especially in education. Accordingly, I charged a committee of basic and clinical science faculty and staff to develop principles to determine the School's allocation of funds to support education, programs and personnel. It is important to underscore that the Operating Budget is just one of the funding sources for departments, others being sponsored research grants, gift funds, patent funds, endowment support, clinical income and strategic and/or discretionary allocations from

the Dean's Office. I asked Mr. Michael Hindery, Senior Associate Dean for Administration and Finance, to chair this Operating Budget Committee and to prepare a principles-guided methodology that could be implicated for the FY04 budget. The Committee completed its work in early March of this year. To give you some background, I asked Mike Hindery to describe some of the changes that have occurred in the Operating Budget Formula. His comments follow.

The School of Medicine allocates funds to academic units to support its education, research, and patient care missions and activities. This support is done through discrete programmatic investments that are generally time-limited and non-recurring and through an allocation of operating budget general funds. The dollars provided by the Dean's Office are used to pay faculty and staff compensation expenses and for expendable materials and supplies. The School has used a formula (the Operating Budget "Blocks") developed and implemented in the early 1980's to allocate the general funds. This block formula has provided the departments with unrestricted dollars that could be used at the discretion of the department chair to fund the department's activities. In order to align better the allocation of financial support with the School's activities and priorities and to provide direct funding for educational activities, the School, through a faculty and staff committee, has developed a new formula for allocating the operating budget general funds. The new formula will be used to allocate funds for FY 2004.

The School of Medicine's new formula for distributing operating budget funds to academic units has four components: education; faculty census; general allocation; and research space. The four components are calculated differently and have two general intents. The first intent is to provide direct funding for particular activities with the expectation that the allocated dollars are used for the specific purposes. The education and research space components are in this category. This intent and directed use is markedly different than the block formula currently used. The second intent is to provide unrestricted, unallocated dollars to the academic units to support the full array of expenses, including faculty and staff compensation and non-compensation expenses, incurred to fulfill the School's education, research, and patient care missions and activities. The faculty census and general allocation are in this category. The use of these funds is similar to all the funds provided by the block formula.

The algorithm that defines the new operating budget is shown below.



The total amount of the education allocation is equal to 90 percent of the prior year's MD and PhD tuition revenue. The education component is allocated through three mechanisms: course direction, which is teaching effort course units (TECU) based; education transition funding; and education innovation funds. These dollars are allocated for the express purpose of paying for costs of the educational program in academic units, including faculty, staff, and teaching assistant compensation, course materials, and other related costs. TECU allocations are currently directed to the primary department of the course director. There will be an opportunity to distribute the course allocations for those courses taught by faculty in multiple departments. At the discretion of the Senior Associate Dean for Medical Education and the Senior Associate Dean for Graduate Education, education transition funding will be available to course directors in academic units to address specific needs and issues arising from the implementation of the new curriculum and operating budget allocation methodology. Finally, at the discretion of the Senior Associate for Medical Education and the Senior Associate Dean for Graduate Education innovation funds will be available for the development of new courses and new approaches to teaching existing courses. All three pools of funding must be used for educational purposes and will be accounted for through the curriculum and teaching evaluation process and budget process.

The faculty census allocation is based on the UTL, MCL, and NTL faculty count in an academic unit as of a specified date. January 1, 2003 will be used for the FY2004 allocation. These funds become part of the unrestricted dollars available to the academic unit to support the full variety of expenses (e.g., faculty and staff compensation, non-compensation expenses) incurred in conducting and supporting the unit's education, research, and patient care activities.

The general allocation is also intended to provide unrestricted funds to the academic unit to support the broad range of expenses associated with education, research, and patient care. The general allocation uses research volume in the academic unit to calculate the allocation. Modified total direct costs (MTDC) are used as the indicator to scale this allocation. The allocation is calculated based on the actual MTDC of the prior twelve months, ending February 28.

The final operating budget allocation is associated with the costs of research space and the facilities component of indirect cost recovery that is intended to recover the research space costs from sponsors. The costs of research space and the revenue associated with facilities through indirect cost recovery are both allocated to the academic unit. The allocation of revenue and expense will be based on the prior year's actual revenue and expense.

The Dean's Office recognizes the impact of changes in funds flow. The changes will result in the need for mitigation funding to accommodate the transition to the new operating budget. The impact of the new operating budget formula and the mitigation will be addressed through the annual budget process. Most importantly this process will recognize the need to support the essential missions of our basic and clinical departments and their importance to the future of the School of Medicine.

I hope that this helps provide some background on what has been going on with the Operating Budget.

Update on SMILE

At the Board of Trustees Committee on the Medical Center meeting on Monday, April 7th, we focused on the important changes underway in the School's education programs. Dr. Julie Parsonnet, Senior Associate Dean for Medical Education, reviewed the exciting changes now underway in renewing the medical student curriculum that will commence in the fall of 2003. In addition, Ms. Maggie Saunders, Program Planner for the Stanford Medicine Information and Learning Environment (SMILE) gave an update on the program developments underway for this exciting new facility that we hope will house the School's programs for the education and training of medical and graduate students, fellows, residents, faculty, continuing medical education and our community. We view SMILE as an environment for learning, a knowledge management center, a hub for the School of Medicine, a "place" for students, a resource for faculty and the SUMC community and a forum for the community of biomedical scholars. We are currently working on the planning for this new facility that we hope will open in 2008.

In her presentation, Ms. Saunders reviewed the exciting programs for Interdisciplinary Learning (case based), Information Intensive Ecology (basic science), Immersive Learning (skills), Library and Knowledge Management (information and technology), Student Life, Student Support Services and Conference Center. A slide show that describes these conceptual programs is available by accessing <https://www.med.stanford.edu/deansletter/smile/>. A SUNet ID is required to gain access to the slide show. I think it is worth viewing and we would certainly be interested in your comments and suggestions.

Town Hall Meeting on Cancer Research and Care at Stanford

On Wednesday, April 9th, the first Town Hall Meeting on Cancer Research and Care was held in the Fairchild Auditorium. Dr. Irv Weissman, Beekhuis Professor and Director of the Stanford Cancer/Stem Cell Biology and Medicine Institute, and Dr. Karl Blume, Professor and Associate Director of the Institute, spoke about the plans underway for the future of cancer and stem cell research and cancer treatment at Stanford.

Among the most important messages that were transmitted at the Town Hall Meeting was the goal of making the Institute and cancer research programs as inclusive as possible. Faculty who attended the meeting were encouraged to engage with Drs. Weissman and Blume if they are interested in becoming part of this exciting new initiative.

In addition, Dr. Blume discussed the plans now underway for seeking designation by the NCI as a Comprehensive Cancer Center. Both Dr. Blume and I talked about our recent discussions with the leadership at the NCI and their enthusiasm regarding our application to become a Comprehensive Cancer Center – and especially one focused on technology and innovation. Dr. Blume outlined the 13 program areas he had already identified for possible inclusion in the grant application that could be due as soon as October 2004. Again, input was solicited from the attendees and I would encourage everyone interested in cancer research and care to feel free to contact Drs. Weissman or Blume.

Council of Clinical Chairs Update

At the Council of Clinical Chairs meeting on Friday, April 11th, updates were provided on several important issues:

- This past week the Bond Rating agencies of Standard & Poor and Moody visited Stanford Hospital & Clinics. They listened to presentations about the current and future plans for the Hospital and its important relationships to the School of Medicine. Presentations were given by Denise O’Leary, Chair of the Board of Directors of SCH (and Chair of the Committee on the Medical Center, Stanford University Board of Trustees); Philip Pizzo, Dean of the School of Medicine; Martha Marsh, President and CEO, SHC; Mike Peterson, Chief Operating Officer, SHC; and Roy Santarella, Chief Financial Officer, SHC. A major focus of these presentations was on the relationship and alliance of SHC and the School of Medicine, especially around translational medicine. This association is well characterized by the alignment of the School’s planned Institutes of Medicine and

the Hospital's planned clinical centers of excellence. The Stanford Institutes of Medicine include the Cancer/Stem Cell Institute, and, in the planning stages, the Neurosciences Institute, Cardiovascular Institute, and Immunology and Infectious Disease Institute.

The connection of the Institutes to the clinical programs at SHC was further defined by presentations by clinical leaders including Dr. Alan Yeung (who provided information about the association of the SHC Cardiovascular Center with the School's planned Cardiovascular Institute); Dr. Richard Hoppe (who described the plans for the Clinical Cancer Center and its relationship to the Cancer/Stem Cell Institute and proposed NCI designated Comprehensive Cancer Center); Dr. Gary Steinberg (who explained the exciting progress occurring in neurosurgery and unique clinical programs at Stanford and their relationship to the planned Neurosciences Institute); and Dr. Emmet Keefe (who reviewed the plans for the SHC Organ Transplant Center, which will be connected to the School's planned Immunology and Infectious Disease Institute).

These strategic partnerships between the School and its major affiliated hospitals (similar alignments are present with the Lucile Packard Children's Hospital) offer a distinguishing feature of Stanford Medicine and help define its Strategic Plan of *Translating Discoveries* (<http://medstrategicplan.stanford.edu/>).

- Additional discussion took place updating clinical volume and financial projections. The focus of this was on the need to have current and accurate data. It is recognized that the challenges faced by SHC during the last year, including audits, preparations for the bond hearings and conversion of its general ledger, have made data reporting challenging. However, it was underscored that the lack of current financial and clinical data poses major problems for all – including clinical chairs and faculty as well as hospital leaders. The strong plea was for the data to be made available as rapidly as possible so that decisions and actions by clinical leaders would be optimally informed. Hospital leaders promised to make this happen in the next couple of months – although some aspects of data reporting still appear to be months away.
- Mike Peterson reported that progress continues to be made on the negotiations around the potential SHC ambulatory site on Mayfield Avenue. This is an exciting opportunity and the final details will emerge in the next weeks to months.

Announcements

MEDICINE and the MUSE: An ARTS, HUMANITIES and MEDICINE SYMPOSIUM, will be held on Thursday, May 8th at 5:00 p.m. in the Cantor Center for the Visual Arts Auditorium. It will feature presentations, art, literature and music by Stanford medical students. In addition, the keynote speaker: Abraham Verghese, MD, author of *My Own Country* and *The Tennis Partner* will address "The Search for Meaning in a Medical Life". The symposium is free and

open to the public. In addition, a reception will follow the symposium at 7:00 p.m. For additional details, please contact Sarah Bein SMSII Aureyllia@aol.com or Audrey Shafer, MD ashafer@stanford.edu. Supported by grants from Helen and Peter Bing, The Osher Foundation and The Vera Moulton Wall Center at Stanford. Sponsored by the Arts and Humanities Medical Scholars Program.

Stanford Chemistry and Genomics Symposium, will be held on Thursday, April 17th starting at 9:30 a.m. in the Fairchild Auditorium. Speakers include Chris Walsh, Harvard Medical School; Jim Wells, Sunesis Pharmaceuticals; Michael Tyers, University of Toronto; Roger Tsien, UCSD; Tim Mitchison, Harvard Medical ICCB; Michael Snyder, Yale University; and Ruedi Aebersold, Institute for Systems Biology.

For additional information, please contact <http://molepharm.stanford.edu>.

Emergency preparedness: BAT Training - The University is strengthening its emergency preparedness program to address a number of priority issues previously identified in our annual emergency management exercises. The School of Medicine has made significant progress developing and strengthening its Satellite Operations Centers (SOC). Stanford's goal is to incorporate contingency planning with ongoing academic program planning throughout the University.

In this regard, faculty and staff are encouraged to attend the next Building Assessment Team (BAT) training, scheduled for Tuesday, April 22nd, 7:30-10:00 a.m. in Tressider Union's Oak Lounge. If you have any questions please contact David Silberman (davidhs@stanford.edu).

Awards and Honors

- **Dr. Stanley Falkow**, Robert W. and Vivian K. Cahill Professor, Department of Microbiology & Immunology, has received numerous awards for his remarkable contributions to medicine and science over the years. I wanted to let you know about two of his most recent awards: the *Abbott Lifetime Achievement Award* from the American Society of Microbiology and the *Astra Zenica/Beaumont Award* from the American Gastroenterological Association, both of which he will receive in May. Congratulations again to Dr. Falkow!
- Dr. David Spiegel, Jack, Samuel and Lulu Willson Professor, Department of Psychiatry, has been awarded the Ernest R. Hilgard Award for Scientific Excellence for 2002 by the International Society of Hypnosis. Congratulations to Dr. Spiegel.
- Dr. John Kerner, Professor of Pediatrics, has been awarded the Joseph St. Geme Jr. Education Award from the Western Society of Pediatric Research for his innovative work on nutrition and especially the on-line teaching modules. Congratulations to Dr. Kerner.

- Dr. Ajay Chawla, Assistant Professor in the Department of Medicine, has been selected as a Rita Allen Foundation Scholar. This is a highly competitive award and gives evidence of Dr. Chawla's promise as an academic physician-scientist. Congratulations to Dr. Chawla.
- Dr. David Stevens, Professor of Medicine (Infectious Diseases and Geographic Medicine) at the Santa Clara Valley Medical Center, has been awarded the 2003 "Outstanding Achievement in Medicine Award" from the Santa Clara County Medical Association. Congratulations to Dr. Stevens.

Events

- ***The Third Lawrence Crowley Distinguished Lectureship*** was held on Friday, April 4th. This Lectureship honors Dr. Crowley whose guidance helped to shape Stanford Medicine through his leadership as Vice President for Medical Affairs and President of Stanford University Hospital. This year's lecturer was Dr. Lucien Leape, Adjunct Professor of Health Policy at the Harvard School of Public Health. Dr. Leape has had a distinguished career as a pediatric surgeon but achieved his greatest notoriety by his seminal studies on medical errors. His work led to the IOM reports "To Err is Human" and "Crossing the Quality Chasm". His lecture was entitled "Making Health Care Safe: Easier Said than Done". It was a most important presentation and it will be available for video viewing very soon.
- ***The Down Syndrome Center*** was officially launched on Tuesday, April 8th. This new interdisciplinary effort has been spearheaded by Dr. Bill Mobley, John E. Cahill Family Professor and Chair of the Department of Neurology, and is made possible with the generous support of Jim and Patty Ann White, Roger and Dawn Kafker and the Larry L. Hillblom Foundation. More than 150 guests attended the reception to learn about the exciting work that is now going on to address the fundamental underpinnings of Down Syndrome and that will, in time, provide hope to children and adults affected by this common congenital disorder. [<http://dsresearch.stanford.edu/>]

Appointments and Promotions

- **M. Kathleen Gutierrez** has been reappointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, 4/1/2003 to 3/31/2006.

Dean's Newsletter

April 28, 2003

SARS and Stanford

In recent weeks concerns about the impact of SARS (Severe Acute Respiratory Syndrome) has been increasing globally. Contacts of medical staff with colleagues in Toronto raise additional concerns since nosocomial spread appears to have occurred despite rigorous isolation procedures. Based on the current data and the increasing concerns about potential impact in the USA, Dr. Lucy Tompkins, Chief of the Division of Infectious Diseases, met with the Council of Clinical Chairs on Friday April 25th and made the following recommendations

- Travel by faculty to the endemic areas (China/Taiwan, Vietnam (especially Hanoi), Singapore, Hong Kong, Toronto) should be strongly discouraged. I recommended this some weeks ago and would argue that such travel should not take place unless the business is officially related to assisting with the SARS efforts. Should faculty decide to travel – or have recently traveled, it is important that on their return, they carefully monitor themselves and not come to work if fever or respiratory symptoms have developed.
- Stanford Hospital & Clinics (SHC) has determined that its employees will not be permitted to travel to endemic areas on hospital-related projects.
- When or if a suspected case of SARS is referred SHC, the evaluation should not occur in the Emergency Department. A special facility is being identified for such evaluations. Please contact the ID service if you are aware of a patient coming for evaluation so that appropriate precautions can be taken.
- If a patient is admitted for SARS evaluation or treatment, they will be cared for in a special facility (likely G1/H1).
- Health care workers who have contact with suspected SARS patients will be required to wear isolation suits, goggles, N95 masks, double gloves, etc. Again, the ID service and Infection Control will provide details as appropriate.
- Additional precautionary methods and procedures are being developed by an expert panel and these will be announced shortly.
- New referrals of international patients will be deferred until appropriate protocols for handling such patients have been further defined.
- Appropriate precaution signage providing guidance to visitors and staff will be posted at entry points to the Hospital and Clinics.

It is clearly incumbent on all of our Stanford community to exercise appropriate vigilance and caution. Questions should be directed to the ID service.

A Curriculum by any Other Name

We need your help. As you know, we are making significant progress with our new and evolving curriculum for medical education. Indeed, Senior Associate Dean for Medical Education, Dr. Julie Parsonnet, who is working closely with the Faculty Senate, is confident that significant components of the new curriculum will commence with the arrival of our incoming medical student class this fall.

We are, however, lacking a name that defines our curriculum and that raises excitement – and indeed questions – about what we are doing and why. In the early 1960's, the then new curriculum was commonly referred to as the “Stanford Plan” or the “Stanford Five Year Plan”. In the interim, the unique character of the Stanford Curriculum has been more tempered.

So we need your help with a name for our new curriculum. You will recall that the new curriculum will be characterized by parallel training in both basic and clinical medicine throughout the years of medical school; an attempt to reduce the burden of new knowledge to a more manageable quotient and with the view of creating a path to life time learning; and, the opportunity for scholarly concentrations (or majors) permitting students to engage in original research and/or investigation.

Our goal is to have our medical student graduates be excellent clinicians but also leaders, scholars, investigators and advocates. How to best characterize our new curriculum is where we need your input. We have entertained names like the “Frontiers Curriculum” to the LEAD Curriculum (Learning to Explore, Advocate and Discover)” but we have not found a name that achieves either consensus or excitement. Please share any thoughts for names of our new curriculum with me. We need your help!

Stanford Medical School Events

The last weeks have been hallmarked by some wonderful annual or first time events by Stanford Medical School Faculty. I am mentioning a handful of them in this Newsletter because of their special importance and value to the community.

Beckman Symposium

On April 14-15, the 13th Beckman Symposium was held in the Fairchild Auditorium on “Stem Cells, Regenerative Medicine, and Cancer”. Thanks to the symposium organizers, Drs. Irv Weissman and Seung Kim, a spectacular group of faculty speakers was assembled to update the packed audience on cutting edge results in stem cell biology. Additional recognition must go to Dr. Lucy Shapiro, Director of the Beckman Center, and Ms. Belinda Byrne for their work in making this event so successful. In addition to discussing the science and potential translational applications of these important discoveries, a review of the controversies surrounding this important field was discussed in a panel moderated by Dr. Irv Weissman that included Drs. Paul Berg, Margaret Fuller, Harold Varmus, Rudolf Jaenisch, M. Azim Surani, James Thomson and Linda Giudice.

As you know, we have committed ourselves to focusing on this important area of research through the creation of the Stanford Institute for Cancer/Stem Cell Biology and Medicine that is directed by Dr. Irv Weissman. We believe that enormous opportunities exist for understanding cancer and other genetically mediated diseases through the use of nuclear transfer to create new pluripotent stem cell lines. Unfortunately, NIH support for this research is not currently permitted, due to a current federal policy, announced in August 2001, that restricts federal funding for research to stem cell lines that were in existence at that time.

Although research on nuclear transfer to develop pluripotent stem cell lines can not currently be funded by the NIH, it has considerable promise for developing new treatments for cancer, heart disease, spinal cord injuries and other devastating diseases. The two seemingly disparate fields of cancer and stem cells are united by the fact that both stem cells and cancer cells have the remarkable ability to divide indefinitely. Studying the process by which stem cells grow and divide will provide insight into the biology of malignant cells. This knowledge can help guide approaches to blocking or correcting the abnormalities that take place when a cell changes from normal to malignant. In addition, normal stem cells can play a direct role in treating cancer by replacing cells damaged by chemotherapy or radiation treatment.

Absent a policy change to provide federal funding support to develop new stem cell lines or utilize nuclear transfer, progress will assuredly be slowed in the United State and probably accelerated around the world.

It also is important to remember that similar concerns were voiced twenty five years ago when genetic engineering permitted medical researchers to insert human genes into bacteria. However, with appropriate oversight new research led by Dr. Paul Berg and others was allowed to continue and has resulted in numerous new therapies for human disease. Stem cell research has even greater potential. If the federal government does not act to support research that has the potential to generate similar dramatic improvements in human health, the nation may pay a terrible price in lost opportunities to fight cancer and other catastrophic diseases. We clearly need to sustain our advocacy for supporting stem cell research.

Stanford Chemistry and Genomics Symposium

On April 17th the Stanford Chemistry and Genomics Symposium was held for the first time in the Fairchild Auditorium. Directed by Tobias Meyer and Bisera More, an impressive faculty was gathered to address a packed auditorium that addressed cutting edge science. There seems little doubt that this will become an annual event.

I had the privilege of joining with Dr. Marvin Classman, Director of the QB3 Program to address the exciting opportunities that are unfolding in interdisciplinary research at Stanford and in the UC system. There is little doubt that the efforts underway at Stanford in BioX and Bioengineering, as well as our focus on translational medicine and the Stanford Institutes of Medicine, are stimulating an environment that is bringing together biologists, medical scientists, engineers, computer scientists, physicists, chemists and

others to address the revolution underway in the biosciences. I truly believe that the programs at Stanford are nonpareil, largely because the faculty and students are interested and committed to exploring the important interfaces and new opportunities that lie at the intersections of traditional disciplines. It is encouraging to also hear about the progress being made in the QB3 project. Given these efforts it seems likely that California will take an important lead in the new fields of systems biology and translational medicine.

From Stem Cells to Breakthrough Therapies: A Mini-Course in Medicine

On Monday evening April 21st, the School of Medicine held a mini-course in medicine that attracted over 250 members of our community – both within and outside the University. Following an introductory lecture by Dr. Irv Weissman, Beekhuis Professor of Pathology and Director of the Stanford Institute for Cancer/Stem Cell Biology and Medicine, the attendees had the option to attend one of eight small group lectures and discussion groups lead by a prominent faculty member. Our speakers included Drs. Paul Berg, Helen Beau, Karl Blume, Mike Cleary, Seung Kim, Ron Levy, Joe Lipsick and Theo Palmer. I want to thank each of them for the terrific jobs they did.

The feedback we have received already about this mini-course in medicine has been spectacular and we intend to make this a regular event. It is clear that our community is eager to learn more about the exciting work taking place at Stanford – and I am quite sure that the more we can engage and educate our community about biomedical research and translational medicine, they better prepared they will be to advocate for Stanford Medicine in the future.

Jeffrey Modell Foundation Symposium on Primary Immunodeficiencies

Thanks to the support of Fred and Vickie Modell, who founded the Jeffrey Modell Foundation in memory of their son who died from a primary immunodeficiency disorder, a special symposium was held on Friday April 25th to educate the community on the approach to the diagnosis, management and treatment of primary immunodeficiency disorders. Dr. David Lewis, Associate Professor of Pediatrics and Director of the Division of Infectious Disease, chaired this event that featured internationally recognized authorities in this field. While primary immunodeficiency disorders are rare, their study has contributed an enormous amount of knowledge and insight into the immune development and function – as well as dysfunction.

Notification of Future Lectures and Meetings

Being aware of upcoming lectures and events can be difficult to say the least. Thanks to Praveen Morusupalli, Kevin Boyd, Michael Halaas, Henry Lowe, and members of the Information Resources and Technology group, a central website has been set up that will contain all of the upcoming events and lectures at Stanford Medicine. You can access it now at <http://www.med.stanford.edu/seminars/>. In the near future, you will receive the information by email daily (should you choose to subscribe) – and I am confident this will be a great service and benefit to our community. Thanks to John Boothroyd and everyone who worked on this important initiative.

Town Hall Meeting for Postdoctoral Fellows

On Wednesday April 23rd, the Annual Postdoc Town Hall Meeting was held in the Fairchild Auditorium. Thanks to the leadership of Drs. Mark Siegal, Karen Christopherson, and Maureen Fitch-Bruhns, considerable progress has been made to assist postdoctoral scholars during the past couple of years. The SUPD (Stanford University Postdoc) organization has developed an email listing for all current postdocs, has initiated a social committee to bring the community of postdocs together and has created a postdoc advocacy committee. Importantly, the SUPD has worked with the Dean's office to improve salary and benefits levels for postdocs. And while there is much left to accomplish, it is clear that progress has been made to improve the lives and well-being of postdocs at Stanford. Given the importance that this community of scholars has to our research, education and patient care missions, it is essential that their value be acknowledged and rewarded.

In addition to the work going on through the SUPD, Karen Christopherson discussed the role of the National Postdoctoral Association that she has helped to found. The NPA seeks to provide a voice for postdoctoral scientists, elucidate the "best-practice" policies for postdocs based on experiences at different institutions and work collaboratively with government agencies and professional organizations to advocate for improvements in postdoctoral policies. You can find out more about the NPA through the website: <http://www.nationalpostdoc.org>

I want to thank again the leadership role that Drs. Siegel, Christopherson and Fitch-Bruhns are playing both at Stanford and nationally to address important issues that affect the quality of life and training opportunities for postdoctoral scholars

Awards and Honors

- **Dr. Michael Cleary** has been named the first holder of the Lindhard Family Professorship in Pediatric Cancer Biology. A world-renowned expert in cancer genetics, especially regarding leukemias, Dr. Cleary has made fundamental contributions to elucidating the role of primary mutations in the pathogenesis of leukemia. He is also recognized for establishing the first molecular diagnostics laboratory at Stanford. He is currently a professor of pathology and pediatrics and serves as the director of the cancer biology program within the Center for Cancer and Blood Diseases at the Lucile Packard Children's Hospital. Congratulations to Dr. Cleary.
- **Dr. Axel Brunger**, Professor of Molecular & Cellular Physiology and of Neurology & Neurological Sciences, has been named the co-recipient of the Gregori Aminoff Prize for 2003 "for his development of refinement techniques for macromolecules". The Gregori Aminoff Prize is awarded by the Royal Swedish Academy of Sciences and is intended to reward a documented, individual contribution in the field of crystallography, including areas concerned

with the dynamics of the formation and dissolution of crystal structures. The Aminoff Prize was awarded for the first time in 1979. The laureates will receive the prize at a ceremony at the Royal Swedish Academy of Sciences in Stockholm on September 10, 2003. Congratulations to Dr. Brunger.

- **Dr. Linda Cork** has been named the Chairperson of the Board of Directors of the California Biomedical Research Association. Congratulations to Dr. Cork.
- **Provost Honors Award Winners.** On Tuesday April 22nd, Provost John Etchemendy held a Faculty Reception at the Hanna House honoring major award recipients and faculty elected to national academies during the past 18 months. Faculty throughout the University were honored and among them, members of the School of Medicine featured prominently. They included:
 - **William Newsome, Professor of Neurobiology** : 2002 American Psychological Association Distinguished Scientific Contribution Award
 - **Patrick Brown, Professor of Biochemistry**: Elected to the National Academy of Sciences
 - **Michael Levitt, Professor of Structural Biology**: Elected to the National Academy of Sciences
 - **Roger Kornberg, Professor of Structural Biology**: Welch Prize in Chemistry
 - **Roeland Nusse, Professor of Developmental Biology**: Elected to the American Academy of Arts and Science
 - **Christopher Garcia, Assistant Professor of Microbiology and Immunology and of Structural Biology**: Distinguished Young Scholar Award from the Keck Foundation
 - **Linda Giudice, Stanley McCormick Memorial Professor in the School of Medicine** : Elected to the Institute of Medicine of the National Academy of Sciences
 - **Richard Kempson, Professor of Pathology, Emeritus**: Elected as Fellow to the American Association for the Advancement of Science
 - **Eric Knudsen, Edward C. and Amy H. Sewall Professor in the School of Medicine**: Elected to the National Academy of Science
 - **Michael Moseley, Associate Professor of Radiology**: International Society for Magnetic Resonance in Medicine Gold Medal
 - **Randal Pham, Adjunct Clinical Educator**: Best Clinical Science Award from the American Society for Laser Medicine and Surgery
 - **Eric Shooter, Professor of Neurobiology**: Elected to the American Philosophical Society
 - **Kelly Skeff, Professor of Medicine**: Abraham Flexner Award in Medical Education from the Association of American Medical Colleges
 - **Peter Small, Assistant Professor of Medicine**: Princess Chichibu Memorial TB Global Award for 2002

- **Lubert Stryer, Mrs. George A. Winzer Professor of Cell Biology :** Molecular Bioanalytics Prize from the German Society for Biochemistry and Molecular Biology
- **Irving Weissman, Karel and Avice Beekhuis Professor of Cancer Biology, Professor of Pathology and Developmental Biology:** Elected to the Institute of Medicine of the National Academy of Science
- **Michael Marmor, Professor of Ophthalmology:** Best Clinical Science Award from the American Society for Laser Medicine and Surgery

Congratulations to all – and to other faculty who achieved honors and awards during the past year.

- ***Students Awarded Research Training Fellowships***

Five of our medical students were awarded Howard Hughes Medical Institute Research Training Fellowship for Medical students to work at Stanford:

- **Andrew Kopelman, MS II** will be working with Dean Felsher, MD, PhD, Department of Medicine (Oncology) – investigating Myc’s role in tumorigenesis using a novel *in vitro* system to titrate oncogene expression.
- **Theodore Leng, MS III** will be working with Mark Blumenkranz, MD and Harvey Fishman, MD, Department of Ophthalmology - designing a means to correct for macula degeneration.
- **Robin Price, MS III** will be working with Theo Palmer, PhD, Department of Neurosurgery - investigating the effects of perinatal ischemia on neuron stem cell functions and brain development.
- **Giridhar Shivaram, MS II** will be working with Christopher Jacobs, PhD, Department of Mechanical Engineering and Department of Orthopedic Surgery - investigating oscillatory fluid flow and gene expression in mesenchymal stem cells.
- **David Wang, MS III** will be working with Michael Dake, MD, Department of Radiology - determining the relative roles of proliferation and lesions related to in-stent restenosis.

A sixth medical student was awarded a Howard Hughes Medical Institute Research Training Fellowship for Medical Students to undertake research at the University of California, San Francisco Cancer Center:

- **Peter Jun, MS II** will be working with Dr. Joseph Costello --investigating the epigenetic mechanism of tumor growth -utilizing the excellent resource of material at the Neurosurgery Tumor Bank at UCSF.

Announcements:

Stanford Medical Student Research Symposium

On Thursday, May 1st, the Twentieth Annual Stanford Medical Student Research Symposium will be held in the Dean’s Courtyard and in classrooms M104 and M106. At 1:00 p.m. the symposium will be opened by Dr. Julie Parsonnet, Senior Associate Dean

for Medical Education, and this year's keynote speaker will be Dr. Phyllis Dennery, Associate Professor of Pediatrics. Students will give oral presentations as well as poster presentations of their work. At 4:30 p.m., Dr. Pat Cross, Associate Dean for Medical Student Research and Scholarship will provide an overview of the symposium followed by award presentations by Dr. Ross Bright, Associate Dean for Alumni Affairs.

This promises to be a terrific event and I hope you will join our students for this year's Research Symposium.

New Core Labs Open

The Stanford Functional Genomics Facility (SFGF) and the Stanford Tissue Bank have recently moved into newly completed core laboratory space on the ground floor of the North wing of the CCSR building.

The SFGF manufactures DNA microarrays for Stanford investigators, and provides associated technology support for their use. For additional information, visit their website at <http://www.microarray.org/>. The Tissue Bank provides tissue acquisition and banking services to Stanford investigators using human tissues for their research, in compliance with local, State and Federal guidelines. For additional information, go to their website at <http://tissuebank.stanford.edu>.

You are invited to view the new facilities and learn more about these core resources at their co-hosted open house, on May 22nd from 11:00 am – 2:00 pm, in CCSR 0107; food and refreshments will be served.

Women's Health @ Stanford presents the 2nd Annual Women's Wellness Conference and Health Fair: *Transforming Stress Into Wellness*. This will be held on Saturday, May 10, 2003, 8:00 a.m. - 5:00 p.m. at the Fairchild Auditorium at Stanford University Medical Center. The keynote address will be given by Dr. Robert M. Sapolsky. Admission fee payable at the door: \$50. For additional information and registration see the appended announcement, below.

Appointments and Promotions

- **Janice Brown** has been reappointed to Assistant Professor of Medicine (Bone Marrow Transplantation) at the Stanford University Medical Center, effective 4/1/2003 to 3/31/2006.
- **Hayes Gladstone** has been appointed to Assistant Professor of Dermatology at the Stanford University Medical Center, effective 4/1/2003 to 3/31/2006.
- **Jeffrey Gould** has been appointed to Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 4/1/2003 to 3/31/2008.
- **Henrikus Lemmens** has been reappointed to Associate Professor of Anesthesia at the Stanford University Medical Center, effective 5/1/2003 to 4/30/2004.
- **David Lee** has been reappointed to Assistant Professor of Medicine (Cardiovascular Medicine) at the Stanford University Medical Center, effective 4/1/2003 to 3/31/2006.

- **Ashima Madan** has been promoted to Associate Professor of Pediatrics (Neonatology) at the Lucile Salter Packard Children's Hospital, effective 4/1/2003 to 3/31/2008.
- **Christopher Ta** has been reappointed to Assistant Professor of Ophthalmology at the Stanford University Medical Center, effective 4/1/2003 to 3/31/2004.

-----ANNOUNCEMENT-----

*Women's Health @ Stanford Presents
2nd Annual Women's Wellness Conference and Health Fair:
Transforming Stress Into Wellness
Saturday, May 10, 2003, 8:00 a.m. - 5:00 p.m.
Fairchild Auditorium at Stanford University Medical Center
Admission fee payable at the door: \$50*

A unique opportunity to gain insight from top Stanford experts about some of the stress and health issues that affect women today. Come discover the latest in mind and body health as we present a day of lectures, demonstrate stress reduction methods, and showcase a health fair, this Mother's Day weekend. Interact and share experiences with other women. Leave inspired to turn your stress into wellness!

Keynote address: Robert M. Sapolsky, Ph.D.

Robert M. Sapolsky has been called "one of the best scientist-writers of our time" and "the world's funniest neuroscientist". Dr. Sapolsky is professor of biology and neurology at Stanford University and a research associate with the Institute of Primate Research, National Museums of Kenya. He spends each summer in the Serengeti of East Africa to study the relationship between social hierarchy, personality, and stress-related diseases in baboons, leading to the discovery that sustained stress can damage the hippocampus, a region of the brain central to learning and memory. He is the author of *The Trouble with Testosterone*, *Why Zebras Don't Get Ulcers*, and *A Primate's Memoir*. A regular contributor to *Discover* and *The New Yorker*, and a recipient of a MacArthur Foundation genius grant, Dr. Sapolsky is a fascinating, lively, and engaging speaker.

Topics will include:

Stress and the heart
Abuse, stress, and health
Stress reduction, simplicity, and barriers to change
Qi gong
Massage
Mindfulness meditation
Forgiveness
Spirituality and wellness
Imagery for stress reduction

Door prizes from great local businesses to be given away. Lunch and refreshments will be served.

Career Closet Clothing Drive: Bring your donation of clean women's business clothing, on hangers, and receive \$10 off your admission fee. See www.careercloset.org for details.

Admission fee payable at the door: \$50. **Space is limited, reservations are required.** Please call Jill at (650) 724-1824 or email jlazear@stanford.edu to reserve your space no later than **May 5**.

Jill Lazear
Women's Health@Stanford
Department of Gyn/Ob
Stanford University Medical Center
Boswell A-342
Stanford, CA 94305-5317
Phone: 650/724-1824
Fax: 650/498-4320
E-Mail: jlazear@stanford.edu

Dean's Newsletter

May 12, 2003

Twentieth Annual Stanford Medical Student Research Symposium

Thursday, May 1st marked the Twentieth Annual Stanford Medical Student Research Symposium. Concordant with Stanford's pre-eminence as a leading research-intensive school of medicine, students demonstrated their remarkable interests and diversity in 24 oral presentations and 23 poster presentations. As has been the case in past years, many of these presentations have already resulted or will result in peer-reviewed publications. I want to commend each of the students who gave presentations as well as the faculty who mentored and supervised their work and progress.

This year oral presentations were given by: Jason Davies, Ryan Louie, Emily Tierney, Daniel Chao, Mauricio Vargas, Mariel Velez, Alyssa Brewer, Valerie Coon, Vikam Udani, Benjamin Hoehn, Michelle Monje, Una Lee, Adia George, Brian Courtney, Bryan Warne, Marie Nguyen, Elissa Meites, Everett Meyer, Jennifer McIntire, Yolanda Agredano, Christine Jacobson, Dustin Bermudez, Jamie Dermon and Kristine McCoy.

Poster presentations were done by Unzlia Ali, Keith Chan, Josephine Chu, Noah Epstein, Megan Fix, Mana Golzari, Christine Jacobson, Matthew Kirschen, Vendat Kulkarni, Eliza Long, Mina Matin, Kristine Meade, Pamela Mosher, Jessica Ngo, Josephine Nguyen, Svetlana Pilyugina, Gordon Sakamoto, Thomas Satterwhite, Matthew Simmons, Glenn Valenzuela, Melanie Watkins, Naveen Yalamanchi and Andrew Zhang.

While each of these students deserves our praise, six were singled out for special mention and recognition. These included:

Oral Presentations:

- **First Place: Ryan Louie SMS 3:** “APC and EB1 proteins are integral components of mammalian centrosomes and EBI affects microtubule polymerization from centrosomes”. Collaborators include Kathleen Siemers, Shrin Bahmanyar, Violet Votin, Paul Chang, Tim Stearns, W. James Nelson and Angela IM Barth. Department of Molecular and Cellular Physiology
- **Second Place (tie): Bryan Warme SMS 3:** Chemokine and cytokine expression in a novel murine model of biomaterial induced osteolysis. Collaborators include NJ Epstein, MCD Trindade, K Miyanishi, T Ma, SB Goodman and R Lane Smith, Department of Orthopedic Surgery
- **Second Place (tie): Everett Meyer SMS 2:** “Critical Role of NKT cells in the development of allergen induced airway hyperreactivity”. Collaborators include Omid Akbari, Philippe Stock, Mitchell Kronenberg, Stephanie Sidobre, Toshinori Nakayama, Rosemarie DeKruyff and Dale Umetsu, Department of Pediatrics

Poster Presentations:

- **First Place: Matthew Simmons SMS 4:** “Clinical assessment of lymphocytic HO-1 and P450E1 levels as indicators of oxidative endothelial injury” Collaborators include James Oliver, David Webb and Stanley Rockson, Department of Medicine
- **Second Place (tie): Matthew Kirschen, SMS 3:** “Load dependent increases in cerebellar activation during verbal working memory: An FMRI investigation”. Collaborators include S Annabel Chen and John Desmond, Department of Radiology
- **Second Place (tie): Pamela Mosher SMS 2:** “Simulation-based training: A new model for medical student education on death/dying and delivering difficult news”. Collaborators in clued Louis Halamek, Allison Murphy, JoDee Anderson, Mary Coyle, Jennifer McCauley and Kristi Boyle, Department of Pediatrics

Again, congratulations to all!

Medicine and the Muse

Not only are we fortunate to have students with outstanding scientific accomplishments, we are also the beneficiaries of students who are accomplished in the arts and humanities. (And we haven’t even gotten to athletic pursuits yet!) On Thursday, May 8th our students had the opportunity to share their work and achievements in “Medicine and the Muse: An Arts, Humanities and Medicine Symposium” that was held before a packed audience in the Cantor Arts Center Auditorium. To a great degree, this venue has been made possible because of the vision and commitment of Dr. Audrey Shafer, Associate Professor of

Anesthesia and Chair of the Stanford Arts & Humanities Medical Scholars Committee. I had the pleasure of attending the symposium and was deeply impressed by the talents of our students in their presentations as well as in the artwork that was displayed. Quite amazing.

Following an introduction by Sarah Bein, SMS 2, the keynote address entitled “The Search for Meaning in a Medical Life” was given by Dr. Abraham Berghese, Director of the Center for Medical Humanities and Ethics at the University of Texas Health Science Center at San Antonio. This was followed by a series of outstanding presentations or performances including:

- **Rosalyn Nguyen SMS 3** presented an amazing and artistically beautiful website she has constructed called “Embracing the East: Fostering Cultural Sensitivity and Understanding in Asian Health Care.”
- **David Myung SMS 2** showed excerpts from a comic book he has produced called “Andy Vesalius, Kid Professor” that speaks volumes to children facing the challenge of cancer.
- **Aparajita Sohoni SMS 2** shared moving stories she collected during a recent trip to India entitled “Crossing Over.”
- **Neva Howard SMS 3 and Rebecca Rakow SMS 2** were joined by friends Tina Minn and Mark Fish to perform the first movement of Shostakovich’s “The War Quartet” entitled “Calm Unawareness of the Future Cataclysm.” The preview given by Neva helped put the performance into perspective to its time of composition as well as to our current world challenges.
- **Simon Hanft SMS 2** shared both analysis and poetry in his presentation entitled “Constrained to Throb: The Assimilated Influence of Keats in the Poetry of William Carlos Williams.”
- **Jennifer Johnsen SMS 5+** presented “Tomorrow’s Physicians: An Insider’s Perspective on Humanistic Medicine.”
- **Nicholas Rubashkin SMS 5+** showed excerpts of a film entitled “Update on What I Learned in Medical School: Personal Stories of Young Doctors.”
- **John Nuguyen SMS 5+** sang a song describing an encounter with Janis Joplin called “Chelsea Hotel, Celina Maria.”
- **Feyza Marouf SMS 5+ and Rachel Mory SMS 5+** showed excerpts from a film they produced called “Anatomy.”
- **Peter Peng SMS 5+** showed excerpts of a film chronicle of a visit to Haiti entitled “Vodou and the Cultural Context of Medicine in Haiti.”
- **Shannon Moffett SMS 4** announced that the project she presented last year “Mind/Matter: A Biography of the Brain” that describes perspectives of individuals in various disciplines who work on the brain will be published.
- **Gina Perez-Baron SMS 2** read a moving poem she wrote entitled “Stutterer.”

In addition to the presentations, exhibits included photography by **Sara Bein SMS 2, Bill Bragg SMS 1, Anne Braun SMS 1 and Paul Johnston SMS 5+** as well as paintings by **Andrew Kopelman SMS 2, Mana Golzari SMS 2, Kubinne Kim SMS 4, Michelle Lai SMS 3, John Nguyen SMS 5+** and sculpture by **Catherine Mohr SMS 2**.

Thanks and congratulations to all!

Hospital Updates

Our major hospital affiliates; Stanford Hospital & Clinics (SHC) and the Lucile Salter Packard Children's Hospital (LPCCH), each had Board of Directors meetings during the past two weeks.

SHC met on May 1st. A major focus of the Board meeting was on strategic planning and facilities development. Specifically, the SHC leadership addressed the plans for further developing the clinical centers in cancer, cardiac, neuroscience, and transplantation as related to the School's Institutes of Medicine. One of the immediate challenges facing SHC is that in-patient volumes have been tracking below those projected, in part related to faculty (in part due to the shift of patients to ambulatory care settings and the impact of the Waverly Surgicenter on certain services, including orthopedics and GI endoscopy). The percentage drop for in-patient admissions has been even more notable for community physicians and the Palo Alto Medical Clinic. Clearly this is an area that requires attention.

Ms. Martha Marsh, President and CEO of SHC, updated the Board (and on Friday, May 8th the Council of Clinical Chairs received a similar message from Michael Calhoun, VP for Strategic Planning and Business Development) regarding an off-campus site as a potential future locus for selected ambulatory care. During the next several weeks those ambulatory services at SHC that would benefit from a move to this very attractive off-site area will be identified. The major factors will be improved patient services as well as a financial model that is beneficial to the hospital and the clinical practices. The details regarding this are now under development.

Further, Ms. Marsh noted that with the recent bond ratings (which have gone well for SHC) plans are being developed for the internal facilities improvements that are necessary to meet important strategic initiatives. Details will follow in the months ahead.

On Wednesday, May 7th the LPCCH Board of Directors convened a mini-retreat to continue discussions on the strategic plan that has been evolving during the past 2-3 years. Currently LPCCH faces significant challenges by not having enough in-patient bed capacity to meet patient demands from the local as well as broader referral community. Over the past year remarkable progress has been made in developing the Heart Center and the Johnson Center for Neonatal & Maternal/Fetal Health and continued work is underway in further developing other key centers including Cancer, Brain & Behavior, Transplant/Tissue Engineering and Pulmonary/Cystic Fibrosis. Ms. Cynthia Haines, Senior Vice President for Business Development and Strategic Planning, reviewed the progress that has been made in these areas and outlined a long range plan that will better rationalize and regionalize the care of children with complex medical disorders in the greater northern California area. A key aspect of this plan is also attending to the care of children within the local community who use LPCCH as their primary hospital facility. Thus, balancing the needs of serving the community while also becoming a national and

international leader in pediatric healthcare represents one of the important challenges facing LPCH and Stanford during the years ahead. Importantly, plans have been developed to address these issues.

In tandem with the clinical program development, Dr. Alan Krensky, Shelagh Galligan Professor of Pediatrics and Executive Director of the Children's Health Initiative (CHI), gave a progress report on the CHI and the important role it is playing in helping to bolster LPCH in achieving both preeminence and sustainability. Dr. Krensky also delineated some of the important recruitments that have been accomplished during the past year or that are now underway, noting that LPCH/Stanford has now become an institution that leaders in pediatrics want to be associated with.

In addition, I gave an overview of the Strategic Plan of the School of Medicine (<http://medstrategicplan.stanford.edu/>) and highlighted how closely linked aspects of the School's plan are to the work underway through the CHI and LPCH. These strategic alliances in research, education and patient care, especially related to the relationships of the Stanford Institutes of Medicine with the clinical centers being established at LPCH, afford a unique opportunity to foster translational medicine and discovery to further improve the care and lives of children.

As with SHC and the School, current facilities at LPCH represent one of the challenges limiting institutional progress and success. Mr. Dawes, President and CEO of LPCH, reviewed the plans for internal renovation that have been defined to help alleviate some of the short-term problems and delineated some of the longer term issues that will require consideration by the Board and other governing groups.

Alumni Weekend

Thursday, May 1st – Saturday, May 3rd was Stanford Medicine Alumni Reunion Weekend. Despite the unusually inclement weather (now I am really beginning to sound like a Californian!) over a hundred alumni gathered for various class events, seminars, tours and social interactions. Special thanks must go to Dr. Newton Harband, M.D. '66 who served as this year's SMAA President and who was instrumental in arranging a wonderful weekend of special events. Among these was a symposium held on Saturday morning, May 3rd featuring Stanford leaders in Oncology. I had the pleasure to be part of that symposium and addressed the progress made in pediatric oncology during the past several decades. Other speakers included Robert Carlson M.D. '78, who spoke on recent advances in the management of breast cancer, and Steven Hancock, M.D. '76, who addressed the application of new technologies for prostate cancer. In addition Ron Levy, M.D. '68, spoke on the immune system and cancer (a field he has pioneered) and Irv Weissman, M.D. '65, spoke on cancer and cancer stem cells. Altogether it was a very impressive event.

Special thanks for making the Alumni Weekend so successful also go to Dr. Ross Bright, Associate Dean for Alumni Affairs, as well as Andy Cope, John Hopkins, Nancy Schlegel and Amanda Keris.

Medical Student Admit Weekend

At the same time that Alumni were visiting and reminiscing about the happy years they spent as Stanford Medical Students, the Office of Student Affairs and Admissions Office welcomed over 70 students who have been admitted to the 2003 incoming class and who visited the campus to determine whether Stanford will be their new home. According to Dr. Gabriel Garcia, Associate Professor of Medicine and Director of Admissions, this was the largest turnout for an Admit Weekend we have ever had and reflects the considerable interest of students in attending Stanford. Among the major areas of excitement is our new curriculum, which has captured the interest and excitement of both current and future students. In addition to reading about the new curriculum in past newsletters and as part of our Strategic Plan, there is a nice description of it in the April 30th issue of the Stanford Report (<http://news-service.stanford.edu/news/2003/april30/curriculum.html>).

Third Annual Founders Dinner

On Wednesday evening, April 30th the Lucile Packard Children's Hospital celebrated its Third Founders Dinner to recognize the various individuals who have played such an important role in helping launch and sustain LPCH. A special feature of the evening was a presentation by Dr. Paul Fisher, Assistant Professor of Neurology, Pediatrics and Neurosurgery and Director of the Pediatric Brain Tumor Program. Dr. Fisher highlighted some of the progress that has been made in treating pediatric malignances as well as some of the limitations in advancing progress for brain tumors. His presentation was made even more meaningful by the presence of two of his patients, each reflecting on the impact that cancer has had on them and their families. These moving personal reflections and portraits underscored why pediatric research and care are so important and why we should be proud to be associated with outstanding physicians like Paul Fisher and institutions like LPCH.

Honors and Awards

- ***Dr. Roger Kornberg, Mrs. George A. Winzer Professor of Structural Biology***, is the recipient of the 2002 Cancer Research Award of the Pasarow Foundation "for his pioneering studies of the cellular processes by which DNA is copied into RNA, a process termed transcription. He and his collaborators discovered the fundamental unit of DNA organization, called the nucleosome, and found that it plays a major role in the process of transcription. They discovered almost all of the more than 60 proteins that form the machinery for transcription; determined how they fit together in a giant assemblage to execute the process; explicated how they receive and respond to signals from the body and the environment; and demonstrated the details of the act of genetic readout from DNA. The work will facilitate understanding of transcription and its relationship to cancer and provides new approaches to therapy."

- **Dr. Greg Barsh, Professor of Genetics and of Pediatrics**, received the 2003 E. Mead Johnson Award for Excellence in Pediatric Research at the annual meeting of the Pediatric Academic Societies, on Monday, May 5th for his pioneering work in mouse genetics and its relevance to human disease.
- **Dr. Dan Bernstein, Professor of Pediatrics**, gave the Presidential Address at the Society of Pediatric Research meeting on Monday, May 5th and highlighted the importance of interdisciplinary research and education in biomedicine and the future of pediatrics. His presentation was truly outstanding.
- **Dr. Tom Krummel, Emile Holman Professor and Chair of the Department of Surgery**, received the Distinguished Alumnus Award from the Medical College of Wisconsin this past weekend. Among his cited contributions is his work in the field of surgical simulation and virtual reality based training that has helped establish a new paradigm nationwide in surgical training and credentialing.
- **Dr. Irv Weissman, Karel and Avice Beekhuis Professor of Cancer Biology, Pathology, Developmental Biology and by courtesy, of Biological Sciences**, received the American Diabetes Association's Elliott Proctor Joslin Medal for 2003 at a ceremony in Boston this past week.
- **Dr. Iain Johnstone, Professor of Health Research and Policy (Biostatistics) and of Statistics**, was elected to the American Academy of Arts and Sciences.
- **William Brody, M.D. '70**, and currently President of the Johns Hopkins University, received the Wallace Sterling Award at the Alumni Dinner on Friday, May 2nd for his extraordinary contributions to medicine and science.

Appointments and Promotions

- **Edward Bertaccini** has been promoted to Associate Professor of Anesthesia at the Palo Alto Veterans' Affairs Health Care System, effective 5/1/2003 to 3/31/2008.
- **Sandip Biswal** has been appointed to Assistant Professor of Radiology (Musculoskeletal Radiology) at the Stanford University Medical Center, effective 5/1/2003 to 4/30/2006.
- **John Cooke** has been promoted to Professor of Medicine (Cardiovascular Medicine), effective 5/1/2003.
- **James Ferrell** has been promoted to Professor of Molecular Pharmacology and of Biochemistry, effective 5/1/2003.
- **Amato Giaccia** has been promoted to Professor of Radiation Oncology (Radiation Physics), effective 5/1/2003.
- **Michael Jeng** has been appointed to Assistant Professor of Pediatric (Hematology/Oncology) at the Lucile Packard Children's Hospital, effective 5/1/2003 to 4/30/2006.

- **Denise Johnson** has been promoted to Associate Professor of Surgery (General Surgery) at the Stanford University Medical Center, effective 5/1/2003 to 4/30/2008.
- **Christopher King** has been reappointed to Assistant Professor of Radiation Oncology at the Stanford University Medical Center, effective 6/1/2003 to 5/31/2007.
- **Yahli Lorch** has been appointed to Associate Professor (Research) of Structural Biology, effective 5/1/2003 to 4/30/2009.
- **Vinod Menon** has been promoted to Associate Professor (Research) of Psychiatry and Behavioral Sciences, effective 5/1/2003 to 4/30/2009.
- **Kent Nowels** has been reappointed to Associate Professor of Pathology at the Stanford University Medical Center, effective 5/1/2003 to 12/31/2006
- **John Pollard** has been promoted to Associate Professor of Anesthesia at the Palo Alto Veteran's Affairs Health Care System, effective 5/1/2003 to 3/31/2008.
- **Javaid Sheikh** has been promoted to Professor of Psychiatry and Behavioral Sciences, effective 5/1/2003.
- **Richard Whyte** has been promoted to Professor of Cardiothoracic Surgery (Thoracic Surgery) at the Stanford University Medical Center, effective 5/1/2003.

Dean's Newsletter

May 26, 2003

Medical School Commencement will be Saturday June 14th

This year we will hold the School of Medicine Commencement Exercises on Saturday June 14th rather than Sunday as has been the case in the past. The events will commence with a luncheon for students, families and faculty at noon on Alumni Green. Participants will line up for the Processional at 1:30 p.m. and the official ceremony will begin at 2: P.M.. This year we are most fortunate to have Dr. Julie Gerberding, Director of the CDC, as our commencement speaker. We will follow the commencement ceremony with a Champaign toast!

Of course the diplomas we hand out to our medical and graduate students on June 14th will not become official until Sunday when the University holds its Commencement Ceremony. The speaker for this year's commencement will be Peruvian President and Stanford Alumnus Alejandro Toledo.

Medical School Faculty Senate Update and the New Stanford Curriculum for Medical Student Education

On Wednesday May 21st the Medical School Faculty Senate held its penultimate meeting of the current academic year. It has been a year of remarkable effort, commitment and progress by the Senate that has led to our New Stanford Curriculum for medical student education, which will commence in September of 2003.

I want to begin by acknowledging and thanking Dr. Oscar Salvatierra, Chair of the Senate and Professor of Surgery (Transplantation) and of Pediatrics (Nephrology) for his incredibly important collaborative leadership. Change is never easy and can sometimes become contentious. However, Dr. Salvatierra kept everyone focused on the important issues – educating and training our next generation of medical students to be outstanding physicians, scientists, scholars and leaders so that they might improve the lives of patients in the decades ahead. I also want to thank each of the course directors for their willingness to engage in creative thinking and make modifications in courses that require sacrifice and commitment. Particularly important to this process has been the work of Dr. Ted Sectish, Chair of the Committee on Courses and Curriculum who has worked selflessly to move the important agenda forward and who worked collaboratively with the Dean's Office. Dr. Julie Parsonnet, Senior Associate Dean for Medical Education has been the creative force in curriculum design and has worked enormously well with the Senate and with students, faculty and staff. Also essential to this process has been Dr. Neil Gesundheit, Associate Dean for Medical Education, along with other members of the faculty and staff throughout the School, including Ms. Betsy Moreno, who has worked diligently to enable the development and initiative of the New Stanford Curriculum.

Support for the New Stanford Curriculum is evidenced by the enthusiasm of our current students. Many expressed their interests in the changes taking place, and especially the scholarly concentrations, at a Town Hall Meeting for medical students that was held on May 21st. This enthusiasm is complemented by the interest of students who have applied to Stanford for the incoming class. According to Dr. Gabriel Garcia, Director of Admissions and Associate Professor of Medicine, we have an outstanding group of students who will arrive this September.

Dr. Parsonnet also announced the Scholarly Concentrations that were selected by the committee chaired by Dr. Gary Schoolnik, Professor of Medicine (Infectious Diseases) and of Microbiology and Immunology and Senior Fellow, by courtesy, at the Institute for International Studies. A large number of proposals were received and reviewed by the committee and eight have been selected for further development as Scholarly Concentrations for this next year. These include scholarly concentrations in:

- Bioengineering
- Biomedical Ethics and the Humanities
- Biomedical Informatics
- Health Services Policy Research
- Immunology
- Molecular and Genetic Medicine
- Public Health and Community Service
- Women's Health

As outlined in previous Newsletters, each Scholarly Concentration will have a curriculum, mentoring and opportunities for original research and scholarly investigation. Many will permit the opportunity to obtain an additional degree.

In addition to these initial eight Scholarly Concentrations, Dr. Parsonnet announced that she and the committee hope that several other opportunities will emerge during the next year including concentrations in Cardiovascular Medicine, Clinical Investigation, Imaging International Health, and Infectious Disease based on proposals that have been reviewed by the committee. Further, Dr Parsonnet indicated that she is hoping to stimulate development of Scholarly Concentrations in Medical Education and in Neuroscience.

Taken together, the range of Scholarly Concentrations slated for initiation this Fall or later next year offer an enormous breadth and depth of opportunities for medical students. As experience accrues and programs are further strengthened, there seems little doubt that Stanford medical students will have truly unique opportunities to develop skills and knowledge in areas of interest to them. Moreover, these programs will permit students to emerge as scholars, leaders and advocates.

To permit the introduction of the Scholarly Concentrations, additional changes in the curriculum are being made. These changes will focus on defining the essential knowledge students will need for both an introduction to medicine as well as for lifetime learning. For the class arriving this Fall quarter, which will begin on September 2nd this year, a new and very exciting course on the **Molecular Foundations of Medicine** will be taught under the direction of Dr. Gil Chu, Professor of Medicine (Oncology) and of Biochemistry. It will feature approximately 20-22 hours of lecture time with seven sessions focused on clinical correlation. To make room for this new course, we will expect incoming students to have completed biochemistry either before they arrive, during the Summer or in the Fall. Fulfilling this expectation will be facilitated by a new on-line course that will include weekly tutorials.

Permitting these changes in the curriculum not only requires the enormous commitment and dedication of faculty and staff but also necessitates funding and resources. A general perspective in the past has been that the School's Operating Budget conspired against the ability to make meaningful changes in the curriculum. Accordingly, during the past year, in concert with the changes going on with curriculum development, we also engaged in a process to change the School's decades old Operating Budget. This effort was lead by Mike Hindery, Senior Associate Dean for Finance and Administration, who worked closely with faculty and staff. This too proved to be a difficult and challenging process, but I am very pleased to say that the dialogue we engaged in around the Operating Budget permitted us to develop a formula that has now been widely embraced. Central to that has been a focus on assuring that significant portions of the School's Operating Budget be focused on the education of medical and graduate students – and that this be done in a fair, transparent and principled manner. At the School of Medicine Faculty Senate on May 21st, Mike Hindery reviewed the new changes in the Operating Budget that will be implemented in the upcoming FY04 fiscal year and pointed out the manner in which it will foster and support education within the School. I have reviewed these changes in the April 14th issue of the Dean's Newsletter (<http://deansnewsletter.stanford.edu/>).

Taken together, the changes defined above represent major steps forward for Stanford Medicine and I am deeply appreciative to our entire community for helping to bring them to fruition. Truly exciting times lie ahead.

University Academic Council Update on Diversity

At the University Senate meetings on May 1st and May 15th, the issue of diversity at Stanford was discussed and debated. Professor Renato Rosaldo, Chair of the Council on Diversity offered the following introductory comments at the May 15th meeting: “I’ll say two things... One is that we believe that diversity is central to the mission of the University ... Second, we have concluded that our number-one priority should be to increase faculty diversity. There are two reasons for this approach. The first is that we believe that enhancing faculty diversity would have the greatest impact on programs that affect graduate students and undergraduates, and as well as staff in the University. The second is that we’re facing a crisis in faculty of color at Stanford. There will be a number of departures due to retirement and other reasons in the near future, so that these numbers are likely to go down unless we make a concerted effort to increase them. And even at that, we may just be standing still.”

A robust discussion followed with Senate members supporting the importance of diversity and offering opportunities for improvement at Stanford. From the perspective of the medical school, I offered the following comments during the Senate meeting: “...Stanford Medical School has actually done quite a good job for a number of years in creating a pipeline for undergraduate medical students. (Thanks to the efforts of Drs. Fernando Mendoza, Ron Garcia, Gabe Garcia and others, Stanford School of Medicine has) been very proactive, it has been very thoughtful.... Currently, the medical school is probably the national leader in underrepresented minorities. Twenty-three to 25 percent of each class are ... underrepresented minorities (excluding Asian students). During the last year we have made a concerted effort to improve diversity in our bioscience graduate students as well, trying to create a similar kind of pipeline. (However, I noted that) where we are failing is at the faculty level, for a number of reasons. I’m not sure that we’re nurturing people well enough to move them to the faculty level. So the pipeline effect that has happened within the School of Medicine for high school and undergraduate levels really needs to move people to mentor effectively at the faculty level.” (I further noted that there are underrepresented minority graduate students or post-docs who have been recruited right out from under our noses to faculty positions elsewhere before a process to keep them here had been started. This suggests “that the way we’re operating, which is to wait until the (search) process happens, may be too late... I think we need to rethink our appointments process and think more openly and creatively about how to nurture young people and let them know in a very early phase of their career development that there is an opportunity for them to stay here (at Stanford).”

Given the paucity of minority faculty within the School, we have much work to do. Thankfully, we have a leadership group committed to improve faculty as well as student

diversity in a proactive manner. The task now is to make progress in a steady and consistent manner. I view this as one of our most important mandates.

Faculty Mentoring and Annual Planning Session

A requirement of the University and School of Medicine is that faculty review and planning sessions be held annually. Such reviews are important for faculty at all levels of career development. To assure that they are done in a timely and consistent manner, the School is initiating a standard process to document the planning sessions. These can complement the procedures performed within departments but they will serve to document that the planning conference has occurred.

At the Executive Committee on Friday May 16th, Dr. David Stevenson, Senior Associate Dean for Academic Affairs, indicated the key elements that would be sought and codified. Faculty will be asked to delineate the following:

- Your goals and objectives and whether or not they were achieved
- Your need for additional help to meet your goals
- Your accomplishments
- Your characterization of your time spent in patient care (if applicable), teaching, research and administration
- Any factors outside work that are affecting your productivity
- Any other topics of importance to you

With that, the following document will be completed by the department chair or delegate and co-signed by the faculty member after the annual career planning conference has taken place.

STANFORD UNIVERSITY SCHOOL OF MEDICINE ALL DEPARTMENTS

ANNUAL CAREER PLANNING CONFERENCE

(To be completed by the Chair/Delegate after the conference. PLEASE ATTACH EXTRA PAGES, IF NECESSARY.)

- A. 1. The curriculum vitae for this faculty member was reviewed and ☐
discussed
2. A copy of his/her CV is attached to this report ☐

B. The following issues were identified by me as most important in his/her development in the next year:

C. I have provided specific counsel regarding career planning and goals for the next year as follows:

D. The following topics were discussed:

1. Allocation of time ☐
2. Academic/professional support ☐
 - Availability of mentors ☐
 - Opportunities for learning ☐
 - Resource adequacy ☐
3. Financial issues ☐
4. Professional networking ☐
5. Achieving career goals ☐
6. Personal issues ☐
7. Criteria for reappointment/promotion ☐

above:

The discussion was as outlined

Signature of Chair/Delegate Date

Signature of Faculty Member Date

Cc: Mentor, _____ and Chair

Mentoring, advising and career development planning are among the most important responsibilities we have in academic medicine. It is imperative that faculty, mentors, division chiefs and department chairs participate together in this process. I share this information with you so that all faculty can be proactive in making sure that they are participating in an annual planning evaluation.

Appointment of Robert Jackler as Chief of Otolaryngology (ORL)

I am very pleased to announce that Dr. Robert Jackler has accepted our invitation to serve as Chief of Otolaryngology at Stanford School of Medicine. Dr. Jackler is currently Professor of Otolaryngology and Neurological Surgery at UCSF. He is internationally recognized as a leader in the field of ORL and Otology. He is also the Editor-in-Chief of Otology and Neurotology and is on the editorial board of numerous other prestigious journals. Dr. Jackler is also the author of over 150 publications and is highly recognized for his surgical and academic skills. I am enormously pleased that he will be joining our Stanford community this summer.

I want to thank Dr. Tom Krummel, Chair of the Department of Surgery and the Emile Holman Professor and Susan B. Ford Surgeon-in-Chief at LPCH, for his work as Chair of the Search Committee and the Committee for its accomplishment in finding and helping to recruit Dr. Jackler to Stanford.

Good News for Stanford and Neuroscience

During recent weeks Dr. Bill Mobley, John E. Cahill Family Professor and Chair of the Department of Neurology, has been wrestling with an enormously difficult decision. Dr. Elias Zerhouni, Director of the NIH, invited Dr. Mobley to serve as Director of the National Institute of Neurological Diseases and Stroke. Clearly the opportunity to serve as the leader of an important research institute is highly prestigious and speaks volumes to how valued Bill Mobley is to the national community. Thankfully for Stanford, after careful, diligent and critical assessment, Bill has decided that he would remain at Stanford. I am thrilled with Dr. Mobley's decision as are his colleagues in basic and clinical sciences in the School of Medicine and throughout the University. Indeed, during the past few weeks I have received numerous calls and pleas from the Stanford community to "find a way to keep Bill here". As we move forward with our broader initiatives in neuroscience and, in particular, with our future Stanford Institute for Neuroscience, I am absolutely confident that Dr. Mobley's role as an investigator and leader will prove exceptional. Indeed, the future is much brighter with his decision!

Update on ACCESS

Since its founding in 1998, the ACCESS (Academic Consortium for Clinical Excellence in Scientific Studies) Clinical Trials Office has become a very important resource at Stanford. Established by Dr. Charles Prober, Professor of Pediatrics, ACCESS is now directed by Dr. Steve Alexander, Professor of Pediatrics. They have provided excellent leadership. Indeed, during the past couple of years, the ACCESS mission has grown to encompass:

- Developing relationships with industry to increase principal investigator opportunities for faculty
- Serving as a single point of contact for industry and faculty regarding clinical research at Stanford

- Creating a database of Stanford clinical faculty research interests to match industry protocols with faculty investigators
- Managing the outpatient ACCESS Clinical Trials Center, free to faculty for their industry-sponsored research
- Providing continuing clinical research education and professional development for Stanford personnel
- Conducting orientation for new clinical coordinators and other clinical researchers
- Assisting the Research Management Group flow and price industry protocols to establish realistic study budgets
- Providing limited research coordinator support services
- Developing a networked community of over 540 Stanford personnel involved in clinical research
- Maintaining a research coordinator pool (internal and external) of self-identified nurses and coordinators seeking research positions
- Circulating new research coordinator job postings to email distribution lists

I would strongly encourage you to review the resources available from ACCESS. The webpage is <http://www-med.stanford.edu/access/index.html>.

Summer Student Safety Training

I was asked to make this announcement by the Office of Health and Safety because many of our School of Medicine Departments offer summer programs that allow high school students an opportunity to experience scientific research in one of our School of Medicine laboratories. These valuable programs encourage students to explore their interest in science by providing them with hands-on research experience in one of laboratories. Accordingly, I would like to remind Departments and faculty offering these programs to ensure that all students working in School of Medicine laboratories receive appropriate safety training **prior** to working in any School laboratory.

As you are aware, all laboratory personnel are required to attend a Laboratory Safety Training Seminar to be certified to work in a School laboratory. This requirement also applies to summer students regardless of how long (or short) they will work in a School lab. The School of Medicine Health & Safety Programs Office has scheduled several seminars over the next few months in an attempt to accommodate the seasonal influx of students. If you have students who require training, please contact the School's Health & Safety Programs office at 723-0110 to inquire about specific seminar dates and times.

Annual Financial Aid Dinner

On Tuesday, May 13th the Annual Student Financial Aid Dinner was held to recognize and thank the wonderful members of our community, locally and nationally, who have contributed to the endowment to support student education. As you likely know, the cost

of medical education is enormous – with an average indebtedness of over \$125,000 in medical schools across the country. Because of the extraordinary contributions of donors, Stanford students incur among the lowest amount of indebtedness of any school in the nation. This has enabled students who could never have afforded to attend medical school to do so as well as to permit students to explore research projects and issues that would otherwise be impossible to achieve. We all owe a great vote of appreciation to these benefactors.

This annual event is also made special by bringing together donors with the students they are supporting. This “reunion” creates a sense of community that transcends financial support per se and that engages a true bonding and personalization – for both our students and our financial aid contributors.

I also want to thank the three medical students (Eric Cornidez SMS 1, Michelle Rhee SMS 4 and Noah Epstein SMS 2) who spoke at the dinner and reflected how the support they have received is helping them to pursue their dreams in medicine and science.

Jess Shenson and Robert Chase Lecturer

From May 21-23rd, Dr. Dan Federman, Professor of Medicine at Harvard and former Dean for Medical Education, served as the Jess Shenson as well as Robert Chase Lecturer. For Dr. Federman, it was an opportunity to have a homecoming and for Stanford it was a chance to benefit from his insights on medical education and academic medicine. Equally important, it was an opportunity to recognize two major figures in Stanford Medicine – Jess Shenson and Robert Chase. Dr. Shenson was a long-term supporter of Stanford Medical School as well as the arts and music communities of San Francisco and the greater Bay Area. The Shenson lectureship is coordinated by the Department of Medicine and recognizes individuals who are outstanding clinicians and teachers. Certainly Dr. Dan Federman fits that bill.

This year also marked the inaugural Robert Chase Lecture in honor of Dr. Chase, who has spent four decades as a surgeon, scholar, investigator and teacher at Stanford. Making the event particularly special is that Drs. Federman and Chase served respectively as Chairs of Medicine and Surgery at Stanford during the early 1970’s.

Also meaningful to our Stanford community is that Dr. Federman’s lecture on medical education outlined many of the challenges and problems that we are now working to address in our New Stanford Curriculum (see above). Such an affirmation, from one of this nation’s leading medical educators, is reassuring and empowering.

Honors and Awards

- **Dr. Dennis Baylor**, Professor of Neurobiology, Emeritus has been inducted as a Foreign Member into the Royal Society of Sweden – an honor bestowed each year on only a very few scientists around the world. Congratulations to Professor Baylor.

- **Dr. Helen M. Blau** received an honorary doctorate ("honoris causa") from the University of Nijmegen in the Netherlands on May 15th, 2003. Congratulations to Professor Blau.
- **Dr. Lucy Shapiro** has been elected to the American Philosophical Society. The APS is the country's oldest learned society having been founded by Benjamin Franklin and friends over 250 years ago. Today it is a renowned international organization that promotes excellence and useful knowledge in the sciences and humanities through scholarly research, professional meetings, publications, library resources, and public exhibits. Election to membership honors distinguished achievement and contributions. Congratulations Dr. Shapiro.
- **Stanford Entrepreneurial Challenge.** The winners of this year's E challenge, Team "VisiVas," won \$25,000 cash award as well recognition for a nascent biotech innovation aimed at assisting the minimally-invasive treatment of cardiac chronic total occlusions in a way that is better for the patient than existing therapies. The team was comprised of a multidisciplinary team spanning Schools of Medicine, Business, Engineering, and Product Design; the team embodies the spirit of the Bio-X initiative and illustrates Stanford's unique strength in capitalizing on interdepartmental collaboration for culturing clinically beneficial, translational medical innovation. The team owes its roots to the BioMedical Innovation Program led by Paul Yock and others.

Appointments and Promotions

- **Tirin Moore** has been appointed Assistant Professor of Neurobiology, effective 6/1/2003 to 5/31/2006.
- **Victor Tse** was reappointed to Assistant Professor of Neurosurgery at the Santa Clara Valley Medical Center, effective 5/1/2003 to 9/30/2006.

Dean's Newsletter

June 9, 2003

Commencement 2003

Next weekend (June 14-15) is Commencement at Stanford. The official University Commencement will be on Sunday morning at 9:00 a.m. in Stanford Stadium. We will hold our School of Medicine ceremony on Saturday, June 14th beginning at 2:00 p.m. on the Dean's Lawn (next to the Clark Center). You are welcome to attend (and if you are faculty, to march) in this celebratory event. This year's School of Medicine Commencement speaker will be Dr. Julie Gerberding, Director of the CDC. Given all of the recent global infectious disease challenges (anthrax, smallpox, SARS to name a few),

I am confident that this will be a timely and meaningful commencement address. Even more importantly, it will be an opportunity to honor and recognize our medical and graduate students who have worked so hard to achieve this special day. Please join us and our students and families on June 14th and 15th.

Louis and Dorothy Kovitz Lectureship will Address Challenges in Global Infectious Diseases

On Wednesday, June 11th Professor Keith PWJ McAdam, Welcome Professor of Hygiene and Tropical Medicine at the London School of Hygiene and Tropical Medicine, will deliver the 29th Louis and Dorothy Kovitz Lectureship on the “*Challenges in Global Infectious Diseases: Creative Opportunities*.” The lecture, which is sponsored by the Department of Medicine and the Division of Infectious Diseases and Geographic Medicine, will take place in the Fairchild Auditorium at 5:00 p.m. A reception will follow.

For the past eight years Professor McAdams has been the Director of the Medical Research Council (UK) Unit in the Gambia. The Unit has had a distinguished history since its inception in 1947, and now has three field stations employing 800 staff. While at the MRC Unit in the Gambia, Dr. McAdam’s research has centered on infectious complications, focusing on the pathogenesis and management of tuberculosis, malaria and HIV as major health problems in Africa. Under his direction, the MRC Unit has defined the epidemiology of the major endemic infectious diseases and studied the immune responses and genetic susceptibility of those exposed. A major goal has been to develop and test vaccines and other appropriate public health interventions in the sub-Saharan setting.

Update on Graduate Admissions 2003

As we prepare to graduate students receiving M.S., M.D. and Ph.D. degrees next weekend, we are also just completing the selection of the students who will enter our graduate programs this September. Dr. Ellen Porzig, Associate Dean for Graduate Education, has compiled a report on this year’s graduate student admissions process, aspects of which I would like to share with you.

This year’s entering class includes 100 students who will begin this Fall along with nine students who will begin their studies in the Autumn 2004. Several students, who have won international fellowships, will enter in the Autumn 2005. A record number of 2,407 applications to the 12 Biosciences Home Programs were received this year, a 22% increase in the number of applicants compared with last year. These outstanding graduate students were accepted from approximately 70 colleges and universities. In addition to Stanford, the colleges and universities with the greatest number of students starting this Fall come from Harvard, UC Berkeley, MIT, Princeton and UCLA.

This year a total of 291 applicants were interviewed and almost all candidates met with 6-7 Biosciences faculty members for individual interviews. As in past years, students

accepted to the Stanford Biosciences program also receive competitive offers from Harvard, UCSF, UC Berkeley, Caltech and MIT. Our overall yield rate is around 50% (similar to past years) with students choosing Harvard, UCSF or UC Berkeley as alternatives over Stanford. Thanks to the exemplary leadership of Ms. Kimberly Griffin (our new Director of Diversity in Biosciences Programs), the entering class includes 12 excellent students who are members of under-represented minority groups.

Thanks to the work of our CGAP co-directors, Dr. Karla Kirkegard, Professor of Microbiology and Immunology, and Tim Stearns, Associate Professor of Biological Sciences and Genetics, along with the dedicated efforts of Ellen Porzig, Suzanne Frasca, our new Director of Admissions and Administration, and Eleanor Antonakos, the process of interviewing and selecting outstanding applicants went extremely smoothly this year. In addition, several new events were featured this year including:

- A new format for interview weekend that included interviews preceding the weekend events.
- Posters sessions that were more robust than previous years, facilitating small group discussions.
- Importantly, all 12 Home Programs participated in the Thursday evening dinner at the Sheraton and featured outstanding presentations by Dr. Julie Theriot (Biochemistry and Microbiology and Immunology), Marc Tessier-Lavigne (Biological Sciences and Neurosciences), Matthew Scott (Developmental Biology, Genetics, Neurosciences, Cancer Biology and Clark Center), and Roger Kornberg (Structural Biology).
- The stipend increase (of \$1,000) to match the Stanford Graduate Fellowship level was announced in a timely manner by former Senior Associate Dean W. James Nelson.
- Also, for the first time, selected Biosciences graduate programs participated in Graduate Diversity Admit Weekend events at the University, including the dinner with the President and Provost. Notably, 100% of the Biosciences students who attended the GDAW accepted our offer of admission.

We are very proud of the results of this year's graduate student admissions process and look forward to welcoming our new class in September.

Cancer/Stem Cell Institute Briefings

During the past several weeks, we have been holding evening dinner discussions to brief community leaders about our new Stanford Institute for Cancer/Stem Cell Biology and Medicine. With the support of our Office of Medical Development, we have invited 10-12 families to visit with us for each session so that they might learn about the progress we are making. The sessions have included opening presentations by me and Martha Marsh, CEO of Stanford Hospital and Clinics, to highlight the role that Stanford has played in cancer research and treatment in the past and how the new Institute for Cancer/Stem Cell Biology and Medicine will further enhance progress in bringing innovations from the bench to the bedside in the future. This will also be advanced by the opening of the new

Cancer Pavilion early next year which will provide state-of-the-art facilities for ambulatory care, as well as a setting in which translational research can take place.

The major feature of our sessions has been presentations by Dr Karl Blume, Professor of Medicine and Associate Director of the Institute, and Dr. Irv Weissman, Karel and Avice Beekhuis Professor of Cancer Biology and Director of the Cancer/Stem Cell Institute. In addition to laying out the range of research discoveries that have occurred - and those that will be possible in the future - the heart of these events has been the opportunity to engage in an informal discussion with community leaders to address their questions, concerns and areas of interest. We have also benefited from the participation of various faculty who have attended these sessions, including Drs. Judy Shizuru, Brandy Sikic, Griff Harsh, Stephanie Jeffries, Bob Negrin, Brooke Jeffrey, Nelson Teng and others.

Our goals have been threefold: to help educate community leaders about the research, clinical care and education that are taking place at Stanford, focusing on the progress in cancer and stem cell biology; to help our community leaders become advocates for Stanford's clinical and research programs - especially given the challenges being faced by academic medical centers today; and to help us to define ways to support our missions in research, clinical care and education.

These venues have been well received and we plan to continue them through the year as a means of enhancing our interactions and engagement with our community and faculty leaders.

Symposium on Learning and Technology

On Thursday, May 29th, a special Symposium on Learning and Technology was held in the Wallenberg Hall and focused on the opportunities for medical and bioscience education emerging through innovations in information technology, simulation and virtual reality. Thanks to the efforts of Dr. Parvati Dev, Associate Dean, Learning Technologies and Director, SUMMIT Lab, and Maggie Saunders, Program Planner for Stanford Medicine Information and Learning Environment (SMILE), who organized this symposium, we were treated to the reflections and recommendations of a diverse group of faculty, as well as leaders in technology and innovation. The governing theme was that during the next 10-20 years our students will change dramatically and will come to medical and graduate school with an entirely different array of skills and expectations compared with those of the past. Importantly, their facility and use of information knowledge resources will be quite sophisticated and our modes of teaching and education will also need to have evolved significantly. Accordingly, SMILE is being developed to achieve these goals and, we believe, will set Stanford apart from other medical and graduate schools in exciting and important ways. Some of the details of this Symposium are covered in a recent report in the June 4th Stanford Report (<http://news-service.stanford.edu/news/2003/june4/symposium.html>).

Hospital Update: Professional Revenue Cycle

Dr. Al Lane, Chair of Dermatology and Chair of the Professional Billing Committee, and Ms. Margaret Boggs, Director of Professional Services Operations, asked me let you know that Stanford Hospital and Clinics (SHC) has engaged Stockamp & Associates (Stockamp) to assist SHC with improving performance within the professional revenue cycle. The project has been dubbed the Revenue Enhancement and Accountability Project (REAP).

You may be aware that Stockamp completed hospital revenue cycle projects at SHC (1999-2000) and LCPH (2000-2001), which were very successful for both organizations from a financial and patient service perspective. Stockamp has also worked with many of the nation's major health care providers to improve financial performance, increase operational efficiency, improve customer service and create competitive advantage.

Achieving full reimbursement for the professional services that we provide requires a sophisticated understanding of health plan and government requirements, as well as operational excellence in all of the components of the revenue cycle. As such, the approach during REAP will include extensive interviews with management and staff, detailed work flow and data analysis, significant work flow design, and implementation of process improvements and supporting tools. The overall goal of this project is to achieve improved levels of professional revenue cycle accountability, common goals, expectations and cooperation between SHC operational departments and the clinical departments within the School of Medicine. Dr. Lane and Ms. Boggs ask that you help support this important professional revenue cycle initiative.

Update from the School of Medicine Executive Committee

At the Executive Committee on Friday June 6th, I gave an update on our master facilities planning and some recent developments regarding faculty billets. As you may recall, I have detailed in prior Newsletters, the work that we have been doing to secure a long-range facilities plan for the School of Medicine - as well as its relationship to the Facilities Plan for the Medical Center as a whole. I focused my recent remarks on the School, which follow the plans outlined at the Retreat held in January, 2003 (detailed in the February 3rd Dean's Newsletter: <http://deansnewsletter.stanford.edu>)

Our goals have been largely focused on both new facilities as well the reuse or ultimate demolition of existing ones. We anticipate that as part of the Science, Engineering and Medicine (SEM) Campus development, we will have two new buildings over the next 5-10 years. These will include the SMILE (Stanford Medicine Information and Learning Environment) project and the Stanford Institutes of Medicine #1. These will be developed in conjunction with new or replacement facilities for the Schools of Engineering, Earth Science and H&S. Planning for these facilities has been coordinated with University leadership and was a major topic for the Retreat of the Executive Cabinet that was held on June 2nd. While there is commitment to proceed with the continued conceptual planning of the SEM Campus, two factors will play a major role in the time line and ultimate delineation of the size and scope of the buildings. First are the land use issues that are governed by the GUP (General Use Permit) that relates to academic

building development on Stanford property within Santa Clara County. The second relates to available funding sources, especially from philanthropy - an issue that is certainly impacted negatively by the current downturn in the economy. Accordingly, each of the projects will undergo downsizing in order to accommodate the current realities of space and funding availability. These will be managed by University Leadership and further assessed by an ad hoc committee of the Board of Trustees.

Our goal, of course, is to assure the development of state-of-the-art facilities for the education of medical and graduate students as well as for residents, postdoctoral scholars, and faculty. Included in SMILE is the development of a Knowledge Center that will serve as the library of the future. In order to accomplish these and other goals we will clearly need to make some priority judgments about which components of our educational programs will be housed in the new SMILE facility or adjoining space in the current Stone complex.

In addition to new facilities for education, our plans for research space focus on developing modern facilities to house our Stanford Institutes of Medicine while also moving wet laboratories from the Stone complex and converting this now nearly 50 year old space for use as dry laboratory or administrative space. This requires considerable planning and sequencing - and while we have already done a significant amount of such modeling, it is likely that changes will occur as the overall size and dimensions of SIM #1 become better defined.

Obviously I will keep you informed on the progress we are making in these important facilities planning developments. At the same time, we have also been participating with the Hospital leadership in determining both on-site and off-site facilities assessments for Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH). The first phase of these plans address renovations within the current footprints of both hospitals in order to meet current and future patient care needs. These discussions will also continue to unfold over the next months.

In addition to providing an update on space and facilities planning, I also informed the Executive Committee about the impact of the cap on faculty billets that we have now received from the Provost. This cap will apply to all billets - including UTL, MCL and non-tenured positions, and thus will require careful governing and management in order to assure that we can achieve our missions in education, research and clinical care. We are currently assessing the immediate impact of this cap by assessing current billets and expected vacancies along with searches that are in progress or commitments that have already been made to various departments or programs. As we have discussed in various forums, we recognize the value of being a small school of medicine that emphasizes quality of its faculty and students. At the same time, managing the complex demands that relate to missions in patient care, as well as education and research, will certainly present challenges that will require rigorous monitoring and priority setting now and in the future.

Honors and Awards

- **Dr. Bryan D. Myers**, the Stanford Professor of Nephrology and Chief of Division of Nephrology, has been named the fifteenth recipient of the Albion Walter Hewlett Award. The Hewlett Award was established by the School of Medicine in 1983 to honor “the physician of care and skill who is committed to discovering and using biologic knowledge, wisdom and compassion to return patients to productive lives.” The award commemorates Dr. Albion Walter Hewlett, professor of medicine at Stanford from 1916 to 1925. All faculty in the School of Medicine are eligible to be selected; the previous winners have come from a number of departments throughout the school.

As winner of the award, Dr. Myers will speak on “*Elucidating the Pathophysiology of Acute Renal Failure: a Stanford Experience*” during Department of Medicine Grand Rounds on Thursday, June 12, at 8:00 a.m. in Fairchild Auditorium.

- **Dr. Robert Glaser**, former Dean and Professor of Medicine at Stanford University, has been awarded the prestigious Harvard Medal in recognition of his extraordinary service to Harvard University. He is a John Harvard Fellow and a member of the class of 1940 of Harvard University. As a Professor of Medicine at Harvard Medical School, he received the Harvard Medical School Dean’s Medal. Congratulations, Dr. Glaser.
- **The Office of Communications and Public Affairs** has won three top awards for their work, including
 - o A gold medal in the Research, Medicine and Science News Writing category for news releases written by staff writers Amy Adams and Sara Selis. The releases were judged on the basis of their quality and effectiveness.
 - o A gold medal for a cover design illustration for Stanford Medicine magazine. The cover appeared on the summer 2002 issue and illustrated the story on living liver donors. Special accolades go to Rosanne Spector, the managing editor of Stanford Medicine. The magazine was designed by David Armario.
 - o A bronze medal for visual design for Stanford Medicine magazine.

In addition, Jeffrey Fisher, one of the illustrators for Stanford Medicine, won an award from the Society of Publication Designers for an illustration that appeared in the Fall 2002 issue of the magazine.

- **Dr. Anne Villeneuve**, Associate Professor of Developmental Biology and Genetics, and Dr. Peter Jackson, Associate Professor of Pathology and of Microbiology and Immunology, are two of the three winners of Kirsh Foundation Investigator Awards. Congratulations to both Drs. Villeneuve and Jackson for being selected for this prestigious award.

- **Adia George**, SMS 1, has won a National Medical Foundation Award, a competitive award of which only 35 are given in the nation. Congratulations to Adia and her mentor, Dr. Phyllis Dennery, Associate Professor of Pediatrics.
- **Dr. Erika Schillinger**, Clinical Assistant Professor with Family Medicine, has been named one of the “Nation’s Best Doctors” by the Ladies Home Journal.

Appointments and Promotions

It gives me great pleasure to announce the following Endowed Professorships:

- **Dr. Michael P. Link** will be the Lydia J. Lee Professor in Pediatric Cancer.
- **Dr. Michael T. Longaker** will be the Deane P. and Louise Mitchell Professor in the School of Medicine.
- **Dr. Samuel K.S. So** will be the Lui Hac Minh Professor.

Other appointments and promotions:

- **Rosemary Butts** has been promoted to Associate Professor (Research) of Radiology, effective 6/1/2003 to 5/31/2009.
- **Claudia Buchmann** has been appointed to Associate Professor of Education, effective 1/1/2004 to 12/31/2007.
- **Booil Jo** has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences, effective 9/1/2003 to 8/31/2006.
- **Natasha Kirkham** has been appointed to Assistant Professor (Subject to Ph.D.) of Psychology, effective 8/1/2003 to 7/31/2007.

Dean’s Newsletter June 16, 2003

Special Commencement Issue

During the summer months the Dean’s Newsletter will depart from its every other week schedule to a more irregular reporting schedule. Regular biweekly issues will resume after Labor Day.

Special Newsletter on Commencement

On Saturday, June 14th, the School of Medicine held its celebration and diploma awarding event on the Dean’s Lawn. The University Commencement Ceremony, was held on Sunday morning, June 15th. This year, the School presented 29 Master of Science degrees, 91 Doctor of Philosophy degrees and 74 Doctor of Medicine degrees. Among these, students received combined degrees, including eleven MD/PhD degrees, two MD/Master degrees, one PhD/Masters, and one BA/MS.

Please join me in extending our personal congratulations to each and every graduate and to their parents, families and friends. What a wonderful accomplishment by all.

I would also like to take this opportunity to especially thank Char Hamada, Zera Murphy and Suzanne Bethard and others in Student Affairs for all of their painstaking efforts that made this year's commencement a tremendous success. Also thanks to Sharon Olsen, Lorena Najarro, Velessa Peairs, Cassandra Sooter, Ann Davis, Kathryn Fitzgerald, Eon Rios, and Justin Odegaard for helping to set up Saturday's great event. (Eon and Justin are current medical students who volunteered their time on Saturday to carry the flags). Working behind the scenes on Friday to help make the day a success was Eva Vasquez, Robin Casey, Juhn Verano, and Patricia Perez.

Faculty Awards

In addition to congratulating our students for their accomplishments, commencement is also a time to honor faculty who have made significant contributions to their education. Accordingly, I am pleased to list the teaching awards that were announced at the School of Medicine Commencement.

The Arthur L. Bloomfield Award: In Recognition of Excellence in the Teaching of Clinical Medicine

Neil Gesundheit, Associate Professor of Medicine (Endocrinology, Gerontology & Metabolism) and Associate Dean for Medical Education

John Giacomini, Professor of Medicine (Cardiovascular Medicine)

Sherry Wren, Associate Professor of Surgery (General Surgery)

The Henry J. Kaiser Family Foundation Award: For Outstanding and Innovative Contributions to Medical Education

Brian Hoffman, Professor of Medicine (Endocrinology, Gerontology and Metabolism)

The Henry J. Kaiser Family Foundation Award: For Excellence in Preclinical Teaching

Ben Barres, Professor of Neurobiology and of Developmental Biology and of Neurology and Neurological Sciences

Gilbert Chu, Professor of Medicine (Oncology) and of Biochemistry

Steven Guest, Adjunct Professor Medicine, Santa Clara Valley Medical Center

Julie Theriot, Assistant Professor of Biochemistry and of Microbiology and Immunology

The Henry J. Kaiser Family Foundation Award: For Excellence in Clinical Teaching

Myriam Curet, Associate Professor of Surgery (General Surgery)

Neil Gesundheit, Associate Professor of Medicine (Endocrinology, Gerontology & Metabolism) and Associate Dean for Medical Education

Jose Maldonado, Assistant Professor of Psychiatry and Behavioral Sciences

The Franklin G. Ebaugh, Jr. Award: For Advising Medical Students

Oscar Salvatierra, Professor of Surgery (Transplantation) and of Pediatrics (Nephrology)

The Compassion in Medicine Award

Samuel LeBaron, Associate Professor of Medicine (Family and Community Medicine)

The Alwin C. Rambar-James B.D. Mark Award: For Excellence in Patient Care

Stanley Schrier, Professor of Medicine (Hematology), Emeritus
Stanford University School of Medicine Award for Graduate Teaching

Julie Theriot, Assistant Professor of Biochemistry and of Microbiology and Immunology

Stanford University School of Medicine Award for Outstanding Service to Graduate Students

William Newsome, Professor of Neurobiology

Congratulations to all.

Address to the Graduates

One of the traditions of the School of Medicine Commencement is a presentation by an elected member of the Graduate and Medical Student graduating class. This year, Eleanor Suchada Click or the 2003 Graduation class in Genetics (Ellie is also receiving her M.D.

today), and Feyza Essam Marouf of the 2003 graduating class in Medicine, spoke to the graduates and guests. They each gave compelling and inspiring remarks.

2003 Commencement Speaker

**Julie Louise Gerberding, M.D., M.P.H.
Director, Centers for Disease Control and Prevention**

We were also privileged this year to have Dr. Julie Gerberding as our 2003 Commencement Speaker. Dr. Gerberding addressed the importance of a national health system that embraces a health care system and the biomedical research enterprise that underlies it for the diagnosis and treatment of disease among individuals and a public health system for promoting health and preventing disease and injury in communities.

She noted that while both of these systems have made extraordinary achievements in the past decades, there are still walls between them in far too many locales. For example, schools of Public Health on one side of the street that do not interface with schools of medicine on the other; clinicians in practice who have no clue about the local health department's role in disease prevention; scientists at the bench with new knowledge to apply but no conduit for delivery; local health officials who collect data but provide no information or knowledge of use to doctors in practice.

Accordingly, the dichotomy between the public health and the health care systems is artificial, ineffective, and absolutely obsolete. Therefore, it is time to integrate these two systems – to create a new state-of-the-art network – a *health system* - that takes full advantage of the extraordinary opportunities 21st Century science and technology afford us.

Dr. Gerberding envisions this new *health system* as a highly connected *network* in the truest sense of the word. A *network* of people, scientists, clinicians, facilities, organizations, institutions, and communities and nations with the shared primary goal of ensuring that each of us enjoys the best possible quality and quantity of life.

Specifically, she noted how the recent experience with SARS has taught us the value of a comprehensive global health network to address threats to our health - whether they are intentional terrorist threats, emerging infections such as SARS, WNV, monkeypox, or the epidemic threats of tobacco and obesity. We live in a global world but it is a small world.

Protecting the health and safety of people in this small world requires that our *health system* be highly cross-linked. But certain links that involve you as physicians and scientists must be especially strong if we are to be successful:

The first strong link: Physician or scientist to local health officials – a conduit to the community. This might include, for example, the astute clinician who recognizes a new illness or syndrome and engages local health officials.

Second Strong link: Physician or scientist and real-time learning resources, for example, just in time information; handheld data; computer searches – at the bedside just in time to make the right decision or “Just in Case” information that permits advanced appropriate preparation.

Notably, Dr. Gerberding indicated that one of the strongest links of all is the stethoscope, since it is one of our last remaining personal tools – the link in the health system network that connects us to our patients. Indeed, using the stethoscope means that the physician and patient have to be present together, there is a laying on of hands, and most importantly, the physician has to listen, not just to the patient’s heart sounds, but to the patient’s heart.

As concluded by Dr. Gerberding: “Science and technology have evolved enormously – we can do more to diagnose disease, save lives and mitigate suffering than we ever dreamed possible, but what the patient actually wants and needs have changed far less. **The truth is, most patients are far more concerned about caring than they are about curing.**

In too many corners of our health system, there is no care. The ability to care, not just for, but about patients is a quality that characterizes the best physicians. Sadly, empathy is so hard to maintain in this white coat world of science and technology.

For those of you who will be new interns and residents, your empathy for patients will be increasingly challenged. Your stethoscope is the umbilical cord that tethers you to your patients, the extension of your ears and your conduit to the patient’s heart.

You are the leaders of the 21st Century health system. As you occupy your place in the network of health, as physician, scientist, or both, you **link** your knowledge, your skill, your empathy and your responsibility with those of countless other dedicated professionals around the globe. I urge you to make strong links and engage your colleagues in public health, research, and the clinical frontlines. As the newest credentialed members of our nation’s health system, I thank you - for I know our future is in excellent hands”.

Graduates listed below are our 2003 graduates for the School of Medicine.

MASTER OF SCIENCE

Betty Dusadee Bhudhikanok
Epidemiology
Phillip Ming-Da Cheng
Biomedical Informatics
Sarah Pei-Win Chu
Epidemiology

Gregory Mathew Garrison, M.D.
Biomedical Informatics
Jason Robert Gotlib
Epidemiology
Justin Vogel Graham
Biomedical Informatics

Bahareh Ebrahimzadeh

Epidemiology

Todd Archibald Ferris

Biomedical Informatics

Linette M. Fung

Molecular and Cellular Physiology

Jean Marie Gaare

Epidemiology

Preety Kalra

Epidemiology

Esther Jean Hyung Lee

Epidemiology

Rosy Lee

Molecular and Cellular Physiology

Jaspreet Kaur Loyal

Epidemiology

Crystal Marie Luetters

Epidemiology

Irene Wai Yan Ma

Epidemiology

Uma Maheswari Mohanasundaram

Epidemiology

Shawn Jason Rangel

Epidemiology

Michelle Lynn Green

Biomedical Informatics

Peter William Groeneveld, M.D.

Health Services Research

Michelle Adrienne Hladunewich

Epidemiology

Stella Mai Huang

Epidemiology

Farzad Soleimani

Health Services Research

Christopher David Sundberg

Microbiology and Immunology

Isabelle Kamga Tchamaha

Epidemiology

Rohini Vij

Health Services Research

Ashley Wysong

Epidemiology

Hsin-Yu Yang

Epidemiology and Statistics

Hoi-Yan Yiu

Epidemiology

DOCTOR OF PHILOSOPHY

Shaad Mohiuddin Ahmad

Developmental Biology

Identification and Characterization of

Targets of the Sex Determination

Hierarchy in Drosophila Melanogaster

Susanne Elizabeth Ahmari

Molecular and Cellular Physiology

Synapse Formation in the Hippocampus

Arash Alizadeh

Biophysics

Genome-scale Characterization of

Normal and Pathological Gene

Expression Programs in Immune Cells

Steven Paul Bennett

Biochemistry

Carol Hsen Fae Cheng Cain

Biomedical Informatics

Representing and Reasoning about

Contextually Changing Organizational

Behavior Using Simulation Models of

Medical Work

Michelle Whirl Carrillo

Biophysics

A Knowledge-Based System for

Macromolecular Model Building and

Evaluation

Katie Suzanne Carroll

Biochemistry

Molecular Cooperation in Mannose 6-

Phosphate Receptor Transport

Helen Hyonhee Cha

Structure and Visualization of Functional Motifs

Jonathan Adam Bernstein

Genetics

Global Analysis of mRNA Decay in E. coli Using cDNA Microarrays

Timothy Robert Brazelton

Molecular Pharmacology

Plasticity in Bone Marrow-Derived Cells

Mathew William Brock

Neurosciences

Selective Open-Channel Block of KV1 Potassium Channels by S-Nitrosodithiothreitol (SNDTT)

Gregory Mitsuo Chin

Developmental Biology

Preservation of Genomic Integrity in the Nematode C. elegans

Nam Kyoung Cho

Biochemistry

Developmental Control of Blood Cell Migration by the Drosophila VEGF Pathway and its Implications for Blood Vessel Evolution

Raymond Cho

Genetics

The Application of High-Density Oligonucleotide Arrays Toward the Interrogation of Biological systems on a Genome Scale

Julie Lynne Christensen

Immunology

Mechanisms and Mediators of Hematopoietic Stem Cell Fate

Eleanor Suchada Click

Genetics

Genetic Analysis of the Small GTP-binding Protein ARF1 in the Yeast Saccharomyces Cerevisiae

Lara Shayne Collier

Cancer Biology

Characterization of Genes Involved in Hedgehog Signal Transduction

Lisa Gabrielle Defazio

Developmental Biology

The Mouse Tail Kinks Locus Encodes Halfback, a Novel Protein Required During Somitogenesis

Rodolfo Jose Chaparro

Immunology

Etiology of Autoimmune Diseases: A Study of Nonimmune Components in Autoimmune Diabetes

Swaine Lin Chen

Developmental Biology

Leveraging the Caulobacter Crescentus Genome Sequence

Robin Demetria Gantz

Molecular Pharmacology

Rflat2 Co-Activates Rantes Transcription: Building the Rantes Promoter Enhanceosome

Paula A. Giardini

Cancer Biology

Force Generation by Actin Comet Tails: Physical Influence of the Moving Object and its Surroundings

Jeffrey Louis Goldberg

Neurosciences

Axon Growth and Regeneration in the Central Nervous System

Scarlett Su-Chia Lin Gomez

Epidemiology

Methodologic Issues Regarding Race, Ethnicity, and Birthplace in Epidemiologic Research: Focus on Asia

Amy Carina Groth

Cancer Biology

Phage Integrases and Site-Specific Integration in Drosophila

Pedro Jose Adolfo Gutierrez

Cancer Biology

Genomic Instability Induced by Mutations in

Saccharomyces Cerevisiae DNA Polymerase

Alpha

James Joseph Havranek

Biochemistry

Role of DNA-dependent Protein Kinase in Nonhomologous End-joining

Jason James DeVoss

Immunology

The Role of Classical Allergy Related Genes in the Pathogenesis of Experimental Autoimmune Encephalomyelitis, an Animal Model for Multiple Sclerosis

Jonathan Matson Dugan

Biomedical Informatics

Using Surface Envelopes in 3D Modeling

Maitreya Jnana Dunham

Genetics

*Genomic Analysis of Experimental Evolution in *S. cerevisiae**

Jimmy Thomas Efrid

Epidemiology

Epidemiologic Issues in Squamous Cell Skin Cancer, Primary Adult-onset Brain Cancer, and Parkinson's Disease

Katrin Karbstein

Biochemistry

Dissection of Conformational Changes in the Tetrahymena Group I Ribozyme and Selfsplicing Reactions

Theresa Helen McCarthy Keegan

Epidemiology

Bone Density, Falls and Fractures

Julie Ann Kerns

Genetics

Genetics of Pigmentation in the Domestic Dog

Charlene Yukimi Kon

Developmental Biology

*Characterization of the *Drosophila* Homolog of p66, a Protein Associated with the NURD Chromatin Remodeling Complex*

Stacie Lambert

Immunology

Biophysics

Introducing Specificity into Protein Design

Kaede Hinata

Cancer Biology

The Role of NF-kappaB in the Growth and Death of the Epithelium

Dean Yuin Hung

Genetics

Regulatory Genes Involved in Caulobacter Cell Cycle Progression

Lesley Ann Jarvis

Cancer Biology

Inhibition of FGF Signaling Pathways by Mouse Sprouty Proteins

Eric Mabus Jorgenson

Genetics

Genetic Analysis of Human Quantitative Traits

Brett Kian Kaiser

Cancer Biology

Regulation of the Centrosome and DNA Replication Cycles by the Human CDC 14A

and B Phosphatases

David Seungwon Paik

Biomedical Informatics

Computer Aided Interpretation of Medical Images

Omar David Perez

Molecular Pharmacology

Single Cell Analysis of Multiple Intracellular Processes: ICAM-2/LFA-1 Interactions as Functional Adhesion Molecules of the Immunological Synapse

Katherine Barnett Peters

Cancer Biology

Mechanism of Tirapazamine Under Hypoxic Conditions

Rita Ashok Popat

Epidemiology

Reproductive History and Pharmacological

Mechanisms of TCR Vaccine Induced Protection in a Murine T cell Lymphoma Model

Brie Ann Linkenhoker

Neurosciences

Neural Plasticity in the Adult Barn Owl Auditory Localization System

Barry L. Lubarsky

Biochemistry

The Essential Role of Apical Membrane Regulation and Maintenance During Expansive Growth of Drosophila Tracheal Tubes

Susan Elizabeth McCollum

Genetics

DNA Methylation in the Bacteria Caulobacter Crescentus

Thanyaphong Na Nakorn

Cancer Biology

Myeloid Progenitors in Normal and Malignant Hematopoiesis

Ingrid Andrea Kathryn Louise

Oakley-Girvan

Epidemiology

Correlates of Prostate Cancer Incidence and Survival

Eric Chace Olivares

Genetics

Phage Integrases for Gene Therapy: From

Concept to Applications

Clare Risa Ozawa

Neurosciences

VEGF Expression by Muscle: Pro-Angiogenic Effects on the Target and the Source

Christopher Ryan Sclimenti

Cancer Biology

Novel Approaches for Long-term Gene

George Christopher Scott

Biomedical Informatics

Using Decision Models to Automate and Individualize Interactive Decision Support for Patients

Colleen Margaret Sheridan

Immunology

Agents as Risk Factors for Amyotrophic Lateral Sclerosis and Parkinson's Disease

Darrell Michael Porcello

Neurosciences

Functional Relationships Between Ion Channels and Intrathalamic Rhythmicity: Transgenic Animals and Pharmacology

Thomas J. Purcell

Biochemistry

Single Molecule Studies of Myosin V

Jason Lee Pyle

Molecular and Cellular Physiology

Physiological and Molecular Characterization of a Mammalian Central Nerve Terminal

Xiaoli Qin

Microbiology and Immunology

Translational Control During Mitosis in Mammalian Cells

Arun Radhakrishnan

Biophysics

Condensed Complexes and the Chemical Activity of Cholesterol in Membranes

Soumya Raychaudhuri

Biomedical Informatics

Using Text to Enhance the Interpretation of

Large Multi-Dimensional Data Sets

Kirthi Reddy

Developmental Biology

HIM-17 and Meiotic Recombination in C. elegans

Julie D.R. Reimann

Biophysics

The Role of the Newly Identified Early Mitotic Inhibitor, Emi1, in Cell Cycle Regulation and the Early Embryo

Cenk Sumen

Microbiology and Immunology

T Cell Activation at the Immunological Synapse

Jean Yuh Tang

Biophysics

Cellular Responses to UV: Role of the DNA

Multiple Kinase Regulation of the Nuclear

Factor of Activated T Cells

Amit Pal Singh

Biomedical Informatics

Computational Models for Protein Structure

Analysis and Protein-Ligand Binding

Kryn Stankunas

Developmental Biology

Conditional Protein Alleles in Mice Using

Chemical Inducers of Dimerization

Stephanie Marie Stoll

Genetics

Stability of Transgene Expression In Vivo:

Extrachromosomal vs. Integration

Joshua Michael Stuart

Biomedical Informatics

Predicting Gene Function Based on DNA

Microarray Data from Multiple Species

Binding Protein DDB and Microarray

Analysis of Skin Cancer

Olga G. Troyanskaya

Biomedical Informatics

Improving the Specificity of Biological

Signal Detection from Microarray Data

Marija Vrljic

Biophysics

Translational Diffusion of Single MHC

Proteins in Plasma Membrane

John Wang

Developmental Biology

Global Analysis of Gene Expression

Patterns in the Dauer Larvae of

Caenorhabditis elegans

Kristina Nicole Woods

Biophysics

The Study of Low Frequency Collective

Motions in the Far-Infrared

DOCTOR OF MEDICINE

Susanne Elizabeth Ahmari

New York Presbyterian Hospital -

Columbia

New York, NY • Psychiatry

Jon Matthew Aldrich

University of California San Francisco

Medical Center

San Francisco, CA • General Surgery

Arash Alizadeh

Principal Investigator, Fellow

University of California San Francisco

San Francisco, CA • Department of

Microbiology & Immunology

Jennifer Marie Babik

University of California San Francisco

Medical Center

San Francisco, CA • Internal Medicine

Meredith Jewel Barad

Santa Clara Valley Medical Center

San Jose, CA • Medicine - Preliminary

Stanford Hospital and Clinics, Neurology

Leah Allison Bartsch

Children's Hospital Boston

Boston, MA • Pediatrics

Sarah Ann Beckman

University of California San Francisco

San Francisco, CA • Internal Medicine

Eliza Gaenger Bennitt

Stanford Hospital and Clinics

Stanford, CA • Internal Medicine

Kendra Gail Bergstrom

Clinical Research Fellow

New York University

New York, NY • Department of

Dermatology

Jonathan Adam Bernstein

Stanford Hospital and Clinics

Stanford, CA • Pediatrics

Lauren Allegra Beslow

Children's Hospital – Philadelphia

Philadelphia, PA • Pediatrics - Preliminary

CHOP. Pediatric Neurology

Jennifer Connolly Boldrick

Santa Clara Valley Medical Center
San Jose, CA • Medicine – Preliminary
Stanford Hospital and Clinics
Stanford, CA • Dermatology

Marcia Verence Casas

University of California San Francisco
Medical Center – Fresno
Fresno, CA • Transitional
Einstein/Jacobi Medical Center
New York, NY • Emergency Medicine

Gabriel Chamie

University of California San Francisco
Medical Center
San Francisco, CA • Internal Medicine
*Department of Medicine Allen B. Barbour
Award for Excellence in Internal
Medicine*

Daniel Matthew Chavira

Harbor - University of California
Los Angeles Medical Center
Los Angeles, CA • Emergency Medicine

Chloe MuyChou Chhor

New York University School of Medicine
New York, NY • Medicine – Preliminary
University of California San Francisco
San Francisco, CA • Diagnostic
Radiology

Annie Chiu

White Memorial Medical Center
Los Angeles, CA • Medicine –
Preliminary
Emory University School of Medicine
Atlanta, GA • Dermatology

Cheryl Renee Clark

Brigham & Women's Hospital
Boston, MA • Internal Medicine

Eleanor Suchada Click

University of Washington Affiliated
Hospitals
Seattle, WA • Pediatrics

Demetrius Leutrel Dicks

Master's Program in Clinical Research
The Mayo Clinic
Rochester, MN • Department of Urology
&

Joaquin Jesus Garcia

University of California San Francisco
Medical Center
San Francisco, CA • Pathology

Jeffrey Louis Goldberg

Santa Clara Valley Medical Center
San Jose, CA • Transitional

Sanaz Hariri

Massachusetts General Hospital
Boston, MA • Harvard Combined
Orthopaedics

Susanne Pelley Martin Herz

University of Washington Affiliated
Hospitals
Seattle, WA • Pediatrics

Yoon Mark Hong

Brigham & Women's Hospital
Boston, MA • Urology

Kurt Huang

Co-Founder
BitPass, Inc.
Palo Alto, CA

Carl Hurt

Stanford Hospital and Clinics
Stanford, CA • Internal Medicine

Vivek Jain

University of California San Francisco
Medical Center
San Francisco, CA • Internal Medicine

Lesley Ann Jarvis

Alameda County Medical Center
Oakland, CA • Transitional

Jennifer Lynne Johnsen

Women's Health Coordinator &
Independent
Patient Advocate, Atlanta, GA

Chauncey Tallaferro Jones

University of Maryland Medical Center
Baltimore, MD • Medicine – Preliminary
Johns Hopkins Hospital
Baltimore, MD • Anesthesiology

Joel David Kochanski

Louis A. Weiss Memorial
Hospital/University of Chicago
Chicago, IL • Transitional
University of Chicago Hospitals

Graduate School of Medicine

Joshua Clark Eby

Brigham & Women's Hospital
Boston, MA • Internal Medicine

Megan Leigh Fix

Brigham & Women's Hospital
Boston, MA • Emergency Medicine

Carlos Alberto Galvan

Graduate School
Southwestern Baptist Theological
Seminary
Ft. Worth, TX

Chicago, IL • Radiation Oncology

Kimberly J. Lee

University of California Los Angeles
Medical Center

Los Angeles, CA • Otolaryngology

Una Jeannie Lee

Medical College of Georgia
Augusta, GA • Urology

Eric Yukai Lin

Santa Clara Valley Medical Center
San Jose, CA • Transitional
University of California San Francisco
Medical Center
San Francisco, CA • Anesthesiology

Aravind Mani

University of California Los Angeles
Medical Center
Los Angeles, CA • Internal Medicine

Michelle Nguyen Mariano

St. Mary's Medical Center
San Francisco, CA • Medicine –
Preliminary

University of California San Diego
San Diego, CA • Radiology

*Department of Radiology Norman Blank,
M.D. Award*

Feyza Essam Marouf

New York Presbyterian Hospital – Cornell
–
Payne Whitney Clinic
New York, NY • Psychiatry

Roger Hungkai Mar-Tang

University of California Davis Medical
Center
Sacramento, CA • Internal Medicine

George Robert Matcuk

VA Greater Los Angeles Healthcare
System
Los Angeles, CA • Medicine –
Preliminary

Wesley Holbrook Neal

University of Washington Affiliated
Hospitals

Seattle, WA • Internal Medicine

Rebecca Suzanne Newton

Stanford Hospital and Clinics
Stanford, CA • Psychiatry

Eddy Vu Nguyen

Santa Clara Valley Medical Center
San Jose, CA • Transitional
University of California Los Angeles
Medical Center
Los Angeles, CA • Ophthalmology

Josephine Cam-Van Nguyen

National Naval Medical Center
Bethesda, MD • Transitional One-Year
Internship

U.S. Navy • Tour as Flight Surgeon

David Allen Nix

Stanford Hospital and Clinics
Stanford, CA • Emergency Medicine

Matthew David Njaa

Duke University Medical Center
Durham, NC • Anesthesiology

Joseph Wylie Norman

University of Michigan Hospitals
Ann Arbor, MI • Internal Medicine

Shan Pai

Santa Clara Valley Medical Center
San Jose, CA • Transitional
University of California San Francisco

UCLA/WLA
 University of Southern California
 Los Angeles, CA • Diagnostic Radiology
Jonathan Alexander Mathy
 Brigham & Women's Hospital
 Boston, MA • Surgery – Plastic Surgery
Brooke Nicole Maylie
 Kaiser Permanente – Santa Clara
 Santa Clara, CA • Medicine – Preliminary
 Preventive Medicine
Kristine Irene McCoy
 Sutter Medical Center
 Santa Rosa, CA • Family Practice
Erica Marie Metz
 University of California San Francisco
 San Francisco, CA • Medicine – Primary
Carmen Nereida Morales
 Harbor - University of California
 Los Angeles Medical Center, Family
 Practice
Rachel Patricia Mory
 Master's Program in Public Health
 University of California Berkeley
 Berkeley, CA

Svetlana Alekseyevna Pilyugina
 Santa Clara Valley Medical Center
 San Jose, CA • Transitional
 Stanford Hospital and Clinics
 Stanford, CA • Ophthalmology
Elizabeth Carol Powers
 Oregon Health and Science University
 Portland, OR • Family Practice
Julie D.R. Reimann
 Brigham & Women's Hospital
 Boston, MA • Pathology
Liliana Reynoso
 Kaiser Permanente – Los Angeles
 Los Angeles, CA • Obstetrics-Gynecology
Christopher Campbell Robinson
 St. Mary's Medical Center
 San Francisco, CA • Medicine –
 Preliminary
 University of Iowa
 Iowa City, IA • Ophthalmology
Timothy Charles Rodwell

San Francisco, CA • Dermatology
Brett James Pariseau
 University of Wisconsin Hospital and
 Clinics
 Madison, WI • Plastic Surgery
Irene Hee-Yon Park
 Stanford Hospital and Clinics
 Stanford, CA • Pediatrics
Leticia Pelayo
 Stanford Hospital and Clinics
 Stanford, CA • Pediatrics
Peter Donald Peng
 Stanford Hospital and Clinics
 Stanford, CA • General Surgery
Katherine Barnett Peters
 Johns Hopkins Bayview Medical Center
 Baltimore, MD • Medicine – Preliminary
 Johns Hopkins Hospital
 Baltimore, MD • Neurology

Meetpaul Singh
 Graduate School of Business
 Stanford University, Stanford, CA
Noemi C. Steiner
 Contra Costa County Regional Medical
 Center
 Martinez, CA Family Medicine
Naiyi Sun
 Santa Clara Valley Medical Center
 San Jose, CA • Transitional
 Stanford Hospital and Clinics
 Stanford, CA • Anesthesiology
Jean Yuh Tang
 Santa Clara Valley Medical Center
 San Jose, CA • Transitional
 Stanford Hospital and Clinics
 Stanford, CA • Dermatology
Cristina Tarango
 Yale-New Haven Hospital
 New Haven, CT • Pediatrics

Stanford Hospital and Clinics
Stanford, CA • Medicine - Preliminary
Elizabeth Erin Rogers

University of California San Francisco
San Francisco, CA • Pediatrics

Richard Rubio

Hospital of St. Raphael

New Haven, CT • Transitional

New York University School of Medicine

New York, NY • Anesthesiology

Gordon Tadashi Sakamoto

Stanford Hospital and Clinics

Stanford, CA • Neurological Surgery

Christopher Timothy Shen

New Enterprise Associates

Baltimore, MD

William Scott Shin

Yale-New Haven Hospital

New Haven, CT • Internal Medicine

Lynette Marie Sholl

Hospital of the University of Pennsylvania

Philadelphia, PA • Medicine –

Preliminary

Matthew S. Siegel

Rhode Island Hospital – Brown

University

Providence, RI • Pediatrics – Psychiatry –

Child Psychiatry

Matthew Neil Simmons

The Cleveland Clinic

Cleveland, OH • Urology

Dale Jeremy Yeatts

Harbor - University of California

Los Angeles Medical Center

Los Angeles, CA • Emergency Medicine

Cory Chi-Hong Yeh

Harvard Hospital

Boston, MA • Otolaryngology

Mylin Ann Torres

Alameda County Medical Center

Oakland, CA • Transitional

University of Texas MD Anderson

Houston, TX • Radiation Oncology

Kavita Kishor Trivedi

University of California San Francisco

San Francisco, CA • Internal Medicine

Rafael Vargas

Southern Illinois University School of

Medicine & Affiliated Hospitals

Springfield, IL • Diagnostic Radiology

Department of Radiology Norman Blank,

M.D. Award

Gerald Jeh Wang

New York Presbyterian Hospital – Cornell

New York, NY • Urology

Adam Paul Carter Warren

Postdoctoral Research Fellow

UCSF, Department of Orthopaedics

Melanie Marie Watkins

University of California San Francisco

San Francisco, CA • Obstetrics-

Gynecology

Chou Yang

University of Texas Medical Branch

Galveston, TX • Anesthesiology

Chen Ming Yu

Graduate School of Business

Stanford University

Stanford, CA

Grace Chen Yu

San Jose Medical Center

San Jose, CA • Family Practice

Dean's Newsletter

June 30, 2003

More about the New Stanford Curriculum

At the Medical School Faculty Senate on Wednesday June 18th, an update on the status of New Stanford Curriculum was provided. I must say at the outset that remarkable progress has been made in a relatively short time to bring the changes in curriculum to the point where they will be implemented this Fall with the new entering class. This was very much the result of close cooperation between the Senate and its Committee on Courses/Curriculum (chaired by Ted Sectish) and the Dean's office (especially Neil Gesundheit, and Julie Parsonnet). It also reflects the tremendous work and cooperation of Course Directors, many of whom made considerable sacrifices to help assure that the New Curriculum will be as successful as possible for the next generation of Stanford Medical Students. Special thanks must also go to Dr. Oscar Salvatierra who, as Chair of the Senate, played an instrumental role in coordinating the goals and agendas of a multiplicity of interest groups but who never lost sight of the importance of putting our students, current and future, first and foremost in his agenda.

Although considerable work remains, the current plan shows that entering students will begin this Fall on September 2nd (rather than September 24th when the rest of the University begins its Autumn Quarter). This will permit greater flexibility and thus permit the schedule to accommodate both new courses as well as opportunities for initiating the Scholarly Concentrations.

Students will begin with a new course entitled Molecular Foundations of Medicine that is being organized by Dr. Gil Chu, Professor of Medicine and of Biochemistry. This will be taught on Monday, Tuesday, Thursday and Friday mornings. Anatomy, as well as Cells and Tissues, will be taught on Tuesday and Thursday afternoons. On Monday and Friday afternoons, Clinical Science Correlates will be taught. This schedule will permit Wednesdays to be free for students to take electives, study or begin to plan for their Scholarly Concentrations. Overall, course work will be on Monday/Tuesday and Thursday/Friday and will, therefore, permit students to have time for individual pursuits on Wednesdays and over the weekend. In the Winter Quarter, Introduction to Pathological Processes will begin along with Neurobiology, the conclusion of Anatomy and the continuation of Clinical Correlates. By the Spring Quarter, students will have Tuesday and Thursday afternoons as well as Wednesdays free for Scholarly Concentrations, electives and study time. The organ-based didactic schedule will require considerable coordination among course directors but should further optimize the learning experience for students. Taken together, these changes will permit parallel learning of both basic and clinical science during the first year as well as a reduction in classroom time to permit greater opportunity for independent study.

Dr. Parsonnet, Senior Associate Dean for Medical Education, also updated the Senate on the status of the Scholarly Concentrations. She noted that all students will be required to have a scholarly concentration or "major" and that it will take one of two forms: the

Scholars Track (which can be done in four years) and the Original Research Track, which will require five or more years. To date, based on the recent RFA, eight scholarly concentrations have been selected and will be available for entering students. These are Bioengineering, Bioethics and Medical Humanities, Biomedical Informatics, Health Services and Policy Research, Immunology, Molecular and Genetic Medicine, Public Service and Community Medicine, and Women's Health. In addition to these Scholarly Concentrations, four others are in development that also closely align to student interests and include: Clinical Research, Infectious Diseases, International Health and Neuroscience. Finally, some students will also have the opportunity to devise an individual scholarly concentration if one does not exist that meets their own personal goals and direction.

Although further refinements are in progress, the overall organization of the Scholarly Concentrations is evolving nicely. There are some common themes already apparent and others will surely emerge as Scholarly Concentration Directors compare the approaches being taken in their respective programs. The preliminary schedule looks like this:

Scholarly Concentrations 2003-3004

1. Bioengineering

- **Mission:** To provide a world-class experience for medical students who wish to become more familiar with the world of bioengineering
- **Faculty Co-Directors:** Jeffrey Feinstein and Charles Taylor
- **Faculty Mentors:** Currently eight but will expand with development of the new Department of Bioengineering
- **Requirements for the Scholars Track**
 - i. Required courses (10-12 units)
 1. One Technology in Society Course (4-5 units)
 2. One Engineering Fundamentals Course (3 units)
 3. One Engineering Depth course (3 units)
 - ii. One elective course (3 units) in one of four sub-areas (Biodesign, Cardiovascular, Tissue Engineering, Musculoskeletal)
 - iii. Investigative work
 - iv. Seminar series/journal club
- **Expected size:** 12 per year (2 original research and 10 scholars) for next year but rising to approximately 25 per year by 2006.

2. Bioethics and Medical Humanities

- **Mission:** To teach students to examine the ethical and humanistic dimensions of research and practice.
- **Faculty Director:** David Magnus
- **Faculty Mentors:** 28 from 15 departments
- **Requirements for Scholars Track**
 - i. Required courses (5 units)
 1. Responsible Conduct of Research (1 unit)
 2. The Human Condition (2 units)
 3. Inquiry Methods (2 units)

- ii. Elective courses (6 units) in one of five sub-areas (Biomedical Ethics, History, Literary/Visual/Performing Arts, Social and Cultural Medicine)
- iii. Minimum of 80 hours of investigative work
- iv. Biannual symposia, grand rounds
- **Expected size:** 10 per year (2 original research, 8 scholars)

3. Biomedical Informatics

- **Mission:** To use information technology to manage, analyze and understand biomedical data, and to develop new approaches for using information to improve health.
- **Faculty Director:** Russ Altman
- **Faculty Mentors:** 24 from 12 departments
- **Requirements for Scholars Track**
 - i. Required courses (6 units)
 - 1. Colloquium and Seminar Series (2 units)
 - 2. Introductory Informatics (1 unit, on-line)
 - 3. Fundamental Methods (3 units, on-line)
 - ii. Two elective courses (6-7 units)
 - iii. Minimum of 80 hours of investigative work
 - iv. Seminar series
- **Original Research Track** will have math and computer science prerequisites
- **Expected size:** 15 per year (5 original research and 10 scholars)

4. Health Services and Policy Research

- **Mission:** To foster interest in the interdisciplinary research that guides clinical practice and health policy
- **Faculty Director:** Laurence Baker
- **Faculty Mentors:** 31 faculty
- **Requirements for Scholars Track**
 - i. One of two required introductory courses (2 units)
 - 1. Introductory Health Services and Policy Research Methods
 - 2. Survey course on Policy and Epidemiology (being developed).
 - ii. Two of four courses (8 units)
 - 1. Cost-benefit analysis
 - 2. Political economy of health care
 - 3. Health economics
 - 4. Data management and statistical programming
 - iii. Minimum of 80 hours of investigative work
 - iv. Seminar series
- **Expected size:** 13 per year (3 original research and 10 scholars)

5. Immunology

- **Mission:** To provide students with an opportunity to delve into immunology from a cellular and molecular level to translational areas such as allergy, autoimmunity, transplantation, etc.
- **Faculty Director:** Larry Steinman
- **Faculty Mentors:** 44 faculty from 13 departments
- **Requires for Scholars Track:**
 - i. Responsible Conduct of Research (1 unit)
 - ii. Two graduate courses in immunology (6 units)
 - iii. Investigative work
 - iv. Seminar series
 - v. Attendance at Immunology Retreat
- **Expected size:** 15-20 students (2 original research and 13-18 scholars)

6. Molecular and Genetic Medicine

- **Mission:** To provide medical students with research experience in the basic sciences that are the underpinnings of medicine.
- **Faculty Director:** Jim Spudich
- **Faculty Mentors:** Approximately 200 from a breadth of departments
- **Requirements**
 - i. Required courses (10-11 units)
 1. Two required graduate level science courses (8-9 units)
 2. Critical reading course (2 units)
 - ii. Investigative work
 - iii. Seminar series/departmental or IDP retreat
- **Expected size:** 20 per year (all original research)

7. Public Service and Community Medicine

- **Mission:** To gain broad understanding of the context and practice of health care in diverse communities, especially those who are underserved.
- **Faculty Director:** Tim Stanton
- **Faculty Mentors:** 42 from 15 departments
- **Requirements for Scholars Track**
 - i. Required courses (6 units)
 1. Issues in Public Service Medicine (1 unit)
 2. Medicine and Community Service Learning (2 units)
 3. Community Partnerships and Clinical Assessment and Research (2 units)
 4. Cultural Competence Workshop (1 unit)
 - ii. Two elective courses in one of seven sub-areas
 - iii. Investigative work
 - iv. Seminar series/symposia/retreat
- **Expected size:** 23 per year (8 original research and 15 scholars)

8. Women's Health

- **Mission:** To train students in basic, translational, and clinical research in women's health and comparative biology and medicine.
- **Faculty Director:** Linda Giudice
- **Faculty Mentors:** Approximately 50 from numerous departments
- **Requirements for Scholars Track**
 - i. Required courses (6-8 units)
 1. In basic research path, two basic science courses
 2. In the clinical research path, two courses in patient-oriented research
 - ii. Two elective courses (2-10 units, including clerkship electives) in one of seven focus areas of women's health
 - iii. PRECEPT
 - iv. Investigative work
 - v. Journal clubs/grand rounds/seminars
- 9. **Expected size:** 10 per year (2 original research and 8 scholars)

Welcoming Students to the Stanford Summer Research Program

On June 22nd, we were pleased to welcome 22 students who were selected to participate in the Stanford Summer Research Program in Biomedical Sciences (SSRP). This talented group of students is diverse in terms of their ethnic backgrounds, geographic origins, life experiences, and undergraduate institutions. They range from freshmen to seniors in college, and attend institutions such as Clavin University, Harvard, Yale, UC Santa Cruz, University of Maryland Baltimore County, and Florida A&M University.

The SSRP is designed provide students from diverse backgrounds who have interests in pursuing graduate work in the sciences with the opportunity to work on their own research project in a Stanford laboratory for eight weeks. They will present their findings at a research symposium on August 14th in Munzer Auditorium. Additionally, they will have the opportunity to get to know the Bay Area better through a number of field trips to locations such as Santa Cruz, San Francisco, and Monterey. Please contact Kimberly Griffin at kgriffin@stanford.edu for more information.

Update from the Council of Clinical Chairs

On Friday June 27th, the Council of Clinical Chairs reviewed the recent consumer rating of California hospitals that was published in the news media this past week. As you likely know, Stanford was rated as "average" compared to several community hospitals that received higher satisfaction scores. While there is general agreement that the leadership at Stanford Hospital & Clinics (SHC) as well as the faculty and staff wish to do better in future surveys (and will work hard to do so) it is important to recognize that there are significant differences in the kinds of patients who are served by community hospitals and the level of amenities they can offer as non-teaching facilities. Accordingly, it is not a directly appropriate comparison per se. However, such surveys are likely to become more rather than less frequent and will also be accompanied by those measuring patient outcome data. In both instances, the higher case acuity at teaching hospitals will most

likely impact outcomes more negatively. However, there is a commitment to work diligently to achieve the highest scores possible – in both patient outcomes as well as in patient satisfaction. This will require dedicated commitment by both the hospital and the School – and there was clear evidence of support for this at the COCC meeting.

In addition, Mr. Roy Santarella discussed the very significant progress that has been made in achieving bond offerings for Stanford Hospital & Clinics. These funds will be essential to improving capital and infrastructure facilities at SHC. However, to meet the expectations of rating and insurance agencies, very clear benchmarks will need to be achieved, especially in patient volume. Given the fact that patient volumes this year are below those of last year, it will be imperative that efforts are made to address this challenge in a very proactive manner. There was clear recognition and commitment by our clinical chairs to work with the hospital leadership to do so.

Remembering Dr. Belding Scribner

Dr. Belding Scribner, an alumnus of Stanford University School of Medicine died this past week from an accident near his home in Washington. He was 82 years of age. Dr. Scribner invented a device named after him – “the Scribner Shunt” – that made dialysis feasible. Together with Dr. Willem Kolff, Dr. Scribner shared the 2002 Albert Lasker Award for Clinical Medical Research. The Lasker Foundation stated “Kolff and Scribner’s development ... changed kidney failure from a fatal to a treatable disease, prolonging the useful lives of millions of people.” Dr. Scribner was a faculty member at the University of Washington since 1951.

Congratulations to Dr. Paul Utz

Stanford University School of Medicine has been awarded a three-year grant as part of the Dana Program in Human Immunology. This grant is for the Project *Novel Diagnostics and Therapeutics for Systemic Lupus Erythematosus*, and is being made in response to the application to the foundation by Paul J. Utz, M.D. Congratulations Dr. Utz.

Welcome and Farewell

The School of Medicine is pleased to welcome Ms. Marcia Cohen, Assistant Dean for Fiscal Affairs. Ms. Cohen previously held the position of Director of Finance for the Department of Medicine at the University of California in San Francisco.

In welcoming Ms. Cohen, however, we bid farewell to Carol Buffum who has served Stanford’ School of Medicine for 15 years. Good luck, Carol, in your future endeavors.

We would also like to welcome Ms. Debra Ketchell as the new Director of the Lane Library and Associate Dean for Knowledge Management. Debra had been the Deputy Director of the Health Sciences Libraries at the University of Washington and we are fortunate to have her join us here at Stanford.

Office Relocations

The Office of Student Affairs, currently located on MSOB 3rd floor, will be undergoing renovations. The renovation project is slated to end in late August. This has resulted in almost all of the staff re-locating their offices. Right now the phone moves have been delayed and may be difficult to reach people directly for the next couple of weeks. We will have signs directing people to where people are now located and to reception.

The Office of Postdoctoral Affairs has been relocated to CCSR 4435. All of the Biosciences Admissions staff along with the Interdisciplinary programs of Cancer Biology, Immunology and Neurosciences have been relocated to Alway M103-105.

The Office of Continuing Medical Education has relocated to the third floor of MSOB.

The Office of Medical Development has relocated to 2700 Sand Hill Road, Menlo Park. Please note their new contact numbers: Phone: 650-234-0600 Fax: 650-234-0644

Appointments and Promotions

- **Rosemary Butts** has been reappointed to Associate Professor (Research) of Radiology, effective 6/1/2003 to 5/31/2009.
- **Bruce Daniel** has been appointed to Assistant Professor of Radiology (Interventional Radiology), effective 7/1/2003 to 6/30/2006.
- **Abby King** has been promoted to Professor of Health Research and Policy and of Medicine, effective 7/1/2003.
- **Thomas Robinson** has been promoted to Associate Professor of Pediatrics and of Medicine, effective 7/1/2003.

Dean's Newsletter July 28, 2003

The Near Final Talley: School of Medicine Class Entering 2003

Thanks to the efforts of Dr. Gabriel Garcia and the Admissions Committee, we are once again looking at an absolutely stellar incoming class of medical students who will be arriving in late August. Because of the many changes in the New Curriculum, orientation has been moved to the last week in August and classes will begin on September 2nd in order to permit more time for participation in the curriculum.

This year the Admissions Office received over 5,436 applications for 86 places. Of these, 195 were eventually offered admission. Although the class is not yet fully finalized, of

those who will be entering this September, 54% are women and between 16-18% are underrepresented minorities. Although a number of students come from several schools [Stanford (14), Harvard (10), Berkeley (7), Other UC (8), Princeton (3), Yale (3), Brown (3), Duke (3), Univ. Arizona (3), MIT (2)], the remainder come from a wide diversity of colleges and universities. We look forward to meeting all of our new students later this summer.

Scholarly Concentration Aligns with UC-Berkeley

As you know, we will be initiating the New Stanford Curriculum with the arrival of our incoming class of medical students in early September. A key feature of the curriculum is the scholarly concentrations that will permit our students to pursue areas of interest and scholarship with depth, research and commitment throughout their medical school experience. Among the eight Scholarly Concentrations that will be offered this Fall is one in “Community Health and Public Service”. As with the other Scholarly Concentrations, it is our hope and intention that selected students will have the opportunity to pursue an advanced degree in addition to the Doctor of Medicine degree. Accordingly, I am very pleased to inform you that on July 8th the School of Medicine completed a Memorandum of Understanding with the School of Public Health at the University of California, Berkeley. This agreement will allow selected medical students to complete a dual-degree MD/MPH program at Stanford and Berkeley.

The goal of the program is to train medical students to be effective physician scholars and leaders via a multi-year cross-institutional collaboration in the field of public health. Beginning in fall of 2004, a select group of students enrolled in the Scholarly Concentration in Community Health and Public Service will have the opportunity to combine their community-based service and research with a formal curriculum in public health. The advantage of this program over a traditional one-year MPH curriculum is that it incorporates an in-depth, longitudinal and scholarly field project, spanning 2-3 years. In addition, some course work from Stanford can be applied toward the MPH degree requirements at Berkeley. The program will allow medical students to integrate and apply their public health training and perspective throughout their medical education.

I want to thank in particular Ann Banchoff, Associate Director of PriSMS, Neil Gesundheit, Associate Dean for Medical Education, Julie Parsonnet, Senior Associate Dean for Medical Education and Mary Lake Polan, Chair of Obstetrics & Gynecology, for their work and leadership in bringing this effort to fruition. Similar appreciation goes to faculty leaders at UC-Berkeley (Zak Sabry, Nap Hosang, John Caso and Tom Boyce) for making this collaboration possible. Dr. Stephen Shortell, Dean of the School of Public Health at UC Berkeley, and I are very enthusiastic about this new collaborative educational program and look forward to its positive impact on our students and the interactions between our schools and universities.

Planning for the Stanford Institute for Cardiovascular Medicine

At the Executive Committee meeting on Friday, July 18th, we heard an exciting presentation about the work underway on developing the Stanford Cardiovascular Institute. During the last several months a diverse multidisciplinary group of investigators and clinicians across the School and University have been working to develop the proposal for this new Institute. Dr. Judy Swain, Chair of the Department of Medicine, led the presentation but was joined by colleagues who have been working with her, including Drs. Dan Bernstein (Pediatrics), John Cooke (Medicine), Steve Fortmann (SCRDP), Mark Hlatky (Surgery), Daria Mochly-Rosen (Molecular Pharmacology), Dan Murphy (Pediatrics), Richard Popp (Medicine), Tom Quertermous (Medicine), Marlene Rabinovitch (Pediatrics), Bobby Robbins (CT Surgery), Charlie Taylor (Mechanical Engineering/Surgery), Alan Yeung (Medicine) and Paul Yock (Bioengineering). This group, together with their colleagues, has defined the mission of the Stanford Cardiovascular Institute as follows:

- *To bring together scientists, engineers and clinicians in interdisciplinary programs to develop new knowledge, and the to translate this knowledge into new scientific insights, diagnostic methods, preventive strategies, and treatments for patients with cardiovascular disease.*
- *To educate future leaders in cardiovascular science and medicine through the development of new and innovative educational programs that are an integral part of the clinical and research programs.*

The Organizing Committee proposes to achieve this mission through the integration of five centers:

1. The Stanford Cardiovascular Center (for adult patient care and clinical research of new devices and therapies) that will be led by Drs Bobby Robbins and Alan Yeung.
2. The Packard Cardiovascular Center (for pediatric care and clinical research) that will led by Drs. Dan Bernstein, Frank Hanley and Dan Murphy.
3. The Center for Population Studies (which will focus on health outcomes, policy, epidemiology and prevention) and that will be led by Drs. Steve Fortmann, Alan Garber and Mark Hlatky.
4. The Laboratory Sciences Center (which will focus on fundamental as well as translational research) that will be led by Drs. Sam Gambhir, Daria Mochly-Rosen, Tom Quertermous and Marlene Rabinovitch.
5. The Cardiovascular Bioengineering Center that will be led by Drs. Norbert Pelc, Richard Popp, Charlie Taylor and Paul Yock.

The group outlined exciting proposals in education, research and patient care building on the extant research themes already underway at Stanford, including the:

- Genetics of cardiac and vascular diseases
- Cardiovascular and pulmonary development
- Vascular biology and disease
- Risk assessment, early diagnosis and prevention of cardiovascular disease
- Regenerative medicine and transplantation

□ New diagnostics and therapies

The current depth of expertise in these areas at Stanford - in the School of Medicine and across the University - is already quite impressive. Of interest, the group also felt that to make the Institute exciting and meaningful, it should also have a “*grand challenge*” and the one they chose is to “*eliminate heart failure as a leading cause of death and disability*”. This is based on the fact that heart failure is the final common pathway of all cardiac disease and represents a major public health problem, with an estimated 4.8M Americans affected. Moreover, the incidence appears to be increasing and is associated with a high mortality. Focusing on this problem also brings together the work of investigators and clinicians in all five centers and with a wide area of expertise and knowledge.

There was considerable enthusiasm for the work already done on the proposal and the recognition that this was still at a nascent stage of development. That said, the scope of the opportunity has really taken shape. During the next weeks we will work out the process for selecting a director for the Stanford Cardiovascular Institute and anticipate that with that, considerable additional progress will be made.

I want to offer my sincere appreciation to Dr. Swain and the many faculty who have worked on the proposal to date. It offers excellent evidence of opportunities for interdisciplinary education, research and patient care. Importantly, it is also building momentum from a faculty perspective - which, the end, will sustain this program most successfully.

Naturally I will be providing additional details and updates as they unfold in the months ahead.

Summer: Budgets and Time

While summer session is a time for reduced schedule and activities in many parts of the University, that is far from the case at the School of Medicine. In fact, summer is one of our busiest times in the Dean’s office, since we are reviewing and finalizing the budget for the next fiscal year that will begin on September 1st. That means many hours of meetings, volumes of data to review and the active participation of department chairs, DFA’s and numerous staff throughout the School. It is an enormously laborious process. I want to thank all the individuals who have worked so hard to assist in this process. Their tasks have been made more challenging because of the many difficulties with the IT systems re-engineering that are underway throughout the university.

Our budget tasks are made even more challenging because of the current fiscal climate. With the economy in a slump our endowment is down, which means considerably less revenue. Further, expenses for capital improvements, benefits and malpractice insurance are all increased, putting a strain on our fiscal situation. To get through this year and still support our important strategic initiatives, we have elected to spend down some of our reserves. However, that can only be viewed as a short term process and, unless things

change in the next months, we will clearly need to further reduce expenses for the FY05 fiscal year.

Again, I want to thank all of our staff who have labored enormously to assist with the budget and planning process. We truly appreciate your efforts.

Visiting the Clark Center

The gates are down and the pathways are nearly clear. As July unfolds, the roads and pathways to the new Clark Center have an ever-increasing number of faculty and students entering from the Medical School as well as from the Schools of Engineering and Humanities & Sciences. Joining them are numerous visitors. There is much to admire in the new facility that epitomizes much of Stanford both now and in the future. Its open environment, which is flexible, utilitarian and novel, fosters change and interaction. Most importantly, the Clark Center symbolizes multidisciplinary research and education with faculty and students coming from four schools and 24 departments (ranging from Applied Physics to Surgery). It is truly a unique environment and worth a visit. The official dedication of the Clark Center will be October 24th.

Official Stanford Emblems

The University has recently issued official guidelines for the use of Stanford emblems that I have been asked to share with you. Here is the message:

The Design Guidelines (<http://www.stanford.edu/group/identity/>) contain the new "look" for stationery and business cards that is adaptable for use by all members of the campus community. The new design is an attractive and elegant look. Although use of the new designs is voluntary, they have already been adopted by a number of groups around campus for stationery, and you can see them on this year's Budget Book and Annual Report.

The website also includes some very practical tools. There is downloadable artwork for the Block S and University seal appropriate for different media, including the web. We have a link to Color Copy, a local printer who will take online orders for business cards and stationery at very favorable prices if you use the new designs contained in the style guide (<http://clients.myprintagent.com/stanford/>). This is a quick and easy-to-use online tool that may help you reduce your program's printing costs.

The new designs are a very effective way to reflect the traditions and standards of excellence that are hallmarks of Stanford's image across the great variety of programs included in our campus community. Although we are not asking that any current materials be destroyed, we ask that as you order new stationery and other program materials, you will consider how the new Stanford identity elements might be successfully incorporated into your individual program look.

Hospital Updates

A Joint School of Medicine/Stanford Hospital Leadership Council has been established to enhance interactions between the school and hospitals on clinical planning and operations related to SHC. The Leadership Council, which is comprised of clinical chairs and hospital leaders, will meet biweekly. The current membership includes Martha Marsh as chair along with Drs. Gary Glazer (Brook Jeffries while Dr. Glazer is on sabbatical) from Radiology, Tom Krummel from Surgery, Ron Pearl from Anesthesia, Bruce Reitz from Cardiothoracic Surgery, Gary Steinberg from Neurosurgery and Judy Swain from Medicine. Also participating will be Michael Calhoun, Nancy Lee, Mike Peterson and Jerry Shefrin from SHC along with Mike Hindery, Norm Rizk and Phil Pizzo from SoM.

At the Lucile Packard Children's Hospital Board of Directors Meeting on Wednesday, July 23rd, Drs. Ken Cox and Bill Feaster gave an update on the plans for the Pediatric/Obstetric Faculty Practice Plan that will be jointly governed by the School of Medicine and LPCH. This plan has been under development for nearly two years but its current iteration represents an outstanding cooperative effort designed to improve collaboration, management and joint responsibility between the faculty and the hospital – all to improve patient care and financial responsibility and accountability. It will become operational in the next months. I want to commend Drs. Cox and Feaster along with the numerous faculty and hospital leaders who worked to make this Faculty Practice Plan become a reality.

Events

Asian Community Luncheon: On Thursday July 17th, an Asian Community Luncheon was held in the Bing Dining room to bring together leaders from the business and medical communities. It was an opportunity to share some of the exciting things that are happening at Stanford Medical Center. The featured speaker for the event was Dr. Alan Yeung, Co-Director of the Division of Cardiovascular Medicine in the Department of Medicine, who gave an excellent presentation about the exciting work unfolding in the Heart Center at Stanford Hospital & Clinics and its important relationships to the Stanford Institute for Cardiovascular Medicine (see above). The opportunities to develop important linkages between our research and patient care programs through “translational medicine” are particularly opportune at Stanford - and already well expressed in cardiovascular medicine.

15th Anniversary of Stanford's BMT Program: On Saturday, July 26th, Stanford University Medical Center celebrated the 15th anniversary of the bone marrow transplant program. Attending this event were nearly 300 patients, each more than a year post transplantation and 1100 family members. This was not merely a celebration of the program but more importantly a celebration of courage, strength and life.

Announcement

Initiation of Staff Seminars on the Respectful Workplace: As you may know, the School of Medicine has recently completed the inaugural series of briefings regarding the "Respectful Workplace" for all faculty and clinician educators. As we continue developing a more respectful workplace, other initiatives for faculty and clinician educators will be implemented. Meanwhile, under the direction of the Human Resources Group, the School is now embarking on presenting similar briefings for staff. These important briefings will review the School's Respectful Workplace policy, techniques to improve a respectful workplace culture, and current legal issues including sexual harassment in the academic workplace along with resources available to assist in addressing concerns that may arise.

A 90-minute pilot program for these Staff Briefings will begin with five departments in August. Following the pilot, the program will be rolled out in the Fall, and all School of Medicine staff will be asked to attend these briefings. The presenters will include:

Cori Bossenberry - Director, Human Resources, School of Medicine
Martha McKee - Ombudsperson, School of Medicine
Judith Moss - Training/Organizational Development Specialist, Campus HR
Norma Leavitt - Associate Director of Employee Relations, School of Medicine

More information concerning these briefings will be sent directly to Department Chairs and DFAs as the briefings are implemented for their departments.

Appointments and Promotions

- ***Ellen Jo Baron*** was promoted to Professor of Pathology at the Stanford University Medical Center, effective 7/1/2003.
- ***John Chan*** was appointed to Assistant Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective 7/1/2003.
- ***Charles DeBattista*** was promoted to Associate Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 6/1/2003.
- ***Edith Sullivan*** was promoted to Professor (Research) of Psychiatry and Behavioral Sciences, effective 7/1/2003.
- ***Andrew Zolopa*** was promoted to Associate Professor of Medicine (Infectious Diseases and Geographical Medicine) at the Stanford University Medical Center, effective 7/1/2003.

Dean's Newsletter

August 18, 2003

Stanford Brain Research Institute (aka Stanford Neurosciences Institute)

Building on the considerable accomplishments of the Stanford Brain Research Center (SBRC) over the past several years, Dr. Bill Mobley and colleagues (including Ben Barres, (Neurobiology), Robert Fisher (Neurology and Neurological Sciences), Griffith Harsh (Neurosurgery), Eric Knudsen (Neurobiology), Rob Malenka (Psychiatry), David Prince (Neurology and Neurological Sciences) Terence Sanger (Neurology and Neurological Sciences), Eric Shooter (Neurobiology), Gary Steinberg (Neurosurgery), Richard Tsien (Molecular and Cellular Physiology), and Midori Yenari (Neurosurgery)) presented the plans for the Stanford Brain Research Institute (aka Stanford Neurosciences Institute) to the Executive Committee on August 1st. The vision for the SBRI is to develop a new culture for neuroscience that involves and encourages the interaction of scientists and clinicians in an interdisciplinary environment to support and enhance fundamental discovery (including studies of disease pathogenesis) and that supports clinical research and the application of discoveries to the care of patients. In sum, the SBRI would be the engine for neuroscience discovery and translation at Stanford.

The discipline of modern neuroscience crosses all areas of biological organization, from genes to cells to circuits to behavior – and from fundamental discovery through clinical research. This requires a new way of thinking and working together – including methods to foster and support collaboration. Accomplishing this goal is made easier by the existing neuroscience community at Stanford (currently as the Stanford Brain Research Center). The SBRC includes approximately 90 faculty from 15 departments and three schools. It is a highly distinguished group, well recognized for contributions to research and patient care – and also for an outstanding graduate program. Facilitating interactions among these faculty and students occurs through regular faculty meetings, a lecture series, collaborative research programs, and this year a highly successful retreat. With the ultimate inception of the Institute, there will be even greater sharing and interaction – ideally by co-locating some members of the Institute in contiguous space but also by extending the interactions virtually throughout the Stanford community and, where appropriate and feasible, to other academic medical centers or research institutes. Hopefully this will be achieved through the Stanford Institutes of Medicine #1 (SIM-1) building that will be part of the Science, Engineering, Medicine Campus over the next several years.

As currently envisioned, the SBRI would be comprised of theme groups including:

- Development, Growth and Developmental Disorders
- Degeneration, Regeneration and Recovery
- Normal and Abnormal Behavior

There would also be a Working Group on Synapse and Circuit Dysfunction. The recently announced Center for Down Syndrome Research and Treatment would be part of

the SBRI. Also planned are several cores, including: cells and molecular technology, mouse models, neuroimaging, behavior, and informatics.

Importantly, the SBRI would have important interactions with other interdisciplinary efforts at Stanford including other Institutes of Medicine, BioX, the Children's Health Initiative, and GRECC – thus further enhancing the overall interdisciplinary efforts now characterizing the Stanford community. Accordingly, in addition to fostering novel research opportunities and, hopefully, improved patient care, the SBRI will also offer a unique setting for students at all levels of training and development.

The next immediate goals will be finalizing the directorship of the SBRI (an announcement should be available in September) along with the plans for recruitment of additional faculty (both research and clinical), each of whom will have a departmental home as well as membership in the SBRI. The other major immediate challenges will be raising the funds to support the Institute's initiatives – from both private philanthropy as well as public (e.g., NIH) sources. And, as mentioned above, the physical space that will give identity and life to the SBRI is equally essential.

At this juncture we have had three exciting initiatives brought forth for our Stanford Institutes of Medicine. Indeed, soon to join the already announced Stanford Institute for Cancer/Stem Cell Biology and Medicine will be the Stanford Cardiovascular Institute and the Stanford Brain Research Institute (aka Neurosciences Institute).

United Educators Report on Stanford's "Respectful Workplace" Initiative

Ensuring that the School of Medicine fosters a "Respectful Workplace" is among my highest priorities. We all have a right to expect this and it is inappropriate and intolerable when this is violated. Accordingly, the Dean's Office has responded rapidly to concerns that have risen from faculty, staff and students – and we will continue to do so. We also began a series of departmental briefings on the Respectful Workplace in the spring of 2002 (see May 13 2002 issue of the *Dean's Newsletter*) that have now been completed, and this summer we commenced additional educational sessions on the "Respectful Workplace" for staff members. I want to especially thank Dr. David Stevenson, Senior Associate Dean for Academic Affairs, along with Ms. Cori Bossenberry, Director of Human Resources for the School of Medicine; Tom Fenner, Deputy General Counsel; Ms. Ellen Waxman, Director of Faculty Relations; and Ms. Martha McKee, Ombudsperson, School of Medicine, for the enormous amount of work and commitment they have provided. I also want to thank our department chairs – and our faculty, students and staff – for their participation in these sessions and, most importantly for their efforts in helping to ensure a "respectful workplace".

This past week I received a letter from Ms. Janice Abraham, President and CEO of United Educators, commenting on the significant progress that we have made in the School of Medicine in helping to ensure a respectful workplace. She noted that the School was highlighted in the Summer 2003 issue of their "Employment Action"

newsletter that is sent out to schools, colleges and universities across the country. The full article is posted on their web site <http://www.ue.org/>.

Reminders on Emergency Preparedness

Reflecting on the recent events in the northeast, David Silberman, Director of the School of Medicine's Health and Safety Program, offered some helpful comments and suggestions that are worth reading. "The recent Northeastern power outage demonstrates that emergencies arise unexpectedly, come from unanticipated sources and can have devastating effects on an institution's teaching, research and clinical missions. Though the cause of the outage is still under investigation, there is no question about its impact. Every researcher and every office in the affected area was shut down. Research was put at risk, critical financial and organizational processes were compromised and personal stress levels reached unanticipated heights."

Taking some simple, pro-active precautions will significantly reduce your risk of losing valuable data, research samples, and other important information, when such an event occurs in our area.

For Researchers:

- Have a plan for dealing with samples in freezers or incubators that are without power for an extended period of time.
- When you reach a critical stage in a research project, duplicate your samples or data results and store a copy in an off site location.

For Everyone:

- Have a plan for communicating with your staff during an emergency.
- Consider purchasing Uninterruptible Power Supply (UPS) units for sensitive equipment. These units protect equipment from power surges and provide a short-term power supply to allow you to shut down equipment properly after an outage.
- Make certain that your Department Emergency plan is up to date and that all staff are aware of the contents of the plan.

In addition to taking precautions to protect your material at Stanford, protecting yourself and your loved ones is just as important. Here are some basic guidelines for preparing yourself for all types of emergencies.

1. Have an emergency plan, be it personal, family, workplace, or neighborhood
2. Have emergency kits for home, work and car with an adequate supply of
 - Drinking water
 - Non-perishable food with a manual can opener
 - Flashlights (no candles; they are a fire hazard)
 - Battery-powered radio
 - First aid kits
 - Extra supply of medications
 - Walking shoes, warm cloth, lightweight rain gear

- Writing kit with paper, marking pens, tape
- Cash in small denominations
- 3. To lessen the burden on the phone systems, always have an out of state emergency contact person.
- 4. Have important documents and inventories prepared ahead of time and copies stored off-site.
- 5. Know your community resources, get involved, and get trained.

Educate yourself about emergency response by visiting some of the excellent web resources available to you.

- San Francisco Office of Emergency Services: <http://www.sfgov.org/oes>
- California Office of Emergency Services: <http://www.oes.ca.gov/>
- United States Geological Survey Earthquake Hazards program: <http://quake.wr.usgs.gov/>

For additional questions contact:

School of Medicine Health and Safety Office

- **Phone:** 723 0110
- **Email:** somsafety@stanford.edu

This is advice worth paying attention to.

The Continuing Challenge of IT Conversion - New Oracle-based Financial System

The following communication is being included for information – and comes from a message prepared by Mike Hindery, Cori Bossenberry and Marcia Cohen. As you likely know, the University is getting ready for the September 1st implementation of the Delphi Project, which will replace five existing "legacy" administrative applications with Oracle products. This new system will change the way nearly every financial transaction is conducted - ranging from ordering paperclips to disbursing funds in multimillion-dollar research grants. In addition, our equipment and space inventory systems are changing as well. Understandably, the introduction and use of these new systems into our School will create a tremendous change in how we do business.

Many staff have been spending time helping the School to plan for this major implementation and attending campus-sponsored training. During September and for the next several months, in addition to their regular workload, staff will be spending a lot of time in training sessions, learning to use these new systems, reviewing changes to financial policies and learning new business practices. We anticipate that these new systems will pose a major challenge for our staff. In addition, as with any new system, there are features that will not be fully functional for some period of time. We would particularly like to acknowledge and thank the School's administrative staff for their extra effort during this transition.

In light of this, I ask that department leadership carefully monitor workloads and prioritize projects and duties appropriately - which may cause some priorities to be

delayed until a more appropriate time. During this busy and stressful time, I would also ask that all of us make every effort to be patient and understanding as well as sensitive when making demands and placing any greater expectations on staff.

Thank you, in advance, for your continued cooperation and assistance in conducting the business of the School of Medicine.

IOM Report on Academic Health Centers. Leading Change in the 21st Century.

The Institute of Medicine has recently issued its report on “Academic Health Centers. Leading the Change in the 21st Century.” You can review the Executive Summary at <http://www.iom.edu/file.asp?id=13779>. The Committee offered a number of recommendations and, as with the report of the Commonwealth Foundation that I reported in the March 3rd 2003 issue of the Dean’s Newsletter, our Strategic Plan for Stanford School of Medicine appears to be right on target. Among the recommendations appearing in the IOM report are the following:

- **Reforming the Education of Health Professionals:** The Committee recommends that AHC’s should take the lead in reforming the content and methods of health professions education to include the integrated development of educational curricula, including a focus on interdisciplinary education, advanced teaching environments and improved computational skills to enhance understanding of the new biological sciences. The Committee further recommends that Congress should support innovations in clinical education through changes in the financing of clinical education.

At Stanford, our Strategic Plan “Translating Discoveries” which can be viewed at <http://medstrategicplan.stanford.edu/> addresses our commitment to education and indeed, the New Stanford Curriculum that will commence in just a few weeks and that focuses on parallel learning in basic and clinical sciences. The formation of “Scholarly Concentrations” offers ample evidence of the work we have already done in this important area. While there is much to be done, I think it is clear that we are taking a lead in this important area.

- **Demonstrating New Models of Care.** The Committee recommended that AHCs should design and assess new structures and approaches for patient care. Specifically, they recommend that these should work across disciplines to improve health and prevent disease.

At Stanford, while there is much work to be done, we have recognized the importance of interdisciplinary care both as it relates to “centers of excellence” as well as new programs (e.g., plans for an interdepartmental vascular center). Measuring and assuring quality is also of critical importance, especially since in the immediate future, evidence of quality will likely guide referrals and reimbursement. This is an area that deserves continued attention and needs additional work – but we have a commitment to such.

- **Translating the Discoveries of Science into Improved Health.** The Committee highlighted that health-related research should span the continuum from discovery to testing to application and evaluation. They specifically note that AHCs should “increase their emphasis on clinical, health services, prevention, community-based, and translational research that can move basic discoveries into clinical and community settings.

At Stanford, we have a long record of translational research and have given this a high priority in our Strategic Plan “Translating Discoveries”. It should be again emphasized that it is important to not over-manage this area but, importantly, to foster an environment that values translational medicine. This has happened within the School and University by a number of mechanisms: the Bio-X Interdisciplinary Initiatives, the Beckman Center/Department of Medicine program to support translational discovery and the recent formation of the Stanford Institutes of Medicine are all examples. It is equally important to underscore that the translational research of today is based on the basic science investigation of the past years and decades. So, it is important to find the right balance between support for basic fundamental research (which remains among our highest priorities at Stanford) and translational research (which is also a high priority). Since we are among the smallest of the research-intensive schools of medicine, it is important that we make strategic choices (as we have tried to do by developing the School’s Strategic Plan) but also that we invest resources in research and application that is of the highest quality we can find. I do believe that this is an area where we can most definitely excel in the years ahead.

- **Utilizing Information and Communications Technology.** The Committee recommends that AHCs need to make innovations in information technology a priority for integrated teaching, research and clinical activities

At Stanford, we have recognized the importance of IT in our future. Indeed, that was one of the reasons for creating the position of Senior Associate Dean for Information Resources and Technology within the School. During the past 18 months, Dr. Henry Lowe and his colleagues have crafted a broad strategic plan for IT that focuses on education and research but that also attempts to work collaboratively with our hospital partners to impact patient care. As we look to the future, the planning for the Stanford Medicine Information and Learning Environment (SMILE Project) is highly focused on the use of information technology to create immersive learning environments as well as a knowledge center that will transform the way our students and postdoctoral trainees, as well as faculty and staff, learn and process information in the future. This is a dynamically changing but very exciting area and I remain confident that we demonstrate true leadership in bringing new programs to fruition in the years ahead.

- **Establishing and Measuring AHC-wide Goals for Change.** The Committee recommended that both AHCs and the public should evaluate the progress of

AHCs in redesigning the content and methods of clinical education; in developing organizational structures and team approaches in care to improve health; and in increasing the emphasis on health services, clinical prevention and translational research.

At Stanford, we have recognized the importance of making progress in these and other areas and have been careful to set timelines and benchmarks for our various strategic initiatives. I have tried to update you on a regular basis about how we are doing – again recognizing that our progress cuts across multiple missions and is also limited by precious resources, especially in space, people and dollars. Nonetheless, I do believe we have made considerable progress during the past couple of years and look forward to the additional accomplishments that should follow in the time before us. Ultimately, demonstrating the value of academic medical centers to the public – and re-engaging the public trust in what we are trying to accomplish – is one of our highest and most important priorities.

- **Leadership for Strategic Change Throughout the AHC.** The Committee recommends that AHCs must be leaders and must develop new leaders who can manage organizational change in the key missions of education, research and patient care, can improve integration and, ultimately, can improve health by providing guidance on pressing societal problems and issues that effect our nation.

At Stanford I believe we have recognized the importance of leadership and are intent in playing a role by being a role model among research-intensive schools of medicine. Our New Curriculum is designed to create future leaders. Our Senior Dean's, Department Chairs – as well as our faculty, students and staff – are engaged in the implementation of the important changes that are ensuing from our Strategic Plan “Translating Discoveries”. We have also been attentive to challenging important advocacy issues (e.g., stem cell research) that impacts the important issues facing medicine in the 21st Century.

Clearly, as one of 125 Schools of Medicine, and one of the smallest, our strategic efforts need to be carefully defined, managed and monitored. And while there is much to accomplish, I do believe we are making important progress – and, as much as possible, anticipating the future, as evidenced by the fact that we are already deeply involved in implementing the recommendations that have come from the Commonwealth Foundation and now, more recently, from the Institute of Medicine. We have much to do – but I do want to thank each of you for already having done so much.

NRC/IOM Report on Enhancing the Vitality of the National Institutes of Health

During the past weeks, the National Research Council and the Institute of Medicine issued a press release on the organizational changes needed at NIH to pursue more innovative, crosscutting and strategic research. The full report will be available in

September but the information released to date has attracted considerable attention and interest. A prestigious Committee brought forth these recommendations that, I am pleased to say, included Judy Swain, Chair of the Department of Medicine. This is an extremely important report and I am pleased that the Committee had the benefit of Dr. Swain's input. In September you will be able to access the report from the web site <http://www.nap.edu>.

Hospital Updates

At the Stanford Hospital & Clinics (SHC) Board of Directors Meeting on August 7th, there was considerable discussion about the efforts underway in cancer care and research. As you know, cancer is one of the major priorities for the School as well as both SHC and LPCH. We are collaborating across the School and Hospital in the Stanford Cancer/Stem Cell Biology and Medicine Institute (also known as the Cancer/Stem Cell Institute, or CSCI) that creates an umbrella connecting basic research, clinical and translational research and patient care. The visible evidence of the SUMC commitment to cancer care is further evidenced by the opening of the new Cancer Center, which is scheduled to open in the early part of 2004. Anticipating this new facility, several updates were provided:

- Progress in further developing the leadership of the Cancer/Stem Cell Biology and Medicine Institute is underway by the recruitment of an internationally recognized leader in cancer research who, when identified and appointed, will become the Principal Investigator of our application for an NCI Comprehensive Cancer Center designation (see below). The Search Committee is being lead by Dr. Irv Weissman and the members of the CSCI. The incumbent will also hold the Ludwig Professorship for Clinical Cancer Research (Dr. Lucy Shapiro, Director of the Beckman Center, is the Virginia and D. K. Ludwig Professor for Basic Research).
- Dr. Karl Blume, Associate Director of the CSCI, gave a progress report to the SHC Board on the application process for the NCI Comprehensive Cancer Center. Since February he has made considerable progress in identifying the key basic, clinical and population based areas of research as well as the program leaders. He has assembled an impressive interdepartmental as well as interschool faculty who will be participating in the grant application, which will be submitted for an October 2004 deadline. This is a highly ambitious schedule but considerable momentum has already been achieved. In addition to identifying key program leaders, we are planning a Retreat on the NCI Cancer Center for Saturday November 15th that will be held in the Clark Center. If you have not already been contacted and would like to attend please contact Sharon Olsen at solsen@stanford.edu. In addition, an outstanding External Advisory Committee has been assembled to review our plans for the NCI application. The Committee will visit Stanford in February of 2004.
- Dr. Richard Hoppe presented an update on the planning of the Steering Committee and its relation to the business plan being compiled by SHC for cancer care. This is an important work-in-progress that will focus on key areas for development as well as the recruitment of faculty and staff. Among these is the

recruitment of the Clinical Cancer Center Director, the search for which is currently ongoing and which is being co-chaired by Dr. Blume and me. We are hopeful that we will identify the final candidate in the next several months. In the interim, Dr. Richard Hoppe has kindly agreed to take on the leadership role so as to assure that the necessary progress and momentum is sustained. I very much appreciate Dr. Hoppe's willingness to take on this responsibility and am also appreciative to Dr. Sarah Donaldson, who will relieve Dr. Hoppe of his administrative responsibilities as Chair of the Department of Radiation Oncology until the new Clinical Director is in place.

There is a considerable amount of activity surrounding our cancer programs – both in research and clinical care. The next year should prove particularly exciting.

In addition to the efforts in cancer care, the SHC Board meeting also focused on the overall strategic plans for the hospital and their relation to the School and faculty. These involve programs in Palo Alto as well as potential areas of development in the north, south and east. Forming strategic alliances and partnerships to better serve our community is among the highest priorities. Accordingly, for some time we have been having discussions with the leadership of the Palo Alto Medical Foundation and during the past summer, those discussions have become more focused and have included dialogue with the medical group at PAMF as well as the clinical department chairs and, in turn, with the clinical faculty, at Stanford. There is much to justify a more formal relationship between Stanford and PAMF, recognizing that prior attempts to do so have not been successful. However, the dramatic changes facing all of us today mandate a fresh look at such relationships. This will be an important area for discussion during the next couple of months and as the details emerge I will communicate them to you.

Awards

- **Dr. Marlene Rabinovitch**, Dwight and Vera Dunlevie Professor in Pediatric Cardiology and, by courtesy, of Developmental Biology, has been named the 2003 Gill Heart Institute Award winner. This award is administered in conjunction with the University of Kentucky. This is a most distinguished (albeit relatively new) award and Dr. Rabinovitch joins a distinguished group of prior awardees that include Eric Topol, L. Henry Edmunds, Christine & Jonathan Seidman, Eric Olsen and Valentin Fuster. We are so very pleased to have Dr. Rabinovitch on our faculty and congratulate her on this new award.
- **Dr. Irv Weissman** has received another accolade for his work, this being the 19th J. Allyn Taylor International Prize in Medicine. This too has had a distinguished lineage of past winners that include Ron Kahn, Eric Lander, Craig Venter, Judah Folkman, Mike Gimbrone – and, from Stanford, Hugh McDevitt. Congratulations (again) to Dr. Weissman.

Appointments and Promotions

- **Michael Bellino** has been appointed to Assistant Professor of Orthopedic Surgery at the Stanford University Medical Center, effective 8/1/2003 to 7/31/2006.
- **Alice Edler** has been appointed to Assistant Professor of Anesthesia at the Stanford University Medical Center, effective 8/1/2003 to 7/31/2006.
- **Sanjiv Gambhir** has been appointed to Professor of Radiology, effective 8/1/2003.
- **Iris Gibbs** has been reappointed to Assistant Professor of Radiation Oncology at the Stanford University Medical Center, effective 8/1/2003 to 7/31/2007.
- **Nicholas Giori** has been appointed Assistant Professor of Orthopedic Surgery at the Palo Alto Veterans' Affairs Health Care System, effective 8/1/2003 to 7/31/2006.
- **Dominik Fleischmann** has been appointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective 8/1/2003 to 7/31/2006.
- **Max Kanevsky** has been appointed Assistant Professor of Anesthesia at the Stanford University Medical Center, effective 8/1/2003 to 7/31/2006.
- **Stephen Kee** has been promoted to Associate Professor of Radiology (Cardiovascular and Interventional Radiology) and, by courtesy, of Surgery at the Stanford University Medical Center, effective 8/1/2003.
- **Lei Xing** has been appointed to Associate Professor of Radiation Oncology, effective 8/1/2003 to 7/31/2009 (Radiation Physics).

Dean's Newsletter September 2, 2003

Welcome to New Medical Students.

For our 86 new medical students, classes began earlier this year than usual in order to accommodate to the exciting New Stanford Curriculum that begins this Fall. With Orientation complete, our new students will begin classes today – and I want to take the opportunity to welcome them and wish them wonderful success at Stanford. We are all very pleased and proud to have them as new members of our Stanford family and community.

State-of-the-School: 2003

With the opening of the new academic year, I thought it would be helpful to offer a brief update on the State-of-the School. It is an exciting time at Stanford and I hope that the comments that follow provide an update about some of the exciting things that have been going on.

Our Mission:

To be a premier research-intensive medical school that improves health through leadership and collaborative discoveries and innovations in patient care, education and research.

Our Goals:

- Lead the movement to reform and rejuvenate the educational and career development of biomedical innovators.
- Transform the future of biomedical, translational and clinical research, and education by fostering novel collaborative alignments between basic and clinical scientists, clinicians, and educators throughout the University, as well as with public and private partners worldwide.
- Earn the public's trust and respect as a premier medical school through outstanding patient care and academic medicine.

From *Translating Discoveries: A Strategic Plan for the Stanford University School of Medicine*

Stanford University School of Medicine is a unique and special institution that is committed to serve as a role model for the transformation of American medicine at this important juncture in history. As we begin the 21st century, we are the beneficiaries of remarkable discoveries and innovations emanating from science and technology during the past several decades. Indeed, we stand poised to rapidly expand knowledge in basic biomedical science that will lead to new insights into the etiology and pathogenesis of human disease, and that will permit us to translate discoveries to improve their diagnosis, management and prevention. Ironically, at the same time, we are also the recipients of a health care system that suffers from disparity, problems in accessibility and financial challenges that impact the very integrity of academic medical centers across our nation. Accordingly, it is essential that Stanford serve as a leader in the training of physicians and bioscientists, in discovery and innovation and in the translation of knowledge from the laboratory to the bedside in a manner that improves the health of children and adults during this time of transition.

Stanford's history has been shaped by transitions. The Stanford University School of Medicine began in 1908 when the Cooper Medical College, located in San Francisco, became part of the University. Outstanding clinical training and practice characterized the first half of its history, during which time the School's clinical programs remained in San Francisco. In 1959 the School's clinical programs moved to Palo Alto, consolidating the basic and clinical sciences and, even more importantly, aligning the School of Medicine to Stanford University. During this period, the contributions by Stanford faculty in basic research and clinical medicine have been extraordinary and far ranging. From discoveries that shaped our knowledge of DNA synthesis, spawned the revolution in genetic engineering, contributed significantly to the sequencing of the human genome and discovered the gene chip and microarray, to the first heart transplant, first heart-lung transplant, first application of the linear accelerator and the first use of monoclonal

antibodies to treat human cancer, Stanford faculty have played a remarkable role in the creation and application of new knowledge to improve human health and well-being. Our mandate must be to continue this tradition of excellence and to provide a beacon of hope for the future of American medicine.

To help assure the stewardship for the School of Medicine, a comprehensive Strategic Planning process was initiated upon my arrival in April 2001. Recognizing the intricate interrelationships of our missions in education, research and patient care, our planning process was comprehensive and embraced medical and graduate student education as well as the training of postdoctoral scholars; basic and clinical research; patient care; the organization and structure of the professoriate to oversee our tripartite missions; the use of information resources and technology to shape our future programs; the role of finance and administrative services to support our programs; and the need for communication, advocacy, public policy to help engage the public trust and contribute to the philanthropic support for the School and its programs. The first phase of our efforts led to our comprehensive planning document ***Translating Discoveries***, which was published at the end of 2002 and which is available at <http://medstrategicplan.stanford.edu/>.

Of course developing a strategic plan is only useful if it is implemented. I am pleased to say that during the past eighteen months, we have made considerable progress in achieving many of our initial goals and objectives, some of which have been highlighted in my bi-weekly Dean's Newsletter, which is distributed to all members of the School of Medicine community and which is available on our Web Site (<http://deansnewsletter.stanford.edu/>).

Critical planning is essential for Stanford. Among the smallest of the research-intensive schools of medicine, Stanford must critically assess and prioritize its goals and objectives and apply its resources wisely and creatively. ***Translating Discoveries*** provides a partial road map, providing an overall strategic direction while still valuing the creative contributions that can chart new directions, emerging from the ideas and scholarship of our faculty, students and staff.

I envision that change will continue to unfold in both expected and unrecognized areas during the next several years. Among the changes we can predict now will be the initiation of our New Stanford Curriculum for medical student education. Thanks to the close collaboration of the Dean's Office with the School's Faculty Senate, the new curriculum has been built around several guiding goals, including:

- Identifying the core knowledge and skills required for all students to permit a path for lifetime learning. A concurrent goal is to limit the amount of course-work in order to permit time for individual scholarship and research.
- Balancing the curriculum by including both clinical and basic science experiences throughout medical school training in order to assure the essential integration of basic and clinical science.

- Developing required majors (“scholarly concentrations”) for all students to enhance independent research and scholarship capabilities

The scholarly concentrations (or majors) will take one of two forms: the Scholars Track (which can be done in four years) and the Original Research Track, which will require five or more years. For students beginning in the Fall of 2003, eight scholarly concentrations have been selected and will be available for entering students. These include Bioengineering; Bioethics and Medical Humanities; Biomedical Informatics; Health Services and Policy Research; Immunology; Molecular and Genetic Medicine; Public Service and Community Medicine; and Women’s Health. In addition to these Scholarly Concentrations, four others are in development that also closely align to student interests and include: Clinical Research, Infectious Diseases, International Health and Neuroscience. Finally, some students will also have the opportunity to devise an individual scholarly concentration if one does not exist that meets their own personal goals and direction.

As the New Stanford Curriculum unfolds over the next years, we envision that it will help create a new cadre of physician leaders. Our specific goal is to assure that our students not only receive outstanding clinical training but that they also acquire knowledge and skills that will permit them to help transform the face of medicine and science in the future.

In tandem with the curriculum changes that are underway for medical students, we are also placing a greater emphasis on the interdisciplinary education and research opportunities for our graduate students and postdoctoral fellows. These are themes that are very much consonant with one of the most exciting directions occurring in science and for which Stanford serves as a national leader.

In order to facilitate the training of the future, we are also deeply involved in the program planning for new facilities for the education of students, post-graduate trainees and faculty. When completed (we hope by 2008), the new Stanford Medicine Information and Learning Environment (SMILE) will offer state-of-the-art facilities for small and large group teaching, immersive learning and a knowledge center. SMILE will also create a bridge that links our medical and graduate students as well as our basic and clinical scientists and clinicians.

As noted, one of the most exciting developments at Stanford is the focus on interdisciplinary education and research. While many universities now recognize the excitement that exists at the intersection of traditional physical, biological and computational sciences, Stanford has a long history of engagement and participation in this arena. Indeed, collaboration across school boundaries is highly valued by Stanford faculty and supported by its leaders. The goal of becoming “one university” recalls the dreams of Stanford’s first president, David Starr Jordan, and bears witness to its current president, John Hennessy.

During the past year, the establishment of a new joint Department of Bioengineering between the Schools of Engineering and Medicine offers tangible evidence of a commitment to interdisciplinary education and research. The goal is to create a fusion of engineering and the life sciences that promotes scientific discovery and the development of new technologies and therapies through research and education. Through programs in graduate and undergraduate education (which we hope will commence in 2004 and 2005 respectively) it is our hope that this new department will permit us to better understand living systems; learn from these systems to improve engineering designs; engineer biological systems; and improve human and environmental health through research, education and therapy.

Interdisciplinary research and education will take on several additional forms at Stanford University during the coming years – each impacting the School of Medicine in one or more ways. Among the major multidisciplinary themes for the University will be the Performing Arts; Bioengineering; BioX and Translational Medicine; the Environment; and International Affairs. The School of Medicine's faculty and students map to each of these initiatives and for some, will serve as a leader.

As tangible evidence of our multidisciplinary commitment, the Clark Center will be completed in June 2003 and will represent a model for the future. Located on the Medical School campus, this new state-of-the-art facility will house 40 faculty from four schools, representing 24 departments. It will bring together faculty and students from the physical, biological, computational, engineering and environmental sciences. The goal is to create focal areas of investigation that facilitate new collaborations within the Clark Center but, even more importantly, that engage faculty in departments and schools throughout the University. Among the areas for initial focus within the Clark Center are:

- **Biocomputation**, including image processing, bioinformatics, protein folding, biomechanical simulation, remote teaching
- **Bioengineering**, including the administrative home for the new Joint Department of Bioengineering
- **Biodesign**, including biorobotics, biosensors, surgical techniques, medical devices, tissue repair, image guidance, therapeutic delivery systems
- **Imaging**, focusing on molecules, cells, tissues, movement
- **Biophysics** of single molecules
- **Chemical Biology**
- **Genomics/Proteomics**
- **Systems Neuroscience**
- **Regenerative Medicine**

School of Medicine faculty and students will play a major role in a number of these initiatives. Importantly, they will expose students to novel approaches to research and new opportunities for inquiry at the intersection of disciplines.

One of the major goals of the School of Medicine is to benefit from the knowledge emanating from basic science research to improve human health. *Translating*

Discoveries thus represents a unifying initiative for the School and its faculty. As is nearly always the case, the best research will result from the creative energy of investigators working in self-initiated collaborations. It is our hope that the environment at Stanford will foster novel collaborations and promote translational discoveries. In addition, we also plan to focus some overarching themes that link basic research with clinical care. Indeed, we believe that such linkages will help make Stanford Medical Center unique and will serve as the basis for judging its excellence and importance to our communities, locally and globally.

Based on our assessment of opportunities in science and technology and the expertise of our faculty, we plan to launch four interdepartmental and interdisciplinary efforts under the banner of the Stanford Institutes of Medicine. Each will provide an area of focus but it is also likely that they will offer opportunities for synergy between them. Equally important are the numerous opportunities for collaborations across the University related to the Stanford Institutes of Medicine.

The four Stanford Institutes of Medicine will be:

- The Stanford Institute of Cancer/Stem Cell Biology and Medicine
- The Stanford Institute for Cardiovascular Medicine
- The Stanford Institute of Neuroscience (aka Stanford Brain Research Institute)
- The Stanford Institute of Immunology, Transplantation and Infectious Diseases

As a School of Medicine and Medical Center, improving patient care is our ultimate mission. We currently benefit from faculty who are leaders in providing state-of-the-art patient care. We are also challenged, however, by being part of a very competitive and costly health care environment. Operating an academic medical center in the 21st century carries with it costs for education and research that are not completely funded and that require additional support from institutional resources or the community. Offering excellence in clinical care and patient services along with leading edge innovation and discovery is the key to Stanford's future success. Translational medicine is essential to this effort, as is a close partnership between our faculty and hospital leaders. Communicating effectively with our communities and engaging them in the support for Stanford Medicine is essential and addresses our goal of re-engaging the public trust in academic medicine.

I believe that Stanford Medicine is uniquely poised to play a major role in redefining the future of academic medicine. The challenges are many but the opportunities are extraordinary.

CCIS Summer Intern Program

Twenty-three stellar high-school students were selected from over 180 applicants to participate in an eight-week program of intensive research in the Center for

Clinical Immunology at Stanford (CCIS) Summer Research Program. Most students were from the San Francisco Bay area, and "all had much higher SATs (an average of nearly 1550) and grades than I had!" noted P.J. Utz, M.D., Director of the Program. Bench research was complemented by 16 lectures on basic immunology, scientific method, and career opportunities, as well as exposure to patients in the hospitals and clinics. The lecture course was modeled on the same immunology course taken by Stanford medical students, including a 300-page syllabus organized by Dr. Utz, Donna Thibault (course TA and a graduate student in the Utz lab), immunology graduate students, and Professor David Lewis. Almost all lectures were presented by immunology graduate students, contributing greatly to their training as future leaders in education. The program culminated in a two-hour poster session on August 7, attended by 200 members of the Stanford and local community. The program is funded by the National Institutes of Health, Howard Hughes Medical Institute, the Arthritis Foundation Northern California Chapter, and individual benefactors of CCIS. Congratulations to all involved, particularly CCIS Director, Garry Fathman, M.D., and the lab mentors and students for taking on the task of training the next generation of immunologists.

Community Lecture Series

On Wednesday, September 3rd at 7:00 p.m. in the Fairchild Auditorium, Drs. Alan Yeung, Bobby Robbins, Bruce Reitz, and Judy Swain, will present "Rejuvenating the Heart: Current Technologies and Future Promise."

Please join us to hear some of Stanford's top heart experts discuss innovative new approaches to diagnosing, treating, and preventing cardiovascular disease. This free event is the first of an ongoing series of lectures on important issues in health care and biomedical research.

If you have any questions, please call 650-234-0653.

Dean's Newsletter September 15, 2003

Welcome to Our New Graduate Students

Over the next several days our new graduate students will be arriving at Stanford. They will spend time getting acquainted with their new Stanford colleagues and will participate in the BIOMASS camping trip over next weekend. We will welcome them officially on Monday September 22nd. It is notable that not only do we have an outstanding group of entering graduate students this year but that they will number 100 women and men – making them the largest class to matriculate at the School of Medicine this academic year. We all look forward to having them join us.

Introduction to Scholarly Concentrations Begins for New Students

On Wednesday evening, September 3rd, introductions to incoming medical students about the opportunities offered within the new Scholarly Concentrations commenced. The plan is for them to learn about two Scholarly Concentrations at each of four review sessions. The September 3rd session featured presentations about course and research offerings in the “Immunology Concentration” and the “Bioethics and the Humanities Concentration”. On September 10th students learned about the “Health Policy Research Concentration” and the “Bioinformatics Concentration”. Recognizing that these programs are just getting underway, I was impressed with the excellent opportunities for scholarship and research in each of the areas presented to date. Each of the Scholarly Concentration Directors provided information about the course work that would accompany their specific area of inquiry. In a number of instances new courses have already been developed that are specific to the new concentration. Further, the opportunities for investigative or original research abound in each of these areas. I have also been pleased to note the considerable enthusiasm of our new students as they become partners in helping to further refine the New Stanford Curriculum over the years ahead. (See also <http://www.stanford.edu/dept/news/report/news/2003/september10/curriculum.html>).

It was just two years ago that we first began evaluating the curriculum and considering a process for change. Since then, considerable progress has been made in developing the conceptual framework and basic elements of the New Stanford Curriculum, of which the new Scholarly Concentrations are a unique and exciting component. This has been founded on the fundamental premise that we want our students to leave Stanford with the tools to permit them to transform the future of medicine. Whether their contributions will be in research, patient care, education, community service or other areas of medicine and science, our students should be equipped with the additional skills to propel their interests and deepen their knowledge. Our ultimate goal is that each student will be a committed leader, benefiting from the array of opportunities that abound in the School of Medicine in tandem with the expertise that lies throughout Stanford University.

The process of curriculum reform will be ongoing. During the past year, the focus has been on the general framework and the specifics of the first year. Over the months ahead, the Dean’s Office and Faculty Senate will work collaboratively to further refine the first and second year curriculum. Coupled with this will be the continued integration of basic and clinical science throughout the years, including basic science mini-courses during clinical rotations.

It should not go unnoticed that curriculum change is central to the vitality of a professional school. It should nearly always be a work-in-progress. That said, the dimensions of the changes that are occurring at Stanford are quite significant and many have been accomplished on a remarkably short timeline. I want to thank again the many students, course leaders, faculty and staff who have worked so hard to make this happen. I also want to thank again Drs. Julie Parsonnet, Neil Gesundheit, Oscar Salvatierra, Ted Sectish and Ms. Betsy Porter for the enormous amount of effort they put into making the New Stanford Curriculum come alive this academic year.

Update from the Executive Committee: Plans to Assess Faculty Research and Clinical Affinities

During the past two years, we have invested considerable energy in developing and implementing the School's Strategic Plan *Translating Discoveries* (<http://medstrategicplan.stanford.edu>). In doing so we have worked hard to embrace input from faculty, students and staff throughout the School of Medicine. I have also provided regular updates on our progress in implementing the Plan – both in written communications like the Dean's Newsletter as well as departmental, town hall or less formal faculty or student meetings. Obviously one of my major goals is to do everything possible to communicate our plans and challenges to the medical school community – and hopefully to get feedback from you.

As we now begin planning for our third Leadership Retreat that will be held on January 28-31, 2004, it seems appropriate to assess how aligned and engaged our faculty are with our various interdisciplinary initiatives and equally importantly, to get insights from them about additional or new potential research and clinical opportunities we should consider for the future.

Accordingly, at the September 5th Executive Committee, we discussed our plans to conduct a web-based simple survey of all of our faculty that will hopefully shed light on their affinity with programs we have already identified (e.g., the Stanford Institutes of Medicine) as well as to identify new areas of opportunity they believe should be pursued at the School.

We will be contacting you in the next couple of weeks to complete this survey – which will be short and simple to do. We are hoping to hear from everyone. Please look for it when it comes and complete it. I am very interested in your response and input.

Update Regarding University Interdisciplinary Research Planning

Interdisciplinary research and education are permeating throughout Stanford. They will also be the theme of several University-wide initiatives that are currently being planned or initiated and featured prominently the discussion of the Executive Cabinet meeting that was held on Monday September 8th. Among these will be Stanford as an International University; the Arts; Energy and the Environment; and Bioengineering/BioX. The school has a role in each of these areas, especially the Bioengineering/BioX initiatives. These also feature prominently in the School of Medicine interdisciplinary efforts in education (such as our New Stanford Curriculum) and in our new Stanford Institutes of Medicine. Updates on these evolving themes will be featured in future Newsletters.

Stethoscope Dinner for New Medical Students

On Friday evening September 5th, we held the annual Stethoscope Ceremony for the Entering Class of 2003 (including four students transferring into upper classes). The Stanford Medical Alumni Association and the School of Medicine sponsor this very special event. Our new students, family and friends gathered for an evening of fun and

festivity in the Faculty Club where they learned more about each other, heard offerings from Dr. Ross Bright, Associate Dean for Alumni Affairs, Linda Clever, President of the Stanford Medical Alumni Association, Julie Parsonnet, Senior Associate Dean for Medical Education and me. Students also received advice on how to cope with the years in medical School from Ben Bruce, SMS 3 and President, Stanford Medical Student Association. His talk entitled "*Things You Thought You Would Never Hear at A Stethoscope Ceremony At A Medical School*" was very well received.

The heart of the event is the handing out of stethoscopes to each of the new students. This takes the place of the traditional "white coat" ceremony held at most medical schools and, in my opinion, is more meaningful since the stethoscope not only serves as a tool and symbol in medicine, but equally importantly connects the physician to her or his patient – creating that important human connection.

Launch of the Community Lecture Series

Thanks to the inspiration of Senior Associate Deans for Research, Graduate and Postdoctoral Education John Boothroyd and Harry Greenberg and the support of the Office of Medical Development, the School launched the first of its yearlong Community Lecture Series. Each department within the School will host sessions throughout the year. The lead off event was coordinated by the Departments of Medicine and Cardio-thoracic Surgery and was entitled "Rejuvenating the Heart: Current Technologies and Future Promise." Drs. Bruce Reitz, Bobby Robbins, Paul Wang, Alan Yeung and Judy Swain each spoke to a nearly filled Fairchild Auditorium of our neighboring communities about advances in the treatment of heart disease and heart failure, much of which has been pioneered at Stanford.

The next lecture will be held on October 1st at 7:00 p.m. in the Fairchild Auditorium. Drs. Linda Shortliffe, Joseph C. Presti, Jr., James D. Brooks, and Thomas Hsu will present: "Everyone Needs A Urologist: Problems of Incontinence, Stones, Cancer, Fertility, and Development."

Continuing Medical Education in Clinical Immunology

On Saturday, September 6th, the Federation of Clinical Immunology Societies (FOCIS) Center for Clinical Immunology at Stanford (CCIS) and the UCSF Center for Clinical Immunology joined together to sponsor a continuing medical education symposium. It was also an opportunity to describe the accomplishments of FOCIS in establishing centers of excellence throughout the world that "intensify and accelerate local multidisciplinary scientific innovation in research, education and patient care." Stanford's CCIS, led by Dr. Gary Fathman, Professor of Medicine (Immunology and Rheumatology) is one of twenty-two FOCIS Centers.

At Stanford, the Center for Clinical Immunology has as its mission, "to educate physicians and trainees and the public in order to bring discoveries in basic science to medical disciplines ranging from cancer to diabetes and from arthritis to infectious disease, bridging the spectrum of research from the genetic and molecular level to clinical trials, sharing information and resources in order to speed the transition of new therapies

from the laboratory to the patient's bedside." Over the years the CCIS has played an important role in education of students from high school to the postdoctoral level and in research and clinical care. Much of this has been through the leadership of Gary Fathman and his colleagues.

Importantly, the CCIS fits very nicely into the broader agenda of the School of Medicine, including our focus on "translating discoveries." Further, the CCIS will play an integral role in one of our Stanford Institutes of Medicine – the Institute for Immunology, Transplantation and Infection.

Help Needed for the Pacific Free Clinic

I have been asked by some of our medical students to let you know that students and faculty physicians are needed to volunteer their time at a new clinic being operated by students from the School of Medicine. The Pacific Free Clinic provides basic health-care services to low-income adults in Santa Clara County. It is open on Saturdays from 10 a.m. to 2 p.m. at Overfelt High School, 1835 Cunningham Road in San Jose.

Like the Arbor Free Clinic, which Stanford medical students have operated in Menlo Park for the past 13 years, the Pacific Free Clinic offers primary care services, medications, laboratory tests, medical and insurance referrals and screenings for diabetes, high blood pressure and elevated cholesterol. All services are free, and interpreters are available to assist patients who speak Spanish, Vietnamese and Mandarin Chinese. Medical students, undergraduates and volunteer physicians from Stanford and the community, will staff the clinic. While students will run the clinic and take medical histories, physicians will perform the actual exams and diagnose the patients.

Although the idea for the clinic surfaced a few years ago, the project gained momentum last summer when The Health Trust, a foundation dedicated to improving the well-being of Santa Clara County residents, offered Pacific Free Clinic the use of its facilities at Overfelt High School. The site, located between predominantly Latino and Vietnamese communities, is an ideal location for serving immigrant patients.

The clinic is also currently recruiting students who speak Spanish, Vietnamese or Mandarin Chinese, as well as physicians. If you are interested in volunteering please contact David Wang at davidwang@stanford.edu. Additional information about the clinic is also available on the Internet at <http://pacific.stanford.edu>.

The Pacific Free Clinic is jointly sponsored by the Stanford School of Medicine and the School-Based Health Clinics of The Health Trust, soon to be known as School Health Clinics of Santa Clara County. Other supporters include the California HealthCare Foundation, Kaiser Permanente, Chanwell Medical Group and private donors.

Awards

- **Dr. David K. Stevenson**, Senior Associate Dean for Academic Affairs and the Harold K. Faber Professor of Pediatrics and Professor, by courtesy of Obstetrics

and Gynecology received "The Duane Alexander Award for Academic Leadership in Perinatal Medicine which is presented annually to a distinguished academic leader who has enhanced the education of young clinician and scientists". The Award was presented at the annual NICHD/University of Colorado Aspen Conference on Maternal-Fetal-Neonatal-Reproductive Medicine in August 2003.

Announcements

Dean's SPIRIT Award

The School of Medicine's third annual SPIRIT Award Program will take place during the fall of 2003. This award acknowledges two staff members - one exempt and one nonexempt - who have been selected for providing outstanding contributions to the mission and vision of the School of Medicine. Dean Pizzo will award each of the two selected staff members with a \$1,000 cash prize and an "A" parking sticker for the coming year at the School's Annual Staff Recognition Banquet in November.

Any faculty, staff, student, fellow and post doc working at the School of Medicine may nominate any eligible staff members (i.e., non-exempt, bargaining unit and exempt) in any department or administrative area who meet the award criteria:

S - service-orientation
P - positive attitude
I - initiative
R - resourcefulness/reliability
I - innovation
T - team player

Staff members must have been employed as regular employees, at 50% FTE or more, in one department/unit for the past 2 years.

Ballots are due by Friday, October 3, 2003. Ballots may be obtained from department administrators or the Directors of Finance and Administration (DFA) web site:

<http://www.med.stanford.edu/school/dfa/>.

Please send ballots to:

Spirit Award Selection Committee
c/o Human Resources Group
Medical School Office Building
Mail Code 5460

Recipients will be selected and notified at the beginning of November.

Appointments and Promotions

- **John Barry** has been promoted to Associate Professor of Psychiatry and Behavioral Sciences and Associate Professor, by courtesy, of Neurology and Neurological Sciences, effective 9/1/2003 to 8/31/2008.
- **Donna Bouley** has been promoted to Associate Professor of Comparative Medicine and, by courtesy, of Pathology at the Stanford University Medical Center, effective 9/1/2003 to 8/31/2008.
- **Susan Brundage** has been appointed to Associate Professor of Surgery at the Stanford University Medical Center, effective 9/1/2003 to 8/31/2008.
- **Loretta Chou** has been promoted to Associate Professor of Orthopedic Surgery at the Stanford University Medical Center, effective 9/1/2003 to 8/31/2008.
- **Gregory Enns** has been reappointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 10/1/2003 to 9/30/2007.
- **David Fiorentino** has been appointed to Assistant Professor of Dermatology at the Stanford University Medical Center, effective 9/1/2003 to 8/31/2006.
- **Michael Fredericson** has been promoted to Associate Professor of Orthopedic Surgery at the Stanford University Medical Center, effective 9/1/2003 to 8/31/2008.
- **Leland Hanowell** has been appointed to Associate Professor of Anesthesia at the Stanford University Medical Center, effective 9/1/2003 to 8/31/2008.
- **Stuart Kim** has been appointed to Professor of Developmental Biology, effective 9/1/2003.
- **David Kingsley** has been appointed to Professor of Developmental Biology, effective 9/1/2003.
- **Amy Ladd** has been promoted to Professor of Orthopedic Surgery at the Stanford University Medical Center and at the Palo Alto Veterans Affairs Health Care System, effective 9/1/2003.
- **Jongsoo Park** has been appointed to Assistant Professor of Neurosurgery at the Stanford University Medical Center and at the Lucile Salter Packard Children's Hospital, effective 9/1/2003 to 8/31/2006.
- **Lawrence Recht** has been appointed to Professor of Neurology and Neurological Sciences and Professor, by courtesy, of Neurosurgery at the Stanford University Medical Center, effective 9/1/2003 to 8/31/2008.
- **Iris Schrijver** has been appointed to Assistant Professor of Pathology and, by courtesy, of Pediatrics at the Stanford University Medical Center, effective 9/1/2003 to 8/31/2006.
- **Sandhya Srinivas** has been reappointed to Assistant Professor of Medicine (Oncology) at the Stanford University Medical Center, effective 9/1/2003 to 8/31/2006.

Dean's Newsletter

September 29, 2003

Welcoming our New Graduate Students

On Monday, September 22nd, our incoming class of graduate students had their official welcoming to Stanford. I want to thank Gilbert Martinez for all his work helping to coordinate the orientation of our new students. The tag line in Gilbert's email address affirms his commitment and reads, "No progressive change has ever occurred anywhere in the world without the energy and inspiration of young people." I certainly agree.

This year's orientation included valuable advice by Lucy Sun on Living in Palo Alto (not too difficult of course), an overview of "Making the most of your education" by ChaRandle Jordan; "The important issues surrounding finding faculty, choosing a lab and advisor – and staying focused" by Rebecca Ihrle; and finally, 'Social life at Stanford' by Garret Heffner.

On Tuesday evening a lovely dinner for our new graduate students was held in the Arrillaga Alumni Center. In addition to providing the opportunity for our new students to meet each other and interact with faculty, they also heard helpful presentations by Professors Ellen Porzig, Tim Stearns and John Boothroyd on how to succeed as a graduate student and, equally importantly, how to take advantage of the unique and special resources that Stanford offers in biomedical research.

Important: Please Complete Your Faculty Alignment Survey

Last week I sent a short survey to all full-time faculty regarding their alignment with the various interdisciplinary research or clinical programs that have been formed within the School, Medical Center or University. The survey also asked faculty to indicate research or clinical opportunities that they felt the School should consider addressing during the next several years. It is important that we hear from each of our faculty. If you have not yet filled out the survey, please do so now by going to <https://med-intranet.stanford.edu/faculty-survey/>. I would very much appreciate your taking the time to complete this survey as soon as possible – but absolutely no later than October 10th.

Executive Committee: Update on the Department of Surgery

At the Executive Committee meeting on Friday, September 19th, Dr. Tom Krummel, Emile F. Holman Professor and Chair, Department of Surgery, gave an update on the excellent progress being made in the various missions of the department over the past five years. He began by noting that the Department of Surgery was founded in 1925 when the School was in San Francisco. However, when the School moved to Palo Alto, most of the department's faculty (the then young Dr. Norm Shumway being a notable exception) remained behind and the department faced some challenging times. A bright spot was during the leadership of Dr. Robert Chase but other periods featured rapid chair turnover and lots of significant challenges. In fact, in 1998, when Dr. Krummel became

chair, the department was in the unenviable position of having a \$5M clinical deficit and to make matters worse, ranked 30th in the nation in research and had a poorly rated clinical clerkship and a residency program that was on probation. Five years later, in 2003, thanks to the leadership of Dr. Krummel and the work of his colleagues, the department achieved a positive clinical financial performance (for the first time in many years), ranked 9th in the nation in research, had a highly rated clinical clerkship and a top 10% rated residency program. Clearly significant progress during very challenging times!

According to Dr. Krummel, one of the key factors contributing to the department's move toward success has been the recruitment of new faculty. In fact, during this five year period, some 37 new clinical and research faculty have been recruited, many bringing important new areas of expertise and specialization. Given that the current department has 71 full-time faculty, these new recruitments clearly represent a major shift for the department.

Dr. Krummel highlighted the changes that have occurred by division, and I will summarize them briefly here:

- **Anatomy** currently has four faculty and is responsible for the school's education programs in anatomy as well as device design testing.
- **Emergency Medicine** has eight faculty and covers both the adult and pediatric emergency programs, currently numbering 38-40,000 visits/year. The faculty are also responsible for staffing the Level I Trauma Center and for supporting the Life Flight Transport (which includes approximately 600 flights/year). The Emergency Medicine program also hosts a highly sought after and highly rated residency program. They suffer however from constrained and antiquated facilities and from the inadequate separation between pediatric and adult care facilities – issues that will hopefully be addressed as part of the Hospital's future facilities plan.
- **General Surgery** is currently comprised of 20 faculty (12 of whom have joined the department in the past five years) with new programs in colorectal surgery, minimal access surgery, surgical oncology and trauma/clinical care. In addition to the program at SHC, there is also a highly rated unit at the Palo Alto VA Hospital. Within a short time, progress has been made in several areas:
 - The Colorectal program, under the guidance of Drs. Mark Welton and Andrew Shelton (both recently recruited from UCSF) has become a referral center for Northern California, Oregon and Nevada and has assumed leadership on a national level as well.
 - Surgical Oncology will benefit from the new leadership of Dr. Jeff Norton (who joined the Department from UCSF). Also excellent collaborations have been established with the microarray facility and the clinical programs in breast and liver cancer.
 - The Trauma Program has grown from virtually non-existent three years ago to one now seeing >1500 patients/year and has achieved full accreditation from the ACS as a Level I Trauma Center thanks to the leadership of Dr. David Spain.

- **Otolaryngology – Head and Neck Surgery** is undergoing evolution with the recent recruitment of Dr. Rob Jackler with new programs in otology, laryngology, skull base surgery, audiology and cochlear implants.
- **Pediatric Surgery** also has new leadership with the recruitment of Dr. Craig Albanese, an internationally recognized leader in minimal access surgery as well as fetal diagnosis and treatment. It is expected that these programs will grow during the years ahead along with other surgical subspecialties at LPCH.
- **Plastic and Reconstructive Leadership** also has new leadership with the appointment of Dr. R. Vincent Hentz as chief and this program is already recognized as one of the top five residency programs in the nation. With the recruitment of Dr. Michael Longaker, an outstanding research program in tissue engineering and repair has been established as well.
- **Solid Organ Transplantation** is a very strong program under the leadership of Dr. Carlos Esquivel, one of the world's most premier liver transplant surgeons. This program boasts among the very best outcomes in kidney and liver transplantation, has been a pioneer in living donor liver transplantation and has made major contributions to reducing the need for steroids in the post-transplant immunosuppressive regimen.
- **Vascular Surgery** has one of the top fellowship programs in the nation as well as a highly rated residency program. This division has a long history of pioneering work in device development – initially with Dr. Tom Fogarty and more recently with Chris Zarins. We are currently working with the department and division to form a Vascular Center at Stanford that will be a cooperative venture between the departments of surgery, radiology, medicine and cardiothoracic surgery.

While the department has made considerable progress during the past several years, it continues to face a number of challenges. These are related in part to the continued and very constrained health care funding environment. In addition, nationally surgery has faced some workforce pipeline issues largely due to the difficulty of attracting women (who as you know now comprise >50% of medical school graduates) to this specialty. With the efforts of Dr. Krummel and his colleagues, the Stanford department appears to be faring better and has, during the past several years, attracted both excellent women faculty and residents, ranking now well above the national average. It is hoped that by establishing a critical mass of successful female surgical role models – a process now well underway at Stanford.

The department also faces challenges in developing excellence in research but has also demonstrated progress in this arena as well. NIH funding is up significantly during the past several years and outstanding programs in haptics/robotics/simulation technology/virtual reality for education and training along with excellent programs in vascular flow modeling and device development as well as tissue engineering and regenerative medicine.

The presentation by Dr. Krummel made clear that considerable progress has been made in the department's missions in patient care, education and research. I want to thank him

for his leadership and express our appreciation to the faculty, students and staff for their many contributions.

Medicine for the 21st Century

On Tuesday evening, September 16th we held a community forum entitled “The Future is Now: 21st Century Medical Education” at the Arrillaga Alumni Conference Center. The goal of the forum was to demonstrate how medical education is changing as a consequence of new technologies and the instrumental role that Stanford is playing in helping to lead this change.

The conference began with a film entitled “The Future is Now” prepared by SUMMIT and featuring the role of the “interactive simulated patient” in medical student education, a project supported by the Wallenberg Foundation, in which student practices virtually all aspects of the patient encounter (history, physical examination, laboratory studies, etc.) to formulate a diagnosis and management plan. The examples used in this video were made possible by Ms. Jean Stringer, Associate Director of Learning Technologies in the Office of Information Resources and Technology along with Mr. Kingsley Willis, a Stanford Graduate Student and Mr. Oscar Otanez (SMS 3) who also participated in the video as an actor.

Following the video presentation I reviewed medical education in the United States during the 19th and 20th Centuries as a context of understanding its evolution in the 21st Century. The vast array of new knowledge coupled with the rapidly changing information technologies (including simulation, virtual reality, etc.) present a very different set of opportunities for the future. Stanford has been a pacesetter in this area and the opportunities unfolding through the New Stanford Curriculum and the plans for the Stanford Medicine Information and Learning Environment (SMILE) put us in a position to truly influence the direction of medical education for the 21st Century. One of the important goals of course is to couple the best of the new technologies with the best principles of the “practice of medicine” including compassion, sensitivity and the human touch factor that helps define the doctor-patient relationship. Thankfully, the approaches planned for SMILE and the New Stanford Curriculum will make these goals aligned – to the benefit of our students and their future patients.

The evening featured small group discussions lead by faculty leaders on key topics including:

- ***Surgical Simulation*** by Dr. Tom Krummel, Professor and Chair of the Department of Surgery
- ***Internet-Based Medicine*** by Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology
- ***New Medical School Facilities: Catalysts for Innovation*** by Ms. Maggie Saunders, Program Planning Director for SMILE
- ***Translational Medicine*** by Dr. Paul Berg, Cahill Professor of Biochemistry, Emeritus and Special Advisor to the Dean

- ***Unique Student Research Projects*** by Dr. Julie Parsonnet, Senior Associate Dean for Medical Education. This section featured presentations by Ted Leng SMS V who is working with a team from the Department of Ophthalmology and the School of Engineering on the development of an artificial retina and Pam Mosher who is working with Dr. Lou Halamek from the Department of Pediatrics, on the use of simulation technology and the standardized patients to help educate medical students on how to approach the very challenging issue of death and dying.

The event was highly successful in conveying our excitement about the future of medical education and the very important role that Stanford will play in its future evolution.

Leadership Changes in the Department of Health Research and Policy

I would like to begin by thanking Dr. Mark Hlatky who has served admirably and with distinction as the Chair of the Department of Health Research and Policy for the past seven years. During this time he has played an important role for the department as a leader as well as a highly productive faculty member and has also served the School through his leadership on the Reynolds Foundation Grant. Recently, Dr. Hlatky has indicated to me his interest in focusing more of his energies on research and education rather than administration and his desire to step down as Chair.

Accordingly, I am also pleased to announce that Dr. Rob Tibshirani has agreed to assume the responsibilities of Chair of HRP from Mark Hlatky beginning October 1st. He will be joined by Dr. Alice Whittemore who will serve as Associate Chair.

During the next several months we will continue the process initiated within HRP regarding the overall organization and structure of the department. Recognizing the important role that it plays in the School of Medicine, it is important to use this time to ask critical questions about the best way to optimize its composition for the future. I will let you know the outcome of these deliberations as they develop in the months ahead.

Lucile Packard Children's Hospital Provides Gift to Support a Biotechnology Core

On Friday, September 26th, Dr. Alan Krensky, Director of the Children's Health Initiative and Shelagh Galligan Professor of Pediatrics, announced at Pediatric Grand Rounds that the Lucile Packard Children's Hospital has given \$700,000 to the Stanford University School of Medicine to harness the rapidly evolving field of biotechnology research for advancing children's health. The gift will create a center that will allow basic scientists and clinicians to use the tools of biotechnology -- genetics, genomics and proteomics -- to create ways to diagnose childhood diseases earlier, predict which children will respond to treatment and determine which children will have serious side effects from therapies.

To help initiate this effort, the hospital and School of Medicine have recruited James W. Schilling, Ph.D., to serve as senior scientist and director of the Children's Biotechnology

Core, a joint hospital and medical school appointment. Shilling comes from Sugen, Inc., now Pfizer, where he has served as principal scientist and director of protein chemistry.

We very much appreciate the vision and support of LPCH and its President & CEO, Mr. Chris Dawes, in bringing this exciting new initiative to fruition. It represents an exciting partnership between the School and LPCH to advance knowledge that will help to improve the health of children – and likely adults as well.

Briefing on the Stanford Institute for Cancer/Stem Cell Biology and Medicine

On Monday morning September 22nd, we held another in our series of briefings about the Stanford Institute for Cancer/Stem Cell Biology and Medicine. This highly successful event offered the opportunity to provide an update to community leaders on our key initiatives now underway in cancer and stem cell biology research as well as a glimpse about how these programs will evolve during the next several years under the aegis of the Stanford Institute for Cancer/Stem Cell Biology and Medicine. Program speakers included myself as well as Dr. Robert Negrin, Associate Professor of Medicine and Director of the Bone Marrow Transplant Service, and Dr. Irv Weissman, Karel and Avice Beekhuis Professor of Cancer Biology and Director of the Institute. As I have discussed in prior Newsletters, the Institute for Cancer/Stem Cell Biology is one of four new Institutes that we are forming at Stanford, the other three being the Institutes for Neuroscience; Cardiovascular Medicine; and Immunity, Transplantation and Infection. Key to each of these new Institutes is the connection between research and clinical care via bi-directional translational research. One of the major goals of the Institute of Cancer/Stem Cell Biology and Medicine will be to further benefit from the already superb programs at Stanford in cancer biology by seeking alignment with clinical programs and to further enhance clinical programs, especially in solid tumors. Success in these areas will be key to our planned application to the National Cancer Institute for designation as a Comprehensive Cancer Center, the application for which will be submitted in October 2004.

Important to the further development of the Institute for Cancer/Stem Cell Biology and Medicine will be the successful recruitments of the Associate Director for Research and the Medical Director of the Clinical Cancer Center. Both of these positions are now under active research and it is our hope to find successful candidates within the next several months.

Stanford Hospital & Clinics Program “Breakthrough Collaborative on Operational Excellence”

On Wednesday, September 24th, SHC sponsored a forum on operational excellence for hospital and clinic managers and physician leaders. It is all too apparent that patient consumers and health care payers (both private and public) believe that the quality of the service being delivered is as important as the quality of care in selecting health care providers. The availability of service and ease of navigating ambulatory clinics or hospital environments impacts considerably on where patients choose to receive their

care, where physicians refer their patients and, in the future, how payers will determine contracts and payments. Improved clinical service coupled with active efforts to reduce medical errors has become a major feature of many clinical practices and academic medical centers. Even if the quality of patient care is outstanding (as is nearly always the case at Stanford) inadequacies in service, both real and perceived, can diminish the patient's experience and erode confidence in the overall clinical environment.

With the goal of aligning SHC with the School of Medicine, the "Collaborative" was initiated based on the considerable experience already gained and reported from the work of Institute for Health Care Improvement lead by Dr. Don Berwick (whom I know and have high regard for as both a former co-trainee and colleague). The major goals of the collaborative will be to:

- Improve the patient's experience of care at SHC by improving access to the clinics and by decreasing the patient's wait-times and delays in the clinic.
- Improve physician and staff satisfaction with their work in the clinics
- Create change leaders who can drive operational excellence.

During the past two years success in achieving such goals have been piloted and accomplished in the primary care clinic as well as the gynecology and gastroenterology clinics. The goal now is to further operationalize these and other improvements throughout the hospital and clinics. The steps involved in achieving performance excellence are well delineated and achievable. However they require commitment, focus and leadership by physician leaders and staff. Accomplishing these objectives is enormously important. Martha Marsh, President and CEO of SHC, and I, as Dean, are in agreement that this collaborative and the improvements they will bring are essential for both the Hospital and Clinics as well as the School of Medicine.

Special thanks to Drs. Jerry Shefrin, Joe Hopkins and Ms. Sandy Rozmarin for their efforts in bringing this program forward.

Project to Implement a New Public Web Site for the School

Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, asked to let you know that the school is about to embark on a large scale project to redesign and restructure our public Web presence. As a major communication medium, the Web plays a critical role in presenting the school to the public. Indeed, the School's Web site is often the first point of contact for individuals and is vital for sharing information and forming impressions. However, our current Web presence, taken as a whole, has not been redesigned for many years and overall does not appropriately reflect the current strategic directions of the School. Accordingly, the major goal of the redesign effort is to present the school and its missions in an attractive and comprehensive manner, to make information easier to find, to unify the many disparate Web sites in the school, and to provide easier methods for building and maintaining web pages.

During the past year, the School's Office of Information Resources and Technology (IRT) has been working with many groups in the school to develop a design that can serve as a common platform for presenting information about our departments, institutes, divisions and interdisciplinary programs. Recognizing that many groups have expended considerable effort to create existing individual sites, the design is intentionally flexible so that it can properly meet the needs of each unit while presenting the School as a unified entity with common guiding missions. In the coming months, we will launch a new home page for the school and overview pages for education, research, patient care, and community. Over the next two years, IRT will work with each of the departments, institutes, and IDP's to collaboratively redesign web sites using a common framework. As each of these sites is launched IRT will provide ongoing training, tools, and support for content authors to ease the process of maintaining departmental web sites in the future.

A prototype of the new design will be made available soon. We had the opportunity to review the prototype and plans at the September 19th Executive Committee where it received an enthusiastic endorsement from our clinical and basic science chairs. If you have questions about the redesign project, or would like to discuss how the new design relates to your existing departmental web site please contact Michael Halaas (michael@med.stanford.edu).

New Videoconferencing Service for School of Medicine

I am pleased to report that the Office of Information Resources and Technology (IRT) has installed a new videoconferencing facility in MSOB X348. This conferencing service runs on the Polycom platform. It has both ISDN conferencing capability and IP conferencing capability. On the ISDN side, the system supports a total bandwidth of 384 Kilobits per second, which yields good video resolution. Laptops can be attached to the system to present slide shows using Microsoft's PowerPoint application. The conference room will accommodate 20 people. For training and technical assistance in using this system please contact Bindu Madhava at 650-724-3371 or e-mail at madhava@stanford.edu. To schedule the Video Conferencing Facility in MSOB X348, please email X348-conference@med.stanford.edu or call 725-1233.

Lucile Packard Children's Hospital Leadership Forum

On Monday, September 15th, a Leadership Forum was held for members of the Lucile Packard Children's Hospital community in the Arrillaga Alumni Center. Chaired by Chris Dawes, CEO and President of LPCH, the forum addressed four major themes currently impacting the future of the hospital: financial sustainability, community satisfaction, patient satisfaction and space challenges. Discussions about these important topics were guided by data driven presentations and updates by Dr. Ken Cox, Senior Associate Dean for Obstetric and Pediatric Clinical Affairs and Ms. Sue Flanagan, Chief Operating Officer, LPCH. There was a very honest and candid discussion of the current challenges and limitations facing the hospital coupled with a discourse on how to improve or overcome them. In addition, Marissa Peterson, Executive Vice President,

Worldwide Operations and Chief Customer Advocate of Sun Microsystems, gave a keynote address on “Consumer-Centered Excellence.” Ms. Peterson is also a member of the Board of Directors of LPCH.

This Leadership is part of an ongoing series at LPCH and offers a very helpful way to secure a dialogue between faculty and staff about important issues. Future sessions will also tie these important issues to the academic challenges and opportunities facing the hospital and the Medical Center.

Agenda for the 2003-2004 Medical School Faculty Senate

Anticipating the agenda for the next session of the Medical School Faculty Senate, the Committee of Five met on Tuesday, September 16th. Foremost on the agenda will be continued focus on the New Stanford Curriculum addressing what has been achieved but also the enormous amount that remains to be done, especially with regard to the clinical rotations and their integration with the basic sciences. Equally important is the delineation of metrics to assess the impact of the changes that are being made with the New Stanford Curriculum on our students and school. Clearly the careful evaluation of our new undertakings is essential – and will feature prominently in future reports in the Newsletter.

Department Visits

Over the past several weeks, I have begun my annual meetings with individual departments by attending one of their regularly scheduled faculty meetings. This is an attempt to better understand the issues facing clinical and basic science departments –and also to meet with faculty. During the past weeks, I have had the opportunity to visit with the faculty in the Departments of Biochemistry, Dermatology, Structural Biology and Urology. Over the months ahead I hope to have the opportunity to visit each department.

I also will continue to hold informal lunches on a regular basis with small groups of faculty, the sole purpose of which is to meet with faculty and address issues or concerns relevant to them. I hope you will sign-up for one of these lunches as the dates become announced.

Announcements

- US Poet Laureate to Visit the School of Medicine on November 12th: On Wednesday, November 12th a Poetry Reading by Billy Collins, US Poet Laureate will be held at Noon in the Fairchild Auditorium. This is made possible by a generous gift from Helen and Peter Bing and is sponsored by the Arts and Humanities Medical Scholars Program and the Biomedical Ethics and Medical Humanities Scholarly Concentration. I particularly want to acknowledge Dr.

- Audrey Shafer, Associate Professor of Anesthesiology, for making this important presentation possible. I hope you will attend.
- Fall Forum on Community Health and Public Service: On Wednesday October 14th, the Fall Forum on Community Health and Public Service will be held in the Bechtel Conference Center (100 Encina Hall) from 5-7:30 PM and will feature poster and oral presentations being done by our Stanford Medical Students and their community partners. In addition, there will be a keynote address by Dr. Steven Schroeder, former CEO of the Robert Wood Johnson Foundation and currently the Distinguished Professor of Health and Health Care, Department of Medicine, UCSF. I hope you will mark your calendars and make every effort to attend. Please RSVP at stanfordfallforum@yahoo.com by September 19th, 2003.

Awards and Honors

- Two members of our Department of Biochemistry will receive important awards from the American Society of Biochemistry and Molecular Biology:
 - Dr. Ron Davis, Professor of Biochemistry, will receive the Lifetime Achievement Award from the Yeast Research Community at the Yeast Genetics and Molecular Biology meeting to be held next July, 2004, as well as the Herbert A. Sober Award.
 - Dr. Per Harbury will receive the Schering –Plough Research Institute Award of the American Society for Biochemistry and Molecular Biology.
- Dr. David Stevenson, Harold K. Faber Professor of Pediatrics and Obstetrics and Gynecology and Senior Associate Dean for Academic Affairs, has been accepted to the Board of Directors of the American Board of Pediatrics beginning in January 2004.

Congratulations to all.

Dean's Newsletter October 13, 2003

Update on the Professoriate: Billets and Caps Without Gowns

By virtually any measure, Stanford University School of Medicine stands out as a unique and special institution. As a research-intensive school of medicine, it excels in its tripartite missions of education, research and patient care. One of the most unique things about our school is its contiguous location to its major teaching hospitals as well as its proximity to Schools of Engineering, Humanities & Sciences, Business, Law, Education and Earth Science. This provides a unique setting for conducting interdisciplinary research and education – well evidenced by our important collaborations in Bioengineering, Bio-X, Translational Medicine as well as fostering our New Stanford Curriculum for Medical Education.

Stanford is also unique by having schools that are of outstanding quality but that are much smaller than those of peer institutions. This is also true for the School of Medicine, which is one of the smallest among the research-intensive medical schools in the nation. Ironically, while we are small in relation to our peer-medical schools, we appear large compared to the rest of university. Moreover, achieving balance within the university is important to our Stanford University colleagues and also fosters much of the interdisciplinary research and education that will make Stanford even more unique as we begin the 21st Century.

During the past decade, the numbers of faculty in all of the Schools at Stanford have remained relatively flat except for Medicine. In fact, every other school has a billet cap from the university that defines the number of new faculty that it can have at any point in time. During that same time period, however, the number of faculty in the School of Medicine have more than doubled, albeit for very good reasons. With the increased responsibility for clinical care at Stanford Hospital & Clinics as well as the Lucile Packard Children's Hospital, along with the greater complexity of clinical problems being encountered, and the increased use of advanced technologies, additional expertise has been essential in our clinical faculty. Indeed, this was the basis for creating the Medical Center Line (MCL) faculty in 1989. Since then, the MCL faculty has grown from 18 in 1991 to approximately 347 in 2003. Importantly, during this same period, the scope of responsibilities of the MCL faculty also changed – as was reviewed in the revisions of the professoriate that were carried out as part of the School's Strategic Plan "*Translating Discoveries*" (<http://medstrategicplan.stanford.edu/>).

One of the most important recent accomplishments was achieving approval from the University Senate in January, 2003 for Principal Investigator (PI) status for our MCL faculty. This helped to diminish the perceptions that MCL were less valued in the School and University. But it also underscored the importance of MCL faculty – now referred to as clinician-scholars/investigators - to contribute evidence of high quality scholarship in addition to serving as outstanding clinicians and teachers. This serves as a backdrop to the recent discussions we have had with the Provost and then our Executive Committee regarding faculty billets and caps.

As of this month we have 729 faculty in the School of Medicine (which includes faculty on campus as well as the VA and Santa Clara Valley Medical Center). These include 309 Investigators (UTL faculty), 347 Clinician-Scholar/Investigator and 73 Non-Tenure Line faculty. Following discussions with the Provost last spring about a billet cap, the Dean's Office undertook a thorough analysis of the school's billets. We reviewed all of the billet assignments identified in the School, corroborated those with our Departments, determined the number of currently approved active searches as well as billet commitments made to departments or chairs, and the projected number of new or incremental billets that departments needed during the next one to two years. We further carried out an analysis of the relative growth of our faculty over time based on recruitments and losses (to retirement or loss) and projected these forward to determine the future size of the faculty if no changes were made. Further, we included areas of

projected incremental faculty growth based on our new Stanford Institutes of Medicine, Bioengineering and key basic research and clinical areas. These data helped shape our planning and served as the data for a meeting with the Provost on Wednesday October 1st. Based on this, the following decisions have come forth from the University regarding our faculty billets and cap.

- The School is authorized to have a maximum number of faculty size of 900; this is our billet (or body count) cap. As noted above, we currently we have 729 faculty.
- The School's 900 billets are fungible among the faculty lines (University Tenure Line, Non-Tenure-Line, and Medical Center Line).
- In principle, the Provost would consider some flexibility in off-site appointments, including the possibility of additional billets for off-site usage. We currently have approximately 80 of our 729 faculty “off-site”.

Although having a faculty billet cap is new for the School of Medicine, it is appropriate and, based on the current allocations and assignments, will not adversely impact our strategic plans as long as we proceed with careful planning. However it will be essential that we critically assess every faculty appointment in order to assure that we are making the very best use of a billet. Accordingly, every faculty appointment will be viewed as an important component of our future community and the opportunity to fulfill our missions in research, education and patient care.

Our immediate challenge is that in addition to the current 729 faculty, the School has identified 134 active searches underway and some 62 billets that are vacant but which have some commitment attached to them. We want to honor the ongoing searches and commitments but it is important to underscore that just because a search has been authorized, that does not mean that an appointment will be made. Faculty appointments (and the assignment of a billet) will be guided by the quality of the candidate and the role she or he will play in the school.

On a practical basis, we will no longer assign billets at the time a search is authorized. A billet will only be assigned when a candidate has, in the School's assessment, met the criteria for appointment and the appointment file has been approved for submission to the Provost by the A&P committee and the Dean's office. Going forward we will be revising the process for approving searches and I will announce more about that in subsequent communications.

Because our faculty size is now limited to a potential of 900 and in recognition of the fact that our average rate of incremental growth during the last several years has been 30-40 new faculty per year (net of losses), it is clear that we need to be very thoughtful lest we run out of options in the next 5-6 years. This will require careful management and, by definition, a higher level of expectation for each faculty member's performance. I am very cognizant that this may pose some additional challenges for some members of our

community, especially the clinician-scholar/investigator MCL faculty – particularly since the expectations for appointment and promotion have increased over the years. Dr. David Stevenson, Senior Associate Dean for Academic Affairs, is available to address concerns and help advise and guide current members of the faculty who have concerns or questions.

In sum, while the new faculty billet cap poses some challenges, it is also helpful in defining the overall composition of our faculty and in underscoring the value and importance of every appointment. It is also worth mentioning that we are also fortunate to have the “clinician-educator” positions available within the School and recognize how important these physicians will be to our overall mission in patient care and education, recognizing also that the billet cap does not limit this group.

I want to thank several individuals who have spent numerous hours during the past months to gather the critical data and perform important analyses regarding our faculty billets and future plans. Among these are Kathy Gillam, Special Assistant to the Dean; Linda McLaughlin, Assistant Dean for Academic Affairs; Marcia Cohen, Chief Financial Officer and Assistant Dean for Finance and Administration; David O’Brien, Director of Institutional Planning; Dr. David Stevenson, Senior Associate Dean for Academic Affairs; and Dr. John Boothroyd, Senior Associate Dean for Research and Graduate Education.

NIH Releases its Roadmap

On Tuesday September 30, Dr. Elias Zerhouni, Director of the National Institutes of Health (NIH) released “The NIH Roadmap” which is posted on <http://nihroadmap.nih.gov> and summarized in a Policy Forum in the October 3rd issue of *Science* (pages 63-64). Among the key components of the NIH Roadmap are:

- ***New Pathways to Discovery*** – including:
 - Building Blocks, Pathways, a Networks Implementation Group
 - Molecular Libraries and Imaging Implementation Group
 - Structural Biology Implementation Group
 - Bioinformatics and Computational Biology Implementation Group
 - Nanomedicine Implementation Group
- ***Research Themes of the Future***
 - High-Risk Research Implementation Group (including the NIH Director’s Innovator Awards)
 - Interdisciplinary Research Implementation Group
 - Public-Private Partnership Implementation Group
- ***Reengineering the Clinical Research Enterprise***
 - Clinical Research Implementation Group

In preparing this bold new plan for the NIH, Dr. Zerhouni consulted with numerous scientists both intramurally and throughout the country. A number of faculty leaders at Stanford provided consultation and input to the process. I communicated with Dr.

Zerhouni on several occasions the plans unfolding at Stanford, especially our blueprint for *Translating Discoveries* – and we received considerable praise for our forward-looking agenda. Indeed, I believe that we are well-poised to match the plans that have been evolving at Stanford with those of the NIH and will be getting back to you about areas of alignment and opportunity.

Dr. William Mobley Named Director of the Stanford Neuroscience Institute

In the August 18th Dean's Newsletter (see <http://deansnewsletter.stanford.edu/>) I announced the progress underway in establishing the Stanford Neuroscience Institute, one of our four proposed Stanford Institutes of Medicine. I am pleased to announce today that effective September 25, 2003, Dr. William Mobley, John E. Cahill Family Professor in the School of Medicine and, by courtesy, of Neurosurgery, has been named the first Director of this new Institute. Dr. Mobley was recommended for this position by his peers and colleagues who have been members of the Stanford Brain Research Center and I am very pleased that he has agreed to assume this important new responsibility. Over the next several years, the Stanford Neuroscience Institute will be developed with the assistance of public and private funding and will help Stanford to further bridge our basic and clinical research communities within the School of Medicine and across the University. In order to devote his time and effort to the development of the Stanford Neuroscience Institute, he will step down as the Chair of the Department of Neurology. A Search Committee to identify the next chair has been appointed and will be led by Dr. Gary Steinberg, Bernard and Ronni Lacroute-William Randolph Hearst Professor in Neurosurgery and Neurosciences and Professor, by courtesy, of Neurology & Neurological Sciences. I am also appreciative that Dr. Mobley has agreed to continue his responsibilities as chair of Neurology until a successor has been named.

With the appointment of Dr. Mobley as Director, he joins Dr. Irv Weissman as a Stanford Institute of Medicine Director. During the next months we hope to announce the Director of the Stanford Institute for Cardiovascular Medicine and then subsequently for the Stanford Institute on Immunity, Transplantation and Infection.

Executive Committee Update: Report on Ophthalmology

At the Executive Committee meeting on Friday, October 3rd, Dr. Mark Blumenkranz, Chair of the Department of Ophthalmology, gave an update on the progress that has been made in the research, teaching, and clinical care activities over the past five years since he assumed leadership. He began by noting that Stanford had one of the earliest eye care departments, and was in fact the leading department on the West Coast during the 19th century and for the first half of the 20th century while the School of Medicine was located in San Francisco. However, it underwent a period of some decline when the School moved to Palo Alto in 1959 since most of the clinical faculty remained in San Francisco but has, in recent years, experienced rapid growth and improvement through the recruitment of new faculty and the initiation of new programs.

Currently the department consists of 16 faculty, including clinician educators, on the Stanford campus as well as five full time faculty at affiliated hospitals. In addition, there are nine residents (in three programs) and 11 postdoctoral scholars. The program also has 38 clinical staff at Stanford Hospital and Clinics and nine administrative staff.

The current facilities include the Main Eye Center and Eye Laser Center on the third floor of the Blake Wilbur Building, the free-standing California VitreoRetinal Center in Menlo Park, research laboratories in the Grant Building and at the High Energy Physics Laboratory on Stanford's main campus, and administrative offices in the Boswell Building. This dispersion of the department's activities is one of the challenges the department currently faces.

The department's clinical volume has grown over the past ten years from 14,226 ambulatory visits in FY93 to 32,916 in FY03. In addition, the department performed a total of 675 surgical cases at Stanford Hospital in FY03.

Dr. Blumenkranz described Stanford's vibrant and rapidly growing visual science community, which is conducting research in such areas as retinal pathophysiology, prosthetic vision, novel microsurgical tools, advanced diagnostics and imaging, therapeutic laser applications, ophthalmic tissue engineering, corneal prosthetics, and ocular microbiology. He highlighted three basic science research groups within the department: the Biomedical Physics and Ophthalmic Technologies group, headed by Dr. Daniel Palanker; the Ophthalmic Tissue Engineering Group, consisting of Drs. Harvey Fishman, Jaan Noolandi, and Christopher Ya; and the Ocular Microbiology Group, consisting of Drs. Hermina Minor de Kasper and Christopher Ta.

In the area of clinical research, Dr. Blumenkranz described the work being done at the California Vitreo-Retinal Center, which houses a clinical retinal electrophysiological laboratory. It is the site of numerous multicenter clinical trials evaluating a wide variety of diagnostic and therapeutic modalities including quantitative digital imaging, anti-angiogenic therapy for diabetic retinopathy and macular degeneration, as well as new surgical techniques. In addition, a number of clinical studies on refractive surgery are underway at the Stanford Eye Laser Center.

Among the department's recent accomplishments that were highlighted by Dr. Blumenkranz are:

- The establishment of the Stanford Eye laser Center in 1997, which has become the leading academic refractive surgery center on the West Coast
- The incorporation and growth of the California Vitreoretinal Center in 1997, which has become one of the two leading academic retinal centers on the West Coast.
- The recruitment of new faculty and expansion of such clinical subspecialties as corneal diseases; pediatric ophthalmology and retinal diseases; neuro-ophthalmology; and ocular oncology.

The department's goals include:

- Re-establishing, within the next five years, the Stanford department as one of the ten leading ophthalmology departments within the U.S.
- Becoming, within the next ten years, one of the five most elite programs, with leading programs in Interdisciplinary Vision Science, Clinical Care, and Resident and Fellow Education.

Dr. Blumenkranz's presentation highlighted the many areas of progress that have occurred under his leadership. I would like to thank him as well as all of the faculty, staff, and students who have contributed to the many accomplishments of the department.

Faculty-Student Partnership Program

On Tuesday evening, September 30th approximately 120 faculty met with medical students in the Dean's Courtyard to help foster greater interaction and communication between faculty and students to enhance mentoring and career guidance. Based on the attendance and dialogues that occurred, I would rate this as a very successful event. I want to thank Drs. Kuldev Singh and Denise Johnson along with Char Hamada and Robin Casey for putting together this program. Mentoring and guiding our students is one of the most important responsibilities we have in the School of Medicine. Coupled with the Faculty Advisor system, we now have multiple ways of being able to provide advice and input to our students – and to learn from them as well!

Events

- ***Fall Forum on Community Health and Public Service***

The Fall Forum on Community Health and Public Service will be held on Tuesday evening, October 14th in the Bechtel Conference Center (100 Encina Hall) from 5-7:30 PM and will feature poster and oral presentations being done by our Stanford Medical Students and their community partners. In addition, there will be a keynote address by Dr. Steven Schroeder, former CEO of the Robert Wood Johnson Foundation and currently the Distinguished Professor of Health and Health Care, Department of Medicine, UCSF. I hope you will mark you calendars and make every effort to attend.

- ***Walk for Juvenile Diabetes***

Once again a Stanford Medical Team will participate in the annual "Walk to Cure Diabetes. The event will be held on Sunday, October 19th at Shoreline Park in Mountain View. Registration is open at 8:00 a.m. and the walk (which is 3 miles) begins at 9:00 a.m. The 2003 Stanford Medical School Team Leaders for the Walk to Cure Diabetes include Quetzalsol Lopez, Cezar Hernandez, Antonio Alvarez, Sofi Meraz and Rubi Cortes

Please review the web site that is attached if you want to walk and recruit walkers for the Stanford School of Medicine Team

<http://walk.jdrf.org/register.cfm?id=85660380>. If you can't attend and wish to make a donation you can do so at <http://walk.jdrf.org/support.cfm?id=85660380>.

I want to thank our students and members of the Stanford Medical Community for their participation in this event.

- ***Tenth Thomas C. Merigan, Jr. Lecture***
 - On Tuesday, October 7th, Dr. Richard Klausner, Executive Director of the Global Health Programs, Bill and Melinda Gates Foundation, delivered the Tenth Thomas C. Merigan, Jr. Lecture. His presentation was entitled “*The Grand Challenges of Science & Technologies in Global Health*”. On October 17th, Rick Klausner and Harold Varmus will announce in Science the results of the “Grand Challenge” proposals that will be supported by the Gates Foundation. Obviously, it will be important for faculty to review the offerings and determine how Stanford might respond!
- ***Community Faculty Lecture Series***
 - On Wednesday evening, October 1st the second in our series of Community Faculty Lectures was held in the Fairchild Auditorium and addressed the topic of “Everyone Needs a Urologist. Problems of Incontinence, Stones, Cancer, Fertility and Development”. Special thanks to the Urology faculty who participated in the program, including Drs. Linda Shortliffe, Joseph Presti, Stewart McCallum and James Brooks. On November 3rd, Dr. Suzanne Pfeffer and the Biochemistry Department will host a session on “DNA Chips: A Breakthrough for Cancer Diagnosis”.

Awards and Honors

- ***New Recipients of Endowed Chairs:*** The Provost, President and Board of Trustees have approved the awarding of two endowed chairs to members of our School of Medicine faculty. These are:
 - **Dr. Roger Warnke** as the Ronald F. Dorfman, M.B.C., Professor in Hematopathology
 - **Dr. Richard Myers** as the Stanford W. Ascherman, M.D., F.A.C.S. Professor in Genetics

Please join me in congratulating Drs. Warnke and Myers.

- ***The Stanford Medical Youth Science Program (SMYSP)*** has been awarded funding for \$1.4 million dollars over the next five years from the National Heart Blood and Lung Institute (NHLBI). This award will expand SMYSP's activities to include year-round school-based science programs. It will also allow SMYSP to continue encouraging students to pursue advanced studies in the

biomedical and behavioral sciences, thereby increasing the number of health professionals in medically under-served communities.

Congratulations to Dr. Marilyn A Winkleby, Judith Ned and the staff of SMYSP for this wonderful accomplishment.

- ***Dr. J. Martin Brown*** was awarded honorary membership in the European Society for Therapeutic Radiology and Oncology (ESTRO) at their annual meeting, in Copenhagen, last week.
- ***The Office of Communications and Public Affairs*** has won an Award of Distinction from the AAMC for their web site. Eric Weissman and Susan Ipaktchian in our office and Kevin Boyd at MedIT all contributed to the redesign of the site and were recognized for their efforts.
- ***Dr. Kelly Skeff*** is the recipient of this year's McCann Foundation Scholars Award for his years of dedication and excellence in mentoring.
- ***Drs. Ajay Chawla and William Talbot*** have been named Rita Allen Foundation Scholars in recognition of their research contributions.

Dean's Newsletter

October 27, 2003

Notable Upcoming Events

- US Poet Laureate to Visit the School of Medicine: On Wednesday, November 12th a Poetry Reading by Billy Collins, US Poet Laureate will be held at Noon in the Fairchild Auditorium. This is made possible by a generous gift from Helen and Peter Bing and is sponsored by the Arts and Humanities Medical Scholars Program and the Biomedical Ethics and Medical Humanities Scholarly Concentration. I particularly want to acknowledge Dr. Audrey Shafer, Associate Professor of Anesthesiology, for making this important presentation possible. I hope you will attend.
- Dr. David Satcher to deliver the 2003 Symposium on Improving Diversity in Graduate Education. On Tuesday November 18th Dr. David Satcher, US Surgeon General (1998-2002) and currently the Director of the National Center for Primary Care at the Morehouse School of Medicine, will speak at noon in the Clark Center Auditorium. For additional information contact Kimberly Griffin at kgriffin@stanford.edu.

New Department of Otolaryngology-Head & Neck Surgery

I am very pleased to announce that on October 14th the Board of Trustees of Stanford University approved our request to create a new department of Otolaryngology (ORL) - Head & Neck Surgery in the School of Medicine. This will provide an opportunity for

Stanford to further develop its education, research and patient care activities in this important area of clinical medicine. Although this department is new for Stanford, it should be noted that more than 90% of medical schools have such a departmental status for this area. Until now, ORL was administratively housed in the Department of Surgery. I want to thank Dr. Tom Krummel, Chair of the Department of Surgery, for his important help and support in the initiation of this new departmental status.

I am also pleased to let you know that Dr. Robert Jackler, who recently joined Stanford as the chief of the division of ORL, will become the first Chair of the new department of Otolaryngology-Head and Neck Surgery. Dr. Jackler, who is an internationally recognized leader in this field, is uniquely qualified to serve this important role. I am pleased for him and for Stanford that he has agreed to take on this new responsibility.

Board of Trustees: Some Updates on Lucile Packard Children's Hospital and the Stanford Hospital & Clinics

At the Medical Center Committee of the Stanford University Board of Trustees meeting on October 13-14, their respective CEO's, Chris Dawes and Martha Marsh gave presentations about the status of LPCH and SHC. I will summarize some of the highlights of their comments.

- **LPCH:** Mr. Dawes noted that among the most important drivers for the success of LPCH are the successful implementation of its strategic plan; the necessary investments in the programs and leaders in LPCH and the School of Medicine that are enabled by the support of the Children's Health Initiative; the continued growth of LPCH as a regional and national center (in addition to serving the needs of our local community); and judicious and rigorous operational and fiscal management. Mr. Dawes noted that between FY01 and FY03, significant changes have occurred in patient care activities. Notably, inpatient days have increased by 9.1%, discharges by 0.9%, outpatient visits (inclusive of all sites) by 10.8%; and surgery and procedures by 30.3%. These increases in patient care activity have certainly put a strain on the faculty and staff caring for an increasingly sick population of children but have also brought a number of new and important clinical services to this community. They have also increased the operational and fiscal performance of the hospital - consistent with the overarching goals of achieving both preeminence and sustainability. These programs have also been enabled through the support (both grants and gifts) from the Lucile Packard Foundation of Children's Health and the Children's Health Initiative.

During the next several years, the goal of LPCH is to continue to develop its key centers of excellence along with other important services. These include the Heart Center, Cancer Center, Neurosciences and Neurosurgery, Transplantation and Maternal-Fetal Medicine. In addition, surgical programs (including minimally invasive surgery and orthopedics) will also be targets for major initiatives. Accomplishing this level of program development has put a significant strain on the existing inpatient and ambulatory resources at LPCH and has compelled a

major plan for both the renovation of existing facilities as well as strategic planning for additional onsite and offsite care facilities. The goal is to match the facilities development with clearly defined program requirements - aimed at improving patient and family services and enhancing the sustainability and preeminence of LPCH for the decades ahead.

- **SHC:** Ms. Marsh also reviewed her goals for SHC. These include improving the quality and patient satisfaction of the clinical programs offered at SHC in conjunction with improving the financial strength of the institution so that it can support its key missions. Recognizing that just over 60% of the patients served at SHC come from the counties of Santa Clara and San Mateo, she offered plans for a local/Peninsula as well as regional/national and international patient care strategy.

As part of the local strategy, she addressed the importance of SHC's partnering with the School of Medicine faculty to develop and provide a full complement of services, including off-site ambulatory services in primary care as well as specialty programs. In tandem with these services, she noted that the regional/national strategy for SHC would be closely integrated with the School's plans for the Stanford Institutes of Medicine and would address programs in Cancer, Cardiovascular, Neuroscience and Transplantation.

Developing and sustaining program development is contingent on a sound fiscal performance. While this is a very challenging time for academic medical centers, and whereas SHC had a significant deficit in operations in FY01, it has shown steady improvement and positive bottom-line fiscal performance in FY02 and FY03. This is enormously important and offers hope of continued success for the future

Planning for an NCI Comprehensive Cancer Center

With the inception of the Stanford Institute for Cancer/Stem Cell Biology and Medicine, we have been proceeding with the planning for a Stanford NCI-designated Comprehensive Cancer Center. This effort is being lead by Dr. Karl Blume, Professor of Medicine (Emeritus) and Associate Director of the Cancer/Stem Cell Biology and Medicine Institute and formerly director of the Bone Marrow Transplant Service. We are currently planning to submit an application to the NCI in October, 2004. In anticipation of that, a Retreat is planned for Saturday November 15th in the Clark Center (if you are interested in participating but have not yet signed up please contact Sharon.Olsen@Stanford.edu or kgblume@stanford.edu. In preparation for the Retreat, Dr. Blume held a planning meeting for various program leaders Wednesday evening, October 22nd.

Because we are operating on an ambitious time-line, I want to update some of the issues covered during our planning meeting. Importantly, it should be noted that to receive recognition as an NCI designated Comprehensive Cancer Center, an institution must have

a reasonable depth and breadth of research activities in basic, clinical and population based research along with evidence of interactive research that bridges these three areas.

Currently, there are 61 NCI-designated Cancer Centers in the USA. Of these, 39 are Comprehensive Cancer Centers, 8 Basic Research Cancer Centers and 14 Clinical Cancer Centers. Nine of the Cancer Centers are in California (including 2 Basic, 1 Clinical and 6 Comprehensive). Remarkably, Stanford has never formally applied for NCI-designation although it has made several internal moves to do so during the past three decades. (I will not review the history that surrounds this - which is all too well known to many). However, I am intent that we should become a Comprehensive Cancer Center during the next several years.

To be successful in our application, we will have to demonstrate evidence of the following characteristics.

1. A focus on cancer evidenced by available grants and contracts in cancer research.
2. Evidence of institutional commitment by an organizational structure that provides sufficient resources (including space and positions) and a Director who has a position of importance at the institution (e.g., at the same level as a department chair) and evidence of continued support should there be a change in the directorship.
3. A Director who is recognized as an outstanding scientist and who has administrative leadership and authority that is clearly supported by the institution. Importantly, the director must have control over the appointment and review of the faculty to the Cancer Center and must also have authority over specifically designated research space, equipment and related resources. Furthermore, the Director needs to have the authority to assure adequate inpatient and outpatient facilities to achieve the objectives of the NCI Cancer Center.
4. There needs to be evidence of the promotion of initiatives and collaborations within and among the major programmatic areas of the cancer center and an internal process for decision making and priority setting. Further, there needs to be an external advisory committee that provides independent input to the Cancer Center Director.
5. The NCI believes that Cancer Centers are more successful in establishing a distinct identity if they have a clearly identifiable location and if there is administrative oversight over shared resources (i.e., cores).
6. There needs to be evidence of interdisciplinary coordination and collaboration that enhances and adds value to the productivity and quality of the institution's cancer research.

At this juncture, we have some but not all of these characteristics and clearly, during the months ahead, we will be working to achieve all of them. This will be the focus for some of our discussion at the November 15th Retreat. We have also assembled an outstanding External Advisory Board that will be visiting in March to review our progress and plans. This Board includes Drs. Marty Abeloff (Johns Hopkins), Ed Benz (DFCI/Harvard), John Glick (U Penn), Ed Harlow (Harvard), Lee Hartwell (Fred Hutchinson Cancer Research

Center), John Niederhuber (U Wisconsin), Louise Strong (MD Anderson) and Marcy Waldinger (U Michigan).

During the past months, Dr. Blume has been working with leaders at Stanford as well as visiting other Cancer Centers around the country to more formally engage our planning process. Although the exact number of programs that will be included has not yet been determined, there are currently 13 programs and 14 shared services (“cores”) that are being evaluated and developed. I am taking the liberty of including the complete list in this Newsletter both to provide an update on the current planning and to solicit additional input from faculty about the currently designated list or other suggestions or ideas that you might have. I am also including the current program leader recognizing that other faculty have already been designated for these various areas as well.

- ☐ ***Programs in Basic Cancer Research***
 - ☐ Cancer/Stem Cell Biology Research
 - ☐ Program Leader: Irv Weissman
 - ☐ Genomics & Proteomics Research
 - ☐ Program Leader: Pat Brown
 - ☐ Radiation Biology and DNA Repair Research
 - ☐ Program Leader: Amato Giaccia
 - ☐ Cancer Biology, Oncogene and Cell Cycle Research
 - ☐ Program Leader: Joe Lipsick
 - ☐ Cancer Immunology Research
 - ☐ Program Leader: Edgar Engelman
 - ☐ Cancer Cell and Tissue Imaging Research
 - ☐ Program Leader: Sam Gambhir
 - ☐ Biomedical Informatics and Biomedical Computation Research
 - ☐ Program Leader: Mark Musen
- ☐ ***Programs in Translational/Clinical Cancer Research***
 - ☐ Pediatric Cancer Research
 - ☐ Program Leader: Mike Cleary
 - ☐ Lymphoma and Hodgkin’s Disease
 - ☐ Program Leader: Ron Levy
 - ☐ Hematopoietic Cell Transplantation: Biology and Therapy
 - ☐ Program Leader: Ron Negrin
 - ☐ Genetics of Solid Tumors
 - ☐ Program Leader: Jim Ford
 - ☐ Cancer Pharmacology/Experimental Therapeutics
 - ☐ Program Leader: Brandy Sikic
- ☐ ***Program in Population Sciences and Education***
 - ☐ Cancer Epidemiology/Outcomes Research; Patient Information-Education
 - ☐ Program Leader: to be announced

In addition to these program areas, the following cores and their leaders are potentially envisioned:

- ☐ ***Cores - Shared Services***

- ☐ Biostatistics for Clinical Cancer Research - Leader to be announced.
- ☐ Clinical Trials Office - Brandy Sikic
- ☐ Informatics Core - Henry Lowe
- ☐ General and Specialized Animal Resources - Linda Cork
- ☐ Cell and Tissue Distribution - Jonathan Pollack, Jeff Norton
- ☐ High Throughput DNA Sequencing/SNIP - Ron Davis, Peter Oefner, Rick Myers
- ☐ Cancer Imaging - Chris Contag, Sam Gambhir
- ☐ Confocal and Immunoelectron Microscopy - Steve Smith, Tobias Meyer
- ☐ Flow Cytometry - Gary Nolan, Lee Herzenberg
- ☐ Hybridoma - Mike Cleary
- ☐ Transgenic and Knockouts - Mike Cleary, Dean Felsher
- ☐ DNA-Microarray - Gavin Sherlock, Jonathan Pollack, Jan Matthijs van de Rijn, Mike Fero
- ☐ Proteomics - Peter Jackson, Gary Nolan
- ☐ Translational/Clinical Research Resources - George Fisher

To help stimulate the planning and development in each of these areas, I was pleased to announce, at the program planning event, that we would commit \$50K as seed money to each project and core in order to stimulate the development of these areas in preparation for the NCI Comprehensive Cancer Center Grant preparation and submission.

We are on a very ambitious schedule to complete and submit our application to the NCI in October 2004. I want to thank Dr. Karl Blume for the progress he has made to date but also to encourage any of you who are interested in participating in this effort to let us know. Again, the next big event will be our Retreat on Saturday, November 15th in the Clark Center.

Executive Committee: Update on Neurosurgery

At the October 17th Executive Committee, Dr. Gary Steinberg, Chair of the Department of Neurosurgery, gave a fascinating and exciting review of the department and highlighted the positive changes that have occurred over the past seven years since he assumed the leadership of the department.

Among the clinical areas he described were:

- ☐ The Cerebrovascular/Stroke Team, which includes the Intracranial Vascular Malformations group as well as the Stanford Stroke Center.
- ☐ The Radiosurgery program, including the Stereotactic Radiosurgery Program.
- ☐ Spine Neurosurgery
- ☐ Functional Neurosurgery, which includes movement disorders and pain
- ☐ The Stanford Comprehensive Epilepsy Center
- ☐ The Brain Tumor/Neuro-oncology Center
- ☐ The Stanford University Skull Base Team
- ☐ Palo Alto VA Hospital

Dr. Steinberg described the impressive volume trends the department has achieved in total Neurosurgery Service O.R. cases, discharges and days, charges and collections during the past several years. He also provided brief sketches of the department's research areas including:

- ☐ Oxidative stress-related mechanisms of CNS injury
- ☐ The Stanford Neurosurgery Image-Guided Laboratories, including the work of the
- ☐ Stanford Surgical Planning Team
- ☐ Mechanisms of cerebral ischemic injury as it pertains to inflammation, oxidative stress, and apoptosis
- ☐ Brain tumors (the role of bone marrow derived putative endothelial progenitor cells in tumor angiogenesis)
- ☐ Human neuronal stem cells: Control and consequence of neurogenesis in the adult
- ☐ Mild hypothermia, which has been found to provide excellent protection against experimental cerebral ischemia and traumatic brain injury

Importantly, Dr. Steinberg noted that the department's research programs are now ranked 6th nationally in NIH funding. In addition, the department currently has two NIH project grants (Stanford is the only Neurosurgery Department in the country to have two such project grants). They are the Center for Cerebrovascular Disease and the CNS Injury and Edema Research Center.

Dr. Steinberg also described the improvements that have occurred in the Residency Program since 1995, when the department faced the possibility of probation by the Residency Review Committee. Impressively, the department now has a full five-year accreditation and matches its top #1-5 choices out of more than 100 applicants per year. The department recently instituted new requirements for the residency program; these include the submission of peer-reviewed grants for a research year and the presentation of written scholarship at national meetings.

At the same time, it is important to note that the department of Neurosurgery faces similar challenges as other departments; these include funding, space, billets, and recruitment/retention issues. On the other hand, the department also sees great opportunities in taking advantage of advances in computer technology, imaging, bioengineering, molecular and cellular biology to develop new clinical therapeutic strategies. These might include:

- ☐ Minimally invasive surgery
- ☐ Neuromodulation (CNS stimulation)
- ☐ CNS tissue repair
- ☐ Robotic assisted surgery
- ☐ Neurotransplantation for stroke

Dr. Steinberg concluded by pointing out that in 1996, the department's goal was to develop the best Neurosurgery Department in the country over the next decade. Today,

he sees the goal as the development of the finest Neuroscience Institute in the country, one that would:

- Provide the best clinical care and most innovative clinical advances;
- Explore the most exciting fundamental discoveries in neurobiology and technology;
- Set an example for successful translation of basic and clinical research into improved outcome for patients with neurological diseases.

I want to thank Dr. Steinberg for his thoughtful leadership and the faculty, staff, trainees and students of the department of Neurosurgery for their impressive accomplishments.

Fall Forum on Community Scholarship and Service

On Tuesday, October 14th our students led, coordinated and presented at the Second Annual Fall Forum on Community Scholarship and Service. Demonstrating that service to the community can be coupled with thoughtful and analytic studies to demonstrate their performance, we were treated to poster and oral presentation on a wide-reaching array of topics. Special thanks to Anne Braun Zink (SMS II) and Brent Kobashi (SMS II) for their important leadership in this event.

In addition to excellent oral presentations by Khaliah Johnson, Courtney Griffiths, Glenn Valenzuela, Joyce Javiar, Andrea Pomrehn, Ward Myers, Brent Kobaschi and Elise Lawson, we were also treated to a presentation by community partner Mr. Luther Brock and a special keynote address by Dr. Steven Shroeder, formerly CEO of the Robert Wood Johnson Foundation and presently Professor at UCSF.

This is an excellent event and if you didn't have the opportunity to attend it this year, I hope you will make every effort to do so when it is held next Fall!

Bing Lecture Series Resumes

On Wednesday, October 15th the Bing Lecture Series commenced for 2003-2004. This tradition which dates back decades, involves having a Stanford School of Medicine faculty member deliver a special lecture to a group of friends of Stanford in Los Angeles. Our first speaker of this season was Dr. Sam Gambir, Professor of Radiology, who recently joined Stanford from UCLA to serve as the director for the rapidly evolving area of molecular imaging. He gave an excellent presentation.

Other faculty selected to present at the Bing Lecture series include Marlene Rabinovitch, M.D., Dwight and Vera Dunlevie Professor of Pediatrics, Professor of Developmental Biology and Research Director of the Wall Center for Pulmonary Hypertension; Gary Heit, Assistant Professor of Neurosurgery; and Michael Longaker, Deane P. and Louise Mitchell Professor in the School of Medicine.

Fostering Compliance and Integrity in Clinical Research

On Monday October 20th, the Stanford ACCESS Program sponsored its 4th Annual Symposium for Clinical Research Personnel. I want to thank at the outset Dr. Steve Alexander, Director of ACCESS, along with Mary Sweeney and members of the ACCESS Clinical Trials office, for making this another very successful event.

As with past symposia, this year's event dealt with the extremely important topic of compliance and integrity. The Keynote Speaker was Dr. Arthur Rubenstein, Executive Vice President and Dean, University of Pennsylvania. In addition to experiences emanating from a long and distinguished career as a physician-scientist, Dr. Rubenstein also chaired the Institute of Medicine's Committee on Scientific Integrity, the recent report of which addresses the important topics of individual and institutional integrity.

Through the symposium, by case study (and some theater), speakers addressed some of the key issues that challenge compliance including: unapproved tissue banking; improper consent process; data gathered outside of IRB approval; lack of training of investigators and staff; failure to adequately inform patients of risks associated with a clinical trial; inadequate protection of privacy and confidential data; not informing the IRB of collaborating sites; databases and privacy; inappropriate recruitment of subjects; and changes to the protocol without IRB approval. Because any one of these can impact institutional compliance, it is imperative that participants in the clinical research process become as informed as possible about their responsibilities and the appropriate and safe conduct of clinical research. This year's ACCESS symposium provided lots of insights and education to help our research community be informed - and compliant.

Clark Center Dedication and BioX

During the past weeks much has been written about the Clark Center and BioX, culminating in the dedication of the Clark Center on Friday October 24th. I certainly won't repeat the comments and reports that have appeared in various publications (see summary in the October 22nd issue of the Stanford Report - <http://www.stanford.edu/dept/news/report/>). At the same time, I want to thank all of the School of Medicine's faculty, students and staff for the work they have done to bring this important interdisciplinary program to its current level of success. There is little doubt that in the years ahead, programs like BioX will define Stanford and create a new landscape for education and research - and a resource for generating knowledge that can help fulfill our mission in "Translating Discoveries."

I would be remiss however if I did not thank some of the individuals within the School of Medicine who played a key role in the early developments of BioX. I apologize in advance if my acknowledgement list is incomplete - but it should certainly include Professors Jim Spudich, Bill Mobley, Lucy Shapiro, Harvey Cohen - and, of course, Matt Scott, who now serves as the Program Director for BioX. In a number of important ways, BioX is building on previous Stanford programs that have fostered interdisciplinary education and research and which are clearly part of our institutional fabric - and undoubtedly much of the future in the 21st Century and beyond.

NIH Roadmap and the Grand Challenges

In the October _ Dean's Newsletter, I commented on the recent announcement by the NIH of its new Roadmap for Research (www.nihroadmap.nih.gov) and, in addition, on the announcement in the October 17th issue of Science on the Grand Challenges that will be supported by the Bill and Melinda Gates Foundation (www.grandchallengesgh.org). These are significant events in that they are likely to have an impact on reshaping the way we conduct biomedical research. While it is imperative to foster investigator initiated basic research and to support it via the traditional NIH RO1 funding mechanism, it is clear that both the NIH and the Gates Foundation are planning to support more team-based problem oriented research that addresses important questions and which has an impact on translating discoveries from the bench to the bedside (and back).

I believe that our Strategic Planning process in the School of Medicine during the past two years has made us uniquely suited to seize some of these new opportunities. To help explore ways to do that, I have asked Drs. Harry Greenberg and John Boothroyd, Senior Associate Dean's for Research, Graduate Education and Postdoctoral Affairs, to lead a task force that ascertains how we can optimize our institutional success. They will also explore what resources may be necessary to enable us to be as successful as possible. I will be reporting about their progress in future issues of the Newsletter - but also want to encourage you to submit your ideas or suggestions to Drs. Greenberg and/or Boothroyd.

Newly Elected Members to the Institute of Medicine, National Academy of Sciences

At its national meeting on October 27-28, the newly elected members to the IOM were announced. Of the 70 new members, four are from our Stanford faculty. They include:

- Ann Arvin, Lucile Salter Packard Professor of Pediatrics and Professor of Microbiology and Immunology
- Helena Kraemer, Professor of Biostatistics in Psychiatry
- Alan Schatzberg, Kenneth T. Norris, Jr. Professor of Psychiatry and Behavioral Sciences
- Mark McClellan, Associate Professor of Economics and of Medicine and of Health Research and Policy (currently on administrative leave)

This brings our total Stanford membership in the IOM to 38 members. Given the small size of our School, this is an amazingly high number of individuals who have achieved this impressive distinction.

Additional Selected Awards and Honors

- ***Professor Irv Weissman*** has been selected as this year's recipient of the J. Allyn Taylor International Prize in Medicine for his extraordinary contributions to science in the area of Cell-Based Therapeutics. The Prize will be awarded in London, Ontario, on November 5, 2003.

- **John J. Barry, MD**, Director of the Neuropsychiatry and Individual Psychotherapy Clinics and Assistant Professor of Psychiatry has been awarded the ninth Annual Outstanding Faculty Physician Award for excellence in the specialty care of students, from the Vaden Heath Center

Announcement

- The next Community Lecture Series will be held at 7:00 p.m. on Wednesday, November 5th at the Clark Center Auditorium. Suzanne Pfeffer, PhD, Chair of the Department of Biochemistry, will discuss "DNA Chips: A Breakthrough for Cancer Diagnosis" and cover innovative new molecular and genetic tools for diagnosing disease. This free event is one of an ongoing series of lectures on important issues in health care and biomedical research.

Appointments and Promotions

- **Mark Blumenkranz** was reappointed to Professor of Ophthalmology at the Stanford University Medical Center, effective 2/1/2004.
- **Matthew Bogyo** has been appointed to Assistant Professor of Pathology, effective 11/1/2003 to 10/31/2006.
- **Andrew Fire** was appointed to Professor of Pathology and of Genetics, effective 11/1/2003.
- **Shai Friedland** was appointed to Assistant Professor of Medicine (Gastroenterology and Hepatology) at the Palo Alto Veterans Affairs Health Care System, effective 10/1/2003 to 9/30/2006.
- **Kevin Lemley** was appointed to Associate Professor of Pediatrics (Nephrology) at the Lucile Salter Packard Children's Hospital, effective 10/1/2003 to 9/30/2008.
- **Robert Norris** was reappointed to Associate Professor of Surgery (Emergency Medicine) at the Stanford University Medical Center, effective 2/1/2004 to 3/31/2009.
- **Minnie Sarwal** was appointed to Associate Professor of Pediatrics (Nephrology) at the Lucile Salter Packard Children's Hospital, effective 10/1/2003 to 9/30/2008.
- **Kuldev Singh** was appointed to Professor of Ophthalmology at the Stanford University Medical Center, effective 10/1/2003.
- **William H. Robinson** has been appointed to Assistant Professor of Medicine, 11/1/2003 to 10/31/2006.

Dean's Newsletter

November 10, 2003

Reflections From the Community on the Future of Medical Education: Sustaining a Human Connection.

During the past several months we have been holding a number of evening discussion groups with interested members of our community on the future of medical education. Thanks to the hospitality of Dr. Ralph and Marilyn Spiegel, two dinners were recently held in their home that offered the opportunity to discuss, in a small group setting, what interested members of our community believe is important in the education of outstanding physicians. At these events I had the opportunity to reflect on the goals and objectives we have set for medical education at Stanford. Importantly, these events have also afforded an opportunity to listen and learn from individuals who share a concern and commitment about the future of medicine.

It has been remarkable to me that at each of these sessions a common theme has emerged. While it is obvious to all that great strides have been made in science and that research has improved significantly, innovations in health care, nearly everyone with whom I have spoken has virtually independently identified something that they believe is lacking in modern medicine and its practitioners. Namely, the human touch, the connection of the physician to his or her patient, the time available for doctors to listen to what their patient is saying and spend the requisite time responding to their concerns. It is the perception that modern medicine has been disrupted by the economics that surround health care, its rising costs, the problems with accessibility and the opportunities for choice. In important ways, our community has recognized and articulated the unfortunate dichotomy that now exists in American medicine: the unparalleled opportunity for continued scientific discovery and innovation that will reshape how we approach the diagnosis, management and prevention of human disease cast against the chaos and uncertainty of health care access and delivery in the current fiscal environment in which premiums are rising, access is challenged and the time that a physician can spend with his or her patient – listening to their concerns and making that human connection – is increasingly challenged.

The dilemma is exceptional and the solutions are not easy. Clearly we can react to some of the challenges at hand – but others will need a wider solution, likely both political and legislative. We can and must, of course, not lose sight of educating our students and trainees to learn, to listen, to reach out and to connect to their patients. Some have called this the “art-of-medicine” others the “bedside manner”. From my perspective it is the fundamental underpinning of what makes a great physician. Exceptional scientific knowledge, along with a critical and analytic approach to clinical care that is evidence based and data-driven is essential. But unless these skills are coupled with a caring and compassionate manner, the value of the patient encounter is diminished. Importantly the patient feels less well served and perception of the physician as a “healer” is altered.

We are now engaged in the New Curriculum that impacts our First Year Students, as well as the continued training and education of outstanding students and residents who have joined the Stanford community during the past several years. Assuring that each develops the knowledge and skills of the compassionate and caring physician is essential. It is incumbent on us to make this part of every patient encounter and also to formalize it in our clinical training and evaluations. I believe this is an area that we can and must do better than we have in the past. It is also one where we need to hold each other mutually accountable and responsible in assuring that patients and our community are well served. That is what they are seeking –and that is what they should receive.

As to the broader agenda regarding the future of health care, I strongly feel that academic medical centers, including Stanford, need to be much more proactive in the process. To date, most centers have been reactive and, as a consequence, our centers and the public have both suffered. We have not done a very good job of communicating the issues or championing potential solutions – including in a public forum. Whether one believes that the way to control costs and improve quality of service and care resides in stronger market competition, with increased responsibility by the consumer, or in a more fundamental change toward a single payer system, it seems clear and increasingly inevitable that major change will come. The current scenario of double-digit increases in health care premiums, the challenges of access, the limits on quality and service, are not sustainable.

As these changes unfold it is imperative that we not lose sight of the future. It is all too easy to believe that the solution resides in “managed competition” and access to the low cost provider. But that loses sight of the importance of supporting research and innovation to improve health care – something that low cost providers and insurance companies do not invest in – but rather expect to receive. Our academic medical centers are critical to our future health care system – but they require support from our communities. While the public has been generous in the past, it is also clear that their future investments in supporting academic medical centers are also likely to be influenced by their perception of the quality of our physician work force and community. The message I have received and reflected above is that we need to do more to educate and train our physicians to be better listeners and more compassionate healers. However, finding time for them to serve patients is squandered by a health care system that makes medicine a commodity and treats patients as economic units or “market share”. Clearly coupling our education of physicians with a much stronger voice in changing the health care environment is essential – to American Medicine and to Stanford. We all need to work on this if we are to succeed in the future.

Update on SMILE: A Local and National Perspective

During the past year, the Stanford Medicine Information and Learning Environment (SMILE) planning group has made considerable progress in defining the scope of the programs for our future education and library facilities. We now envision a 120,000 gasf building that will be housed on the site currently occupied by the Fairchild Auditorium that will serve as the hub for our immersive learning programs (with additional programs

at the VA Hospital, Stanford Hospital & Clinics, Lucile Packard Children's Hospital, SUMMIT) and other areas of the School and University. We are also planning for much more flexible conference facilities that will include large and small classroom settings enabled by innovative technology. Central to SMILE will be the Knowledge Management Center that will provide distributed digital information (journals, books, etc) throughout the Medical Center as well as a facility in SMILE for interaction, education, resource development and research. As we craft and refine the plans for SMILE, we are also engaged in – and hopefully also leading – a national debate on the future of libraries.

Along with Parvati Dev, Associate Dean, Learning Technologies and Director, SUMMIT Lab and Debbie Ketchell, Associate Dean for Knowledge Management and Director, Lane Medical Library, I attended and spoke at a national symposium sponsored by the National Library of Medicine on November 5-6th. Whether medical centers of the future will still have a traditional library or have an entirely digitalized distributive model was at the heart of the debate at this conference. We had the opportunity to present the approach we are developing at Stanford, thanks to the very able program leadership of Ms. Maggie Saunders. It is our view that SMILE will be more than a place – it will truly be a distributed environment for learning and education. It will also serve as the hub for our knowledge center, providing a crossroad for communication between and among faculty, students, staff and the community. But it will also provide a locus from which knowledge will be disseminated to desktop computers throughout the medical center, at home or anywhere where access to the Stanford Medical Information Technology System is possible.

Debbie Ketchell summarized the discussions that took place about the library of the future as follows:

“Libraries are becoming locally divergent, integrated into multi-functional buildings and managers of learning spaces. Space should be highly flexible for an indeterminate future.... The library is a shared, collaborative space for scholarship and learning. Innovation happens where disciplines collide. The library is a place of refuge for quiet study and thinking.

“The library is a human space. The essence of good space remains the same: good location; natural, filtered light; transparency; bring the outdoors in; comfort and social ambience; and inspiration with modern functionality.... Plan for library as place and virtual service.

“The library is a knowledge hub: a site for both knowledge management and curriculum development. The library supports communication: staff-staff, user-user, and user-staff. Wireless, mobile, anywhere access will be the norm....Content is moving rapidly to digital and print materials are moving into compact and high-density storage. ...”

It is encouraging to know that we have anticipated and planned for these important considerations in our SMILE project.

Science and the Public: Challenges to the Integrity of Investigation

Peer-reviewed publicly supported research takes many forms but rarely does it become the target of religious groups or political oversight. Behavioral research can be more vulnerable to attack because it can touch on sensitive issues that may raise concerns among special interest groups. At the same time, behavioral research is essential to how we address major public health problems and disease – whether they are access to care or high-risk behaviors (including sexual activities) that result in vulnerability to disease. One might argue that had the behavioral research agenda been more robust and engaged during the early days of the AIDS pandemic, it might have been possible to have limited the current global impact of this disease.

It is thus with serious concern that one must view the recent news that religious groups and members of congress have become directly involved in scrutinizing some 200 NIH funded grants addressing sexual behavior. While one does not deny that some of this research is likely to be controversial, it is essential to affirm that that peer-reviewed scientific research should not be singled out for targeting – potentially adversely impacting its ability to better inform the way we approach public health and preventive medicine issues and challenges.

While as best as we can tell, none of these targeted 200 investigators are at Stanford, this is an issue that affects us all – and that we must strongly oppose. I raise my personal opposition to such a policy and call on each member of our community to be attentive and vigilant to the current environment that has disbanded scientific advisory groups, imposed a standard of what might constitute “ethical behavior” and now challenges the integrity of the NIH peer review process. The Association of American Medical Colleges has deplored “all efforts to subject the NIH research portfolio and individual research grants to ideological litmus tests”. The AAMC has gone on to state that the “American public must demand that the most scientifically rigorous and relevant research addressing vital public health concerns be funded without regard to the sectarian or ideological views of political parties or other special interest groups - regardless of where they reside on the ideological spectrum”.

As members of the scientific community – and one engaged in trying to improve the public health through research – it is imperative that we each stand against such invasions to scientific integrity.

Health and Public Policy Forum

We are in the process of formalizing a Health Policy Forum that will address important issues and challenges in health care, medicine and public policy. We anticipate that in the future, speakers at the Health Policy Forum will include members of our Stanford community as well as invited guests.

I am pleased to invite you to a School of Medicine Health and Public Policy Forum on Monday, November 24, 2003. Our guest will be Senator Arlen Specter, who will discuss his vision for the future of NIH and other policy issues including stem cell research. The forum will take place at the Clark Center Auditorium, 318 Campus Drive West, Stanford, California, from 9:30 to 11:00 a.m. I hope you can join me for this event. We expect a lively exchange of ideas.

Senator Specter currently serves as the Chairman of the Labor, HHS and Education Appropriations Subcommittee, the congressional committee that makes yearly federal funding decisions for the National Institutes of Health. It is with Senator Specter's consistent support that the NIH budget has doubled in recent years. Most recently Senator Specter joined forces with California Senator Dianne Feinstein to offer an amendment in favor of an additional \$1.8 billion over President Bush's fiscal year 2004 budget request for NIH.

If you are interested in attending please send your RSVP to janab@stanford.edu by November 17th to confirm your attendance. I look forward to seeing you there.

Planning for the NIH Roadmap

As noted in the October 27th issue of the Dean's Newsletter (<http://deansnewsletter.stanford.edu/>) I commented that we have put together a Task Force to help assess our response to the Road Map and the various RFAs that will emerge from it. The group has begun meeting and I will update you on their progress as it unfolds. I also had a very helpful meeting with Dr. Elias Zerhouni, Director of the NIH, while I was in Bethesda earlier in the week. He has already affirmed how closely our Stanford School of Medicine Translating Discoveries aligns to the NIH Road Map. Moreover, he indicated that he views Stanford as one of the few medical schools clearly committed to innovation and translational medicine and proffered that this commitment should help our efforts in further aligning with the NIH's future directions. Clearly that is very much our goal.

Association for the Assessment and Accreditation of Laboratory Animal Care to Visit Stanford

Dr. Linda Cork, Chair of the Department of Comparative Medicine has asked that I share the following message with you.

“On November 18-20 the Association for the Assessment and Accreditation of Laboratory Animal Care (AAALAC) will conduct an accreditation site visit of Stanford. AAALAC is an independent organization of basic scientists, veterinarians, and animal care specialists that reviews and certifies animal care programs. AAALAC is concerned with whether the appropriate mechanisms and processes are in place to ensure quality animal care. They want to be certain that the institution has the means to oversee the welfare and safety of animals and the people who work with animals in research settings. AAALAC accreditation, like accreditation by other accrediting organizations, is

extremely important for Stanford. It is the “*Good Housekeeping* seal of approval” for animal care, and being AAALAC accredited greatly simplifies the grant process where animals are used.

“If you work with animals, you can anticipate that AAALAC site visitors will come to your laboratory during the site visit. The AAALAC site visitors are your colleagues and experienced scientists; they are very knowledgeable about laboratory animal research in academic research institutions and industry. Site visitors will be interested in your animal research, and how you perform it. It is highly likely that they will ask questions of you, your students, or staff in a low key, conversational manner. The sorts of questions that AAALAC site visitors have asked during site visits include:

- Have you read your animal care protocol and its amendments? Where is it?
- If you have signed off on Guidelines for a particular procedure, have you read the Guidelines?
- Do you know where your Materials Safety Data Sheets (MSDSs) are? Have you had occasion to use them? Were they helpful?
- If you use radioactivity in animal experiments, what precautions do you use?
- Where is your Standard Operating Procedure for this procedure?
- Could you show me how you keep records for animal surgery?
- What sort of training did you have in using animals? Who trained you?
- What kind of safety equipment do you use (e.g. face mask)? What sort of protection does it provide?
- What do you know about the Occupational Health Program? Are you enrolled?
- Do you have allergies to animals?
- Do you know any zoonoses that are associated with the species you use?
- If you do field studies, what kinds of diseases/parasites might be present in these wild animals?

Please discuss the importance of the AAALAC site visit during your lab and department meetings. If you have any questions, please contact the Department of Comparative Medicine and the Veterinary Service Center (VSC) (<http://www.med.stanford.edu/school/CompMed/>)”.

Celebrating America’s Women Physicians

The National Library of Medicine has created an exhibit to celebrate the accomplishments of women in medicine since they first gained entrance to medical school some 150 years ago. As is noted in the curator’s statement “Whether shaping public health policy for whole populations, or providing health care to patients within a small community, women have changed the face of medicine at every level. They have also expanded its scope, often focusing on the needs of underserved populations or the ways in which race and gender affect health and illness. In scientific research, medical practice, and the education of future physicians, women have made important contributions to the health and well-being of us all, around the world. The Exhibition Program at the National Library of Medicine is acknowledging these achievements as well as the struggle to attain them, by commemorating the lives and the work of more than three hundred women physicians from the 19th century to the present day”.

I am pleased to report that two Stanford faculty members are included in the Changing the Face of Medicine exhibit at the NLM. They are:

- **Frances Conley** – who was “the first women ever granted tenure in neurosurgery at a medical school in the United States. At Stanford University she faced great opposition from male colleagues in 1998 and risked her career by publishing an account of sexism at the medical school. Conley had an illustrious and influential career as well as an accomplished life outside of medicine. In 1971, she and her husband were the first husband-and-wife team to run the San Francisco Bay to Breakers 7.8 mile race. Dr. Conley was also the first woman to win”. Dr. Conley is currently retired.
- **Linda Shortliffe**, currently Professor and Chair of the Department of Urology. “Linda Shortliffe’s parents, who as Japanese –Americans had endured discrimination and internment during World War II, encouraged her to pursue a career in medicine so that she would have a financially secure future and a useful, portable career. She followed their advice but took an even more ambitious approach to her work, training in the male-dominated field of urological surgery where, by the time she qualified in 1983, she was one of only fifteen women board certified in the specialty”.

Honors and Awards

- **Dr. Samuel LeBaron**, has received the AAMC Humanism in Medicine Award. Dr. LeBaron, who is trained both as a psychologist and a family practice physician, has been recognized as a compassionate teacher and mentor, a tireless advocate for the underserved, and a role model to his peers. Recruited to develop Stanford medical school's required core clerkship in family and community medicine, he is now the director for the Center of Education in Family and Community Medicine. Under his leadership, the center has made the study of family practice a vital part of both the medical school's curriculum and of the university's academic culture as a whole.
- **Dr. David Spiegel** has been named the 2004 recipient of the Marmor Award and the Marmor Award Lectureship by the American Psychiatric Association. The award honors an individual who has made research contributions that significantly further our understanding of the multifactorial biopsychosocial elements involved in mental health and illness. The award has been given only four times.
- **Dr. Harry B. Greenberg**, the Joseph D. Grant Professor in the School of Medicine, has been elected as a fellow of the American Association for the Advancement of Science for his fundamental studies of the biology of human viruses, particularly for studies of immunity to and pathogenesis of rotaviruses.

Announcement:

SPIRIT Award to be Presented at December 13th Recognition Dinner: The Third Annual School of Medicine SPIRIT Award will be presented to two School of Medicine employees at this week's Dean's Annual Staff Recognition Banquet, Thursday, November 13, 2003. The Award acknowledges two staff members who have been selected for providing outstanding contributions to the mission and vision of the School of Medicine. This year's award winners are: Reese Zasio, Facilities Engineer/Coordinator, Veterinary Service Center, Department of Comparative Medicine, and Valerie Williams, Administrative Associate, Division of Cardiovascular Medicine. The Dean's Annual Staff Recognition Banquet is a wonderful celebration acknowledging the School of Medicine's long-term employees and will be held at the Stanford Faculty Club.

NIH Loan Repayment Programs increase awards by 66%: The NIH reported today that it awarded loan repayment contracts totaling \$63.3 million to 1,200 researchers across the nation in Fiscal Year 2003. This represents a 66% increase in the number of awards over FY 2002, the first year NIH implemented the loan repayment programs nationwide. Loan repayment contracts are competitively awarded to health professionals who commit to engage in qualifying research.

Of those awarded, over half were researchers who completed their doctoral degree within the past five years. In addition, more than half of the awardees hold M.D. degrees; more than a third, Ph.D. degrees; 8%, M.D./Ph.D. degrees; and 5%, other doctoral degrees.

NIH Loan Repayment Programs (LRPs) can repay up to \$35,000 a year of qualified educational debt for health professionals pursuing careers in clinical, pediatric, contraception and infertility, or health disparities research. LRPs also provide coverage for Federal and state tax liabilities. Applicants must have a doctoral-level degree, devote 50% or more of their time to nonprofit- or government-funded research, and have educational debt equaling at least 20% of their institutional base salary. U.S. citizens, permanent residents, or U.S. nationals may apply.

The NIH Loan Repayment Programs are a vital component of our nation's efforts to attract health professionals to research careers in areas of national need. The programs are the Clinical Research LRP, Pediatric Research LRP, Contraception and Infertility Research LRP, Clinical Research for Individuals from Disadvantaged Backgrounds LRP, and Health Disparities Research LRP.

All applications for 2004 awards must be submitted online by December 31, 2003 at 5PM EST. Additional information and the LRP online application is available at www.lrp.nih.gov.

Appointments and Promotions

- ***Jennifer Agramonte*** was appointed to Assistant Professor of Orthopedic Surgery at the Lucile Salter Packard Children's Hospital and at the Stanford University

Medical Center, effective 11/1/2003 to 10/31/2006.

Dean's Newsletter

November 24, 2003

Moving Toward a NCI-Designated Comprehensive Cancer Center

On Saturday November 15th, nearly 100 faculty members from across the University participated in the first planning retreat for our Stanford School of Medicine application to the National Cancer Institute (NCI) to become a Comprehensive Cancer Center. In the October 27th issue of the Dean's Newsletter, I summarized the progress we have been making in assembling the program areas, cores and project leaders. The November 15th Retreat gave me confidence that we will indeed be successful in meeting our October 2004 deadline for submission of the grant proposal to the NCI. I want to thank Dr. Karl Blume, Associate Director of the Cancer/Stem Cell Biology and Medicine Institute for his tireless efforts in crafting the construction of our proposal and for bringing the leaders together to share their developing plans and, perhaps equally important, their excitement and enthusiasm in moving forward. I also want to thank Ms. Sharon Olsen for arranging for the logistics for the Retreat which was held in the new Clark Center.

During the eight-hour Retreat, we reviewed the background plans and requirements for moving forward with the NCI application. Importantly, we heard reviews by faculty who had participated in other NCI Comprehensive Cancer Centers (CCC) about the benefits to junior faculty and trainees of being part of a CCC. Dr. Sam Gambhir, who recently joined Stanford as Professor of Radiology and Director of Molecular Imaging, shared his experiences as a faculty member in the Johnson Cancer Center at UCLA as did Dr. Dean Felcher, Assistant Professor of Medicine, who trained at UCSF during the time that it became an NCI-Designated Comprehensive Cancer Center. We also affirmed that Stanford has had a somewhat jaded history during the past 30 years, having made at least four unsuccessful organizational moves in moving toward applying to the NCI to become a CCC. However, nearly all agree that the current planning efforts feel distinctly different from those of the past and that there is now clear evidence of commitment – from both faculty and leadership – that the time to move forward is now.

The major focus of the Retreat were presentations by Program and Core leaders about their developing plans, including the goals and themes that individual projects are likely to focus on and, perhaps most importantly, how they would foster interdisciplinary programs in research, education and patient care. Indeed clear evidence of intersections and interactions among the various programs became quite evident during the Retreat and I was also very pleased that faculty from Humanities and Sciences and Engineering joined our basic and clinical science faculty in the School of Medicine during this planning Retreat.

Although there may well be changes in the composition or number of Programs and Cores as the planning continues, the current structure of the grant has the following elements:

I Programs in Basic Cancer Research		Program Leader
A	Cancer/Stem Cell Biology	I. Weissman
B	Genomics and Proteomics	P. Brown
C	Radiation Biology and DNA Repair	A. Giaccia
D	Cancer Biology and Cell Cycle	J. Lipsick
E	Cancer Immunology	E. Engleman
F	Cancer Cell and Tissue Imaging	S. Gambir
G	Biomedical Informatics and Biomedical Computation	M. Musen
II Programs in Translational/Clinical Cancer Research		Program Leader
A	Pediatric Cancer	M. Cleary
B	Lymphoma and Hodgkin Disease	R. Levy
C	Hematopoietic Cell Transplantation	R. Negrin
D	Genetics of Epithelial Tumors (Skin, Breast, Lung, GI, GU, GYN)	J. Ford
E	Cancer Pharmacology/Experimental Therapeutics	B. Sikic
III Program in Population Sciences and Education		Program Leader
A	Cancer Epidemiology/Outcome Research/Patient Information-Education/Cancer Control	D. West*

* Dr. West is currently Director of the Northern California Cancer Center. In addition to his responsibilities at NCCC, it is anticipated that Dr. West will join Stanford as a faculty member and that a formal affiliation with NCCC will be officiated.

In addition to these 13 program areas, we are currently anticipating 14 Cores or Shared Resource areas in our application. These are critical components of a CCC and will play an important role in facilitating the research, education and clinical programs. Although there may be changes in the number or composition of the cores as the planning proceeds, those currently being developed include:

IV Shared Resources ("Cores")		Leader
A	Biostatistics	B. Brown/T. Lai
B	Clinical Trials Office	B. Sikic
C	Informatics	H. Lowe
D	General and Specialized Animal Facilities	L. Cork, R. Tolvani
E	Cell and Tissue Distribution	J. Pollack, J. Norton
F	High Throughput DNA Sequencing/SNIPS	R. Davis
G	Cancer Imaging	C. Contag, S. Gambir
H	Confocal and Immunoelectron Microscopy	S. Smith, T. Meyer
I	Flow Cytometry	G. Nolan, L. Herzenberg

J	Hybridomas	M. Cleary
K	Transgenic and Knock-Out Mice	M. Cleary, D. Felsner
L	DNA Microarray Data Base	G. Sherlock
M	Proteomics	P. Jackson
N	Translational/Clinical Research Resources	G. Fisher

Whether you were at the November 15th Retreat or not, if you have an interest in any of these areas please contact the respective Program Leader and let them know of your interest. I am eager for this to be a highly inclusive process – and, of course – for our grant application to be as successful as possible.

During the next several months, Program Leaders and faculty will further refine their plans and we will form an Executive Committee, which will provide oversight over the future planning and help determine the more final composition of the grant application. It is clear that we are still at an early phase of this process. But, it is also clear that we have an outstanding program that we can delineate, hallmarked by incredibly strong science and excellent clinical programs. That said, our application will be made successful through the excitement and commitment of the faculty and program leaders. Based on the Retreat, I now feel confident that we are truly on track! I will keep you apprised of our progress as it evolves in the months ahead.

Faculty Demographics: Progress but More is Needed; Visit by Dr. David Satcher

On Tuesday, November 11th, we reviewed Stanford University's Faculty Affirmative Action Plan with Dr. Pat Jones, Vice Provost for Faculty Development as well as the current demographic status of the School of Medicine in comparison to other Schools in the University and to the national benchmarks delineated by the American Association of Medical Colleges (AAMC). Obviously this is a dynamic process and the data we reviewed was based on a September 1, 2002 snapshot. At that time, the university roster indicated that the School of Medicine had 717 faculty of which 23.6% were women and 18% were underrepresented minorities.

The data for faculty demographics is further broken down by rank and affiliation with basic or clinical science departments. Again using 2002 data, 27.7% of the Stanford basic science faculty were women compared to the AAMC average of 25.5%. At the same time, only 7.4% of the Stanford basic science faculty were underrepresented minorities compared to the AAMC average of 16.8%. Using the same time period, 24.6% of the Stanford clinical faculty were women compared to the AAMC average of 26.6%, and 19.6% of the Stanford clinical faculty were underrepresented minorities compared to the AAMC average of 17.9%.

Although we clearly have a need to make additional progress, it is slightly encouraging that the percentages of faculty at the Assistant Professor rank who are women or underrepresented minorities exceed the AAMC averages in nearly every case. That said, it is our intent to continue to focus our energies on improving the diversity of the School

of Medicine faculty, including the representation of women and underrepresented minorities.

Further focusing our attention on diversity in our education and training programs was the excellent presentation that Dr. David Satcher gave to the School and University community on Tuesday November 18th. Dr Satcher delivered a message about the impact of diversity on the education of all members of the medical or research community and the fact that the kinds of research programs that are addressed can also be influenced by the racial and personal background of trainees and scientists. Dr. Satcher underscored that while we have made strides in attracting students to medical school, we need to do better in graduate education programs. Dr. Satcher is well qualified to address this topic having received his MD and PhD degrees from Case Western Reserve in 1970. He subsequently became a faculty member at Meharry Medical College, where he became President in 1982. In 1994, he became Director of the Centers for Disease Control and Prevention and from 1998 – 2002, he served as Surgeon General of the United States where he had major impact on studies of race and ethnicity. He is currently the director of the National Center for Primary Care Research at Morehouse School of Medicine.

Stanford Medical Student Association (SMSA) Statement on Non-Discrimination Endorsed by Executive Committee

Because of concerns among students at Stanford Law School and other schools around the nation, the SMSA offered the following resolution on November 20th. At our School of Medicine Executive Committee meeting on November 21st, we considered the SMSA statement as well as the broader issues related to non-discrimination. The Executive Committee offers its endorsement of the SMSA resolution that follows:

A Resolution from the Stanford Medical Student Association (SMSA) to Support Stanford Law School's Non-Discrimination Policy

Stanford Law School adheres to a non-discrimination policy that includes sexual orientation in addition to other characteristics such as gender, ethnicity, race and physical disability. Like other law schools, Stanford applies this policy to employer's wishing to recruit students at the law school, meaning that it prohibits employers who do not meet the law school's non-discrimination policy from recruiting on the law school campus. This includes employers such as the US military, who explicitly discriminate on the basis of sexual orientation. Because of this policy, Stanford Law School and all other law schools in the US, are faced with the decision to either grant special exemption to US military recruiters or face the consequence of certain federal funds (with the exception of student financial aid) being withdrawn from the University. This is a direct consequence of a federal statute known as the Solomon Amendment, which permits the withdrawal of certain federal funds from colleges and universities that do not grant military recruiters exemption to policies that prohibit on-campus recruitment by employers that discriminate.

As the Stanford Medical Student Association, we stand by the non-discrimination policy held by the Stanford Law School. As representatives of the School of Medicine student body, we support the Law School should it elect to take legal action to protect its right to apply its non-discrimination policy with regard to discriminatory employers such as the US military. We also urge the administration of the School of Medicine as well as the administration of the entire university to issue similar statements in support of the Law School's efforts to maintain and freely exercise its non-discrimination policy.

Blending Humanities with Science: A Visit from the US Poet Laureate

On Wednesday, November 12th the School of Medicine hosted a noontime poetry reading by US Poet Laureate (2001-2003) Billy Collins to a nearly filled Fairchild Auditorium. A professor of English at Lehman College of the City University of New York, Mr. Collins has become a nationally acclaimed poet, whose works have been published in *The New Yorker*, *The America Scholar* and six collections, including *Questions About Angels*, *The Art of Drowning* and *Picnic Lighting*. His readings were wonderful and clearly reflected the broad interest of our community in both science and the humanities.

I want to thank Helen and Peter Bing whose kind generosity made this visit possible. I also want to thank Dr. Audrey Shafer Associate Professor of Anesthesia and Director of the Medical Humanities Program at Stanford for her wisdom in inviting Mr. Collins to visit the Medical School.

More About the Changing the Face of Medicine

In the November 10th issue of the Dean's Newsletter, I commented on the National Library of Medicine's Exhibit on Women in American Medicine: Changing the Face of Medicine. I am pleased to say that in addition to Drs. Fran Conley and Linda Shortliffe (who I noted in the 11/10/03 issue) I have since learned that four other Stanford faculty members are also listed in the NLM exhibit. What a wonderful tribute to these individuals and to Stanford to have been included in this wonderful exhibit. The additional four individuals and their citations abstracted from the exhibit include:

- **Dr. Helen Hofsommer Glaser** (1924 – 1999): “A respected pediatrician and psychiatrist, Dr. Glaser is best remembered as an effective, supportive, and imaginative editor of *The Pharos*, the journal of the Alpha Omega Alpha Honor Medical Society.

“Born in St. Louis, Missouri, Helen Hofsommer was determined to become a doctor. When she applied to medical school in the early 1940s, a disparaging dean implied that she was displacing a qualified man from a potential career in medicine. But it was wartime in America, and many men who might have studied medicine were abroad, in military service. With the support of her

parents—both doctors—she graduated with a doctor of medicine degree from the Washington University School of Medicine in 1947.

“In a special memorial edition of *The Pharos*, Glaser's colleagues paid tribute to her in poetry and prose. ‘She offered civility in the scientific setting,’ offered Oliver Owen, ‘and used her literary skills to help others advance social progress. Her caring personality and intellectual standards elevated the creativity of students, residents, fellows, young physicians, and old-timers as authors. Her intellect and vibrancy spanned marriage, motherhood, friendship, and career. She enriched the lives of all who knew her.’”

- **Dr. Iris Litt** “Through her work on young women's health issues, Dr. Iris Litt has helped to revolutionize the care of women in prisons and juvenile detention centers. For the past twenty-five years her research has focused on health problems of adolescents, including substance abuse, prevention of pregnancy and sexually transmitted diseases, and most recently, the long-term consequences of eating disorders in adolescent women.

“Born in Brooklyn, New York Iris Litt graduated with a B.A. from Cornell University, and graduated summa cum laude from the State University of New York, Downstate Medical Center, Brooklyn, New York. Dr. Litt was a teaching fellow at Cornell Medical College, then taught pediatrics at Albert Einstein College of Medicine in the Bronx ... and at Montefiore Hospital.

“Since 1976 Dr. Litt has been director of the Division of Adolescent Medicine at Stanford University's Department of Pediatrics, where she is also currently professor of pediatrics and director of the Institute for Research on Women and Gender.

“Among many honors accorded her, Dr. Litt was elected to the Institute of Medicine in 1995, received the annual Outstanding Achievement Award in Adolescent Medicine from the Society for Adolescent Medicine in 1992, and in 1996 was listed in Best Doctors in America. As editor-in-chief of the *Journal of Adolescent Health*, Litt is also a frequent contributor; in a 2002 editorial, she addressed the issue of bioterrorism and adolescents.”

- **Dr. Mary Lake Polan** - “has combined rigorous scientific research with a humanistic clinical approach, in a career spanning women's health, clinical medicine, medical education, and governmental organizations.

“Mary Lake was born in New Mexico in 1943. She obtained her bachelor's degree from Connecticut College, graduating *cum laude* and Phi Beta Kappa in 1965. She earned a Ph.D. in molecular biophysics and biochemistry in 1970, followed by a medical degree in 1975, both from Yale University School of Medicine. After completing her residency at Yale she held a fellowship in

reproductive endocrinology in its department of obstetrics and gynecology. In 2001, after deciding to expand her efforts and research in women's health, Dr. Polan earned a master of public health degree in the Maternal and Child Health Program at the University of California, Berkeley.

Dr. Polan worked and taught at Yale University School of Medicine until 1990, with intervals as a visiting professor in Iran in 1978 and China in 1986. In 1990 she moved to Stanford University School of Medicine, where she has since served as chair of the department of obstetrics and gynecology and as the Katharine Dexter McCormick and Stanley McCormick Memorial Professor.

Dr. Polan has published more than 130 articles, chapters, and books in her areas of research, and in the laboratory at Stanford she focuses on reproductive endocrinology and infertility and, most recently, on gene expression patterns in uterine fibroids (benign tumors).

In recent efforts to help African women in dire need of corrective gynecological procedures, Dr. Polan organized a team of surgical volunteers to travel to East Africa. There, they operated on thirty-seven women in Asmara, Eritrea, to repair the physical damage resulting from prolonged labor during childbirth, a common problem in rural areas. The team hopes to return to help the Eritreans establish a center for gynecological support and patient education at the local hospital.

The National Institutes of Health appointed Dr. Mary Polan co-chair of the Task Force on Opportunities for Research on Women's Health in 1991. From 1995 to 1998 she was also a member of the Director's Panel on Clinical Research. Dr. Polan was elected to the Institute of Medicine in 1993 and will serve on its Governing Council through 2005. At the request of Tommy Thompson, Secretary of the Department of Health and Human Services, Dr. Polan serves as one of eleven members of the Secretary's Advisory Committee on Human Research Protections through 2006. The committee will be asked to advise on the responsible conduct of research involving human subjects. Dr. Polan also serves on numerous other medical and health committees, including the American Society for Reproductive Medicine and the American Medical Women's Association. She is a fellow of the American College of Obstetrics and Gynecology and a member of many professional societies.”

- ***Judith Lea Swain, M.D.*** “a specialist in cardiology ... Dr. Swain works in many areas of medicine, from research to invention, publishing to hospital administration, professional consulting to academic leadership, and mentoring others in the development of their medical careers.

“When she first decided to become a physician as a junior high school student, Judith Swain's goal was more general, to combine her love of science with helping people. Born in Long Beach, California, in 1948, Judith earned her Bachelor of Science degree in chemistry at the University of California, Los

Angeles in 1970. She earned her doctor of medicine degree at the University of California, San Diego, in 1974, and went on for her internship and residency at the Duke University Medical Center in Durham, North Carolina, where she later held fellowships in cardiovascular research and clinical cardiology. In 1979 she joined the faculty at Duke, where she stayed until 1991. While there, she became widely known in the field of molecular cardiology and pioneered the use of transgenic animals to understand the genetic basis of cardiovascular development and disease.

“From 1991 to 1996 she was the Herbert C. Rohrer Professor of Medical Sciences at the University of Pennsylvania, where she was a professor of genetics and member of the molecular biology graduate group. In 1997 Dr. Swain became the Arthur L. Bloomfield Professor of Medicine and chair of the Department of Medicine at Stanford University School of Medicine. Dr. Swain has had major research grant support ... from a number of grant funding agencies, including the National Institutes of Health (NIH), from whom she has received research funding for the past 20 years

“Dr. Swain holds several patents, including two patents for methods of increasing the energy metabolism of heart and skeletal muscle, and one for a method of identifying patients at risk for heart failure. She has published more than sixty articles and book chapters in the field of cardiology.

“Dr. Swain has been elected to a number of honorary societies, including the Association of American Physicians, the American Society for Clinical Investigation, the Association of University Cardiologists, the American Clinical and Climatological Society, and the Institute of Medicine.”

Some Reflections on the Annual Staff Recognition Dinner

It was a great pleasure to attend the Annual Staff Recognition Dinner Banquet that was held in the Stanford Faculty Club on Thursday, November 14th. Although I now have been at Stanford just over 2 ½ years, this was the third such event I participated in – and each has left wonderful memories. Perhaps foremost is the clear commitment and dedication of the individuals who comprise the Stanford Medical community. During the dinner, I had the opportunity to visit (albeit briefly) with nearly all of the individuals celebrating their service to the School of Medicine (from staff who have been here for 5 years to individuals who have given over 35 years of service). While each surely has an important personal story and history, a unifying theme was the overall satisfaction that our staff appears to have by being part of our School of Medicine community. I have no doubt that each individual faces significant challenges in her or his workplace, but I am pleased to know that each values what the School stands for – and what it is trying to accomplish. There is no doubt that whatever success we may achieve in reaching our goals and Strategic Initiatives (<http://medstrategicplan.stanford.edu/>) is closely aligned to the many contributions that each member of our community plays on a day-to-day and year-to-year basis.

Recognizing that each individual employee is important, it is also a pleasure to pay special homage to those who have won this year's SPIRIT Award as well as those who have served the School of Medicine for more than two decades. The SPIRIT Award (Service Orientation, Positive attitude, Initiative, Resourcefulness/reliability, Innovation, and contributing as a Team Player) is presented to two staff members who have been selected for providing outstanding contributions to the mission and vision of the School of Medicine. This year's recipients of the SPIRIT Award are:

- **Valerie Williams**, Administrative Associate, Division of Cardiovascular Medicine, Department of Medicine and
- **Reese Zasio**, Facilities Engineer/Coordinator, Veterinary Service Center, Department of Comparative Medicine.

Please join me in congratulating Ms. Williams and Mr. Zasio.

In addition, I am pleased to list the names of those who have served the School of Medicine for more than twenty years. They include:

<i>20-Year Employees:</i>	<i>25 Year Employees</i>	<i>30-Year Employees:</i>	<i>35- Year Employees:</i>
Bonita Baker	Claudia Benike	Miguel Alvarez	Annie Chang
Denise Cline	Inna Bilis	Roger Baldwin	Libuse Jerabek
John Dorman	Kristina Blouch	Karen Carpenter	Linda Lan
Ellen Fitzpatrick	Mary Buttner	Sandra Conlon	Norma Malimban
Humberto Garcia	Butch Colyear	Ronald Garcia	Orlando Rojas
Susan Marie Gokey	Caroline Constantz	Jerry Halpern	Carol Sweeney
Gonzalez			
Diane Howard	Rebecca Green	Anne Klause	
Carol Kersten	Irene Renee Grys	Sheryl Pask	
Tim Knaak	Cheryl Joo	Alma Quintos	
Doreen Leith	Lisa Ma	Glenda Riddley	
Eileen Maisen	Susie Mitchell	Fae Sloss	
Patricia McAfee	Pauline Worrell	Susan Sith	
Mark McLaughlin			
Dick Miller			
Punaotala Opeta			
David Profitt			
Audrey Pullens			
Robert Schneeveis			
CarielTaylor-Edwards			
Birgit Walker			
Belinda Rosales-Webb			
Phuoc Vo			

I again want to add my thanks and appreciation to all our employees – but in particular those who have served the School and University for extended periods of service. Thank you.

Update from the Executive Committee: Report from Molecular and Cellular Physiology

At the November 7th meeting of the Executive Committee, Dr. Rick Aldrich, Chair of the Department of Molecular and Cellular Physiology, presented an in-depth look at the faculty, students, teaching, and research activities of the department. He provided a history of the department's faculty as well as its trainees, from its establishment in 1988 to the present. The department currently has eleven faculty. Over the course of its existence, the department has trained 42 graduate students and 119 postdoctoral fellows, who, among them, hold positions at 42 U.S. and 17 international academic institutions and some 26 companies. In addition to a full complement of courses taught on campus, MCP faculty have taught at the Marine Biological Laboratory at Woods Hole, Cold Spring Harbor Laboratory, SSRL, and the Society of Neuroscience Short Courses.

The research activities in the department are multi-disciplinary and show a high degree of collaboration among faculty. The physiological systems being studied include: nervous and sensory, cardiovascular, endocrine, renal, gastrointestinal, immune, and epithelial biology. Among the specific topics in cellular biology being investigated are cell shape, motility, and interactions; membrane and membrane protein trafficking; membrane protein structure and function; ion channels, receptors, and electrical signaling; synaptic transmission and plasticity; and calcium signaling. Methodologies employed include spectroscopy and imaging, single molecule biophysics, and electrophysiology.

Dr. Aldrich emphasized that the faculty in the department also have a large number of collaborations with faculty in other departments and schools at Stanford. Discussion following the presentation focused on the importance of such collaborations. One chair commented that the environment is crucial for either encouraging or discouraging collaborative work, and the suggestion was made that mechanisms for making collaborations easier and more efficient be explored.

Thanks to Dr. Aldrich for his fine presentation and to all the faculty, staff, and students in the department for their many scientific and institutional contributions.

Update from the Medical School Faculty Senate

At the November 19th meeting of the Faculty Senate, special homage was paid to Drs. Sam LeBaron and Kelly Skeff for the important national awards they received respectfully for compassion in medicine and mentoring. This served as an opportunity for the Senate to focus on the importance of humanism in medicine – and for a culture that fosters professionalism. Dr. Oscar Salvatierra, Chair of the Senate, stated that professionalism will be among the highest priorities of the Senate. I am very pleased with this decision and the Dean's Office will do everything it can to work closely with the Faculty Senate to fulfill this goal.

Professionalism: The following statement on professionalism adapted from statements of the American Boards of Internal Medicine and of Pediatrics was adopted by the Medical School Faculty Senate at its June, 2002 meeting as a preliminary guideline:

Professionalism comprises those attributes and behaviors that serve to maintain patient interests above physician self-interest. Professionalism extends beyond interactions with patients and their families, however. Professionalism also involves relationships and interactions between all those involved in medical education and the delivery of patient care including physicians, students, administrators, and allied health professionals. It has implications for research activities and interactions with for-profit companies, governmental agencies, and other outside entities. Professionalism should pervade all of our activities in medicine and should include:

- A commitment to the highest standards of excellence in the practice of medicine and in the generation and dissemination of knowledge.
- A commitment to sustain the interests and welfare of patients.
- A commitment to be responsive to the health needs of society.

The elements of professionalism include altruism, accountability, responsibility, excellence, duty, honesty, integrity, and respect for others. Physicians, students of medicine, and all staff participating in medical student education and patient care at Stanford University School of Medicine are expected to aspire to these ideals, further defined as:

Altruism is the unselfish regard for and devotion to the welfare of others and is a key element of professionalism. Self-interest or the interests of other parties should not interfere with the care of one's patients and their families.

Accountability and responsibility are required at many levels – individual patients, society and the profession. First there must be accountability to one's patients and to their families. There must also be accountability to society for addressing the health needs of the public and to ensure that the public's needs are addressed. One must also be accountable to the profession to ensure that the ethical precepts of practice are upheld. Inherent in responsibility is reliability in completing assigned duties or fulfilling commitments. There must also be a willingness to accept responsibility for errors.

Excellence entails a conscientious effort to exceed ordinary expectations and to make a commitment to life-long learning. Commitment to excellence is an acknowledged goal for all physicians and students of medicine. A key to excellence is the pursuit of and commitment to providing the highest quality of health care through lifelong learning, education, and reflection. One must seek to learn from errors and aspire to excellence through self-evaluation and acceptance of the critiques of others.

Duty is the free acceptance of a commitment to service. This commitment entails being available and responsive when “on call,” accepting inconvenience to meet the need of one’s patients, enduring unavoidable risks to oneself when a patient’s welfare is at stake, advocating the best possible care regardless of ability to pay, seeking active roles in professional organizations, and volunteering one’s skills and expertise for the welfare of the community.

Honesty and integrity are the consistent regard for the highest standards of behavior and the refusal to violate one’s personal and professional codes. Honesty and integrity imply being fair, being truthful, keeping one’s word, meeting commitments, and being forthright in interactions with patients, peers, and in all professional work, whether through documentation, personal communication, presentations, research, or other aspects of interaction. They require awareness of situations that may result in conflict of interest or that result in personal gain at the expense of the best interest of the patient.

Respect for others is the essence of humanism, and humanism is central to professionalism. This respect extends to all spheres of contact, including but not limited to patients, families, other physicians, and professional colleagues, including nurses, residents, fellows, and medical students. One must treat all persons with respect and regard for their individual worth and dignity. One must listen attentively and respond humanely to the concerns of patients and family members. Appropriate empathy for and relief of pain, discomfort, and anxiety should be part of the daily practice of medicine. One must be fair and nondiscriminatory and be aware of emotional, personal, family, and cultural influences on patient well-being and patients’ rights and choices of medical care. It is also a professional obligation to respect appropriate patient confidentiality.

Thanks and Farewell to Ms. Michael Cowan

After 29 years at Stanford, Michael Cowan, Associate Dean for Postdoctoral Affairs, retired last week. Ms. Cowan began her career in the Bursar's office in 1974 and became Director of Financial Aid for the medical school in 1975. She worked with deans Lawrence Crowley, Dominick Purpura, David Korn and Eugene Bauer in a variety of roles. Michael is widely recognized for her initiatives on behalf of women students and women faculty. She was the recipient of the Kenneth M. Cuthbertson Award for Exceptional Service to Stanford University in 1997.

In the Fall of 2000, Michael was appointed to her most recent position, creating the first university-wide office for postdoctoral scholars in the country. She was a tireless advocate for that group and helped them achieve many gains and much-deserved recognition both at Stanford and nationally.

Please join me in wishing her well.

Awards and Honors

- Dr. Hal Holman, Berthold and Belle N. Guggenhime Professor of Medicine, has been named the recipient of the John Phillips Memorial Award for Outstanding Work in Clinical Medicine by the American College of Physicians.
- Dr. Kelly Skeff, George DeForest Barnett Professor in Medicine, has been elected to Mastership in the American College of Physicians.

Announcements

Community Faculty Lecture Series: On Wednesday evening, December 3rd at 7:00 p.m., the next lecture in our series of Community Faculty Lectures will be held in the Clark Center Auditorium and will address “What the Owl Can Teach Us About the Brain” by Dr. Eric Knudsen, Chair of the Department of Neurobiology. One of the most fascinating properties of the brain is its ability to learn. Dr. Knudsen will discuss his studies in barn owls that have shown how experience during early life, learning in small increments, and high levels of attention can increase the capacity for learning in the adult brain.

Appointments and Promotions

- **Timothy Angelotti** has been reappointed to Assistant Professor of Anesthesia at the Stanford University Medical Center, 8/1/2004 to 7/31/2007.
- **Julie Baker** has been reappointed to Assistant Professor of Genetics, effective 2/1/2004 to 1/31/2007.
- **Catherine Beckwith** has been reappointed to Assistant Professor of Comparative Medicine at the Stanford University Medical Center, effective 12/16/2003 to 12/15/2005.
- **John Chow** has been reappointed to Assistant Professor of Anesthesia at the Stanford University Medical Center, effective 7/1/2004 to 6/30/2007.
- **Robert Jackler** was appointed to Professor of Otolaryngology and, by courtesy, of Neurosurgery and of Surgery, effective 12/1/2003.
- **David Magnus** was appointed to Associate Professor (Teaching) of Pediatrics and, by courtesy, of Medicine, effective 12/1/2003 to 11/30/2009.
- **Marcia Stefanick** was promoted to Professor (Research) of Medicine and, by courtesy, of Obstetrics and Gynecology, effective 12/1/2003 to 11/30/2009.
- **Richard Shaw** has been promoted to Associate Professor of Psychiatry and Behavioral Sciences and Associate Professor, by courtesy of Pediatrics at the Stanford University Medical Center, effective 12/1/2003 to 11/30/2008.
- **Keith Stockerl-Goldstein** has been promoted to Associate Professor of Medicine at the Stanford University Medical Center, effective 12/1/2003 to 11/30/2008.

Dean's Newsletter

December 8, 2003

Holiday Season: Time for Reflection

The interval between Thanksgiving and Christmas and Hanukah can be filled with festivity and joy as well as stress and disillusionment. It is a season when families come together for celebration or seem to recognize their distance and separation. For many it is time for heightened spirituality whereas for others it is simply a moment of commercial opportunity or secular frivolity. Regardless of where one is on the spectrum, as one year folds into the next, it is also a time for reflection.

It is often all too easy to slip into the daily pace of life's journey. But for those of us in science, medicine and health care, I believe it is important to try to rise to a higher level. Most of us are fortunate in being able to do work that is not a "job" but rather something that we care deeply about – and that can impact the world in important and positive ways. Even so, the demands and stresses that determine our behavior – either because of internal expectations or external demands – can easily mute any sense of fulfillment that would otherwise be readily apparent.

We are fortunate in being part of an exceptional community and university. You and your colleagues have made great strides in developing an agenda for the School of Medicine and in helping many of its novel facets to unfold. We are surrounded by a constant array of exceptional and remarkable discoveries and insights in the biosciences as well as innovations in patient care and treatment. Of course we are also sometimes frustrated by the slow pace of our research, the lack of respect for our accomplishments and the many pressures that are imposed – often making us feel that we need to do more with less. Naturally it is easy to lose perspective. Compared to much of the world, we are blessed – although vulnerable to letting our isolation and seemingly increasing national arrogance confound our position as a member of a global community. We focus on important research questions and diseases that impact our population. But we pay less attention to questions that impact less developed populations and focus even less on the study of diseases or issues of social justice that affect the majority of the world's population.

As global health becomes an even bigger issue and concern, it is important to ask what role we should play in the years ahead. Certainly we already have a number of our faculty and students who are interested in or committed to global health issues – but we are still a relatively minor player on the world scene. The question of whether we should change that dynamic – and how – is worth pondering and reflecting on. As a small research-intensive school of medicine, we must make choices since we simply cannot do everything we might like – or others may wish we could or should do. But we do need to pause from time to time and reflect on whether we are addressing the most important questions, focusing on the most significant diseases and having the greatest impact we can on our community – locally, nationally and globally. It is worth some thought – and I am interested in learning what you think. Please do let me know.

Appointment of New Director for Communications and Public Affairs

I am very pleased to announce that Mr. Paul Costello has agreed to join us as our new Director of Communications and Public Affairs. Mr. Costello was selected after an extensive national search and will join Stanford officially on January 6th. He comes from the University of Hawaii where he was the Vice President for External Affairs and University Relations and where he supervised media relations, government relations, marketing and special events.

I believe that Mr. Costello is uniquely qualified for his new position based on his extensive and highly variegated professional career. He previously served as spokesperson for Rosalynn Carter and Kitty Dukakis and was press secretary for Ohio Governor Richard Celeste. He also served as vice president of public affairs for HBO. In addition, he has held important management positions at a number of leading public relations firms including Ogilvy, Adams and Rinehart in Washington, D.C.; Edelman Worldwide in Washington, D.C.; Hill & Knowlton in Chicago; and Weber Shandwick International in New York, where his clients included health and biotechnology leaders.

Mr. Costello's experience with media and public relations is enormously important to our agenda for the School of Medicine. There is little question that one of our most significant challenges is communicating the importance and value of academic medical centers like Stanford to local and national audiences. While there is a significant level of appreciation for the importance of biomedical research by the American public, there is less value assigned to the importance of teaching hospitals and the role that academic medical centers play in improving the health of our communities and nation. The important linkage between basic research and clinical medicine – and the role that our academic medical centers play in translating knowledge from the laboratory to the bedside – are less clearly appreciated. As the costs for health care continue to rise and the burden of financial responsibility increasingly shifts to the consumer, it is ever more important for the public to appreciate the role that biomedical and translational research plays in the lives of families now and into the future. It is essential that Stanford assume a leading role in crafting this message to the public based upon its mission and contributions codified in our Strategic Plan "*Translating Discoveries*" (<http://medstrategicplan.stanford.edu/>). To accomplish the goal of enhancing our communication agenda, we will surely benefit from the expertise of Mr. Costello. I am very pleased to welcome him to our community and leadership team.

Lucile Packard Children's Hospital "Gift" to the School to Recognize the Contributions of Faculty and Medical Staff.

This past year the Lucile Packard Children's Hospital continued to demonstrate significant growth in its clinical programs as well as further enhancement of research and education initiatives. Based on this significant progress, Mr. Chris Dawes, President and CEO of LPCH, recommended to the Hospital's Board of Directors that a 4 million dollar "gift" be made to the School of Medicine to acknowledge the important contributions of the faculty who played a role in facilitating these important successes.

Based on discussions with Hospital leadership as well as input from a subcommittee that included Drs. Harvey Cohen, Ken Cox and Tom Krummel along with Mike Hindery and Marcia Cohen, a plan was developed to distribute these funds to faculty and departments. Based on those discussions, Clinical Department Chairs and DFA's were notified about the plan on December 2nd.

You may recall that when the gift was first announced, we elected to use \$700,000 to fund a new biotechnology core as part of the Children's Health Initiative – but with the recognition that this will have a broader applicability. The remaining \$3.3 million is being distributed to faculty and staff physicians across the school who have cared for pediatric patients or played an important role in pediatric academic program development. A portion of these funds will also be allocated to the newly formed Pediatric/Obstetric Faculty Practice Organization to support and incentivize improved patient care service at LPCH.

The School appreciates the recognition by the LPCH leadership of the important efforts of our pediatric physicians and faculty in improving the status of the care for children and the research and training that will assure that additional improvements continue to occur in the years ahead. This is an excellent demonstration of how one institution can demonstrate its respect and value for a critical partner within our academic medical center.

Pediatric Research Equity Act of 2003 Becomes Law

December 3rd was historic day for pediatric research. On that day, President Bush signed into law the Pediatric Research Equity Act of 2003 (S.650/H.R. 2857) which restored the protections provided by the Food and Drug Administration's (FDA) 1998 Pediatric Rule. The Pediatric Rule requires drug companies to test products for use in children.

As an investigator working on life-threatening pediatric diseases, I was constantly battling the lack of availability of drugs that could be tested in children with AIDS – even though they were being developed and tested in adults. In the late 1980's and early 1990's, more than 75% of drugs had never been tested in children and suitable formulations had not been developed. You can imagine the frustration and disappointment of parents who were able to receive a drug for themselves – but not for their child with the same disease.

In view of this challenge, I and a number of pediatric investigators began seeking ways of developing mechanisms to assure that drugs would be tested in children - and that the FDA would set that expectation. In the late 1980's, I began working with Elizabeth Glaser, a pioneering advocate for children and pediatric research, and with the Foundation that still carries her name. Although it has taken nearly 15 years, the Elizabeth Glaser Pediatric AIDS Foundation (I serve as the Vice Chair of the Board of Directors) has tenaciously pursued the Pediatric Rule – and that was challenged – as well as the legislation that would make it the law. We have been helped in these efforts by

many pediatric leaders and advocates around the country. Perhaps among the most important has been Congresswoman Anna Eschoo (D-CA), who co-sponsored the legislation to make the passage of the Research Equity Act of 2003. I also want to thank Dr. Harvey Cohen, Chair of Pediatrics, for his important leadership.

Hopefully the Research Equity Act will now assure that children will benefit from new drugs being developed to treat serious disease. Specifically, the Pediatric Research Equity Act of 2003 gives the FDA the authority to mandate that drug companies test the safety and dosing of all new medications for children – as well as some that have already been marketed but not yet tested in children.

The Respectful Workplace: Update and Future Plans

Beginning in the spring of 2002 and through July 2003, all departments participated in a program on the Respectful Workplace, underscoring our commitment to assure that we do everything possible to provide a work environment that values the integrity and respect for our employees throughout the School of Medicine. These departmental programs included the participation by staff and faculty from the Human Resources Group, the Dean's Office, Ombudsman and Legal Office (Cori Bossenberry, Ellen Waxman, David Stevenson, Roy King, Normal Leavitt, Martha McKee, Tom Fenner, Melissa Burke and Greta Schnetzler). Some 28 briefings were held that were attended by over 600 faculty.

The sessions on the Respectful Workplace addressed a number of important issues, including:

- The School's Respectful Workplace statement;
- the law regarding sexual harassment as well as other forms of harassment, discrimination and retaliation;
- Stanford's policy on consensual sexual or romantic relationships;
- the important role of faculty as managers and how they should respond to concerns that are raised in the workplace;
- the resources within the School and University to address any concerns or issues that are raised by faculty, staff or students within the workplace including advice for responding to concerns that involve potential legal liability for the university.

Overall, the initial evaluation of these sessions is that they provided a strong beginning to assuring that we achieve and sustain a Respectful Workplace within the School of Medicine. It was generally felt that these sessions provided important information and resource awareness to faculty. However, there still remains considerable skepticism about how committed we are to assuring that a truly Respectful Workplace is fully achieved. I want to make clear that this is among my very highest priorities for the School and that we will do all that we can to work with HR and our legal office to make it an ongoing reality.

It is our intent to continue briefings of departments and members of our community in order to maintain a heightened awareness to the goals of a Respectful Workplace. It is

also my intent to vigorously pursue any violations of the respectful workplace and to do all that we can to serve our community. Should you have any concerns that you feel need to be expressed, I want to assure you that you may do so confidentially. Please feel free to bring your concerns to Martha McKee (Ombudsperson), Ellen Waxman (Director of Faculty Relations) or David Stevenson (Senior Associate Dean for Academic Affairs).

Faculty Senate Approves the Degree Granting Authority of the Department of Bioengineering

On Thursday, December 4th, the University Faculty Senate reviewed the proposal from our newly formed joint Department of Bioengineering (between the Schools of Engineering and Medicine) to launch its degree-granting program for graduate studies. Drs. Scott Delp, Chair and Paul Yock, Co-Chair, did a wonderful job in addressing the Senate and providing the goals of the graduate studies program and its initial formulation. In a historic vote, the Senate unanimously approved the following resolution:

The Committee on Graduate Studies recommends that the Senate authorize the Department of Bioengineering to admit candidates for the Master of Science and the Doctor of Philosophy degrees, with enrollment beginning in the Autumn Quarter of 2004-2005, and to nominate candidates for the M.S. and Ph.D. degrees in Bioengineering, without limit of time.

As you may recall, the plans to proceed with a petition to pursue a joint Department of Bioengineering were resolved between the Schools of Engineering and Medicine in November 2001 and, based on that, achieved approval from the University's Board of Trustees in June 2002. Since then, Drs. Delp and Yock have made significant progress in delineating the educational, research and administrative foundations of the department. The approval of degree granting authority by the Senate is testimony to the important leadership they have provided. The next several years will prove exciting for the new department and will include the recruitment of faculty, the enrollment of graduate students in 2004 and undergraduate students (likely in 2006) and new research facilities as part of the Science, Engineering, Medicine Campus (SEMC) development now underway.

Update from the Executive Committee: The Matter of Joint Academic Appointments

At the Executive Committee on Friday, December 5th, the topic of joint appointments between departments was considered and discussed. At Stanford it is not uncommon for faculty to have a primary appointment in one department and a secondary and/or courtesy appointment in another department. In the School of Medicine, approximately 23 of our 99 faculty in basic science departments have a joint appointment in another department. Of these, 15 are in another basic science department and 8 are in clinical departments. Among our 641 clinical science faculty, 49 have joint appointments, 25 of which are in a basic science department and 24 in other clinical departments. In our School a secondary

appointment does not require a split of a billet unlike other Schools (e.g., Engineering) where a joint appointment means that a billet is shared between two departments.

We do not have any official position on joint appointments since they are largely determined by the desires and needs of individual faculty and departments. However, it is appropriate to review how joint appointments might be helpful to the School and its mission, and whether we should be more proactive in fostering such appointments. Certainly it seems clear that joint appointments can foster increased interaction among faculty, students and postdoctoral trainees and enhance interdisciplinary. Joint appointments offer opportunities for more diverse mentoring of faculty and trainees as well as greater opportunities for training grants or program project grant applications. For the individual faculty member, a joint appointment may provide evidence of greater prestige and accomplishment. Importantly, joint appointments shared between basic and clinical science departments can help to foster more opportunities to promote translational research or to better inform basic science faculty about challenges in clinical medicine and vice versa. At the same time, it is important to take into account that too many joint departments can sometimes be seen as diluting the focus of a department or might create greater competition for training grant slots or even graduate students. A practical but real concern is that if a small department has too many joint appointees it might impact on the overall decision making of the department, especially regarding faculty appointments and promotions since individuals with secondary appointments have similar voting rights and privileges to those with primary appointments.

We had a very thoughtful discussion of these issues at the Executive Committee. From my perspective, joint appointments must be driven by the convergence of the scientific contributions of a faculty member and the goals and directions of a department. This cannot be a top-down process but must be determined between departments and faculty. That said, it is appropriate to explore ways to further facilitate a culture in which joint appointments are further sought and valued and, based on the content of the discussion we had at the Executive Committee, this is a topic we will pursue as an important agenda item for the School during the months ahead.

Community Lecture Series Continues to Draw Crowds

On Wednesday December 3rd, Dr. Eric Knudsen, Edward C. and Amy H. Sewall Professor and Chair of the Department of Neurobiology, gave another in the very successful series of “Community Lectures” that commenced this Fall. Dr. Knudsen spoke about learning and brain plasticity using studies focused on auditory and visual learning patterns in barn owls. It was a wonderfully informative presentation that was clearly interesting to the audience

Dr. Mark Hlatky, Professor, Department of Health Research and Policy and Dr. Laurence Baker, Associate Professor, Department of Health Research and Policy will deliver the next lecture entitled: *Medical Innovation, Rising Costs and the Health of the Public* on Wednesday, January 7, 2004 at 7 p.m. in the Clark Center Auditorium.

Announcement

The First Edward Rubenstein Lecture will be held on Tuesday, January 6, 2004 at 5:10 pm in the Fairchild Auditorium. J. Michael Bishop, M.D., a 1989 Nobel Laureate and Chancellor at the University of California, San Francisco will deliver the first lecture which is entitled “How to Win the Nobel Prize: An Unexpected Life in Science.”

Dr. Bishop, a microbiologist, shared the 1989 Nobel Prize in Physiology and Medicine for his discovery of the cellular origin of retroviral oncogenes and the identification of the genes that control the normal growth and division of cells. This lecture is named in honor of Edward Rubenstein, MD, associate dean of postgraduate medical education and professor of medicine emeritus, who is noted for developing innovative training programs for practicing physicians and his collaborative research with faculty in chemistry and physics.

This lecture has been made possible by a generous endowment from the Thomas G. and Martha Lee Parker Charitable Fund. A reception will follow. Please RSVP by Friday, January 2, by contacting 650-234-0625 or vanny@stanford.edu

Dean's Newsletter January 5, 2004

A New Year

I hope that you and your family and friends had a lovely holiday and I wish you the very best for the New Year. We each approach holidays and related sentinel events – like the New Year – with some excitement and trepidation. It is, of course, a traditional moment for reflection as well as resolution – often from the microcosm of the individual. I approach the New Year not only with a personal perspective but also with a broader institutional one. How have we fared at Stanford School of Medicine in these times of dramatic change in biomedical science and health care delivery? Have we been able to fulfill some or most of the objectives we cast as part of our Strategic Planning Process nearly two years ago? And, equally importantly, what remains to be done – both for this next year and those that follow?

In this first Dean's Newsletter of 2004, I will attempt to summarize some of the accomplishments of 2003 from the larger perspective of the School of Medicine. Naturally, this summary will be at a very high level and many details are being omitted. Also, there are hundreds and thousands of accomplishments that have been made individually by our faculty, students and staff – many that may be more important and meaningful than those listed below - that are not included in this overall summary. I certainly commend and praise those individual achievements – and value each of them tremendously for what they bring to our Stanford community. But for this moment, I will reflect on how the School – as a whole – has met some of the goals that we established in our Strategic Plan “*Translating Discoveries*” (<http://medstrategicplan.stanford.edu/>). Hopefully this will help further define the tasks that lie ahead.

I especially want to thank each of you for the tremendous efforts and support you have provided. I am cognizant that come April 2004, I will have been a member of the Stanford community for three years – and can longer view myself as “new”. But it is my hope that we can agree that, in the time we have worked together, we have made tangible progress in a number of important areas – thanks to your commitment and leadership. We also have lots to do however, and I very much look forward to continuing our work together in 2004 and in the years to come.

Happy New Year.

What We Accomplished in 2003

In 2003, we continued to implement the initiatives we developed through our Strategic Planning Process that are defined under the banner of *Translating Discoveries* (<http://medstrategicplan.stanford.edu/>). These are linked to our key missions in education, research and patient care and are aligned to the mission statement we developed in 2001 at the launch of our planning efforts. To remind you: ***The mission of the Stanford University School of Medicine is to be a premier research-intensive medical school that improves health in the 21st century through our discoveries, leadership and innovations in education, biomedical and clinical research and patient care.***

The past year heralded a number of notable accomplishments in our three mission areas of education, research and patient care, and also in the school’s various support functions.

EDUCATION

Following our First Strategic Planning Retreat in February 2002, we engaged in a thoughtful collaboration with the Dean’s Office, Medical School Faculty Senate and numerous students, faculty and staff to develop the New Stanford Curriculum. In what must surely be record time, we moved from concept to implementation such that the New Stanford Curriculum was initiated with the incoming class in the Fall of 2003! This represents a true innovation in the structure and content of the medical curriculum marked by the realignment of didactic and clinical experiences, the initiation of eight new Scholarly Concentrations, and the integration of simulation and other learning technologies within the education and learning process.

The New Stanford Curriculum is already generating a great deal of interest across the country and a number of Schools, including UCSF and Harvard, are considering introducing portions of it in their own curriculum planning efforts. Although we have made considerable strides during the 18-month planning and implementation cycle, it is important to consider curriculum change as a work in-progress. Indeed, I doubt that we ever will (or should) be done with this process – since advances in science and care delivery mandate continued change and flexibility in our education programs. In order to help guide current and future changes, we are committed to an on-going analytical review of the New Stanford Curriculum and its impact on our students, faculty and staff. During

the next year and those that follow I anticipate there will be numerous reports on the evaluation of the changes we have already made – and those that are yet to be introduced.

While it is appropriate that our initial attention has focused on medical student education, we recognize that the training of physicians and physician-scientists often extends 6-8 years beyond graduation from medical school and must, of course, be accompanied by a commitment to life-time learning. Accordingly, we believe that there is an opportunity to link more linearly the education of medical students, residents and fellows and to develop more contiguity of scholarship and career development. Indeed, the future training of physician-scientists, scholars and leaders – one of our primary goals – would benefit from closer linkage between undergraduate and graduate medical education. In many ways, the New Stanford Curriculum, and especially the Scholarly Concentrations, offer the opportunity to extend the medical curriculum into postgraduate training. As an initial step towards this goal, a committee co-chaired by Larry Shuer and Charles Prober that was appointed in 2003 undertook a thorough assessment of the programmatic and organizational structures affecting the quality of our Graduate Medical Education and Postgraduate Medical Education programs. The implementation of the committee's recommendations in 2004 and beyond will enable the Medical School and the Medical Center to undertake a more complete integration of all our medical education programs.

Through our Scholarly Concentrations we are reinforcing the value of a strong biosciences program within medical education. Similarly, we believe that an orientation and exposure to human health and disease will strengthen our biosciences graduate programs and further the school's mission in translating discoveries. Accordingly, in 2003 we moved closer toward this goal through a number of collaborative initiatives including new courses in the Cancer Biology and Neurosciences Graduate Programs that focus on disease mechanisms, histology, and physiology for Biosciences students. A task force to explore ways of exposing graduate students to medicine has met and produced a set of exciting recommendations for true innovation in this area that will be addressed in 2004.

During 2003 the School of Medicine has worked closely with University leaders to further define the planned Stanford Medicine Information and Learning Environment (SMILE). We are confident now that we can pursue a SMILE project that will finally bring together a new knowledge center and the shared teaching facilities of our various educational programs in an environment that is as innovative and interactive as the programs themselves. Although the exact timing for the completion of the project remains undefined (and, of course, is dependent on raising the necessary dollars to support it) we are currently aiming for the opening of SMILE by 2008.

The extensive reformation and reorientation of our medical and graduate teaching programs has been a major initiative of the School. The steps we have taken in 2003 are truly significant – as has been the enormous collaboration and cooperation that has fostered and enabled them. Our ultimate success will depend on our continued commitment to long-term change across the entire continuum of education that includes medical and graduate students as well as postdoctoral trainees – and to the career paths

that our graduates assume in the future. These will be carefully monitored in order to assure that we optimize the success of future Stanford trained physicians and scientists.

RESEARCH

The essential underpinning of our research mission is our commitment to high quality basic and clinical research. The contributions of Stanford faculty during the past decades to new discoveries in the biosciences have been breathtaking, and have contributed, in no small part, to the transformation of medical science as we currently know it. There is no question that current applications to the diagnosis, treatment and prevention of human disease are built upon the fundamental discoveries emanating from investigator-initiated research and discovery. Without question, continuing to support and value basic research must be among our highest institutional priorities – since it will cast the future of medical science for the years and decades to come. At the same time, seeking ways to capitalize on discoveries – and to translate them into applications that improves the lives of adults and children – is also one of our highest priorities. It is indeed the umbrella for our overall strategic plan entitled *Translating Discoveries*.

In our planning process we determined that establishing the Stanford Institutes of Medicine would provide a mechanism to link basic and clinical research to clinical application in a small number of focused thematic areas. The Stanford Institutes of Medicine align the missions of the School with those Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. We chose four areas where we have institutional expertise and where we believe important opportunities for basic research as well as clinical research and patient care exist. Ideally, the Stanford Institutes of Medicine will foster bi-directional translational research, bringing applications from the laboratory to the bedside and, importantly, bringing problems from the bedside to the laboratory in order to gather additional knowledge and insights that will improve future approaches to clinical care.

A year ago we initiated our first steps in this new direction by announcing the creation of the Stanford Institute for Cancer/Stem Cell Biology and Medicine, the first of the Stanford Institutes of Medicine. Under the direction of Dr. Irving Weissman, Karel and Avice Beekhuis Professor of Cancer Biology, during the past year our Cancer/Stem Cell institute has begun to take shape and, importantly, has provided the organizational vehicle with which we have made substantial progress toward our goal of becoming an NCI-accredited Comprehensive Cancer Center. These efforts, lead by Dr. Karl Blume, Professor of Medicine, Emeritus, were most recently marked by a very successful planning retreat on November 15, 2003, at which over 100 interested faculty discussed the innovations in science at Stanford which will truly distinguish our planned Comprehensive Cancer Center. We currently anticipate submitting our application to the NCI in October 2004. A key part of this effort will be the appointment of the Principal Investigator for the NCI application and a search is currently underway to identify an internationally recognized scientist and leader for this important position. We also look forward to working closely with SHC as it opens its new Ambulatory Cancer Center in

March of 2004 and will soon be announcing the appointment of a new Medical Director for the Clinical Cancer Center.

We have also pursued the planning and organization of additional interdisciplinary efforts under the banner of the Stanford Institutes of Medicine. Three new institutes, the Stanford Neurosciences Institute under the direction of Dr. Bill Mobley, John E. Cahill Family Professor in the School of Medicine, and the Stanford Cardiovascular Medicine Institute, and the Institute for Immunity, Transplantation and Infection have been proposed and approved in 2003 and will be further developed in 2004. Leadership for the Cardiovascular Medicine Institute and the Institute for Immunity, Transplantation and Infection will be named in 2004. Together, these four Institutes will form the pillars on which we will launch a major strategic expansion in translational research and medicine. This effort, which bridges our very significant strengths in basic research and clinical care, is one of the most exciting new developments in the School in recent decades.

As you will recall, the new Department of Bioengineering, jointly governed by the Schools of Engineering and Medicine, was approved by the University Board of Trustees in 2002. In 2003, Dean Jim Plummer from Engineering and I named Drs. Scott Delp, Associate Professor of BioEngineering and of Mechanical Engineering, and Paul Yock, The Martha Meier Weiland Professor in the School of Medicine and Professor of BioEngineering, to be chair and co-chair of this new and exciting department. Under their leadership, the department is now being shaped with faculty recruitments underway. On December 4th, the department obtained approval by the University's Faculty Senate to launch Masters and Doctoral Programs in 2004-2005. Of interest, Bioengineering has also proven to be one of the most popular Scholarly Concentrations among the medical students recently admitted into the New Stanford Curriculum.

In 2003, we also initiated and completed a thorough review of our Center for Biomedical Ethics, leading to a reaffirmation of the Center's critical role in support of our translational mission. With leadership by Dr. David Magnus, Associate Professor of Pediatrics, the Center has been realigned within the school's academic organization in a way that better reflects its interdisciplinary missions.

Discussions this past year between the School of Medicine and the University leadership have also led to the definition of a new research facility, the first Stanford Institutes of Medicine (SIM1). Envisioned as the first of three new facilities supporting our emerging interdisciplinary units, SIM1 will provide the critically needed new research laboratories, core facilities and research animal space needed to support the new Institutes.

While embarking on these exciting new research ventures in 2003, the School of Medicine also maintained its preeminence in sponsored research support among our peer research-intensive schools of medicine. This, of course, is directly related to our outstanding faculty – including those who have recently joined the Stanford community. The development and implementation in 2003 of a School of Medicine core facilities web site and web/email notification system for school seminars, lectures and other research events further enhance communication and opportunities for faculty collaboration across

the School. And, through our new Community Lecture Series, each led by a basic science or clinical Department, we have begun to better engage the residents of our neighboring communities in the great success and future promise of our research activities.

Stanford School of Medicine will always be relatively small among its peer research-intensive institutions. Preserving and enhancing the traditional disciplinary strengths which have served us so well to-date while finding new ways to collaborate and take advantage of the extraordinary strengths of the School, the medical center, the University and the region represent our continuing challenge and unique opportunity. While our new Stanford Institutes of Medicine and SIM1 are significant steps in the right direction, they are only parts of a larger set of strategies involving less formal interactions among faculty, closer coordination between the School's research and clinical activities, and the continuing adaptation of our support systems to better align with these emerging relationships.

CLINICAL CARE

The development in 2003 of the School of Medicine's new Institutes of Medicine has been supported by the concurrent development of corresponding clinical centers of excellence within our two major affiliated hospitals. The development of program and business plans for the new Clinical Cancer Center, to be housed early in 2004 in the SHC Advanced Medicine Center, have led to the (soon to be announced) recruitment of a new clinical director for the Center. Preliminary program and business plans have also developed this year for other SHC and LPCH centers of excellence in transplantation, neurosciences, and cardiovascular medicine.

Recognizing that high-quality, service-excellent and market-competitive clinical programs are essential to the shared success of the school and the hospitals, together we have made significant strides in increasing the alignment and joint planning of our clinical programs and related efforts. We have also recognized the important role that clinician-educators and community based adjunct clinical faculty have in our clinical care and education programs. Moreover, SHC and LPCH have developed and are implementing plans for a geographically distributed clinical delivery system that will permit certain clinical services to be provided within the community, while preserving capacity on campus for specialty and translational services and programs that are best provided in an academic center. Market surveys and discussions with other healthcare systems have been useful in sizing and configuring a community-based ambulatory care facility for SHC. At the same time, LPCH has continued to further develop the extensive clinical network it has put into place during the past several years for both ambulatory and in-patient services.

During 2003, LPCH and School of Medicine faculty developed and implemented the operational elements of the new Pediatric/Obstetrics Faculty Practice Organization, including recruiting and hiring an FPO Executive Director and transferring responsibility and accountability for clinical operations to the new POFPO. This may well serve as a

model for how to optimally integrate hospital and faculty physician clinical programs and services.

PEOPLE

Of course, what makes institutions great – and what distinguishes Stanford – are the people who comprise our faculty, student body and staff. We are privileged to attract among the very best and brightest individuals to our community. In 2003 we again had an outstanding group of medical and graduate students enter our programs. Our resident match was superlative – with nearly all programs attracting their very first choices. We continue to get outstanding fellows into our clinical and research programs.

We have also been successful in both retaining an outstanding faculty and in recruiting a number of wonderful new basic and clinical scientists. In fact, in nearly every situation, we have been successful in acquiring spectacular new talent. We have also attracted new leaders to our new departments of Otolaryngology and Bioengineering and are also in the process of recruiting leaders to important positions within the School (e.g., Orthopedics, Cancer Center Director, etc). That said, one of most important goals is to continue to attract outstanding new young faculty at the Assistant Professor level – and here too, our performance in 2003 has been remarkable and, importantly, the pipeline looks equally promising for 2004.

I am thrilled to welcome each new member of our faculty and am confident that they will continue the tradition of making Stanford special by their contributions to research, education and patient care.

I am also pleased that we have been able to continue our focus on the “Respectful Workplace” and to seek ways of making our environment as sound and supportive as it can be. This is built on recognizing the importance of treating each other respectfully and for having a zero tolerance for misbehavior and harassment. It also means fostering an environment of mentorship, career development and leadership training – all of which have been on the agenda for 2003 and which will surely continue in 2004 and beyond.

ACADEMIC AND ADMINISTRATIVE SUPPORT

The School of Medicine’s success in implementing key initiatives in education, research and clinical care has been made possible by the commitment and hard work of a large number of faculty, students and staff throughout the school, medical center and university. These efforts include the coordinated pursuit of essential strategic plan initiatives in the School’s academic and business support areas.

The structure of the School of Medicine’s professoriate underwent significant planned, and unplanned, changes in 2003. As planned, we implemented the previously approved revised standards for academic appointments, reappointments and promotions within our Medical Center faculty lines, clinician/educator line and adjunct clinical faculty line. These standards more clearly define the academic requirements for the lines and for individual faculty, staff and voluntary faculty within the lines. As a result of these clearer standards, we were also able to adapt to the introduction in 2003 of a “cap” on the size of

the Medical School professoriate. Although representing a significant change in our traditional approach to faculty management, our Academic Affairs organization, the Appointments and Promotions Committee and the chairs of our academic departments have responded with strong institutional support. Through their efforts we have been able to develop and implement revised processes for the review and approval of faculty search requests, and renewed understanding of the value to the institution of each faculty appointment.

The Medical School's Information Resources and Technology (IRT) organization plays a pivotal role in the development of the new tools and systems required to support our increasingly complex models for teaching, research and management. Through selective recruitments and organizational changes IRT has created an organization within the School that has begun providing high quality, enterprise-level IT services. In support of our translational research mission, some of IRT's most notable 2003 accomplishments were the opening of a new secure data center for the School, the deployment of a security firewall for the School's data network, and the design of an integrated Translational Research Data Repository. In direct support of our education and knowledge management missions, IRT also designed and deployed a new Internet-based medical school admissions system (MESA); initiated a Learning Technologies Outreach Program; recruited Debra Ketchell as the new Associate Dean for Knowledge Management and Director of Lane Library; and took initial steps towards a digital library by adding new electronic knowledge resources and lowering barriers to electronic access. And, in support of our IT infrastructure, IRT continued the deployment of a School-wide wireless network in 2003, completed a strategic planning process for a new, School-wide user support model, initiated a new Internet-based teleconferencing service for the School, completed a successful transition to HIPAA compliance and initiated a major redesign of the School's Web site.

The many key strategic initiatives undertaken throughout the School in 2003 have presented some interesting challenges to how we have traditionally viewed our organizations and their management needs. These administrative norms have been further challenged by the continued implementation of new University-based administrative computing systems during 2003. Through an on-going collaboration of Finance and Administration staff, departmental DFA's, and IRT and Planning staff, during 2003 our administrative staff engaged fully in the challenges of managing in this complex and changing academic enterprise. Through these efforts, in 2003 we were able to develop a schema for administrative organizations that, we believe, will allow our administration to flexibly adapt to the needs of our faculty as they increasingly organize in novel and nontraditional units. We will provide more information about these efforts in the months ahead.

During 2003, we introduced a new operating budget allocation formula that promises to recognize and appropriately support the costs of education, research and management within our academic units. We also revised the nearly 30 year-old funds flow formula with the University, bringing the bases for our financial transactions and service agreements in line with our current activities and needs. We also initiated funds flow

analyses with each hospital. And, in 2003, we worked with the hospitals and the University to develop an updated facilities master plan for the Medical Center that will now enable the School and the hospitals to begin planning for our much needed new and replacement facilities.

Early in 2003, we created a new School of Medicine Office of Government Relations and recruited Ryan Adesnik as its director. During this past year we have created a government relations function within the School that works effectively as part of a campus-wide network. Through these efforts we have significantly increased our presence in Washington, DC and Sacramento and have begun to establish an influential voice in the development of national and statewide biomedical and health care policies. In 2003 we played a lead role in forming a national coalition to advocate for increased federal funding to support technologies that will be integral to the SMILE project. In addition, we have worked to support a California bond initiative to establish a new source of funding for stem cell research and research facilities. In 2004 these will be priority initiatives. We have also reinforced our policy perspectives through the initiation of a new health policy speakers' forum. With the recent recruitment of a Paul Costello as our new Director of Communications and Public Affairs, we have the leadership now in place to craft a communications program that fully supports our strategic plans and our roles as active participants in community and public service activities.

In Summary

We have continued to follow the model of simultaneous planning around our multiple missions, recognizing that the solution in one area is often dependent on the resolution of an initiative in a different area. This has proved to be challenging of course and has validated the need for ongoing coordination through our Office of Institutional Planning led by David O'Brien. However, it is clear to me that if we are to achieve our goal of being a role model among research-intensive medical schools, it is imperative that we carefully balance our missions and initiatives in education, research and clinical care. We have, I believe, made progress – and while that is gratifying – there is much more to be done. However, as we get ready to begin the New Year it is appropriate to acknowledge the fact that thanks to the efforts of many of you, we are indeed a “school on the move”. The goal now is to sustain our momentum and to continue the work of making Stanford the best medical school it can be.

What We are Planning for 2004

As we anticipate the New Year, we are well aware of the enormous number of tasks that stand before us. Certainly I recognize that strategic planning and implementation are constant and on-going efforts that will require our commitment, dedication and vigilance. And these efforts will be needed to be sustained year-after-year. That said, it is also important to establish short as well as long-term goals so that we can monitor our progress and adjust our course as necessary. To help guide this, I will outline some of our major initiatives for 2004 in the January 12th issue of the Dean's Newsletter. These will surely be further modified and adjusted during and following our Leadership Retreat that

will take place from January 29-31st. Naturally, I will continue to keep you informed you about the initiatives we plan and the progress we are make in implementing them.

Communication is an important part of our planning process. I have tried hard to keep the lines of communication open – through the regular publication of this Newsletter, direct communications with faculty and students and regular meetings with departments as well as informal gatherings of students and faculty. I recognize that communication is something one can never do enough of – but I also recognize that it is a two-way process. So, I also encourage you to communicate with me about issues or concerns that you have that require our attention or action. Your role in shaping the School is critical and I hope to learn from you the things you think we should be doing that may not be on our agenda – or that you believe will further improve our missions in education, research and patient care.

IRT TECH: Technology Expert Consulting Hours -- Available at Lane Medical Library Starting January 5, 2004

Information Resources and Technology (IRT) is introducing a pilot program for the Stanford University Medical Center community called "TECH" (Technology Expert Consultation Hours). Located at Lane Medical Library, and supported by staff from several IRT divisions, the TECH Desk will provide Medical Center faculty, students and staff with in-person expert advice on a variety of computing, networking, multimedia and instructional technologies. Need help installing and registering your wireless card? Trying to optimize an image with PhotoShop? Interested in setting up a "virtual file cabinet" of PDFs using EndNote? Stop by the TECH Desk!

As of January 5, 2004, visit the TECH Desk webpage at <http://med.stanford.edu/techdesk> for more information on TECH Desk services and hours.

Honors and Awards

- **Dr. Chris Zarins**, Walter Clifford Chidester and Elsa Rooney Chidester Professor of Surgery and Chief of the Division of Vascular Surgery, received the Latvian Republic's "Tris Zvaigznu Ordenis" (Three Star Order). This award was established in 1924 for service to the nation and represents Latvia's highest civilian honor. Dr. Zarins was born in Latvia and during the period of Soviet rule, he helped organize the shipment of medical supplies and equipment to Latvia. Although Dr. Zarins has received numerous accolades and honors during his career – the "Tris Zvaigznu Ordenis" must surely stand as one of his highest and greatest accomplishments.
- **Robin Holbrook** was one of two recipients of the University's Marsh O'Neill Award this year. Robin is the Administrative Services Manager for Genetic Pharmacology in the Baxter Laboratory and in the Department of Microbiology and Immunology. She was singled out for this most prestigious honor because of her long record of extraordinary service within the School and University.

- **Dr. Helen M. Blau**, Donald E. and Delia B. Baxter Professor of Pharmacology, was elected to the Governing Council of the Institute of Medicine of the National Academy of Sciences through 2006.

Congratulations to all!

Appointments and Promotions

- **Bingwei Lu** was appointed to Assistant Professor of Pathology, effective 1/1/2004 to 12/31/2006.
- **Gavin Sherlock** was appointed to Assistant Professor (Research) of Genetics, effective 1/1/2004 to 12/31/2006.
- **Corinna Darian-Smith** was reappointed to Assistant Professor of Comparative Medicine, effective 12/1/2003 to 11/30/2007.

Dean's Newsletter January 12, 2004

What We are Planning for 2004

In the January 5th issue of the Dean's Newsletter (<http://deansnewsletter.stanford.edu/>) I highlighted some of the accomplishments we achieved in 2003 in bringing our Strategic Plan "Translating Discoveries" to fruition. Although we have made considerable progress, we still have a very long way to go before we have fully achieved our numerous initiatives and goals. Because it is important that we continue to forecast the areas we will focus on and then strive to measure our progress, I felt it important to lay out our plans for 2004. I fully recognize that this is a high-level review and that it will almost certainly be subject to modification as we proceed through the year. However, I also believe that it is very important to continue to develop and refine our roadmap so that we can optimize our institutional success. I also want to underscore again that this review addresses only school-wide initiatives and neglects the equally or more important initiatives of our faculty, students and staff in education, research and patient care. I further recognize that these plans will be likely modified as a result of our upcoming Leadership Retreat that will occur from Jan 29-31st.

As has been the case over the past couple of years, the School of Medicine's plans for 2004 will focus on continued and enhanced efforts to create opportunities for collaboration across our traditional disciplinary boundaries. These efforts will be undertaken in all areas of our strategic plan, including both medical and biosciences graduate education, research and clinical care, the professoriate, and our critical enabling areas of information resources and technology and finance and administration.

EDUCATION

The design of the New Stanford Curriculum for medical education, and its initiation in the Fall of 2003, represents an important cornerstone in the success of our strategic plans.

The new curriculum provides a framework for new interdisciplinary interactions, the benefits of which will be translated throughout our institution.

The first phase of the New Stanford Curriculum focused on the first two years and refinements will continue to be made. In 2004 the design and content development of the new curriculum will be extended into years 3, 4 and beyond, with a particular focus on the integration of basic science with clinical medicine along with the development and integration of innovative new teaching modalities to support individualized learning. In addition to the formal initiation of the new scholarly concentrations we will also introduce the new portfolio system for documenting and presenting students' scholarly contributions. In 2004 we will also introduce a new curriculum evaluation program that will be employed to refine the design, content and delivery of the years 1 and 2 curricula and to evaluate our admissions criteria. New tools will also be developed and implemented to improve and standardize the evaluation of students in clinical clerkships and to improve our student advising and mentorship systems. Commensurate with its transformational role in medical education, in 2004 we will also undertake to develop an appropriate communications plan for the public dissemination of information about the New Stanford Curriculum.

We are also committed to extending the New Stanford Curriculum's fundamental principles of scholarship and life-long learning into the related graduate, postgraduate and continuing medical education programs throughout Stanford Medical Center. In 2004, in partnership with the hospitals and departmental program directors, we plan to undertake programmatic and organizational changes that will ensure the highest-quality training experience, including appropriate opportunities for continued scholarship and exposure to emerging scientific discoveries and innovations, for residents and fellows. These initiatives will include the development and introduction of new scholarly programs for residents, the documentation and evaluation of current scholarship and research programs for clinical fellows, the recruitment of a new director of Continuing Medical Education, and the development of new CME training goals and program modalities.

This year will also see a number of new initiatives in our programs for biosciences graduate education and postdoctoral research training. Here we will also be focusing on program innovations that will reinforce our core strengths in basic research while creating opportunities for an enhanced understanding of the challenges and needs of the biomedical sciences. Most notably among our 2004 plans are a commitment to develop a new program to expose biosciences graduate students to studies of human health and disease. We hope to have this program ready for the 2004/2005 academic year. In 2004 we will also be working to evaluate and recommend new opportunities for joint MD/PhD and MD/MSc degree programs associated with the original research elements of the medical education scholarly concentrations.

Through the recruitment in 2004 of a director for our new biosciences career center, we will begin to develop new programs to introduce biosciences graduate students and postdoctoral scholars to career opportunities in biomedicine and biotechnology. The very successful PhD alumni symposium held in 2003 on stem cells will be replicated in 2004

with gatherings on other topics of strong current interest in biosciences research. And, finally, our efforts to increase the diversity among the ranks of all our trainees will continue with launching of new programs for achieving this goal in our community of PhD students.

In conjunction with the School of Engineering, we anticipate admitting the first group of graduate students to our new Joint Department of Bioengineering. This is an enormously exciting area and important initiatives are underway to develop a world-class curriculum and, in 2004, to also carry out some key new faculty recruitments to help further develop and support the program.

By the end of 2004, as a result of these and other new initiatives, we expect to have in place at the School of Medicine the key elements of a comprehensive and integrated set of educational and training programs that will provide a truly unique opportunity for our students and trainees to bring science and medicine together to enhance discovery and improve human health.

RESEARCH

With the nascent establishment of our four new School of Medicine institutes in 2003, we are entering 2004 uniquely positioned to pursue a number of truly innovative and important new research initiatives that will further our core mission of translational research and medicine by building on our tremendous record of accomplishment in basic research, an area that will always be the foundation for nearly everything we do.

In 2004 we will identify faculty leaders for the new Stanford Cardiovascular Institute and the Stanford Institute for Immunity, Transplantation and Infection. These leaders will join Dr. Irv Weissman, Karel and Avice Beekhuis Professor of Cancer Biology and Director of the Stanford Institute for Cancer/Stem Cell Biology and Medicine and Dr. Bill Mobley, John E. Cahill Family Professor and Director of the Stanford Neurosciences Institute, in the further development of the programmatic, organizational, resource and implementation plans for the institutes at the School of Medicine. As a result of these efforts, in 2004 we will develop a detailed program for the School of Medicine's next new science building, the Stanford Institutes of Medicine 1 (SIM1), which will provide the essential research space needed to support the initiation of these institutes and their associated departmentally-based collaborators. In tandem with this we are looking toward leasing additional research space off-campus to provide interim support until SIM1 is complete. Moreover, we will reintroduce the topic we discussed last year about developing a second campus for additional deliberation and discussion.

While interdisciplinary research and translational medicine are fundamental activities of all four institutes, they also exist in many other forms throughout the School of Medicine. A number of significant research initiatives planned for 2004 recognize the strengths of these existing scientific relationships and the opportunities arising from them. In the coming year we will be preparing and submitting specific proposals in response to the recently announced NIH Roadmap for Medical Research. These proposals, in a variety of areas including bioinformatics, and training of clinical investigators, will bring together

our unique interdisciplinary strengths, drawing on faculty expertise across the school, in a focused response to selected NIH priorities.

In a related, parallel effort already underway, we are committed to submitting in 2004 our formal application for consideration as an NCI-designated Comprehensive Cancer Center. This application, resulting from many months of effort by faculty throughout the school, will represent a significant achievement for Stanford's cancer-related programs, linking the Institute for Cancer/Stem Cell Biology and Medicine to the SHC Advanced Medicine Center and unifying under a common program diverse set of faculty research interests.

A third important translational research initiative planned for 2004 will seek to strengthen our scientific relationships with the local biotechnology industry. Initiated in 2003 in collaboration with SRI, UCSD and UCSF, the PharmaSTART program will seek and fund a second round of translational drug development applications in 2004. Our continued commitment to this unique program will serve to catalyze inter-institutional collaboration in the areas of drug development and clinical testing

In 2004 we will also pursue the development and implementation of a number of key enabling initiatives that will be critical to the success of our translational objectives. We will move forward this year in the implementation of the clinical trials budgeting recommendations of the joint School-Hospitals-University Translational Research Task Force. The full implementation of these pricing and budgeting procedures is essential to the continued growth of our clinical research programs and is needed in order to comply with a variety of governmental regulations involved in appropriate allocation of clinical research costs. We will undertake the development of a biostatistics and data management plans in 2004 that will ensure the availability of these key resources for our NCI Cancer Center, our Stanford Institutes of Medicine, and all of our clinical research initiatives.

To support our entire research agenda, we will conduct a comprehensive review of our current core facilities and needs and recommend priorities for development with SIM1 and beyond. We will also be developing several new web-based tools to support discussions among the faculty around interdisciplinary research opportunities and to improve public and University knowledge concerning ongoing clinical research activities at the SOM. And, in 2004, we will explore additional mechanisms to foster communication between basic scientists and clinical researchers.

CLINICAL CARE

In 2004 we will continue to work with Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH) to refine and implement those key linkages between our strategic plans that most critical to our mutual success.

The most immediate of these conjoint initiatives will be the activation of the SHC Advanced Medicine Center, the recruitment of a Clinical Cancer Center director and the development of joint program and operating plans between the Cancer Center and the

Institute for Cancer/Stem Cell Biology and Medicine. With the concurrent development of our NCI Cancer Center plans, these coordinated initiatives in 2004 will affirm and enhance Stanford Medical Center's position among the nation's premier cancer care providers. Similar efforts will also be initiated in 2004 to formalize the relationships between our Neurosciences, Cardiovascular and Immunity, Transplantation and Infection Institutes with their clinical counterparts in SHC and LPCH.

In 2004 we will also work with the hospitals to implement new business and professional plans to ensure the on-going availability of Stanford-affiliated physicians. The implementation of recommendations from the current School – SCH – LPCH Clinician Educator Task Force, will be important to our success. At the same time, we will continue to work with LPCH to operationalize and refine the new Pediatrics/Obstetrics Faculty Practice Organization and explore with SHC options for similar practice structures for our adult services. In particular, we are eager to explore more of a “group practice” model.

Developing plans to ensure the necessary amounts and types of appropriate located clinical facilities will be a high priority in 2004. While provider consolidation within the local market will continue to present significant challenges to our necessary patient base, our new, more flexible, faculty and physician staffing models will provide us with new opportunities to respond and create a truly community-based Stanford presence that has here-to-fore been infeasible. In 2004 we will take these new opportunities and translate them into clinical care plans that effectively integrate the needs of both our community service and translational medicine missions.

ACADEMIC AND ADMINISTRATIVE SUPPORT

We will continue to guide the restructuring of our professoriate in 2004 through key initiatives in the areas of improvements in the faculty appointments and promotions process and faculty development programs. To ensure that our decisions to hire new faculty bring as much academic value to the institution as possible within the University's limitations on faculty size, the revised process for faculty search authorizations developed last year will be continued this year, along with its associated billet tracking data systems. We will also evaluate our traditional models for faculty appointments in order to provide more opportunities for joint appointments and other appointments involving geographic or organizational splits.

To ensure that the faculty we have are afforded every opportunity for their academic success, in the coming year we will also introduce a new curriculum for faculty development opportunities targeted to the needs of all faculty at various stages of their careers. In conjunction with on-going improvements to existing faculty mentoring and advising programs, we will ensure that all of our faculty have access to the necessary information and tools to succeed at Stanford. In 2004 we will also introduce new programs and policies designed to address the specific unique needs of women in medicine and science and minority faculty.

Secure and reliable information access and exchange remains an essential element of translational research and medicine and, as such, a high priority of our strategic plan. In 2004, initiatives are planned for our Information Resources and Technology group that will continue to develop a very solid IT infrastructure. To ensure a free flow of information and data between the School and the hospitals and University, IRT will work with SHC and LPCH to implement a shared IT data model, develop a joint SoM/SHC/LPCH IT advisory and communications committee, work with the hospitals and the University to develop shared approaches to IT security threats, and begin implementation of an IT model to support the clinical cancer center. To support the information and data needs of individual and interdisciplinary researchers and clinicians, in 2004 IRT will deploy the School's secure data center service, develop a standards-based translational research data repository, develop a model for an IT core facility, implement a new web-based faculty research database, implement a clinical trials application, pilot a knowledge base at the point of care for clinicians, develop the concept of the clinical informationist, and develop a plan for patient health information. To ensure secure access to data and IT resources, IRT will deploy a network firewall and intrusion detection system, continue deployment of a secure, wireless network, and work toward required April 2005 compliance with the HIPPA security rule.

In 2004, IRT Knowledge Center and Learning Technologies staff will conduct focused strategic plans to further define the nature of these functions within educational and translational missions of the School and will continue to provide program and design input as members of the SMILE project team. And, to better support all users of School information, in 2004 IRT will implement the recommendations of the School's Web Design Task Force to deploy a new web site for the School (which is, in fact occurring today January 12th!), design and implement a School-wide desktop support model, and conduct, in partnership with Finance and Administration, an administrative systems strategic plan.

As our faculty's educational, scientific and clinical interrelationships continue to become more varied and more dynamic, our Finance and Administration staff are committed to developing newer and better ways to deliver the administrative support necessary for the faculty's success. In 2004, Finance and Administration will pilot key elements of a more faculty-focused administrative model that supports the needs of our traditional departmentally based academic units as well as a wide variety of existing and emerging non-traditional units, while more clearly delineating the administrative responsibilities of the units. In conjunction with this effort, we will be introducing a review and approval model for emerging administrative units that will support our need to readily respond to new, and often transient, opportunities while ensuring an on-going alignment of these units with the overall goals of our departments and the School.

In the coming year, F&A will also undertake a thorough review of existing operating, consolidated, and capital budgeting processes with a goal of identifying specific process improvements to streamline, simplify and better align these processes with our organizations and financial management goals. We will also continue our efforts to increase administrative excellence across the institution through the implementation of

new training programs for managers and staff, the establishment of standards of service tied to our mission and the articulation of our core administrative values. The School's staff will continue to review and refine the funds flow models between the School and the Provost's Office and between the School and the hospitals. In addition, our staff will continued to implement the new financial and computing systems developed by the University and to manage and respond to the challenges posed by these changes.

In 2004, to ensure that we are able to attract and retain the high quality staff needed to support the School's objectives, we will also redouble our efforts to create and promote programs contributing to an appropriate work-life balance.

Our strategic efforts in this coming year will also include important continuing and new initiatives in public policy and advocacy, communications and development. Our government-relations office was newly formed in 2003. This year we will build on the newly established contacts and relationships that have been developed to increase our voice as a public policy advocate at the local, state and national levels. This will include an expansion of the health policy speakers' forum that was successfully inaugurated last year and the continued development of a roster of faculty "experts" available to advise on health and research policy issues. In 2004 we will need to keep a close eye on the agenda of the United States Congress, as they intend to consider reauthorization legislation that will closely look at all aspects of the NIH. A similar effort has not taken place for ten years.

With the arrival of Paul Costello on January 6th as our new Executive Director of Communications and Public Relations, in 2004 we will be able to bring a new comprehensive high quality institutional communications plan to bear on our advocacy and development needs. This will be particularly critical to fundraising, as we expect to initiate full-scale fundraising efforts in 2004 for our SMILE and SIM1 projects as well as a broad and ambitious collection of strategic educational and research initiatives.

In summary

It is hopefully clear that a lot has happened during the past couple of years and, even more importantly, that we have lots planned for 2004 and beyond. Without question, our agenda for 2004 is very ambitious. But we have come a long way in just two years and our continued focus on the important work before us, and perseverance toward our goals, will surely bring these plans to fruition. Working together we will all contribute to the successful transformation of medical education at Stanford and the reaffirmation of Stanford Medical School as the premier research-intensive medical school.

New School of Medicine Web Site is Launched

Today, the Office of Information Resources and Technology (IRT) at the School of Medicine launched the first phase of our new Web Site. This new site contains over 3000 redesigned Web pages. The new Web site can be accessed at:

<http://med.stanford.edu/>.

With the leadership of Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, we now have an outstanding beginning of what will surely be a wonderful Web Site for the School of Medicine. Many individuals have worked diligently to bring this first phase to fruition. In addition to Dr. Lowe, I would like to thank in particular the IRT web development staff and especially Michael Halaas (IRT Associate Director for Web Development, in the Division of Systems Development), Kevin Boyd, Richard Renn, Aleya Chakravarti, and Praveen Morusupalli.

The new Web site is a great new beginning and we can look forward to many continued improvements and changes during the next eighteen months. We are off to a great start – and it is a wonderful way to begin 2004!

Stanford's Department of International Medical Services is Re-ignited

I am pleased to relay this important announcement prepared by Dr. Alan Yeung, Associate Professor of Medicine and Co-Director of the Stanford Hospital Heart Center. Per Dr. Yeung, Stanford's Department of International Medical Services (IMS) has re-ignited a successful international outreach program directed at the Asia Pacific Region. The backbone of this program is clinical education programming led by Stanford faculty based on monthly teleconference sessions transmitted live from Stanford to Asian affiliates.

Recent advances and improved telecommunication networks have made the teleconference-based programming a very time and cost effective means for providing educational programming. The current system will support simultaneous participation by up to four foreign sites. For the past three years, IMS has hosted a monthly transmission to Singapore General Hospital, Chinese University (Hong Kong) and Makati Medical Center (Philippines). In January 2004 a second monthly program series will begin with transmissions to three institutions in India.

These sessions begin with a Stanford-led lecture and conclude with a Q&A period. The audiences are made up of clinical specialists in the given field, with an average total attendance (all three sites) of 50 - 100.

The content of the programs is selected by our foreign affiliates. At the beginning of each year, the overseas centers provide IMS Director, Jennifer Sims, with a list of specific topics in which they have an interest. Jennifer cross-references the topic lists from the multiple sites to find common interests and then identifies Stanford faculty with appropriate sub-specialty expertise. I would encourage your participation. Indeed, Drs. Yeung and the IMS Director, Ms. Jennifer Sims, are seeking faculty to participate in these education sessions. If you are interested please contact Dr Yeung (Alan_Yeung@CVMed.stanford.edu) or Ms. Sims (LAMPMAN_J@HOSP.STANFORD.EDU).

Events

- ***First Edward Rubenstein Lecture.*** Thanks to a wonderful contribution from Martha Lee and Tom Parker, a new lecture series honoring Stanford Professor of Medicine Edward Rubenstein was established. On Tuesday evening, January 6th, the inaugural Edward Rubenstein Lecture was given by J. Michael Bishop, Chancellor of the University of California, San Francisco on “Cancer and Double Helix”. It was a spectacular event and I want to thank the Parker family for making this possible and congratulate Dr. Rubenstein for having a important new lecture series named in his honor.
- ***CCIS Kroc Lecture.*** Thanks to Dr. C. Gary Fathman, Professor of Medicine and his colleagues, CCIS and the Kroc Foundation sponsored the lecture on Tuesday June 6th that was given by Dr. Marc Feldmann, co-winner of the 2003 Lasker Award and Head of the Kennedy Institute of Rheumatology at the Imperial College, London. Dr. Feldman gave a wonderful presentation on “Anti-TNF Therapy in Rheumatoid Arthritis: Past, Present and Future”
- ***Community Lecture Series.*** As part of our continuing monthly series of presentations to the community about work being conducted in various departments in the School of Medicine, Drs Mark Hlatky, Professor of Health Research and Policy and of Medicine and Dr. Laurence Baker, Associate Professor of Health Research and Policy, gave a terrific presentation on “Medical Innovation, Rising Costs, and the Health of the Public”. As you might imagine, the presentation engaged the audience in lots of questions and commentaries.

Honors and Awards

- ***Dr. Daria Mochly-Rosen*** was honored on Thursday night, January 7th, at a dinner recognizing her being named as the George D. Smith Professorship in Translational Medicine. It was a lovely event.
- ***Dr. Richard Bland***, Professor of Pediatrics, will receive an honorary Doctorate of Medicine from the University of Uppsala, in Sweden this month. Congratulations to Dr. Bland.

Appointments and Promotions

- **Julie Baker** has been reappointed to Assistant Professor of Genetics, effective 2/1/2004 to 1/31/2007.
- **Mark Genovese** has been promoted to Associate Professor of Medicine at the Stanford University Medical Center, effective 1/1/2004.
- **Deirdre Lyell** has been appointed to Assistant Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective 1/1/2004 to 12/31/2006.
- **Sandy Napel** has been promoted to Professor of Radiology and, by courtesy, of Medicine, effective 12/1/2003.
- **Jonathan Pollack** has been reappointed to Assistant Professor of Pathology, effective 1/1/2004 to 12/31/2007.

Dean's Newsletter

January 26, 2004

My View on the Importance of the School of Medicine and Medical Center to Stanford University

There is little question that these are challenging times for academic medical centers. But they are also exciting ones, coupling opportunity with risk. There is also little question that the relationship between academic medical centers and their parent university is also dynamic and, depending on the particular circumstances, is lauded or questioned. Much of this has to do with concerns about the relative size of the medical school or concerns the financial well being of an academic medical center and particularly its hospital affiliates (especially if owned by the university) might represent a perceived threat to the university's financial well being, including its important credit rating. Add to this the fundamental differences in the missions of an academic medical center and the multifaceted roles that faculty must play.

Certainly there were reasons for concern at Stanford in recent years. Following the merger and then de-merger of Stanford with UCSF a number of distractions and consequences impacted the medical center and created anxiety both within it as well as within the University leadership. But a lot has changed during the past 2-3 years. For example, in FY01, the year of the unwinding of the merger, both Stanford Hospital & Clinics (SHC) and Lucile Packard Children's Hospital (LPCH) projected significant financial losses, creating considerable concerns about their overall viability. But by FY02 the financial picture for both hospitals had shown evidence of considerable recovery and in FY03 they each demonstrated positive margins, a pattern that continues in the current FY04 fiscal year. While these earnings will be needed to reinvest in equipment and important capital and programmatic needs, they give evidence of considerable financial strength in a still very difficult marketplace. Moreover, both hospitals are filled and each are carrying out state-of-the-art care, including making important new discoveries that bring knowledge from the bench to the bedside, which we refer to as *Translating Discoveries*, the overarching strategic theme for the School of Medicine (<http://medstrategicplan.stanford.edu/>).

There is no doubt that the improved financial performance of SHC and LPCH reflect the careful management by the Hospital CEOs and the leadership teams they have assembled. Perhaps even more important is the increased clinical volume at both hospitals that reflects the work of our Stanford clinical faculty. This dedicated cadre of clinicians and clinician-scholars/investigators has significantly increased their productivity – and workloads – seeing more and more patients in both the outpatient and inpatient settings. Moreover, the work of our faculty now comprise the vast majority of overall clinical activity at both hospitals – nearly 100% at LPCH and about 85% at SHC.

In addition, the past 2-3 years have witnessed a number of important clinical recruitments across the School but perhaps most significantly in surgical departments. Indeed, compared to just a couple of years ago, surgical activity and volumes have increased considerably, reflecting new surgical programs. Importantly, each of our clinical programs also opens new portals to our community – locally, regionally and internationally – and provides an additional face to Stanford University.

Of note, at the same time that this increased patient-care activity has occurred, our clinical faculty have also increased the number of NIH grants coming to clinical departments and have been highly productive in both research and education. We owe them thanks and appreciation for their committed and dedicated efforts and contributions.

Further, the School of Medicine as a whole has increased its amount of NIH grant support during the past several years, also reflecting the remarkable contributions of our stellar basic science faculty and constituting the largest area of research growth within the University. This research productivity – especially its very high quality – reflects on both the School of Medicine and the University.

While various members of the community perceived or were suspicious that the School of Medicine was a financial drain on the University, the facts speak otherwise. As a “formula school”, the School of Medicine is on its “own financial bottom”. Equally importantly, during the past year the School redid its decades old formula with the University using a cost-allocation methodology that assures that the School pays for all the costs it incurs by being part of Stanford University. Moreover, the School contributes money to the University through interest income accruing to the “Expendable Funds Pool (aka EFP)”.

Despite this high level of clinical and research productivity of our faculty and the now clearly very improved financial performance of our hospitals, it is surprising that there is still, in some quarters, a range of negative views about the Medical School and Medical Center within our University community. Certainly I understand that perceptions and concerns change slowly, especially given the somewhat tumultuous past decade. Recognizing that concerns and fears do exist, I have made one of my major goals to more closely align the School of Medicine with the University. While there is much to be done, I feel that we have made progress in this arena. Moreover, it is exquisitely clear to me how very important the School of Medicine and Medical Center are to Stanford University in a number of ways.

That we continue to attract outstanding medical and graduate students as well as residents and fellows helps improve the intellectual lifeblood of the School and University. It is also notable that a significant proportion of undergraduates come to Stanford with an interest in medicine – and the fact that there is an outstanding medical school as part of the university must contribute to the decision of many to attend Stanford. Our New Stanford Curriculum is also setting a new standard for medical education, and our programs in the Biosciences are among the best in the nation – adding to the University’s

outstanding graduate programs – as well as to the University’s ranking as a research-intensive university.

Our new Stanford Institutes of Medicine also serve a unique role in aligning the basic and clinical science faculty within the School of Medicine around important themes: Cancer/Stem Cell Biology, Neurosciences, Cardiovascular Medicine, and Immunity/Transplantation/Infection. Importantly, each of the Stanford Institutes of Medicine also seeks to engage faculty and students from throughout the University who are interested in these important and challenging areas in science and medicine. Equally importantly, the Stanford Institutes of Medicine are designed to enhance and foster translational research and to thus make even more relevant to our communities the dividends of biomedical research.

The new joint department of Bioengineering between the School of Medicine and Engineering also reflects the important relationships between the two schools and is already showing evidence of significant impact by the quality of the faculty recruitments and first applicants to the graduate studies program.

One of the most important initiatives of the University during the past several years has been the faculty-driven initiative referred to as BioX. The relationships between the physical, engineering, computer science, and biomedical sciences serve as the underpinning of this important University-wide initiative. But what will make this unique and of palpable importance to our community is the potential of translating these discoveries into new insights as well as new strategies to better diagnose, treat or prevent human disease.

Similarly, the evolving additional University-wide initiatives in energy and the environment as well as the role of Stanford in the global community also derive benefit from the School of Medicine. For example, there is no question that environmental issues and concerns are of major importance to life on our planet. It is also true that virtually all human disease is the consequence of one’s genetic composition (either simple Mendelian or complex genetic interactions) with the physical or biological environment. Thus an interdisciplinary effort on the environment derives important benefits from a focus on human health and disease. Similarly, there is no doubt that global health is one of the most important issues facing our world-wide community, especially as the traditional geographic boundaries no longer separate disease demography or distribution. Here too, the work of Stanford faculty on a wide-range of diseases as well as the extant and evolving collaborations that exist throughout the world contribute to the University’s goals.

These interactions between our Schools of Medicine, Engineering, Humanities & Sciences, Law, Education, Earth Sciences and Business offer extraordinary opportunities to improve the world. These interactions are fostered by bringing together a diverse and outstanding faculty and students who collaborate, interact and as a consequence, move the agenda to new and exciting areas. I am convinced that the School of Medicine plays a critical role in this process and thus brings distinction to the University. There is a not-so-

funny joke (at least to me) that asks why among the leaders of major universities only the president of Princeton is smiling? And, the answer of course is that Princeton doesn't have a medical school! There is no question that Princeton is an outstanding university but, at least in my opinion, during the new era of biology and interdisciplinary science, only those universities with a medical school will be able to take full-advantage of the exciting discoveries that are and will take place – and make them relevant to human disease and well being.

Similarly there is no question that Stanford is a great University. But, in my opinion, a significant part of its excellence now – and especially in the future – will be the consequence of having a wonderful medical school and medical center. This is something to celebrate.

And, of course, Stanford also has great basketball teams!

Comparing Notes: A Visit to Penn

On January 20-23, I visited the University of Pennsylvania School of Medicine and Medical Center, accompanied by Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs and Professor of Medicine and Mike Hindery, Senior Associate Dean for Finance and Administration. We visited with the leadership of the School and Penn Health System to better understand the relationships and interactions that now exist in the faculty clinical programs and interactions with the hospital and larger health system. Of course Penn, like Stanford, has gone through some challenging times in recent years. Also, like Stanford, they are emerging with a more successful enterprise and in nearly all areas appear to be doing quite well. Of note, the relationship of Penn Medicine to the University seems stronger now – although it was certainly tenuous just a couple of years ago, when the financial status of the health system was so precarious. If you are interested in the events that unfolded at Penn (and that shook the academic medical world) they are well described in a new book by Dr. John Kastor entitled “***Governance of Teaching Hospitals. Turmoil at Penn and Hopkins***” published by The Johns Hopkins University Press in 2004.

Because we have been contemplating changes in the physician practice model at Stanford, we were interested in learning more about what was happening at Penn, where changes were guided by organizational alignment, strong practice plan business management, shared resources and strategies, accountability for performance in each practice based on credible data generated by the practice plan, uniform audit and compliance standards, and the application of market strategy principles to assure the right mix of primary and specialist physicians and the appropriate incentive-based compensation models for physicians. If you are interested, these are reviewed in a recent article by David Longnecker et al entitled “*Future directions for Academic Practice Plans: Thoughts on Organization and Management from Johns Hopkins University and the University of Pennsylvania*” *Academic Medicine* 2003; 78: 1130-1143.

During the next several months we will be reviewing the optimal practice models and will report back on our progress. It should be noted that a Pediatrics and Obstetrics Faculty Practice Organization is being established jointly between the hospital and school and can serve as a model for future clinical practice activities in the medical center.

Upcoming Strategic Planning Leadership Retreat

From Thursday, January 29 – Saturday, January 31st, we will be holding our Third Annual School of Medicine Strategic Planning Leadership Retreat on Translating Discoveries. Our first Retreat was held in February 2002 and has helped to set the stage for many of the mission-based changes that we have been making across the School of Medicine. As with the prior two Retreats, we will bring together a diverse group of approximately 75 leaders to address where we are now – and where we are going – to make Stanford fulfill its mission *‘to be a premier research-intensive medical school that improves health through leadership and collaborative discoveries and innovation in patient care, education and research’*.

As with the two past events, the attendees will represent a wide number of constituencies: The School’s Executive Committee and Department Chairs, Senior Deans, Institute Directors, Hospital CEOs, as well as University leaders including the Provost, Vice President for Development, University Trustees and Hospital Directors and, of course, representatives from our medical and graduate student classes as well as residents and fellows. The goal of course will be to present updates (which I will cover in future Newsletters) as well as to generate critique and new ideas that will help to further improve our plans and goals for the School of Medicine.

The overall agenda for the Retreat “Translating Discoveries” will include:

Thursday afternoon, January 29th

- Medical Education: Toward a Medical University
- Biosciences Education and Training
 - Flexible Strength in Graduate Education
 - Achieving Excellence in Postdoctoral Training
- Opportunities for Change in Graduate and Postgraduate Medical Education
- The Academic Workforce:
 - Academic Affairs: Our Changing Professoriate
 - Clinician Educators: Important Workforce for the Success of Stanford’s Clinical Program
- Finance and Administration: NOT Lost in Translation
- A Special Evening Presentation on the Future of Academic Medicine will be delivered by Dr. Jordan Cohen, President of the Association of American Medical Colleges

Friday, January 30th

- Transforming the IT Environment

- 2004 Collision Course: Defending Science from Politics
 - Clinical Program Strategic Planning
 - Stanford Hospital & Clinics and the Adult Clinical Faculty
 - Lucile Packard Children's Hospital and the Obstetric and Pediatric Faculty.
 - Enabling Translation (A Panel Discussion)
 - Cancer/Stem Cell Institute
 - Toward a NCI Comprehensive Cancer Center
 - Neuroscience Institute
 - Cardiovascular Institute
 - Immunity, Transplantation, Infection Institute
 - Biodesign Program
 - Translating Our Vision and Goals into Reality
 - When the Rubber Meets the Road – Opportunities and Challenges for 2004 (There will be 7 groups each addressing two major questions. The questions will include a number of issues, including the following)
1. Extending Our Programs:
How can we enable and foster more effective interaction between basic and clinical scientists in order to enhance translational research? How can we promote “economies of scope” within traditional departmental organizations and between faculty with defined roles (e.g. Investigators, Clinician-Scholars/Investigators, Clinician Educators)?
 2. Extending Our Campus:
How can we use off-campus space as a transitional resource to SIM1 (≈2009-2010)? How can we use off-campus space as a transitional resource to SIM2 and to SIM3? Should we develop off-campus space as a permanent resource? Can/should our research, clinical and management needs be co-located off-campus? How can we extend our “campus” into local biotechnology industries?
 3. Extending Our Faculty and Roles:
How can we incorporate residents and postdoctoral scholars (PhD and MD) into our scholarly concentrations? How can we change our culture to more effectively incorporate the clinician educators into the medical school's mission? How can we create more “turnover” billets and more interdisciplinary replacement faculty? How can we reduce/eliminate division/department/school limitations on faculty programmatic objectives?
 4. Extending Our Patient Care Mission:
How can SHC preserve an increased focus on specialty care and still survive in the local healthcare market? How can we better integrate our clinical programs at SHC and LPCH into a local/regional healthcare network? How can we rationally differentiate our clinical programs and locations of service? How can we significantly increase our presence as a Pacific Rim healthcare provider?
 5. Extending Our Infrastructure:

How can we ensure the delivery of high-quality, responsive and economical management services to faculty in multiple programs and multiple locations that are both departmentally and non-departmentally based? What is needed to develop state-of-the-art infrastructure and platforms to facilitate clinical and translation research? What is needed to ensure our support for basic science research? What is needed to support our missions in education? How can we provide better incentives to generate new funds?

6. Translating our Vision and Goals into Reality: The Importance of Philanthropic Support:

How can we best communicate our vision to our traditional and new donor populations? How can we engage new donor populations in support our plans? How can we create a mutually beneficial “campaign” supporting the needs of the School and both hospitals? How can we best distinguish our plans and needs from those of our peer institutions in the minds of prospective donors? How can we ensure the broadest possible utility from philanthropic support?

Saturday January 31st

Presentation and Discussion of Breakout Sessions: Further Crafting Our Agenda
Additional Reactions, Recommendations and Suggestions

As you can see, we have a very ambitious agenda for the Retreat. I will certainly be presenting updates in subsequent Dean’s Newsletters but would also welcome reactions or suggestions even prior to the Retreat if you would like to share them. Naturally it would be great if we could bring everyone to the Retreat but that is not practical. But I still hope you can and will feel part of this planning process – and share your thoughts with us.

Leadership Changes in the Office of Medical Development

In early January Ms. Jackie Brown, Director of the Office of Medical Development, announced her decision to step down and pursue new directions. Ms. Brown has been a part Stanford for more than a decade and a half and has made major contributions to the School, Medical Center and University. Widely admired by her staff and the School, Ms. Brown helped lead the School through a period of exceptional philanthropic support. She has been an absolutely committed and dedicated professional and always put the School and Medical Center as her highest priorities. I very much enjoyed the opportunity to work with her and want to thank her tremendously for all that she did for Stanford –she will be missed.

In the interim, Ms. Kathleen Gilchrest and Ms. Patricia McLeod will share the responsibilities of co-Directors while we begin the search process for an Executive Director of the Office of Medical Development. Obviously this is a most important position for the School and Medical Center, especially as we get ready to move forward with the next phase of plans for a Capital Campaign.

Graduate Education: Improving Diversity

At its January 16th meeting, the Executive Committee heard a report from Dr. John Boothroyd, Senior Associate Dean for Research, Graduate Education, and Postdoctoral Affairs, and his colleagues Drs. Karla Kirkegaard, Ellen Porzig, and Ms. Kimberly Griffin about the Biosciences Graduate Programs. Currently there are twelve graduate programs in this group: Biochemistry, Biological Sciences, Biophysics, Cancer Biology, Developmental Biology, Genetics, Immunology, Microbiology and Immunology, Molecular and Cellular Physiology, Neurosciences, and Structural Biology. There is a single admissions process, and applicants specify their three top program choices.

The report noted that each student in the Biosciences Graduate Programs is fully funded. A major advantage of our admissions process is its highly personalized nature. Candidates who are invited to campus interview with five or six faculty members, and it is made clear to them that each student is truly valued. Last year, the Biosciences Graduate Programs had 1097 applicants, of whom 213 were admitted. Of those, 100 students matriculated in September 2003.

Dr. Kirkegaard, Co-chair of CGAP (Committee on Graduate Admissions and Policy), reviewed the topics currently under consideration by CGAP this year. These include:

- Ways to remove barriers to interdisciplinary graduate education
- The articulation and enforcement of shared values for graduate education
- The recruitment of the most qualified applicant pool for each program
- Recruitment and retention of under-represented minorities
- Creative interaction with the Scholarly Tracks in the new medical curriculum

Dr. Kirkegaard explained that one of the primary goals of CGAP is to foster both the diversity of the biosciences programs and some degree of coherence across them. The group is interested in getting the graduates students exposed to as many of the laboratories as possible, as well as to clinical programs.

Dr. Ellen Porzig, Associate Dean for Graduate Education, presented the results of a recent survey on graduate education. This survey assessed the overall satisfaction of our graduate students with such aspects of their experience as the quality of their graduate courses, their research experience, access to selecting a dissertation lab in any home program, mentoring, and whether they investigated or pursued rotation with faculty in clinical departments. While the analysis is still in process, the results so far indicate that our students have a high degree of satisfaction with their graduate education. It is anticipated that a written summary of the survey results will be available by July 2004.

Ms. Kimberly Griffin, Director of the Biosciences Diversity Program, provided an update on diversity in graduate education. She reported the sobering statistic that, between the years 1994 and 2003 the University as a whole experienced a 21% growth in graduate school applications but a 41% drop in the number of minority applications. Several of our peer institutions, in contrast, have seen increases of 3-35% in minority applicants. We clearly need to – and want to do better in this area.

Ms. Griffin went on to describe the recruitment strategies she and others are using to improve our success in recruiting underrepresented minority graduate students. These include travel to historically black undergraduate colleges and other minority serving institutions, attendance at national conferences where underrepresented minority students present their scientific work and meet with faculty, the Stanford Summer Research Program, the development of partnerships with other institutions such as the Meyerhoff Connection with the University of Maryland, Baltimore County, Graduate Diversity Admit Weekend, and the Cancer Biology High School Program. Plans for the future include an Initiative for Minority Student Development Grant (IMSD) and increased faculty involvement with recruitment.

Clearly this is a work in progress and we are eager for some of the programs now being put in place to improve diversity to reach fruition – and improved success.

Thank you from the Lucile Packard Children's Hospital

The Dean's office received the following letter from Colette C. Case, Director of Child and Family Life Services and we would like to share it with you:

"I wanted to personally thank all of you for the wonderful gifts you contributed to the patients at Packard Children's Hospital. It was amazing how many gifts you were able to donate during the Holidays!!

We had a "full house" on Christmas so Santa was very happy to have so many wonderful gifts to choose from so he could give every child a bag of toys that was just right for their age and wishes. For those children who do not celebrate Christmas, we were able to give them unwrapped gifts that they were able to enjoy.

I hope you all had a wonderful Holiday Season and wish you a Happy New Year!! Hope we hear from you again next year".

Honors and Awards

- **Dr. David Gaba**, Professor of Anesthesia, has been named the 2003 recipient of the VHA's prestigious David M. Worthen Award for Academic Excellence in recognition of the VA employee who has made a "major contribution of national significance toward education in the health professions." Please join me in congratulating Dr. Gaba.
- **Fulbright Scholar Grants** have been awarded to three individuals who will either visit Stanford or travel to a foreign country. These include:

- **Stine Sofia Korreman** a Scientist from the Department of Radiation Physics from the National University Hospital, Copenhagen, Denmark (who is visiting Stanford from August 2003 – April 2004)
- **Karin Berit Petersson**, a doctoral candidate in the Department of Molecular Biophysics, Center for Chemistry and Chemical Engineering, University of Lund, Sweden (who is visiting Stanford from August 2003 – July 2004)
- **Ira Glick**, Professor of Psychiatry and Behavioral Sciences at Stanford who will be visiting the National Institute of Mental Health and Neurosciences, Bangalore, India from January 2004 – July 2004.
- **Dr. Marilyn Winkleby**, Associate Professor (Research) of Medicine at the Stanford Center for Research in Disease Prevention and, by courtesy, of Health Research and Policy and Julia Steele have published a new book entitled *Healing Journeys: Teaching Medicine, Nurturing Journeys* that tells the story of the Stanford Medical Youth Science Program that was founded in 1988.
- **Dr. Irv Weissman**, Karel and Avice Beekhuis Professor of Cancer Biology, Professor of Pathology, Developmental Biology and, by courtesy, of Biological Sciences, has been awarded the 2004 Jessie Stevenson Kovalenko Medal from the National Academy of Sciences “for his seminal studies that define the physical properties, purification, and growth regulation of multipotent hematopoietic stem cells”. He will also receive the Alan Cranston Award from the Alliance for Aging – both adding to his ever-increasing list of major awards!
- **Dr. Daniel Palanker** and his research group from the Department of Ophthalmology, received a prestigious award at the International Society for Optical Engineering Conference 2004 in San Jose, for their work on the artificial vision chip. Their paper “Attracting Retinal Cells to Electrodes for High Resolution Stimulation” won the first place and the Pascal Rol award for the best paper and presentation on Ophthalmic Technologies Conference. Congratulations to all involved!

Announcements

- **SUMMA: The Stanford University Minority Medical Alliance:** On January 31st Stanford will host the annual SUMMA Conference that will engage 550 college underrepresented minority students and 100 high school students who are interested in pursuing a career in medicine. SUMMA is run entirely by medical students – with several dozen working on the preparations for the upcoming event. The day will consist of presentations, mock interview sessions, information sessions about the MCATs, the application process, etc. It is a wonderful event and has a long history of helping to open of the pipeline of interest among minority students to a career in

medicine. If you are interested in more details you can view the Website <http://med.stanford.edu/osa/summa/>.

- **Community Lecture Series:** On Wednesday, February 4th, Mary Lake Polan, M.D., Ph.D., Chair, Department of Obstetrics and Gynecology, will present Human Sexual Function: Mind-Body Connection at the next monthly lecture in this very successful series. Dr. Polan will examine how the peripheral sexual response interacts with central nervous system changes. Studies using fMRI to track brain activation seem to show a close tie between genital blood flow and sexual response. Please join us in the Fairchild Auditorium at 7:00 p.m. for this lecture. If you have any questions, please call 650-234-0647.

Dean's Newsletter

February 9, 2004

Update on the Strategic Planning Retreat

From January 29-31st, approximately 75 members of the Stanford Medicine community gathered at the Carmel Valley Ranch for our Third Strategic Planning Retreat. The first of these Retreats was held in early February, 2002 and offered the opportunity to further develop our School-wide Strategic Plan entitled "Translating Discoveries" (<http://medstrategicplan.stanford.edu/>). Since then we have been working diligently to implement the various initiatives we identified in key mission based areas. At this year's Retreat we had the opportunity to present updates of our progress as well as to engage the attendees in some critically important questions and issues that impact Stanford now and in the future.

As with our past two Retreats, this year's event brought together a diverse community, including Department Chairs, Institute Directors, Senior Deans, School Leaders, University Officials (including the Provost, Trustees), Hospital CEOs and representative medical and graduate student leaders as well as leaders from the Residency Training Program and clinical and research Fellowship Programs.

As reported in the last edition of the Dean's Newsletter, the agenda was quite intense and demanding – making for long but productive days.

This year we also had the privilege of having Dr. Jordan Cohen, President of the Association of American Medical Colleges (AAMC), join us for the Retreat and present his views about the challenges facing academic medicine in the 21st Century.

From the feedback I have received, I would rate this year's Retreat as a wonderful success. The attendees were clearly energized by the progress that we are making and seemed truly pleased to be part of an initiative that is helping make Stanford a role model among research-intensive academic medical centers. They also had the opportunity to present an important and diverse set of views and perspectives, enabling us to learn from

each other and help chart our course for the years ahead. Indeed, in our small group breakout sessions – and then group wide discussions – we had the opportunity to identify some of our most important challenges and to begin identifying ways of making progress for the future.

In the brief report that follows I want to highlight some of the discussions that took place at the Retreat. In the very near future we will have the presentations that were given at the Retreat posted on our Web Site (<http://med.stanford.edu/dean/>).

I also want to take this opportunity to thank everyone who presented at the Retreat or who participated in the discussions that unfolded. In addition, I want to offer special thanks to Mr. David O'Brien, Director of Institutional Planning, who did a spectacular job in helping us prepare for the Retreat (including helping to summarize what transpired) as well as keeping our Strategic Planning efforts moving forward. Finally, I want to thank Ms. Sharon Olsen, Executive Associate to the Dean, for all the special efforts she put forth to help make the Retreat such a wonderful experience for all.

Medical Education

Julie Parsonnet, M.D., Senior Associate Dean for Medical Education, presented "*Medical Education – Towards a Medical University*".

Dr. Parsonnet provided a review of major accomplishments in Medical Education in 2003, including the initiation of the new Stanford Curriculum, a Faculty Senate Committee on Performance Assessment and Advising, and a new funding mechanism for the Office of Continuing Medical Education. She also reported excellent results in our admissions yields and our residency matches.

She also presented an in-depth review of the Scholarly Concentrations, the structure of the new curriculum and the developing mechanisms for curriculum evaluation.

She concluded with a presentation of objectives for Medical Education in 2004, including the continued implementation of the new curriculum, improvements to student evaluations, incorporation of residents and fellows into the scholarly concentrations, developing mechanisms to facilitate and foster excellence in teaching, and developing a more robust CME program.

Discussions following the presentation addressed issues associated with the integration of our medical and biosciences graduate programs, the importance of ensuring that our admissions criteria reflect the types of students most appropriate to the new curriculum, and the importance of evaluating the "hidden curriculum" that represents what students are actually learning through all modalities.

Graduate Education and Postdoctoral Training

John Boothroyd, Ph.D., Senior Associate Dean for Research and Training, presented *“Flexible Strength in Graduate Education”* and *“Postdoctoral Training: Building on Excellence”*.

Dr. Boothroyd reported on the high levels of graduate student satisfaction with their decision to attend Stanford, but also laid-out an agenda for improvements in the areas of graduate student diversity, increased flexibility for 1st year students and increased strength in interdisciplinary training.

He also reported on a number of planned initiatives designed to make the postdoctoral scholar/scientist career an attractive choice, to promote increased diversity among postdoctoral scholars, and to foster successful career transitions from postdoctoral scholar to independent scientist.

He identified a continuing commitment to developing additional mechanisms to increase the exposure of graduate students and postdoctoral scholars to clinical medicine and translational research.

He concluded his presentation by soliciting discussion around the issues of increased graduate student and postdoctoral scholar diversity, increased exposure to clinical medicine and translational research, increased teaching opportunities for students and fellows, and improved mentoring.

Discussions following the presentation ranged widely across these issues as well as issues of housing affordability for postdoctoral scholars, limitations on the duration of postdoctoral training, and opportunities for clinical exposure.

Graduate Medical Education and Postgraduate Medical Education

Harry Greenberg, M.D., Senior Associate Dean for Research and Training, presented *“Opportunities for Change in Graduate and Postgraduate Medical Education”*.

Dr. Greenberg provided an overview of the student and trainee types within in the School’s medical and graduate biosciences programs. He noted a surprising degree of symmetry among our programs, with medical students and biosciences graduate students being roughly equal in size and total pre-degree students being about 50% to size of total post-degree trainings. He reported a current total School of Medicine student and trainee population of approximately 2,820. He also summarized the complexity of the academic and administrative organizations currently involved in support of these students and trainees.

He summarized the charge and key findings of the Dean’s task force on Residents and Fellows, including the need to strengthen the decanal role in these programs, the need to develop “customer service” oriented administrative structure, and the need to develop and oversee SUMC program standards, including elements of increased scholarship.

He concluded by delineating specific future goals for our GME/PGME programs, including addressing the specific Task Force recommendations, providing research opportunities similar to the scholarly concentrations, and developing a strategic plan for all our trainees. One of the major goals will be to extend the Scholarly Concentrations that have been developed for medical students into the Residency and Fellowship programs

Academic Affairs

David Stevenson, M.D., Senior Associate Dean for Academic Affairs, presented *“Academic Affairs: Our Changing Professoriate”*.

Ken Cox, M.D., Senior Associate Dean for Clinical Affairs (Pediatrics and Obstetrics), presented *“Clinician Educators: Critical Workforce For the Success of Stanford’s Clinical Programs”*.

As background, Dr. Stevenson summarized the history of the Medical Center Line and its recent refinements, the major additional revisions to the professoriate accomplished in 2003, and the current resultant structure and composition of the faculty (and related) positions at the School of Medicine. He also summarized the practical effects on the School of the new faculty billet cap and presented comparative data on faculty size and rank for Stanford and our peer research-intensive medical schools.

Dr. Stevenson also presented 3 key areas for new initiatives in 2004. These included a change in our faculty resource orientation from one of “billet control” to one of “position management”, the continued transformation of the Office of Academic Affairs into a proactive and consultative service function, and the development and implementation of a new Faculty Leadership Development Program for all School of Medicine faculty.

Dr. Cox then reported on the work findings and recommendations of the recently appointed Clinician Educator (CE) Task Force, which he chaired. He began by summarizing the current status of clinician educators and the objectives of the Task Force. These included clarification of CE compensation and benefits relative to their peers (both academic and non-academic) and identification of existing barriers to the full utilization of these appointments.

Dr. Cox presented data on the numbers and distribution of CE by rank and by duration of appointments, by the percentage FTE of their appointments, and by their distribution among departments.

He summarized the current state of the issues, and their potential resolution, for the key areas of concern to the CE: creating a valued position, providing opportunities for a competitive salary, and providing a fair and competitive benefits plan that includes housing and professional/sabbatical leave provisions.

The discussions that followed these two presentations addressed issues relating to the key roles of CE as educators and clinicians, the role of “Instructor” as a transitional appointment for future faculty, the potential role of the VA as a model for non-faculty academic roles, and the key role of CE in the success of the hospitals.

Finance and Administration

Mike Hindery, Senior Associate Dean for Finance and Administration, presented *“Finance and Administration: NOT Lost in Translation”*.

Mr. Hindery’s presentation included a summary of significant 2003 accomplishments, a description of the rationale and structure of a proposed new management model for academic units, and a summary of key initiatives planned for 2004.

Most notable among the reported accomplishments in Finance and Administration were the development and implementation of new formulas for school operating budget allocations and for a university “citizenship tax”, continued implementation of university administrative information systems, development of an SUMC facilities master plan, and continued improvements to employee retention and respectful workplace programs.

Mr. Hindery summarized the most significant internal and external factors that are affecting the administrative work of the Medical School. These include the proliferation of departmental and non-departmental academic units, the workload burdens of new information systems and compliance obligations, and our efforts toward increased interdisciplinary activities. He outlined a proposed administrative model that allows for a more flexible and efficient response to these challenges while preserving the critical roles of departmental administration in support of the faculty’s programs.

Plans for 2004 include further discussions of the administrative model and additional pilot programs, a comprehensive review of the school’s operating, consolidated and capital budgeting processes, continued administrative systems implementation, continued refinement of funds flow formulas, and increased efforts to create and promote programs contributing to an appropriate work-life balance.

The discussions that followed addressed many issues associated with the proposed administrative model, in particular the role of the DFA and the critical nature of the DFA-Chair relationship.

Invited Speaker

Jordan Cohen, M.D., President, Association of American Medical Colleges, spoke on *“Contemporary Challenges For Academic Medical Centers”*.

Dr. Cohen introduced the key challenges confronting the primary missions academic medicine, delineating the factors behind these challenges and their likely implications on

medical schools. He commended the efforts underway at Stanford, suggesting that they represent thoughtful and appropriate responses to many of these challenges.

Information Resources and Technology

Henry Lowe, M.D., Senior Associate Dean for Information Resources and Technology, presented *“Information Resources and Technology”*.

Dr. Lowe reviewed the primary goals of IRT and the IRT development model, as articulated last year, and steps taken during 2003 toward achieving those goals. He then presented the key plans for 2004 in each of IRT’s functional areas (IT Security, Desktop Support, Website applications, Wireless computing, Knowledge Management, Learning Technologies, translational research data systems, and clinical informatics).

Important IRT initiatives featured by Dr. Lowe included the implementation of a “trusted network” model to enhance medical school security, the development of a “hub and spoke” IT support model for desktop support, continued implementation of the new School of Medicine web architecture and supporting systems, development of an integrated and centrally managed School wireless network, the development of a Knowledge Management strategic plan, the continued development of a translation research data repository and the development of plans for a medical school Center for Clinical Informatics.

The subsequent discussions expressed support for IRT’s efforts to collaborate with SHC and LPCH. Support was also expressed for the planned data repository and the development of a desktop support service.

Government, Public Affairs and Communications

Ryan Adesnik, Director of Government Relations, and Paul Costello, Executive Director of Communications and Public Affairs, presented *“2004 – Collision Course? Defending Science from Politics”*.

Mr. Adesnik and Mr. Costello described the current national climate as it relates to public policy and support for science. They provided a number of specific examples of recent efforts to politicize the traditionally impartial deliberations over funding priorities and individual grant applications. They presented an inventory of key initiatives likely to come before Congress in 2004 that could have significant consequences on the nation’s scientific priorities. These included the FY05 NIH funding authorization, a potential comprehensive NIH reauthorization, and additional efforts to secure legislations banning human reproductive and therapeutic cloning.

They concluded with a call to action by the school’s faculty and offered a faculty program of media training and media appearances, editorial board briefings, Op/Ed pieces, high profile speaking engagements and participation on campus tours and in

policy forums. They highlighted some key successes in 2003 resulting from efforts such as these.

The discussion that followed reinforced the seriousness to the threats and the importance of action by the entire community, including faculty, leaders and students.

Stanford Hospital and Clinics and Lucile Packard Children's Hospital

Martha Marsh, President and CEO of SHC, presented "*Stanford Hospital and Clinics and Stanford University School of Medicine: Partners in Translational Medicine*".

Norm Rizk, M.D., Senior Associate Dean for Clinical Affairs (Adult), presented "*Clinical Programs Strategic Planning*".

Chris Dawes, President and CEO of LPCH, and Ken Cox, Senior Associate Dean for Clinical Affairs (Pediatrics and Obstetrics), presented "*Lucile Packard Children's Hospital Update to Stanford University School of Medicine Leadership Retreat*".

Ms. Marsh provided a status update on the programmatic and financial status of SHC, including a summary of key efforts undertaken since 2002 that have lead to a much-improved situation. She expressed caution, however, about the significant challenges still ahead. Most notable among these are continued pressures on the costs of care, the importance of quality of care, increasing barriers to access to care at Stanford, and local competitive threats.

She outlined an SHC success strategy that would unite the joint interests of SHC and the School in translational research and medicine in the development of clinical centers of excellence with close ties to the school's planned institutes. With concurrent SHC management efforts in quality and service initiatives, joint investments in new markets and a renewed capital investment program, Ms. Marsh felt confident that these efforts would lead to the continued strengthening of SHC.

Dr. Rizk provided a summary of the recent financial and program activities of the faculty's outpatient services. He also reviewed the options that were discussed a year ago for maintaining our patient base and changes that have occurred that directly effect (and reduce) the options available to the faculty and medical center. He presented the proposition that, to succeed, we must position ourselves as the quality and value leader in healthcare – that SHC must become the "must have" provider for local employers' health plans because patients demand access to SHC.

Dr. Rizk outlined the key institutional initiatives that are required in order for this strategy to succeed. These included recognizing and promoting the unique talents of our faculty, developing more functional business relationships between and within the School and SHC, eliminating current barriers between clinical departments through the creation of clinical centers and other interdisciplinary ventures, and making a reality of the promise of translational research and medicine.

Mr. Dawes described the transformation that has occurred at LPCH during the past 5 years reflecting concerted efforts to achieve their long-term goals of Preeminence and Sustainability. He noted, in particular, the role of the Children's Health Initiative in supporting coordinated investments in LPCH Information Systems, Core Programs, Centers of Excellence, Regional Programs of Excellence, and Critical Programs and Services. He also stressed the value of the alignment between the LPCH Centers of Excellence and the School's Institutes.

Dr. Cox provided an update on the successful development and implementation of faculty practice organization for Pediatrics and Obstetrics faculty at LPCH. He outlined the underlying rationale for the FPO and its key organizational features and put forward the major objectives for the FPO in 2004. These include a series of programs to improve patient access, patient satisfaction, clinical facilities, and billing and contracting.

Mr. Dawes then concluded with a summary of the LPCH priorities for the next 5 years. These include building and maintaining programmatic momentum in key clinical areas and undertaking the systematic implementation of a multi-year, multi-phased facilities renewal program to ensure the continued availability of children's services in the community.

During the discussion period questions were raised about the competitive challenges from Sutter, Kaiser and UCSF and the relative priorities of primary/secondary care and tertiary/quaternary care for preserving our patient bases. There was also an extended discussion of the roles that the School's CME programs could play in securing physician alliances. The importance of developing an adult FPO comparable to that underway at LPCH was reinforced by a number of individuals.

Enabling Translation (Panel)

Phil Pizzo, M.D., Dean, presented "*The Faculty Interests Survey – 2003*".

Irv Weissman, M.D., Director, Cancer/Stem Cell Institute, presented "*The Institute for Cancer/Stem Cell Biology and Medicine*".

Karl Blume, M.D., Associate Director, Cancer/Stem Cell Institute, presented, "*NCI-Designation of Stanford University as a Comprehensive Cancer Center*".

Bill Mobley, M.D., Ph.D., Director, Neurosciences Institute at Stanford, presented "*Neurosciences Institute at Stanford (NIS)*".

Judy Swain, M.D., Chair, Department of Medicine, presented, "*Stanford Cardiovascular Institute*"(SCVI).

Ann Arvin, M.D., Associate Dean for Research, presented, "*Stanford Immunology, Transplantation Biology and Infection Institute*"(SITI).

Paul Yock, M.D., co-Chair, Department of Bioengineering, presented "*Program in Biodesign*".

Dr. Pizzo briefly summarized selected findings from the 2003 survey of medical school faculty. He noted that the survey had a very high (64%) overall response rate. From the survey, he showed that faculty, on average, indicated an affinity for 9 of the 20 affinities

areas indicated. The 4 planned institutes encompassed the medium-to-high interests of 84% of the faculty. Including programs in Bioengineering and Genetics/Genomics increased this number to 90% of the school's faculty. He concluded that the school's plans for interdisciplinary initiatives were appropriately targeted to be inclusive of the faculty's interests.

Dr. Weissman described the recent scientific and organizational history of Cancer/Stem Cell activities at Stanford and offered a number of examples of on-going areas of Discovery leading to Translation and on to Therapy. He concluded with a presentation of emerging active collaborations in cancer/stem cell related areas.

Dr. Blume provided an update on the impressive efforts underway to achieve NCI designation as a comprehensive cancer center. He also detailed some of the programmatic and core resources areas encompassed within the NCI proposal.

Dr. Mobley presented the vision for the NIS and elaborated on its relationships to existing neurosciences activities at Stanford. He also described the unique role of NIS in facilitating translational activities among existing and future neuroscientists and outlined how the operating principles embraced by NIS will make this possible.

Dr. Swain described the mission, focus and organization of the SCVI. She put forward the SCVI "Grand Challenge" of improving the outcome from heart failure and discussed how the SCVI model would provide unique opportunities to meet this, and subsequent, challenges.

Dr. Arvin described the principles of the SITI and its unique orientation and scope among the planned institutes. She elaborated on each of the four centers planned within the institute and described their potentials for discovery and unique impacts on science and clinical care. She concluded with a discussion of the predictors of success for the institute.

Dr. Yock provided an overview of the unique organization and initiatives undertaken through the Biodesign Program, focusing on innovation and effective models for technology transfer. He also described program's innovative training opportunities.

During the discussion period, Rick Myers (Chair, Department of Genetics) described recent efforts among the faculty to define an interdisciplinary initiative in Human Genetics. He indicated a great deal of interest among the faculty and significant opportunities for training and translational research.

A number of observations were made about the need for programmatic flexibility and responsiveness by the institutes in order to enable them to succeed in filling the ever changing gaps between the more static departmental structures.

The innovative approaches to training and translation sponsored by the Biodesign Program were noted as models for similar efforts within the institutes.

SEMC and Development

Phil Pizzo, M.D., Dean, presented “*Translating Our Vision and Goals into Reality: Capital and Programmatic Planning*”.

Dr. Pizzo reviewed the state of SUMC facilities planning a year ago and outlined what has changed (and what has not changed) during the intervening period. He then described the major goals of the current School of Medicine Master Facilities Plan and how they are reflected in the near-term in the SEMC projects and how they will be played out in the years following the SEMC. He described in more detail the completed work to-date on the SMILE project and the plans under development by LPCH for facilities renewal and development in Palo Alto. He concluded the facilities portion of his presentation by reintroducing the question of a second campus – to be discussed further during the breakout sessions.

Dr. Pizzo also presented an overview of the development efforts that have been undertaken since the last retreat. He used, as an example of integrated planning, development efforts around the Cancer/Stem Cell Institute and the SHC Clinical Cancer Center. He concluded by laying out the challenges for a successful effort to raise funds for the school’s key strategic goals.

Breakout Sessions

The retreat participants were divided into 7 breakout groups. Each were assigned 2 discussion areas from the following list:

- ***Extending our Education Mission***
- ***Extending our Patient Care Mission***
- ***Extending our Research Mission***
- ***Extending our Faculty and Roles***
- ***Extending our Campus***
- ***Translating our Vision and Goals into Reality: The Importance of Philanthropic Support.***

Each group was facilitated by a Senior Associate Dean and supported by a staff member to record the group’s discussion.

Working off a list of exemplary questions for each assigned discussion area, the groups were asked to develop brainstorming ideas, identify significant challenges and supporting factors, and develop up to 5 specific recommendations for action.

Spokespersons for each discussion area then summarized the group’s discussion and key action ideas. These presentations were transcribed by a facilitator onto a very large and comprehensive template. Throughout an extended “town hall”-type discussion period, these action ideas were further elaborated and diagramed. At the conclusion of the retreat, participants were asked to mark the six action items they felt were most important

and/or that they would be willing to commit to personally supporting – through their own time and energy.

The results of these presentations and indications of interest and support are currently in the process of being tabulated. The preliminary data indicate that six initiatives received 60% of the votes and include specifically:

Clinical Programs

1. Improving the overall patient experience at SHC and LPCH
2. Developing an adult Faculty Practice Organization analogous to that now being implemented in pediatrics
3. Establishing a viable career path for “Clinician-Educators”

Research

4. Critically determining the benefits for developing a second campus
5. Incorporating the “biodesign model” into other features of our institutes and research programs

Education

6. Making the institutional changes necessary to promote student and faculty diversity

Next steps

Over the next several weeks we will refine the action items emerging from the Retreat and further prioritize our plans for the next year and those that follow. We have clearly made significant progress in a number of key areas – but we have much work to do to achieve our key goals and objectives. Among these, further improving our clinical programs and the integration of the School with SHC and LPCH stand as among the most important priorities. Coupled with this is being able to develop the resources, from both the public and private sectors, to enable us to fulfill our programmatic and facility requirements that will permit us to be optimally successful in *Translating Discoveries*.

Honors and Awards

Dr. Stuart Goodman, Professor of Orthopedic Surgery, has been elected as a Fellow, Biomaterials Science and Engineering, in the International Union of Societies, Biomaterials Science and Engineering. He will be officially inducted at the 7th World Biomaterials Congress in May, 2004

Dr. Irv Weissman, Karel and Avice Beekhuis Professor of Cancer Biology, will receive the Alan Cranston Award from the Alliance for Aging Research on April 1, 2004. It should also be noted that the Alliance will host a public conference on stem cell and regenerative medicine research on April 1st that will feature prominent and respected scientists, ethicists, and thought leaders. This is an excellent program that I hope members of the Stanford community will attend. For details you can visit the website www.agingresearch.org

Dr. Eugene Butcher, Professor of Pathology, has been named the co-winner (with Tim Springer of Harvard) of the Crafoord Prize for his research on white blood cells. This award, named for Holger Crafoord, who designed the first artificial kidney, has been given annually since 1982 for scientific research in areas not recognized by the Nobel Prizes, including mathematics, astronomy and biosciences. King Carl XVI Gustaf will present the award Sept. 22 in Stockholm.

Dr. Michael Longaker was recently honored on becoming the Deane P. and Louise Mitchell Professor in the School of Medicine

Dr. David Stevenson, Harold K Faber Professor of Pediatrics, Senior Associate Dean for Academic Affairs and Director of the Johnson Center for Pregnancy and Newborn Services, has been elected Vice President/President Elect of the American Pediatric Society – he will assume the role of President in 2005-2006. The American Pediatric Society, which was founded in 1888, is the oldest pediatric society in the United States.

Events

Opening of the Cancer Center. On Wednesday evening, February 4th, a Gala was held to herald the opening of the new Stanford Cancer Center, which opens for patient care on March 1st. Approximately 600 guests attended the Gala and had the opportunity to tour the wonderful new facilities. The event was hosted by Ms. Martha Marsh, President and CEO of SHC and featured introductions by President John Hennessy, Dean Phil Pizzo and Trustees Isaac Stein and Denise O'Leary (who also serves as Chair of the Board of Directors of SHC).

Faculty Meeting with Department of Surgery. On Monday, January 26th, I had the opportunity to attend the Faculty Meeting for the Department of Surgery and heard presentations by each of the Division Chiefs on the progress that has been made in the past several years in education, research and patient care programs. There is no question that the Department of Surgery has undergone considerable change, in part due to a number of important new recruitments, and that it is now performing at an ever-increasing level of excellence. Thanks must go to Dr. Tom Krummel for the efforts he and his colleagues have made in helping the Department to achieve such continued improvements.

Community Lecture Series. In our continuing lecture series to educate the community about important research findings or issues impacting patient care, Dr. Mary Lake Polan, Katharine Dexter McCormick and Stanley McCormick Memorial Professor, lectured on *Human Sexual Function: Mind-Body Connection* on Wednesday February 4th.

LPFCH Series on Translational Medicine. On Thursday, February 5th, the Lucile Packard Foundation for Children's Health, held a community education event featuring faculty engaged in Translating Discoveries. This is an important way to

help engage our community in the exciting work going on in the School of Medicine and at the Lucile Packard Children's Hospital.

Announcements

- ***The Albion Walter Hewlett Award was developed by the Department of Medicine as a recurring award to honor an extraordinary physician with ties to Stanford. Nominees are welcome from all departments and are not confined to the Department of Medicine. The award committee invites your nomination for a possible award presentation in 2004. Nominees should be from among those living who have made a substantial investment in Stanford (past or present students, house officers, fellows or faculty) and who have consistently, over decades, demonstrated the exemplary combination of a scientific approach to medicine and sensitivity to patients. They should be consummate physicians and role models for future academicians in medicine. Their work should be well known at least at Stanford and, optimally, nationally. Deadline for nominations is due on March 1st. For more information please check out the website at <http://medicine.stanford.edu/hewlett/>.***
- ***The Gustavus and Louise Pfeiffer Research Foundation, in conjunction with***
The Stanford University School of Medicine and Center of Excellence, cordially invite you to attend the *2004 Winter Quarter Visiting Professor Lecture Series* on Thursday, February 12, 2004, at noon in the Clark Center Auditorium with reception to follow. Kristy Freeman Woods, M.D., M.P.H., Professor of Medicine and Director of the Maya Angelou Research Center of Minority Health, Wake Forest University School of Medicine, Winston-Salem, North Carolina, will present *Understanding Racial and Ethnic Health Disparities*. For more information, please contact the Center of Excellence at (650) 725-0403.
- ***13th Annual Jonathan King Lectureship will be held on Wednesday, February 11, 2004, in the Fairchild Auditorium from 5:00 - 6:00 PM. The speaker Eavan Boland, The Bella Mabury and Eloise Mabury Knapp Professor in Humanities, The Melvin and Bill Lane Professor, Director Creative Writing Program, Stanford University, will present The Science of Curing and The Art of Healing: A Poet's Experience. She will talk about a writer's view of perceptions of language and senses of survival in a hospital environment, drawn from experiences in the arts program of an Irish hospital. Professor Boland will discuss the importance of the language of hope in a terminal environment. Please contact the Center for Biomedical Ethics at 650-723-5760 for further information or visit their website at <http://scbe.stanford.edu>.***

Appointments and Promotions

- **Jennifer Abidari** has been reappointed to Assistant Professor of Urology at the Stanford University Medical Center, effective 11/1/2004.
- **Rajni Agarwal** was appointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 2/1/2004 to 1/31/2007.
- **James Andrus** was appointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 2/1/2004 to 1/31/2007.
- **Stephen Baccus** has been appointed to Assistant Professor of Neurobiology, effective 3/1/2004 to 2/28/2007.
- **Maxwell Boakye** was appointed to Assistant Professor of Neurosurgery at the Palo Alto Veteran's Affairs Health Care System, effective 2/1/2004 to 1/31/2007.
- **Brendan Carvalho** was appointed to Assistant Professor of Anesthesia at the Stanford University Medical Center, effective 2/1/2004 to 1/31/2007.
- **Guowei Fang** has been reappointed to Assistant Professor of Biological Sciences, 12/30/2003 to 12/29/2007.
- **Paul Fisher** has been promoted to Associate Professor of Neurology and Neurological Sciences and of Pediatrics and Associate Professor, by courtesy, of Neurosurgery at the Stanford University Medical Center, effective 2/1/2004 to 1/31/2009.
- **Kelly Gaffney** has been appointed to Assistant Professor at the Stanford Synchrotron Radiation Laboratory, effective 2/1/2004 to 1/31/2008.
- **Susan Galel** has been reappointed to Associate Professor of Pathology at the Stanford University Medical Center, effective 9/1/2004.
- **Lauren Gerson** has been reappointed to Assistant Professor of Medicine (Gastroenterology and Hepatology) at the Stanford University Medical Center, effective 10/1/2004.
- **Harcharan Gill** has been reappointed to Associate Professor of Urology at the Stanford University Medical Center, effective 9/1/2004.
- **Teri Longacre** has been reappointed to Associate Professor of Pathology at the Stanford University Medical Center, effective 1/1/2005 to 12/31/2008.
- **Andrew Patterson** has been reappointed to Assistant Professor of Anesthesia at the Stanford University Medical Center, effective 2/1/2004 to 1/31/2008.
- **Midori Yenari** has been promoted to Associate Professor (Research) of Neurosurgery, effective 2/1/2004 to 1/31/2010.

Dean's Newsletter

February 23, 2004

Public Policy Forum Visit with Senator Arlen Specter

On February 19, 2004, the School of Medicine hosted a policy forum discussion with Senator Arlen Specter, Chairman of the Labor, HHS and Education Appropriations Subcommittee, the congressional committee that makes yearly federal funding and policy decisions for the NIH. During his leadership of the subcommittee he has worked with Senator Tom Harkin to increase the NIH budget from \$12 billion to \$28 billion. During his visit, Senator Specter gave a presentation that addressed a wide range of topics that impact biomedical research and health care. He also participated in a spirited question and answer session with faculty and staff.

The Senator's visit coincided with the release of a new report from the Union of Concerned Scientists, a group of 60 influential scientists including 20 Nobel laureates, detailing the negative impact of actions at the federal government level that have modified scientific research to accommodate political and ideological goals. The campaign by the Union of Concerned Scientists, "Restoring Scientific Integrity," has been launched with this open letter calling for regulatory and legislative action "to restore scientific integrity to federal policymaking." Stanford's Dr Paul Berg, Robert W. and Vivian K. Cahill Professor of Cancer Research, Emeritus was one of the individuals who signed this letter.

Senator Specter also spoke passionately about his work to protect and strengthen the NIH budget and to defend stem cell research in the face of opposition from budget cutters and from those who would adversely impact the peer review process for goals unrelated to science. He clearly demonstrated his courage and commitment to challenging issues – and to serving as a champion of biomedical research, including controversial areas like stem cell research.

Drawing an analogy describing the opposition we face today to the time of Galileo, Senator Specter urged those in the science and research communities to actively engage in public debate on these important issues. During the discussion, he recounted his unsuccessful attempt last year to add an additional \$1.8 billion to the NIH budget. That effort failed by eight votes. Looking back on that effort, the Senator strongly emphasized that each of us in the research and higher education community needs to communicate with our legislators on a much more frequent and effective basis, similar to the way private sector interests make their priorities known in Washington.

We are at an important time in our effort to improve the quality of life of people who suffer from disease. We will be planning additional public policy forums in the future and I hope you will be able to participate whenever possible. I also hope that you will join me in the effort to advocate for policies that will give us the best opportunity to succeed in this endeavor.

The Impact of the University-Wide Information Systems Conversion

Virtually every member of our community has been negatively impacted by the Delphi Project and the Oracle Financial System conversion that commenced last September. While there is no question that the older financial systems needed to be replaced, the current conversion has resulted in major issues and equally importantly (and sadly) a serious morale problem among staff and faculty. This largely stems from the inability to generate accurate and timely financial reports or to order or reimburse vendors and personnel for orders and other services. Further, for nearly all staff, the workload has gone up in parallel with the frustration, anxiety and disillusionment. Because this matter is impacting the entire university, Chris Hanley, Chief Information Officer, and others, made a presentation to the University Faculty Senate on Thursday February 19th. He also answered questions in an executive session of the Senate.

Mr. Hanley attributed the current problems to a number of converging issues, among which was the decision to proceed with a total implementation (which he referred to as the “big bang” approach) rather than a phased in series of implementations. That resulted in a situation in which nearly everyone was learning at the same time. There was also an underestimate of the amount of resources that would be necessary to address the problems that arose further limiting the ability of IT staff to address the extraordinary number of questions or problems that arose with the conversion.

It was acknowledged that the current status was unacceptable and that it was necessary to manage the project differently – by both adding resources to focus on key tasks (e.g., reporting, functionality, data integrity and quality, daily support) as well as prioritizing design solutions. It is hoped that additional resources will improve the reporting performance, making the help desk more responsive and reducing transactions. While Mr. Hanley and his team also proffered that they felt they were turning a corner and that the January reports would show improvement, the general reaction from faculty was suspended confidence. Indeed, it was acknowledged by all that it is critical to get the turn around accomplished as rapidly as possible and to offer the Stanford community regular communications updating the progress being made (or where problems still exist).

To help our own School of Medicine community, a series of Town Hall Meetings on this topic will be led by Mr. Mike Hindery, Senior Associate Dean for Finance and Administration, to discuss issues and problems related to the Delphi project and Oracle financial system implementation. **There will be two Town Hall Meetings scheduled next week: Tuesday, February 24th from 3 to 4 PM and Wednesday, February 25th from 10 to 11 AM in Munzer Auditorium in the Beckman Building.** The purpose of these meetings is to obtain feedback from faculty and staff regarding the Delphi Project and the Oracle Financial System. You are encouraged to attend one of these meetings to express your experiences (good and bad), issues, and frustrations with these systems to gain a better understanding of what issues others are facing. It is important that we know and understand your issues and experiences with these systems. Your role is important in supporting and assisting us to achieve the many tasks ahead. Please bring your specific concerns about how the systems implementation has impacted you or your department, as

we hope these sessions will inform us on issues to take to the University's Systems Governance meetings and to address internally where possible.

Updates from the Board of Trustees Meeting

One Monday February 9th, the Medical Center Committee of the Board of Trustees heard updates from Martha Marsh, President and CEO of Stanford Hospital & Clinics (SHC) and Chris Dawes, President and CEO of the Lucile Packard Children's Hospital (LPCH) on their financial performance. Both hospitals are currently showing very high occupancy rates and each hospital has a higher than budget financial performance. This is certainly good news and builds on the excellent performance that each hospital demonstrated in the last fiscal year. Indeed, SHC's continued positive performance has resulted in recent improvement in their credit rating. That said, both CEO's were careful to point out the numerous challenges that exist or that are on the horizon that could negatively impact their financials. But for now, it is highly encouraging to learn about these very positive results – a good portion of which is related to the work of our pediatric and adult clinical faculty.

We also gave updates to the Committee and Trustees on the progress we are making in further developing our Stanford Institutes of Medicine. Dr. Bill Mobley, Professor and Chair of the Department of Neurology and Director of the Neuroscience Institute at Stanford (NIS), spoke about the exciting developments taking place in fulfilling their vision of creating a new and transforming culture for neuroscience that:

- Involves scientists, clinicians, the University, the Hospitals and donors
- Motivates and supports fundamental neuroscience research and
- Translates neuroscience discoveries into enhanced care for patients with disorders of the nervous system.

The foundations that will help support the NIS goals of translational research (the process of applying ideas, insights and discoveries generated through basic scientific inquiry to the treatment and prevention of human disease and the process of taking insights developed through the study of human disease to generate new scientific insights) will include clinical care, education, basic, clinical and translational research and outreach. Thus the activities of the NIS (and other Stanford Institutes of Medicine) will include basic investigation, disease-oriented research, patient-oriented research, clinical trials and population research. Currently, the community associated with the NIS includes 140 faculty from 17 departments and 3 schools. The NIS will coordinate their activities through "theme groups" but the overarching goal will be to support the work of faculty and departments while stimulating a process that will promote translational research.

An update on the Stanford Institute for Immunology, Transplantation and Infection (IITI) was provided by Drs. Ann Arvin, Lucile Salter Packard Professor of Pediatrics and of Microbiology and Infectious Disease, and Dr. Larry Steinman, Professor of Neurology and Neurological Sciences and of Pediatrics and, by courtesy, of Genetics, both of whom

have been instrumental in the planning of the IITI. They have proposed the development of four centers that will comprise the IITI Including:

- The Center for Autoimmunity and Allergy
- The Center for Transplantation
- The Center for Microbe-Host Interactions
- The Center for Microbial Evolution and Global Emerging Infections

As with the other Stanford Institutes of Medicine, the IITI is committed to building translation research that will leverage decades of major institutional contributions in immunology, transplantation, microbiology and infectious disease. The IITI will facilitate translation by integrating basic research about immune mediated and infectious processes in human disease with clinical research about disease processes and methods to detect, prevent and treat immune-mediated and infectious diseases. Further the IITI will seek to create innovative programs in global infectious diseases that address their impact on human health and to enhance educational opportunities for medical and graduate students as well as postdoctoral scholars. The IITI is not defined by a specific disease or organ system. It will seek to create links between faculty within the School of Medicine as well as other Schools at Stanford, and it intends to create relationships with developing countries – recognizing the current challenges in clinical immunology, microbial pathogenesis, global infectious disease and biodefense.

Updates from the Executive Committee

At the February 6th Executive Committee we heard two departmental reports – one from Pediatrics and the second from the newly formed Department of Bioengineering. Following are brief summaries of these reports:

Department of Pediatrics

Dr. Harvey Cohen, Arline and Pete Harman Professor of Pediatrics and Chair of the Department, presented an update on the divisions and programs in Pediatrics. He gave a brief history of the department from the time it moved from San Francisco to Palo Alto in 1969 to the present. He then described the many clinical programs and research activities in the department.

Currently the department has 132 faculty and clinician educators in 14 divisions and six programs that cut across divisions. The department also has some 42 clinical post-doctoral fellows and 65 research post-doctoral fellows. The divisions are:

- Adolescent Medicine
- Allergy and Clinical Immunology
- Cardiology
- Critical Care Medicine, including the relatively new area of Pediatric Palliative Care
- Endocrinology
- Gastroenterology and Nutrition
- General Pediatrics

- Genetics
- Hematology/Oncology
- Infectious Diseases
- Neonatology
- Nephrology
- Pulmonary
- Rheumatology

In addition are crosscutting programs that include Immunology, Molecular Genetics, Developmental Biology, Cancer biology, Prevention, and Policy/Outcomes.

As Dr. Cohen highlighted the exciting clinical, basic research, and educational activities underway in each of the divisions and programs it became clear that the department is dynamic, growing, and deeply committed to the health of children in our local community, regionally, nationally, and even internationally. Thanks to Dr. Cohen for giving the Committee a glimpse of the extraordinary breadth and depth of work being done by the faculty, staff, and students in Pediatrics.

Department of Bioengineering

Dr. Paul Yock, Professor of Medicine and Co-Chair of the newly formed Department of Bioengineering, presented the history and current status of the department, which is jointly administered by the Schools of Engineering and Medicine. The Board of Trustees established the department in June 2002, and the Academic Senate of the University approved the MS and PhD degree programs in December 2003. The department is currently recruiting its first student class and is engaging in its initial faculty recruitments.

The mission of the department is "to create a fusion of engineering and the life sciences that promotes scientific discovery and the invention of new technologies and therapies through research and education." Its goal is to span the scale of the life sciences. The initial research theme was quantitative biology, and additional themes have come together around this initial one. They include biomedical computation, biomedical imaging, biomedical devices, regenerative medicine, and cell/molecular engineering. The clinical dimension of the department includes cardiovascular medicine, neuroscience, orthopedics, cancer care, neurology, and the environment.

The graduate curriculum is being developed for the first year class, which will arrive in September 2004. It will include a three quarter quantitative biology core and courses in each of the research theme areas. Dr. Yock pointed out that the challenge of educating bioengineers is that the breadth of areas encompassed in the field (biochemistry, chemical engineering, computer science, developmental biology, electrical engineering, genetics, etc.) can lead to considerable breadth but little depth. The goal of the Stanford department is to provide interdisciplinary knowledge and skills but also depth of understanding.

The department is currently located in the Clark Center and has ties with related programs that are part of Bio-X as well as other departments in both Engineering and the School of Medicine. Over the next several years it intends to develop an undergraduate

program, undertake additional faculty searches, and, some years down the line, fund-raising permitting, have a new building, which would be part of the Science, Engineering, and Medicine Campus (SEMC). Its goal is to be ranked near the top of bioengineering departments in a few years. This is an ambitious goal but one that the department is well on its way to achieving.

Medical School Faculty Senate Town Hall Meeting

At the Medical School Faculty Senate meeting on February 18th I provided a summary of our recent School of Medicine Leadership Retreat that was held from January 29-31. A narrative summary of the Retreat was presented in the February 9th Dean's Newsletter (see <http://deansnewsletter.stanford.edu/>). In addition, all of the presentations from the Retreat are now posted on our Web Site at <http://medstrategicplan.stanford.edu/>.

Following the discussion, we had the opportunity to engage in an open discussion focusing on some of the important issues that we have identified in education and faculty development.

Update from the Council of Clinical Chairs

At the Friday, February 13th Council of Clinical Chairs meeting Dr. Gerry Shefrin, VP for Ambulatory Programs at SHC, provided an update on the service incentive fund that is linked to the SHC and SOM Collaborative on improving access, efficiency and patient satisfaction in clinical office practices. A total of \$5 million from the overall funds flow allocations will be distributed to clinical departments based on performance in achieving various milestones to improve the aforementioned parameters. Further details will be provided later in the year.

In addition, we announced the plans to proceed with the formation of a Faculty Practice Organization for adult medical programs at SHC that will complement the one that is now being implemented for the pediatric faculty at LPCH. The goal is to complete the organizational planning regarding this FPO within the next 3-4 months. This will be lead by Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs and Dr. Gerry Shefrin, VP for Ambulatory Programs at SHC. Based on the discussions that emerged at the Strategic Planning Leadership Retreat, there is considerable interest among Medical Center leaders (and, I am confident, among faculty in general) in such an organization. Clearly details will be shared as they develop.

New Health and Safety Training Program to Aid Compliance

We have received the following information from Arthur Bienenstock, Vice Provost and Dean of Research and Graduate Policy, and Larry Gibbs, Associate Vice Provost for Environmental Health and Safety.

Health and safety training is required to be provided to all personnel at the University. California state regulations make it the legal responsibility of supervisors and

managers, including faculty, to assure that individuals they supervise have been provided safety training and information appropriate to their workplace. In a large and diverse organization such as Stanford, this is often a challenging task.

To aid faculty and staff in fulfilling this responsibility to employees, visitors, and students working under their direction, the Environmental Health and Safety Department, in concert with the School of Medicine Health and Safety Office, has developed a web-based safety-training program. The first four courses of the web-based Environmental Health and Safety Program are now available to the University community for use at <http://safetytrain.stanford.edu>.

This Web-training program replaces some existing classroom courses with documented on-line safety training that can be completed by individuals at a workstation during times that fit their schedule. This new approach to safety and compliance is anticipated to be more instructive for the individual, as well as to save the University significant personnel resource time. Employees and students receive training appropriate to their specific work environment. Documentation for management and compliance purposes is automatically provided to the individual and supervisor, as well as being maintained in a central University database.

Individuals who have not previously received required safety training should take advantage of this new training opportunity. Anyone having questions regarding the safety training program and requirements should contact Susie Claxton (Claxton@stanford.edu) of EH&S at 723-0448.

Honors and Awards

- **Dr. Larry Steinman** has been named the winner of the John Dystal Prize for his groundbreaking research on multiple sclerosis. The award will take place at the American Academy of Neurology meetings in San Francisco
- **Dr. Bill Newsome** has been named the winner of the Dan David Foundation Prize for his research that has helped to revolutionaries the field of neurobiology. This prize will be shared with Robert H. Wurtz, senior investigator of the Laboratory of Sensorimotor Research, NIH and Amiram Grinvald, director of The Grudetsky Centre for Research of Higher Brain Functions at the Weizmann Institute of Science in Israel.

Please join me in congratulating Drs. Steinman and Newsome for the outstanding accomplishments.

Events

- **Community Lecture Series:** *On Tuesday, March 2nd, Daria Mochly Rosen, Ph.D., Chair, Department Molecular Pharmacology, will present "Can Basic Research of Heart Attacks Lead to Drug Development in Academia?" at the next monthly lecture in this very successful series. Dr. Mochley Rosen will discuss the general belief that the resources and tenor of academia are not*

conducive to applicable research. However, academic research often yields key discoveries that can affect clinical care. The freedom to explore ideas, the outstanding researchers available for discussions and collaborations, and the institution that encourages the pursuit of research allows the translation of laboratory discoveries into drug development. Please join us in the Clark Center Auditorium at 7:00 p.m. for this lecture. If you have any questions, please call 650-234-0647.

Dean's Newsletter

March 8, 2004

Joint Clinical Program Planning by the School of Medicine and Stanford Hospital & Clinics

During the past several months, faculty and leaders in the School of Medicine (SoM) and at Stanford Hospital & Clinics (SHC) have been working together to establish strategic plans for clinical program development. On the broadest scale this has engaged discussions about the overall focus of adult clinical programs; the balance between primary, secondary and tertiary/quaternary care; the relative proportion between in-patient and ambulatory services; the location of clinical programs on the Medical Center campus or at off-site locations; and, in each sector, improving the quality of care and patient services. Embedded in these discussions is a deeper definition of the clinical mission of SoM and SHC and how this is likely to change in the years ahead.

It seems clear that emerging technologies that focus on minimally invasive diagnostic and therapeutic procedures will have an impact on where patients are treated and who will provide the care. Coupled with this are the aging population and its impact on the prevalence of various disorders along with the increasing chronicity of many diseases as treatments or interventions become more established and successful – even if not always curable.

Among the most important questions to be addressed is what will make Stanford Medical Center unique and how will it be differentiated from other local, regional and national clinical programs (and competitors). This is particularly germane in the Bay Area where large medical systems (including Kaiser and Sutter) dominate the health care market and, in many ways, seek to control the flow of patients to their own institutions. Locally, the Palo Alto Medical Foundation, which has had a long association with Stanford, is planning to expand its physician network, open one or more regional hospitals, and, with its corporate partner Sutter, have a dominant role in the same regional catchment areas as Stanford. Thus, in some not insignificant ways, PAMF, by the choices they have made, also emerges as a regional competitor – which, at least in my opinion, is not the best way to serve our local community.

Setting a new standard for Stanford Medical Center requires that we provide state-of-the-art clinical care along with outstanding patient services, and that we further differentiate Stanford by providing diagnostic and treatment programs not available elsewhere. One of

our greatest strengths is the exceptional research programs that exist at Stanford and, equally importantly, their potential for bringing discoveries from the laboratory to the clinic. Indeed, Translating Discoveries is the overarching theme that will define the School of Medicine and Medical Center in the first decades of the 21st Century. Our goals and objectives in this important area are delineated in our School's Strategic Plan (see <http://medstrategicplan.stanford.edu>).

During the past 2-3 years, we have delineated several key areas for investment that are now embraced within the evolving Stanford Institutes of Medicine – which are designed to bring together basic and clinical science faculty in several important thematic areas where we have both the expertise and opportunity to truly make a difference in improving human health. Presently, four Institutes of Medicine are being developed, each having the opportunity to engage faculty from other Schools within the University (e.g., Engineering, Humanities & Sciences) to further develop unique opportunities for the future.

To make these programs meaningful to the Stanford Medical Center, we have worked diligently to align the Institutes of Medicine to the important clinical initiatives at both SHC and the Lucile Packard Children's Hospital (LPCH). These connections provide the opportunity to create a continuum between research to patient care. They also provide special opportunities for educating our students, residents and postdoctoral scholars. The connecting points can be illustrated as follows:

SoM: Stanford Institutes of Medicine	SHC: Clinical Centers of Excellence – Service Lines	LPCH: Clinical Centers of Excellence – Service Lines
Cancer/Stem Cell Biology	Cancer	Cancer
Neurosciences	Neurosciences	Brain/Behavior
Cardiovascular Medicine	Cardiac	Heart
Immunity, Transplantation, Infection	Transplantation	Transplantation

The selection of these areas is not meant to preclude other important clinical disciplines. However, it is meant to identify those areas where we believe important opportunities exist and where Stanford can excel. Based on that, SoM and SHC have developed detailed inventories of key strategic initiatives within each of these four areas, focus that on the resources needed to make these programs successful (a separate planning process has been engaged for LPCH). These inventories include projections of clinical volume growth in each strategic area along with the incremental physician and professional staff that will be needed to achieve the projections. Also included are the capital requirements –for both facilities and equipment – as well the potential opportunities for technical advancement – including new innovations and opportunities for translational research.

The first phase of this integrated planning effort was presented to the SHC Board of Directors at a full day retreat on March 5th. Faculty leaders as well as SHC senior staff presented key elements of the plan as follows:

1. ***Neuroscience Strategic Plan*** was presented by Dr. Bill Mobley, Director of the Neurosciences Institute at Stanford and Professor of Neurology and Neurological Sciences, and Gary Steinberg, Professor and Chair of the Department of Neurosurgery.
2. ***Cardiovascular Strategic Plan*** was presented by Drs. Bobby Robbins and Alan Yeung, Co-Directors of the Clinical Cardiac Programs at SHC and Associate Professor of Cardiothoracic Surgery and Associate Professor of Medicine respectively.
3. ***Transplantation Strategic Plan*** was presented by Dr. Carlos Esquivel, Professor of Surgery, and Dr. Emmet Keeffe, Professor of Medicine.
4. ***Cancer Strategic Plan*** was presented by Dr. Richard Hoppe, Professor and Chair of the Department of Radiation Oncology and Chair of the Clinical Cancer Steering Committee. I am happy to note that Dr. Steve Leibel, who will be joining Stanford in July to become the first Ann and John Doerr Medical Director of the Clinical Cancer Program was also present for the discussion (see below for the announcement of Dr. Leibel's appointment).

In each strategic plan, program development in various subcategories was enunciated – casting a wide net for potential clinical development and translational research. In a sense, this phase of the planning exercise has defined a much broader landscape than is currently feasible. During the next several months, the strategic planning process will be further refined by prioritizing, within each major Institute/Center, the specific areas for further development, the likely return on investment and the resources needed to achieve a successful outcome. Clearly priorities will be needed in each of these four areas. Equally importantly, as this process unfolds, a further integration and refinement of the planning process will need to choose among and between the opportunities offered by each of the strategic plans so that an overall determination of resource investment can be determined. Also, in each case, priorities will be set regarding opportunities both for academic development as well as for financial value. The timeline for making these investments will also be determined during this process.

The process to date – and that for the future – will require close collaboration between the School and the Hospital. Because of the broad mission of the Stanford Medical Center, some of the final choices will be determined by the opportunities that specific programs offer for academic development, translational research and/or financial return. Accordingly, these decisions need to take into account both the academic as well as business-related needs of Stanford Medicine and the Medical Center.

Clearly, time is of the essence. It is essential that this process be fully completed within the next 3-4 months so that program development can be optimized. Naturally I will report back to you on the progress we are able to make in this important planning process.

Science and Politics

A couple of weeks ago, I had the opportunity to participate in one of the Practice of Medicine classes for our first year medical students. Together with Ryan Adesnik, Director of Government Relations, and Paul Costello, Executive Director of Communications and Public Affairs, we discussed a wide array of topics – including some of the ever-increasing concerns about science and politics. More specifically, those concerns have included the increasingly ideological approach to science being taken by the current federal administration. This not only involves positions on topics like stem cell research but also includes the appointment of individuals to advisory committees based on whether the individual supports certain policies – based not just on science but seemingly also religion and “ethics.” Just two weeks ago a group of leading scientists, including many Nobel laureates, expressed their concern about this current approach to science and politics in an open letter to the New York Times. Amazingly, just a week later, the administration announced that it was replacing members of the President’s Bioethics Council – in practice eliminating those who had dissenting views with new members who seemed to bring more conformance. This is, of course, shocking in its own right, and raises many concerns about an increasing blurring of science, politics, ideology and religion. Regardless of our beliefs – or even belief systems – this is something we should all be concerned about.

In the Sunday, March 7th Washington Post, an Op Ed piece was presented by Dr. Liz Blackburn, who was recently informed that she would no longer be a member of the President’s Bioethics Council. I am taking the liberty of sharing her Op Ed piece as it appeared in the Washington Post since it summarizes quite clearly why these current trends should alarm and concern all of us.

A 'Full Range' of Bioethical Views Just Got Narrower

By Elizabeth H. Blackburn

washingtonpost.com

Sunday, March 7, 2004; Page B02

The phone rang a few days after Sept. 11, 2001. It was Leon Kass, chairman of the brand-new President's Council on Bioethics, calling to ask: Would I join this White House-appointed federal commission charged with advising the president on ethical issues arising from advances in biomedical science and technology?

As a cell biologist who had spent years investigating causes of cancer and human aging, I had already begun thinking about the ramifications of such research. Like many people at that tumultuous time, I also felt eager to do something -- anything -- to serve a cause larger than myself. I understood that the council would include not just biomedical scientists but medical doctors, philosophers and legal and policy experts, and Kass assured me it would consider diverse views and avoid foregone conclusions. I agreed then and there to serve. Little did I guess that a scant two and half years later a White House phone call would notify me that my services were no longer needed.

In the weeks it took to finalize the appointment, I reflected on my decision. I knew that council discussions were likely to present challenges; for years Kass, a professor of social thought, had expressed views I believed to be unfriendly to many aspects of biomedical research and contemporary medicine. But I felt that as a seasoned scientist whose own work touched on these areas, I could help the council distinguish between real, experimentally validated science and what amounted to sheer flimflam on issues muddled by competing voices and agendas, and little data.

In January 2002, the entire 18-member council met with President Bush at the White House. His initial directive was for us to report on the ethics of therapeutic cloning (also known as somatic cell nuclear transfer) and reproductive cloning. Therapeutic cloning involves making early-stage pre-implantation embryos for use as sources of stem cells -- for research and to be used in cures -- while reproductive cloning refers to the creation of cloned babies by transferring cloned embryos to a womb for gestation and birth. I was encouraged when Bush stressed that he wanted to hear the full range of views on those and other questions.

When I read the council's first discussion documents, my heart sank. The language was not what I was used to seeing in scientific discourse -- it seemed to me to present prejudged views and to use rhetoric to make points. Still, the debates we had in the ensuing months proved far-ranging, and all comments were politely received. And, despite the betting of outsiders, 10 of the council's 17 members (one had retired) initially voted against recommending a ban on therapeutic cloning. A late change to the question being voted on turned the minority who were in favor of a ban into a majority of 10 favoring a four-year moratorium, an option the council had not discussed in meetings. But the report issued in July 2002 contained a breadth of views. It also contained a series of personal statements by council members, many of them dissenting from the report's official recommendations.

In the year and a half following that report, I began to sense much less tolerance from the chairman for dissenting views. I will focus only on embryonic stem cell research.

Work with animal models had been indicating the potential benefits of such research for more than two decades. More recently, breakthrough research had suggested for the first time that those avenues of investigation would be possible in humans, with revolutionary implications for health care. Yet at council meetings, I consistently sensed resistance to presenting human embryonic stem cell research in a way that would acknowledge the scientific, experimentally verified realities. The capabilities of embryonic versus adult stem cells, and their relative promise for medicine, were obfuscated. Although I was not able to attend every meeting, I engaged fully in preparations for the report: I read and assessed the published science, attended presentations on new research at national and international scientific conferences, and consulted with cell biologists, including stem cell biologists, across the country. The information I submitted was not reflected in the report drafts.

Clearly, the council's reports concerned politically charged topics. I knew that my views on cloning and stem cell research did not match those of either Kass or Bush, as I understood them: In his public statements, the president had supported banning therapeutic as well as reproductive cloning. Still, I was not prepared for the phone call I received at home from the White House on Wednesday, Feb. 25. The caller requested that on Friday afternoon I call the White House Personnel Office. No hint was given as to the reason. When I called, the director said that the White House had decided to "make changes" in the council and that it was adding new people to replace some individual members. I asked him whether this meant that my term on the council had terminated, and the reply was yes.

And what "changes" they were. I was one of just three full-time biomedical scientists on the council. William May, a deeply thoughtful, erudite theologian and medical ethicist, was also leaving. He, too, had often differed with Kass on issues such as the moral worth of biomedical research and the ramifications of trying to legislate such research. And he, too, had voted against both a ban and a moratorium on therapeutic cloning.

When I read the published views of the three new members (bringing the council up to its original total of 18 members), it seemed to me they represented a loss of balance in the council, both professionally and philosophically. None was a biomedical scientist, and the views of all three were much closer to the views espoused by Kass than mine or May's were. One, a surgeon who was not a scientist, had championed a larger place for religious values in public life. Another was a political philosopher who had publicly praised Kass's work; the third, a political scientist, had described research in which embryos are destroyed as "evil."

Why do I find the concept of banning embryonic stem cell research so troubling? Leon Kass has suggested that society should make decisions based on what he calls the "wisdom of repugnance." I think this is an unreliable kind of wisdom. Repugnance should serve not as a basis for any decision, but rather as a signal for honest, critical examination of what inspired it. In some instances, repugnance may indeed hint at moral qualms that will withstand the rigors of analytical questioning. But it may also simply reflect habit or custom.

I am convinced that enlightened societies can only make good policy when that policy is based on the broadest possible information and on reasoned, open discussion. Narrowness of views on a federal commission is not conducive to the nation getting the best possible advice. My experience with the debate on embryonic stem cell research, however, suggests to me that a hardening and narrowing of views is exactly what is happening on the President's Council on Bioethics.

On Super Tuesday, four days after the White House call, I stopped by the garage at a local house that served as my neighborhood's polling station. In the soft, early-evening light, it felt far removed from the brightly lit pomp and splendor of the White House I had

visited two years earlier as a member of the Bioethics Council. Here in this garage, men and women also were volunteering their efforts, contributing to the civic good. They beamed and congratulated me when I mentioned that I, a native-born Australian, had recently become a U.S. citizen. A surge of appreciation swept through me as they went about their tasks, watchfully protecting due process. In this down-home setting, that charge suddenly felt so precious, and so fragile.

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Elizabeth Blackburn is a professor of biochemistry at the University of California at San Francisco and a member of the National Academy of Sciences and the Institute of Medicine.

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NIH Roadmap and Other Initiatives

Recently the NIH has announced a major new granting initiative to promote nondisciplinary research. This program <http://nihroadmap.nih.gov/grants/index.asp> is likely to grow over the coming years. Other agencies are also placing new or renewed emphasis on the importance of large, multi-component research efforts. In order to facilitate Stanford faculty's ability to respond to these opportunities in a timely and efficient fashion we have initiated several support efforts.

First, an email based notification announcing the new opportunities will be distributed to all faculty on a weekly basis. Second, the School of Medicine is about to launch a web based interactive message board where faculty with interests in these various grant opportunities can identify one another and organize responses as they see fit. This message board will be available to all Stanford faculty. Finally, the School of Medicine has recently hired an administrator whose job will be to help organize and assemble large multi-faculty, multi departmental grant applications. This person could be available to assist on grant applications involving collaborations between SOM faculty and faculty in

other schools.

We hope these interventions are useful and serve to promote and facilitate more interactive science.

Appointment of the Director of the Stanford Institute for Cardiovascular Medicine

I am extremely pleased to announce that Dr. Robert C Robbins, Associate Professor, Department of Cardiothoracic Surgery, has agreed to become the Director of the Stanford Institute for Cardiovascular Medicine. Dr. Robbins was recommended for this position, with great enthusiasm, by colleagues and leaders in cardiovascular medicine and research at Stanford.

As you know, over the past year we have established four Stanford Institutes of Medicine – three of which now have Directors. These are the Institute for Cancer/Stem Cell Biology and Medicine directed by Dr. Irv Weissman, the Neurosciences Institute at Sanford directed by Dr. Bill Mobley and now the Cardiovascular Institute that will be directed by Dr. Bobby Robbins. Over the next couple of months I hope to also name the director of the Institute for Immunity, Transplantation and Infectious Diseases. Together these four Institutes comprise our broad focus on *Translating Discoveries* and offer a linkage between our basic and clinical science faculty along with connections to clinical programs at Stanford Hospital & Clinics and the Lucile Packard Children's Hospital.

A skilled cardiac surgeon, with expertise in heart transplantation as well as complex cardiac diseases, Dr. Robbins is also an NIH-funded investigator whose research is focused on heart transplantation (both in humans and preclinical models) and repair of heart injury using gene therapy or stem cells. He is also an outstanding and articulate leader and is working closely with his superb colleague, Dr. Alan Yeung, Professor of Medicine and Chief of the Division of Cardiology, each serving as Co-Directors of the Stanford Cardiac Center.

I also want to thank Dr. Judy Swain and the Executive Committee for the Cardiovascular Institute for all the excellent work they did during the past many months in helping to craft the fundamental components of the Cardiovascular Institute.

I look forward to working with Dr. Robbins and the members of the CV community to help Stanford achieve even greater distinction in this important area of medicine and science.

Appointment of Medical Director for the Clinical Cancer Center

I am very pleased to announce that Dr. Steve Leibel, currently the Chair of the Department of Radiation Oncology at Memorial Sloan Kettering Cancer Center (MSKCC), will join Stanford this July as the first Ann and John Doerr Medical Director of the Clinical Cancer Center.

Dr. Leibel, who was selected following a national search, is internationally recognized for his research and clinical care expertise. Dr. Leibel received his M.D. degree from UCSF where he also trained in Radiation Oncology. He has served on the faculty of the Johns Hopkins School of Medicine and UCSF and has been at MSKCC since 1988, where he is currently a Member. He has held numerous distinguished leadership positions, including President of the American Society for Therapeutic Radiology and Oncology; Board of Chancellors of the American College of Radiology; and Vice President of the American Board of Radiology. He has won the Teacher of the Year Award from the Association for Residents in Radiation Oncology and the Gold Medal Award from the American Society for Therapeutic Radiology and Oncology. His areas of research interest include the use of 3D Conformational Radiation Therapy along with a specific interest in prostate and brain cancer. Dr. Leibel is the author or co-author of over 150 original scientific publications, 75 reviews articles or book chapters and 5 books. He brings a strong record of knowledge and accomplishment in clinical research.

I also want to take the opportunity to thank Ann and John Doerr for their wonderful gift to the Stanford Medical Center that creates the first Medical Directorship. It is wonderful that Dr. Leibel will be the first incumbent of the Ann and John Doerr Medical Directorship.

I should also add that in addition to recruiting Dr. Leibel, we are also searching for a leading scientist who will become the Principal Investigator for our upcoming grant submission to the NIH that will (we hope) enable us to become an National Cancer Institute-designated Comprehensive Cancer Center. Our efforts in this important arena, currently being lead by Dr. Karl Blume, will complement the clinical programmatic planning noted above and, in the aggregate, enable Stanford to emerge as an exceptional leader in cancer care, research and education.

Appointment of the Chair of the Department of Orthopedic Surgery

Although the search process has been a long one, I am very pleased to announce that we have successfully recruited a new Chair for the Department of Orthopedic Surgery. Dr. William Maloney will officially join Stanford in mid-July.

Dr. Maloney was an undergraduate at Stanford, received his MD degree from Columbia University and then returned to Stanford for his residency in orthopedic surgery. He then did a fellowship in hip reconstructive surgery at the Massachusetts General Hospital and then returned to Stanford and the Palo Alto Medical Foundation before leaving for St. Louis in 1996. He is currently The Charles and Joanne Knight Professor of Orthopedic Surgery and Chief-of-Service and Head of Joint Replacement Surgery at Washington University and the Barnes-Jewish Hospitals. Although he was originally identified by the search committee as its leading candidate nearly two years ago (!), a number of both professional and personal issues impeded his recruitment at that time. Thankfully, in the intervening period, we have been able to successfully resolve these issues and I am extraordinarily pleased that Dr. Maloney – who was our first choice at the outset of this

process – has now been our successful selection as chair-select at the conclusion of the search. We will welcome him with great enthusiasm as he arrives this summer.

Interview Weekend for the Biosciences

Beginning March 4th through the weekend, some 267 prospective bioscience graduate students arrived on campus to complete their interviews with faculty in the School of Medicine, Humanities and Sciences and our new Department of Bioengineering. This group of students has already passed the hurdle of having an application strong enough to warrant in-person interview as well as the opportunity to learn more about the graduate programs in the biosciences.

It was an intense but exciting experience for all - including a dinner event on March 4th featuring research posters by our faculty and students that fostered dialogue and demonstrated the extraordinary breadth of research opportunities at Stanford. March 5th was for interviews – providing both prospective students and faculty the opportunity to define mutual interests and help discern whether Stanford is the optimal environment for future career development. There was also a brunch on Saturday morning to share Stanford's commitment to enhancing diversity and to supporting students through their education and research experiences. I am confident that by the end of the weekend, prospective students had a much deeper appreciation of the outstanding opportunities available at Stanford. Next comes the difficult decision by faculty and departments about which students to offer acceptances to – all of which will happen within the next week. The word on the street was that the overall quality of the prospective applicants is outstanding – which is certainly excellent news for further enhancing the overall success of Stanford.

The Respectful Workplace

As you know, assuring that we have a “respectful workplace” is one of our highest priorities. During our faculty briefings on the Respectful Workplace over the past year, we have been asked about retaliation as well as about what happens to those who falsely accuse others of wrongdoing. I felt it was important to address those questions with you.

Retaliation against an individual who in good faith reports or provides information in an investigation about behavior that may violate University policy related to sexual harassment, discrimination, health and safety and whistleblower protected activities is against Stanford University policy and is against the law; it will not be tolerated. At the same time, the University does not tolerate false accusations that are not brought forward in good faith. Intentionally making false reports or providing false information is grounds for discipline. These types of cases -- which fortunately are few in number -- are managed on a case-by-case basis within the parameters allowed by Stanford University policy and the law.

In case you have wondered about these important issues, I hope that this helps provide some background information.

Affirmative Action Recruitment for Staff Members in the School of Medicine.

In prior communications I have highlighted the importance of having a diverse workplace and have shared our efforts in enhancing diversity among our students, trainees and faculty. While we have made some progress, we still have lots to do to make our school truly diverse.

In addition to our efforts with faculty and students, we are also very committed to enhancing diversity among the staff of the Medical School. In a memo sent to all department administrators last month, the University and School of Medicine have staff affirmative action hiring goals for 2004. Job groups identified as key foci for hiring minorities and women. These include many administrative management positions: DFAs; financial, technical and university managers; administrative services administrators; public relations officers; and administrative deans, among others. Along with Mike Hindery, Senior Associate Dean for Finance and Administration, we want to take this opportunity to reaffirm to the School of Medicine community that our commitment to attaining and maintaining a diverse workforce is strong and continuing.

We encourage all members of the School of Medicine community to support our shared efforts in this regard by helping us to identify and recruit qualified individuals who would bring diversity to our workforce. We also welcome ideas or suggestions for broadening our outreach efforts. Please contact your compensation specialist or Lois Benzel (lbenzel@stanford.edu) in the Human Resource Group with your ideas.

Updates from the Executive Committee: A Report on Supporting Clinical and Translational Research

At the Executive Committee meeting on Friday February 20th, we heard a very helpful presentation from Dr. Steven Alexander, Professor of Pediatrics, and the Translational Research Task Force. This group has representation from Stanford University as well as the School of Medicine, Stanford Hospital and Clinics, and the Lucile Packard Children's Hospital. The members of the Task Force, in addition to Dr. Alexander, are: Dr. Brandy Sikic, Connie Hartnett, Steve Jung, Dr. Harry Greenberg, Rodney Johnson, Pamela Webb, Nick Gaich, Carole Klove, Nancy Lee, Dale Jung, David Haray, and Gary May.

I should note that the impetus behind the formation of the Task Force was:

- To establish a management structure to ensure the efficient processing of clinical and translational research proposals, ethical conduct of research and efficient translation of emerging treatments to clinical use at Stanford, and,
- To pursue the development of the research facilities and infrastructure required to support the effective collaboration of bioscientists and clinical scholars.

Early on in the work of the Task Force, a Clinical Trial Risk Assessment found several aspects of clinical trials work at Stanford that needed remediation, including the budget

process; procedures of invoicing, tracking and collections; and communication and coordination between the School of Medicine and the hospitals. The Task Force has made significant progress in establishing procedures for improving performance in all of these areas.

Additionally, the Task Force has established protocols to take advantage of allowable Medicare reimbursements for certain items and services used in qualifying clinical trials. These include a decision making protocol to determine whether a clinical trial qualifies for Medicare Reimbursement for Routine Costs and a decision making protocol to determine routine costs of a qualifying clinical trial.

Finally, the Task Force has developed a Principal Investigator (PI) Checklist and a Clinical Trial Pre-Award Process for assuring that all aspects of the trial have been thoroughly understood and planned for. These include scientific issues, the safety of study subjects, conflict of interest, financial and other resource issues, the separation of routine case from experimental care, and ethical issues. Going forward, all PI's will complete the PI Check-list and the Clinical Trial Pre-Award Process. The new procedures are currently being piloted with a selected group of faculty. Full implementation is expected in two to four months.

The Task Force has accomplished an enormous amount since its inception. It is continuing to work on additional improvements in such areas as a hospital billing policy and procedure model and an integrated training and education program. All of these improvements will enhance our ability to carry out clinical trials, which are crucial to our success in translational medicine.

Announcement: The Katherine D. McCormick Lecture

The 28th Katherine D. McCormick Lecture will be given March 30, 2004, 12:00-1:00 in the Fairchild Auditorium. This year's Lecture is being cosponsored by the Cancer Biology Seminar Series and will be given by Carol Prives, Ph.D.

Dr. Prives is the DaCosta Professor of Biology and the Chair of the Department of Biological Sciences at Columbia University. She is the recipient of an NIH Merit award and in 1998 was awarded an American Cancer Society Research Professorship. In 2000 she was elected to the American Academy of Arts and Sciences. She is internationally recognized for her work on the p53 tumor suppressor gene. Her Lecture is entitled, *"Regulation of the p53-Mdm2 circuit: a major checkpoint in mammalian cells."* All are welcome.

Honors and Awards

I am very pleased to let you know that **Dr. Matt Bogyo**, a still new Assistant Professor in the Department of Pathology, has been appointed as a 2004 Searle Scholar. Congratulations to Matt.

Appointments and Promotions

- **Judith Ford** has been promoted to Professor (Research) of Psychiatry and Behavioral Sciences, effective 3/1/2004 to 2/28/2010.
- **Edward Graves** has been appointed to Assistant Professor of Radiation Oncology (Radiation Physics), effective 3/1/2004 to 2/28/2007.
- **M. Peter Marinkovich** has been promoted to Associate Professor of Dermatology, effective 3/1/2004.
- **William Weis** has been promoted to Professor of Structural Biology and, by courtesy, of Molecular and Cellular Physiology, effective 3/1/2004.

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Match Day 2004

Thursday, March 18th was Intern Match Day 2004. Although the National Match has been cast in some controversy during the past couple of years because of the Jung et al lawsuit, this event still represents a high point in the career planning for graduating medical students. As in past years, medical students across the country found out at the same time (obviously corrected for time-zones) where they will spend their Internship Year beginning this June/July. That moment was 10:00 a.m. PST on March 18th. As you might imagine, just prior to the traditional passing out of the envelopes containing the announcement of where the student “matched” there were a lot of butterflies and anxiety. But that soon transitioned to squeals of joy as the students received their match.

The Match has a long history, having been created more than 50 years ago at the urging of medical students to help organize what had been a chaotic and sometimes unfair process. Coordinated by the National Resident Matching Program, the Match today is a fair and efficient process for both students and institutions. Nationally, 85% of US medical students are accepted by one of their top three choices and more than 60% by their first choice. These percentages are higher at Stanford – with generally well over 90% matching at one of their top three choices.

The results for this year's Match for Stanford medical students can be found here: **2004 Residency Match Results** (will appear in a new browser window). Of the 81 students who were in this year's match, 44% of the students will go on to three programs: 20 will be spending their PGY1 year at Stanford, 9 at Harvard teaching hospitals, 7 at UCSF. In addition, other excellent programs were included in the remainder of our students match results. This year the specialty choices attracting the greatest number of students were: Internal Medicine (12 students), General Surgery and Surgical Specialties (11 students), Family Medicine (9 students), Psychiatry (8 students), Anesthesia (7 students),

Dermatology (6 students) and Emergency Medicine, Radiation Oncology and Radiology (each with 5 students)

Equally impressive are the Match results for students who will be joining our clinical departments at Stanford Hospital & Clinics and the Lucile Packard Children's Hospital from medical schools across the nation.

Thanks to the Stanford Medical Alumni Association, we had the pleasure of having a wonderful celebratory dinner (following what I am confident was a very joyous day) with our medical students along with their families and friends.

Congratulations to all.

Paul Michael Glaser (the original Starsky) Will be This Year's Commencement Speaker With Match results now available, the next big event is Commencement – which will be on Saturday June 12th!

The recent release of the movie “Starsky and Hutch” has rekindled interest in a once well-known TV series by the same name. In the original version, Starsky was played by Paul Michael Glaser – whom we have invited to be the School of Medicine Commencement Speaker on Saturday, June 12th. But this is not the reason that Paul Glaser will address our graduating students and their families. He has a more important message to convey.

In real life, Paul Glaser has experienced quite personally the impact of illness on his family. His wife, Elizabeth, was infected with HIV when she was transfused in the early 1980's for hemorrhaging related to a placenta previa during the birth of their first child, Ariel. This was prior to the time when HIV had been identified as the cause of AIDS and before the blood supply was screened and safe. Their daughter, Ariel, contracted HIV from Elizabeth due to breast-feeding and within several years had rapidly advancing AIDS, from which she died at the age of seven. A second child, Jake, was also infected due to maternal/child transmission before it was recognized that Elizabeth and Ariel were infected with HIV. Thanks to biomedical research, Jake is still living with HIV nineteen years after his birth.

With the knowledge that both her children were infected with HIV, Elizabeth Glaser, Paul's wife, became one of the most effective advocates for research and clinical care this country has ever known. She founded a non-profit organization now named in her honor (the Elizabeth Glaser Pediatric AIDS Foundation), which literally changed the landscape of pediatric research first in the US and now around the world. Although Elizabeth died of AIDS in December 1994, the work she began has continued to grow in its impact and importance. Paul Glaser has played an instrumental role in championing the work of the Foundation and has been an eloquent spokesperson for the importance of research as well as humanism and care for those afflicted with serious disease. He will share his very unique personal story and perspective at this year's Commencement Ceremony.

Children of Uganda Performance at Stanford Lively Arts Reminds Us of the Global Tragedy of AIDS

Thanks to the widespread availability of prenatal testing and utilization of antiretroviral agents to block maternal/child transmission, the number of children in the USA who become infected with HIV has fallen dramatically during the past decade. Despite these remarkable advances, more than 2000 children are infected with HIV around the world, virtually all of them in developing countries, particularly Africa and Asia. Of the 42 million people infected with HIV worldwide, 3.2 million are children. Moreover, 50% of the global infections with HIV occur among young people between 15-24 years of age – at the rate of nearly 6000 every day, most being young women. The impact of this global infection, now the leading cause of death in developing nations, is devastating.

On Friday evening, March 19th, the Stanford Lively Arts featured a unique performance by the Children of Uganda. Each of the children and teenagers who performed has been orphaned because of the death of their parents to either AIDS or national violence. With the onset of HIV/AIDS, the life expectancy in Uganda has fallen to 42 years. In some parts of Africa the prevalence of AIDS has grown dramatically with most infected women not being aware that the disease can be transmitted to her child – through breast feeding or during gestation and delivery. Uganda has been a recent pacesetter in Africa with the government taking an active role in education and intervention. The so-called ABC (Abstinence/Be Faithful/Use Condoms) program has contributed to a reduction in HIV prevalence in Uganda to 6.2% at the end of 2002 from over 30% in 1986. This program demonstrates that active intervention can make a difference.

The Elizabeth Glaser Pediatric AIDS Foundation (see above) is working closely with the Ministry of Health and other partners in Uganda to further prevent mother-to-child transmission as well as to provide counseling, testing and drugs for opportunistic infections as well as antiretroviral agents. Importantly the Foundation is supporting prevention and treatment programs in 19 of the 56 health districts in Uganda. The Foundation's Call To Action Project is collaborating with physicians and countries in 17 countries throughout Africa, Southeast Asia, Eastern Europe, Central America and the Caribbean. As a consequence of these efforts, over 900,000 women have received antenatal care worldwide and of these nearly 690,000 have had voluntary HIV testing. Such efforts can help to change the impact of this disease around the world – although the challenges remain daunting.

In addition to its work in AIDS, the Foundation also supports the Glaser Pediatric Research Network, which has linked five major pediatric centers in the USA (one being Stanford) to work collaboratively by conducting clinical research in children. Dr. Charles Prober, Professor of Pediatrics, currently serves as the Scientific Director of the Glaser Pediatric Research Network. I have had the privilege of working with the Elizabeth Glaser Pediatric AIDS Foundation since it was founded in 1988 and currently serve as the Vice Chair of its Board of Directors.

External Review of Plans for Our Comprehensive Cancer Center

On Friday March 19th, the External Advisory Board (EAB) appointed to review the progress on our planned application to the National Cancer Institute to become an NCI designated Comprehensive Cancer Center visited Stanford. This distinguished Advisory Board includes Martin D. Abeloff, M.D., Director, Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins University; Edward Benz, M.D., President, Dana Farber Cancer Institute; Elizabeth Blackburn, Ph.D., Professor, Department of Biochemistry & Biophysics, UCSF; John H. Glick, M.D., Director, Abramson Cancer Center of the University of Pennsylvania; Edward E. Harlow, Ph.D., Head of the Department of Biological Chemistry, Harvard Medical School; John E. Niederhuber, M.D., Comprehensive Cancer Center, University of Wisconsin; Joyce C. Niland, Ph.D., Chair, Division of Information Sciences, Director, Department of Biostatistics, City of Hope National Medical Center; Louise Strong, M.D., Department of Experimental Pediatrics/Genetics, University of Texas, MD Anderson Cancer Center; and Marcy Waldinger, M.H.S.A., Director of Administration, UMC Cancer Center. Drs. Hartwell, Niederhuber and Strong were unable to make the March 19th meeting.

During an eight-hour marathon session, the EAB heard presentations about the five basic science proposals, seven clinical/translational research projects, the population science study, and 13 cores (shared services). The goal of this review is to obtain critical feedback on the current proposals and to help guide which ones will be part of the grant that we hope to submit in October 2004. The preliminary feedback we received from the External Advisory Board was quite gratifying. Although they quite appropriately identified areas where we need to bring greater clarity to proposals, consolidate others and even drop some, the EAB was quite impressed with our progress to date. Indeed, several members commented that they were skeptical about whether Stanford would have the resolve to truly engage the faculty and school leaders to apply for the NCI designation. Thankfully, the EAB was enormously impressed by the energy, enthusiasm and commitment they observed during their visit – and left quite convinced that things had changed at Stanford and that we would indeed not only submit the grant application – but that we would be successful.

I attribute a significant reason for our success to date in the support that has come from faculty and school leaders. Equally importantly, Dr. Karl Blume, Associate Director of the Cancer/Stem Cell Biology and Medicine Institute, has played a critically important role in bringing the faculty together to develop the proposals to date. Thanks to his efforts I have great confidence that we will meet our deadline in submitting this grant to the NCI – an absolutely massive undertaking.

Official Opening of the Clinical Cancer Center

On Monday March 1st, the doors of the new Center for Ambulatory Care at Stanford Hospital & Clinics opened officially to the Clinical Cancer Center. This new advanced care facility will provide state-of-art-care to patients and families (see <http://news-service.stanford.edu/news/medical/2004/march10/leibel.html>). Obviously the diagnosis

and treatment of cancer pose enormous challenges to patients and families – but the new Clinical Cancer Center has gone a long way toward alleviating the fear, anxiety and discomfort associated with cancer care facilities. Indeed this new facility serves as a model for Stanford and for our community.

Mark Your Calendars for the Beckman Symposium on April 30th

On Friday, April 30th, the 14th Annual Beckman Symposium will present a stellar program on cancer. It will be held in the Fairchild Auditorium from 8 am to 5 pm, and will feature multiple breakout sessions throughout the day designed to give students and other symposium attendees the opportunity to interact directly with guest speakers. The first breakout session begins at 7:00 a.m. with the program's first speaker, Brian Druker from Oregon Health & Sciences University. Medical students will be allowed to attend the symposium in lieu of classes that day and I would encourage you to get to as much of this important program as your time permits. A reception will follow in Fairchild lobby.

The program will include presentations by an outstanding faculty including Brian Druker, Patrick Brown, Napoleon Ferrara, Elaine Fuchs, Stanton Glantz, Lee Hartwell, Vicki Lundblad, and Nikola Pavletich.

Neuroscience for the Community

On Monday evening, March 15th, more than 200 members of the community participated in the Stanford Neurosciences Mini Course in Medicine. This is part of a series of lectures and mini-courses that we have held during the past years to better inform and engage our community about important topics in medicine and science and how Stanford is addressing them. This program featured a wonderful keynote address by **Dr. Bill Mobley**, John E. Cahill Family Professor in the School of Medicine and Director of the Neurosciences Institute at Stanford entitled “Keeping the Promise of Neuroscience: Creating a Culture for Discovery and Care.”

As with other mini-courses, small group sessions were lead by members of our remarkable faculty on topics of considerable interest and importance. Included in this program were classes on:

- Brain Function and Decision Making - **Bill Newsome**, Professor of Neurobiology and of Psychology
- Chronic Pain - **David Yeomans**, Associate Professor of Anesthesia, and **Sean Mackey**, Assistant Professor of Anesthesia
- Depression - **Alan Schatzberg**, Kenneth T. Norris, Jr. Professor of Psychiatry and Behavioral Sciences
- Parkinson's Disease and Movement Disorders - **Helen Bronte-Stewart**, Assistant Professor of Neurology and Neurological Sciences and of Neurosurgery
- Sleep Disorders - **Emmanuel Mignot**, Professor of Psychiatry and Behavioral Sciences
- Applied Stem Cell Therapies - **Theo Palmer**, Assistant Professor of Neurosurgery

- Brain Tumors - **Lawrence Recht**, Professor of Neurology, and Griffith Harsh, Professor of Neurosurgery
- The Genetics of Aging - **Stuart Kim**, Professor of Developmental Biology and of Genetics
- Multiple Sclerosis - **Ben Barres**, Professor of Neurobiology and Developmental Biology and of Neurology and Neurological Sciences
- Stroke - **Gary Steinberg**, Professor of Neurosurgery and of Neurology & Neurological Sciences, and **Greg Albers**, Professor of Neurology and Neurological Sciences and of Neurosurgery

I want to thank our faculty for taking the time to participate in this excellent session on “Breakthroughs in Neurological Diseases”. I also want to thank our Office of Medical Development for all the work they did in helping this to be an outstanding experience for our community.

Getting Your Input on the Value of the Dean’s Newsletter

It is amazing to me that this Newsletter represents the final edition of the third year that I have been sending them to you – since my very first communication on the day of my official arrival on April 2, 2001. I have (as you probably all too well realize) sent them faithfully biweekly except during summer. My hope has been to use the media as a way of communicating with the faculty, students and staff of the Medical School, Medical Center – and even members of the University community. Because I compose (and indeed type) the Dean’s Newsletters myself, they represent a real commitment of time and effort on my part. I have been happy to do this if they are fulfilling the intended purpose of enhancing communication and making you feel better informed and engaged in our various activities – past, present and future. In the immediate future we will be sending out a survey that I hope you will complete. It is designed to get feedback on how useful you find the Dean’s Newsletter – and obviously, your responses will guide how (and indeed whether) I continue this communication vehicle in the future. I hope you will spend a few minutes to complete the survey when it arrives next week.

Honors and Awards

- The Lustgarten Foundation for Pancreatic Cancer announced the recipients of its 2004 grants and **Dr. Jonathan Pollack**, Assistant Professor of Pathology, Stanford University School of Medicine, is among the grantees. His proposal to locate the novel pancreatic cancer genes with DNA microarrays was chosen by the Lustgarten Foundation's Scientific Advisory Board, which is comprised of leading experts in pancreatic and other cancers. They reviewed more than 80 proposals and awarded grants to only fifteen researchers. Congratulations to Dr. Pollack.
- **Dr. David Stevenson**, Harold K. Faber Professor of Pediatrics and Senior Associate Dean for Academic Affairs and Professor, by courtesy, of Obstetrics and Gynecology, has received the National Instituted of Child Health and Human

Development's MENTOR Award for Excellence in Research Training. This prestigious award acknowledges the ability of Dr. Stevenson and his colleagues to mentor and guide the research trainees who have entered his program. Please join me in congratulating Dr. Stevenson.

Announcements

Louis and Dorothy Kovitz Visiting Professorship Lecture: On Friday, April 9th, Paul Farmer, M.D., Ph.D., Maude and Lillian Presley Professor of Medical Anthropology, Harvard Medical School, will deliver the 30th Louis and Dorothy Kovitz Visiting Professorship Lectureship. Dr. Farmer's lecture entitled "Global Health Equity and the Future of Public Health" will be held in the Fairchild Auditorium from 4:00pm - 5:00pm (reception at 3:30pm).

The Stanford Division of Cardiovascular Medicine Meeting: "The Evolving Paradigm of Coronary Artery Disease: the pleiotrophic effects of statins" to be held in Fairchild Auditorium, Saturday April 3, 8-12noon. The meeting will feature internationally recognized experts in Cardiovascular Medicine: Peter Libby, Harvard (The Central Role of Vascular Inflammation in CAD); Valentin Fuster, Mt. Sinai (Visualizing and Managing Atherothrombosis), Christie Ballantyne, Baylor (What have we learned from the Statin Trials?); and John Cooke, Stanford (Targeting the Endothelium: An emerging therapeutic approach). For More Information, visit their website at: <http://cvmed.stanford.edu/vascularmedicine/statinconference.html>.

Appointments and Promotions.

- **Nikolas Blevins** has been appointed to Assistant Professor of Otolaryngology at the Stanford University Medical Center, effective 3/1/2004.
- **Judith Ford** has been promoted to Professor (Research) of Psychiatry and Behavioral Sciences, effective 3/1/2004.
- **Geoffrey Lighthall** has been reappointed to Assistant Professor of Anesthesia at the Palo Alto Veterans Affairs Health Care System, effective 8/1/2004.
- **Steven Lindley** has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences at the Palo Alto Veteran's Affairs Health Care System effective 3/1/2004.
- **Krisa Van Meurs** has been promoted to Professor of Pediatrics (Neonatology) at the Lucile Salter Packard Children's Hospital, effective 3/1/2004.
- **William Rhine** has been promoted to Professor of Pediatrics (Neonatology) at the Lucile Salter Packard Children's Hospital, effective 3/1/2004.
- **Paul Wang** has been appointed to Professor of Medicine (Cardiovascular Medicine) at the Stanford University Medical Center, effective 3/1/2004.
- **William Weis** has been promoted to Professor of Structural Biology and of Molecular and Cellular Physiology, effective 3/1/2004.
- **Alan Yeung** has been promoted to Professor of Medicine (Cardiovascular) at the Stanford University Medical Center, effective 3/1/2004.

Dean's Newsletter

April 5, 2004

Your Input on the Dean's Newsletter is Needed

Having past the 3 year mark on April 2nd (both in tenure at Stanford and initiation of the Dean's Newsletter) I am eager to get your input about how useful this biweekly communication is to you and what suggestions you have to change or improve it. Last week I sent out a brief survey questionnaire to which many have already responded. It takes less than 5 minutes to complete and your response will be most useful in helping to guide the future of the Dean's Newsletter. Please fill out the questionnaire at: <http://med-intranet.stanford.edu/survey/newsletter>. We would like to have all responses in hand by April 12th. Thank you for taking the time to fill out the questionnaire.

US News & World Report Misses the Mark Again

A regular rite of spring is the publication each April of the *US News and World Reports* ranking of American's Best Graduate Schools. As was the case last year, Stanford is ranked 8th among "research medical schools." I do not mean to suggest that being among the top 10 research medical schools in the nation is not something to feel proud about. However, I do mean to suggest that the methodology employed by US News & World Reports (USN&WR) is skewed to evaluate size over quality. This has been an issue that I have raised (so far to no avail) with the editors of USN&WR during the past three years. Specifically, the total amount of NIH funding is the single most important determinant in these rankings – which clearly favors schools that have much larger faculty compared to Stanford. Indeed, we are among the very smallest of the research-intensive schools of medicine in faculty size. Our current 732 faculty members number roughly half of those at UCSF and less than 10% of those at Harvard for example. That said, for more than 15 years, our faculty who are Principal Investigators have the highest amount of NIH funding *per capita* compared to any school in the nation – a more accurate surrogate measure of quality compared to quantity. Interestingly, a blend of both total funding and funding per investigator is employed by USN&WR in their ranking of engineering schools. If that were done for Stanford, we would almost certainly be in the top 5 – more accurately reflecting our overall quality.

As noted I have communicated my position each year to the editors of USN&WR and plan to visit with them again at the end of April. The magazine proffers that they perform these rankings in order to provide prospective students with a comparative assessment that helps guide their choice of where to attend. That is an admirable goal – but it should also be one that is accurate. I think students can easily assess the size of an institution, but judging quality is more subtle. In the absence of an impact analysis of the scientific contributions of a school's faculty, a comparative assessment of peer-reviewed NIH funding per principal investigator would be a better gauge of quality than overall amount of NIH funding. I hope, of course, that USN&WR will be more responsive in future years

than has been the case in the past. It does come down to whether the goal is to provide accurate data or simply sell magazines.

Inaugural Visit by the National Advisory Council

On Monday March 22nd we had our first visit by the National Advisory Council (NAC), which was established well over a year ago. The purpose of the NAC is to provide a critical advisory group to the School and University about the status of the School of Medicine, with a particular focus on whether our strategic initiatives and goals are appropriate and commensurate with the very high standards that must be expected from a university such as Stanford. The NAC spends a day each year examining various programs or initiatives and presents their findings to the Provost and President.

We are fortunate to have an outstanding and diverse group of internationally recognized leaders as members of the School of Medicine National Advisory Council. These include:

- **Dr. Ed Benz**, President of the Dana Farber Cancer Center and Professor of Medicine at Harvard Medical School, who also serves as Chair of the NAC
- **Dr. Elizabeth Blackburn**, Professor of Biochemistry and Biophysics at UCSF
- **Dr. Tom Boat**, Physician-in-Chief of the Cincinnati Children's Hospital and Professor and Chair of Pediatrics at the University of Cincinnati
- **Mr. William A Halter**, Trustee Emeritus, Stanford University Board of Trustees
- **Dr. Dan Lowenstein**, Professor of Neurology at UCSF (and formerly Dean for Medical Education at Harvard Medical School).
- **Dr. William Peck**, Dean Emeritus, Washington University
- **Dr. David Satcher**, Director, National Center for Primary Care, Morehouse College School of Medicine, and past U.S. Surgeon General
- **Dr. Carla Shatz**, Professor and Chair, Department of Neurobiology, Harvard Medical School
- **Dr. William Stead**, Professor of Medicine and Biomedical Information and Associate Vice Chancellor for Health Affairs, Vanderbilt Medical Center
- **Dr. Sam Wells, Jr.**, Department of Surgery, Duke University and past President of the American College of Surgeons

Because of schedule conflicts, Drs. Peck and Stead were unable to attend the meeting on March 22nd.

The visit included an overview of the strategic plans and challenges of the School entitled "The Stanford Roadmap to Translating Discoveries," which I delivered. It provided a context for the "state of the school," the initiatives we have pursued, some of the accomplishments we have made and the challenges that we face in the years ahead. This was followed by updates on our goals, initiatives and achievements in "Educating Future Leaders in Medicine and the Biosciences." These were provided by Dr. Julie Parsonnet, Senior Associate Dean for Medical Education; Dr. John Boothroyd, Senior Associate Dean for Research, Graduate Education and Postdoctoral Affairs; and Dr. Harry Greenberg, Senior Associate Dean for Research, Graduate Education, and Postdoctoral

Affairs. The NAC then had the opportunity to have an informal lunch with medical and graduate students that focused on these educational initiatives as well as problems and challenges as seen by the students.

The afternoon session was dedicated to the topic of Enabling Translation and featured presentations on the burgeoning status of three of our new Stanford Institutes of Medicine. These included the Neuroscience Institute at Stanford by Dr. Bill Mobley, Director and Professor and Chair of Neurology and Neurological Sciences; the Stanford Institute for Cardiovascular Medicine by Dr. Bobby Robbins, Director and Associate Professor of Cardiothoracic Surgery; the Stanford Institute for Immunity, Transplantation and Infection by Dr. Ann Arvin, Professor of Pediatrics and of Microbiology and Immunology and Dr. Larry Steinman, Professor of Neurology and Neurological Sciences and of Pediatrics. In addition, Dr. Paul Yock, Professor of Medicine and Bioengineering, presented a status report on the new Department of Bioengineering and the Program in Biodesign.

The presentations were each very informative and afforded the opportunity for the NAC to engage in an enlightened and helpful discussion. While their official report will be made to the Provost and President, it seemed clear that the NAC was extremely impressed with our progress to date and our overall orientation toward Translating Discoveries. They were very pleased with the progress made in curriculum development and our plans for educating students in the biosciences and for seeking to integrate scholarship (and scholarly concentrations) into the training of residents and fellows. They also praised the goals and aspirations of the Stanford Institutes of Medicine and the unique and important role they will play in bringing together faculty from basic and clinical sciences, as well as providing an opportunity to better integrate the school's work with the rest of the university.

The NAC noted that one of the unique aspects of Stanford is the close proximity of the School of Medicine to the rest of the University. They noted that the opportunities emerging in biology, the biosciences and health care provide an important linkage between the medical school and its sister schools across the university. They were particularly pleased by the larger interdisciplinary efforts underway and felt that these would help make Stanford a true leader and pacesetter for the future. Most importantly, they felt that the steps we have taken to date makes us more prepared than most medical schools to seize the opportunities now emerging and to help shape the future in important and significant ways. This is particularly true because of the overall excellence of the various schools at Stanford – including the School of Medicine.

Overall this inaugural visit was quite excellent and it would seem that the members of the NAC are now advocates (as well as critical advisors) for our future. In the years ahead the NAC will spend time drilling down into more specific areas of opportunity and challenge and, I am certain, will be enormously helpful in making sure that we stay true to our goals and objectives for the future.

Addressing Diversity – A Major Challenge for the School of Medicine

Despite the progress that has been made in some areas, one of our major challenges and goals is to further improve the diversity of our School of Medicine community. Thanks to decades of effort, we have among the most diverse medical student classes in the nation. We are making progress in improving the diversity of our graduate student program but face significant challenges in the diversity of our residency programs and in our faculty composition. This matter will be the focus of a number of future initiatives; I anticipate bringing you updates in future issues of the Newsletter.

In the area of graduate student diversity, this past weekend the School of Medicine participated in the University's Graduate Diversity Admit Weekend. We hosted nine students who have been admitted to the Biosciences graduate programs. The weekend included panel discussions, a luncheon with faculty at the home of Dr. Ellen Porzig, and dinner with faculty, the Provost, and the President. Several of the admits commented that the Graduate Diversity Admit Weekend had made a difference for them and was convincing them that Stanford really is a place they could imagine spending five years doing a Ph.D. Thanks to Kimberly Griffin, Assistant Dean for Graduate Education, and Dr. Ellen Porzig, Associate Dean for Graduate Education, for making this event the major success it clearly was for our Biosciences graduate programs admits

We are certainly not alone in trying to address diversity in medicine and the biosciences. The Association of American Medical Colleges has recently published an update in definitions for diversity and underrepresented minorities and I thought this might be of interest to you. Their report and related conclusions follows.

Issue.

The U.S. Supreme Court decided the University of Michigan affirmative-action admissions cases, Gratz and Grutter, in the same week that the AAMC Executive Council ratified the new AAMC definition of "underrepresented in medicine." Because of this timing, neither the Executive Council nor the AAMC committee that developed the new definition had the opportunity to consider the implications of the Court's decision for the new definition. This statement is intended to advise schools on the use of the new definition in the context of the Gratz and Grutter decisions.

Background.

In June 2003, the AAMC Executive Council adopted the following:

"'Underrepresented in medicine' means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population."

This action was taken on the recommendation of a high-level committee following several years of discussion and deliberation. The focus of the committee's work was the continued viability of AAMC's then-current

definition of "underrepresented minority" (or "URM") as including only African-Americans, Mexican-Americans, Native Americans, and mainland Puerto Ricans. The re-examination of this definition resulted from: (1) the efforts of persons from racial and ethnic groups not included in the URM definition who sought access to the benefits thought to be available to those categorized as URMs (for example, special recruitment programs) and (2) efforts to make AAMC data congruent with recent changes in data collection practices as described in the federal government's Office of Management and Budget Directive 15.

"URM" has been a key concept in AAMC goal-setting and tracking and also has played a role in establishing eligibility for certain AAMC programs and those of some member institutions and affiliated organizations. Since 1969, the AAMC had articulated a goal of "population parity" for including various racial and ethnic groups in the profession of medicine. Efforts to achieve that goal include the decade-long campaign "Project 3000 by 2000," which sought to reach a level of 3,000 URM students entering medical school by the year 2000.

While the Court rejected the process used by the University of Michigan's College of Arts and Sciences to include race and ethnicity factors in a score on which it based admissions (*Gratz*), it approved the approach adopted by the Law School (*Grutter*). Thus, it is now explicitly permissible--within certain constraints--to take race into account to achieve the educational benefits that flow from a diverse student body.

One of the constraints on a permissible admissions program set out by the Court is the prohibition of "racial balancing" as a purpose. The following passage in Justice Sandra Day O'Connor's opinion of the Court was cited repeatedly by the dissenters:

The Law School's interest is not simply "to assure within its student body some specified percentage of a particular group merely because of its race or ethnic origin." (quoting from *Bakke*) That would amount to racial balancing, which is patently unconstitutional.

Consequently, because striving for "population parity" is tantamount to seeking a goal of "racial balancing," both the AAMC and its member medical schools must avoid this formulation as the animating force of our efforts. Instead, institutional language and thinking about the purpose of affirmative action must focus on the educational benefits of diversity. Using this concept, and consistent with the Court recognizing the military and business communities' need for a diverse workforce and leadership cadre, the AAMC views the educational benefits of diversity as including its contributions to improving both the cultural competence of the physicians our schools educate and improving access to care for underserved populations.

Status of the "Underrepresented in Medicine" Definition.

The revised AAMC definition accomplished three important objectives:

1. A shift in focus from a fixed aggregation of four racial and ethnic groups to a continually evolving underlying reality. The new definition accommodates including and removing underrepresented groups on the basis of changing demographics of society and the profession.
2. A shift in focus from a national perspective to regional or local perspective on underrepresentation.
3. Stimulating data collection and reporting on the broad range of racial and ethnic self-descriptions.

Conclusion.

The AAMC definition revised in 2003 should assist medical schools in understanding and responding to their local circumstances. However, in its reference to "underrepresentation," the new definition may be viewed as encouraging "racial balancing," which is expressly prohibited. For this reason, it can no longer serve the intended purpose fashioned for it pre-Grutter, namely, as the driver of institutional admissions policies.

Rather, medical schools should base their admissions policies on an explicit articulation of legitimate aspirations: to achieve the educational benefits of a diverse student body, including enhancing the cultural competency of all the physicians it educates and improving access to care for underserved populations.

Adopted by the AAMC Executive Committee, March 19, 2004

While these comments and reflections are helpful, it is important to remember that Stanford's community is really national and so a broader interpretation of what is considered "under representation" will need to be taken.

Very Successful AAALAC Review

The University was officially informed by the Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) that the results of the recent review and site visit of the animal programs at Stanford were outstanding. Based on the review, the AAALAC Council commended Stanford and its staff "for providing and maintaining a high quality program of laboratory animal care and use. Especially noteworthy were the level of facility maintenance, husbandry and sanitation; the excellent administrative support provided to the Administrative Panel on Laboratory Animal Care (A-PLAC); the effective operations of the A-PLAC, assisted by the involved and dedicated community membership; the proactive comparison of grants to A-PLAC approved protocols; the extremely knowledgeable and dedicated veterinary leadership, which supported a

collegial atmosphere between the investigative staff and the administration: and the excellent environmental enrichment and medical management programs for animals ranging from nonhuman primates to rodents.” This is an excellent review and I want to express my appreciation to Dr. Linda Cork, Chair of the Department of Comparative Medicine, and to the faculty and staff, for doing such a stellar job.

I would not be surprised, however, if many readers were unfamiliar with AAALAC and its importance to animal research and investigation. To provide background information, I am including below some of the materials AAALAC provides on its web site about why accreditation is so important.

Here are the top reasons why 650 research institutions in 18 countries have earned AAALAC accreditation...

It represents quality

Organizations and companies look for ways to communicate their commitment to excellence. In the scientific community, AAALAC accreditation shows that an institution is serious about setting, achieving and maintaining high standards for animal care and use. Around the world, AAALAC accreditation is recognized as a symbol of quality.

It promotes scientific validity

When scientific research involves animals, reliable results depend on superior animal care. AAALAC accreditation engages scientists, managers and administrators in an independent, rigorous assessment of their institution's animal program--an assessment that ultimately results in better research practices and outcomes.

It's a recruiting tool

AAALAC-accredited institutions use their accreditation as a recruiting tool to attract the best and brightest researchers and professors. Talented professionals look for high-quality programs, and accreditation assures potential employees that the institution is dedicated to achieving the highest standards for animal care and use.

It demonstrates accountability

Today, companies and organizations involved in animal research are held to very high levels of accountability--by their own constituents and the general public. Although animal research is a controversial issue for some, most people support biomedical research if it's conducted in a humane manner. Accreditation through AAALAC is voluntary, and demonstrates a willingness to go above and beyond the minimums required by law. It tells the public that the institution is committed to responsible animals research.

It provides a confidential peer-review

Accreditation requires an institution to first perform its own self-evaluation (an extremely valuable management exercise). Next, a team of highly qualified professionals provides a confidential, on-site evaluation of the institution's animal care and use program. The independent review assures management that the research program is maintaining high standards. The assessment also helps them learn how they can achieve even higher levels of good animal care and quality research.

It impresses funding sources and research partners

Many private biomedical organizations, including the American Heart Association and the Cystic Fibrosis Foundation, strongly recommend that grantees using animals in their studies be part of an AAALAC-accredited program. Government agencies such as NIH, NASA, the Department of Defense, Veterans Affairs and the National Science Foundation see AAALAC accreditation as a commitment to program excellence. Both private and public funding sources view accreditation as an assurance that animal use will be justified and humane, and that appropriate regulations and policies will be followed.

It shows a real commitment to humane animal care

Accreditation shows the world that an institution is serious about its commitment to humane animal care. It's an investment that delivers the benefits outlined above and much more. Please call for more information on AAALAC International accreditation [request information online](#).

Being Conversant with Research Compliance

Because Stanford is a research-intensive university, there are many research-related rules, policies, terms and conditions, and regulations. Representatives from the Research Management Group, Internal Audit, Property Administration and Office of Sponsored Research have launched a 1-hour "Compliance Roadshow." The purpose of the "Compliance Roadshow" is to offer updates to faculty and staff on the current focus of our sponsors as well as to touch on compliance concerns that appear to create opportunities for improvement here in the School of Medicine or university-wide. We all recognize that compliance may sometimes slow things down or appear burdensome but hopefully the Roadshow will provide some awareness and simplify your understanding. Contact Kathleen Thompson in the Research Management Group at klt@stanford.edu or 725-0661 if you'd like to invite the "Compliance Roadshow" to a faculty or staff meeting in your department.

More on the NIH Roadmap

On March 19, Dr. Jeremy Berg, Director of NIGMS at the NIH, spoke about the NIH Roadmap at the Chemistry and Genomics Symposium held by the Department of Molecular Pharmacology. He described the rationale for developing the Roadmap, the process by which it was developed, and he outlined its major components.

As you now likely know, the Roadmap grew out of concerns about how to address the rapid and revolutionary changes in science, the increasing breadth and growth in scientific missions, the complexity of the NIH organization itself, and the increasing US expenditures on health care (\$500/yr/person) versus biomedical research (\$80/yr/person). Jeremy Berg emphasized that the Roadmap is not just for translational research; it is also meant to support fundamental, core areas. He quoted NIH Director Zerhouni's comment that, "You can't translate if you don't understand." The imperative for the Roadmap is to accelerate the pace of science.

The Roadmap was developed through extensive consultation. In a nutshell, the Roadmap is:

- A framework of priorities
- A vision for a more efficient and productive system of doing research
- A set of initiatives for improving health

The Roadmap has three major themes:

1. ***New Pathways to Discovery***, which aims to deepen our understanding of the daunting complexity of biological systems;
2. ***Research Teams of the Future***, which focuses on how to build interdisciplinary and multidisciplinary research groupings as well as other, novel ways of organizing the doing of scientific work;
3. ***Re-engineering the Clinical Research Enterprise***, which addresses the need to recast the entire system of clinical research in this country

The New Pathways to Discovery, in turn, consists of five working groups:

1. Molecular Library and Imaging
2. Building Blocks and Pathways
3. Structural Biology
4. Bioinformatics and Computational Biology
5. Nanomedicine

Dr. Berg described each of these themes and working groups. He emphasized that the NIH Roadmap is a work in progress, and he encouraged the audience to keep current with the initiatives and funding opportunities available through the Roadmap through its web site, www.nihroadmap.nih.gov. "Look at it early and look at it often," he advised. Thanks to Dr. Berg and the Department of Molecular Pharmacology for this opportunity to learn more about this critically important NIH initiative.

In addition, as I noted in the March 8th issue of the Dean's Newsletter, an email-based notification announcing new NIH Roadmap opportunities is being distributed to all faculty on a weekly basis. We will also be launching a web based interactive message board where faculty with interests in these various grant opportunities can identify one another and organize responses as they see fit. This message board will be available to all Stanford faculty.

Finally, I am pleased to announce that Chris Webb has joined the School as Interdisciplinary Grants Development Manager. Chris' job will be to help organize and assemble large multi-faculty, multi departmental grant applications. He will be available to assist on grant applications involving collaborations between SOM faculty and faculty in other schools. Chris can be reached at 736-2968, or at cdwebb@stanford.edu.

Executive Committee: Managing the Professoriate for the Future

Stanford has many extraordinary features that make it excellent and unique and that have propelled it into the top echelon of American universities. But it also has some significant constraints and limitations, at least two of which impact the School of Medicine and Biosciences. These are constraints on space and, in the future, potential limitations on faculty size.

As I have noted previously Stanford is among the smallest of the research-intensive medical schools. Our size offers a number of opportunities but, given the changes in bioscience and academic medicine, it also poses some challenges. I have, in various forums, discussed the current very severe limitations we have on research space at the medical school. In the short run we are hoping to remedy this by renting laboratory space off-campus. While that might provide some relief, it is far from ideal since one of the things that has made our medical school special is the access and interactions that faculty and students have with each other – within the medical school – and perhaps even more importantly, with colleagues in other schools throughout the university. Hence, I would prefer that off-site research space be a short-term solution and that the ultimate one be new research space on campus. As I have delineated in other communications, we hope that this will be initially addressed by building the Stanford Institutes of Medicine (SIM) #1 during the next several years. However, our overall space issues will not be fully reconciled until we are able to construct SIM 2 and 3 – both of which are at least 10 years in the future and, under any circumstance, are subject to limitations in space availability through the General Use Permit (GUP). But no matter how one looks at it, limitations on the availability of research space are impacting our opportunities for new and exciting scientific pursuits – and seem likely to continue to do so. We have recently re-opened the discussion about whether we should seek to develop a “second campus”, and while this may ultimately be necessary, it is still my view that it would result in a loss of the interconnectedness that makes us unique.

The second major issue that potentially impacts our future is the size and composition of our professoriate. As I have communicated previously, we received last year a cap on the number of Academic Council and Medical Center Line faculty of 900. As of February 1, 2004, we have 732 faculty at Stanford (which includes faculty at the VA and other off-site locations as well). While this seems to leave a delta of 168 potential faculty positions, the situation is more complicated due to searches underway or recently completed and to commitments of positions to departments or institutes. Indeed, if all these were to come to fruition (and no one left or retired) we could potentially exceed the cap. However, that will not happen – both because of the reality that some faculty will

leave, some searches will not be completed and, perhaps most importantly, we will manage the pace of new faculty recruitments.

There are additional issues of concern based on the assessments of our current faculty profile and the trends that have occurred during the past decade. One is that our faculty is aging, underscoring the importance of recruiting assistant professor level faculty as vacancies and opportunities arise. Another is that we need to assure the replacement of and indeed an increase in the number of Investigator (UTL) faculty, particularly in our clinical departments. At the same time we need to better manage the distribution of faculty and focus more closely on the recruitment of Clinician Educators as opportunities permit. And, as mentioned previously in this Newsletter, we need to improve the diversity among our faculty, especially in underrepresented minorities.

To help us better manage the entry, exit and distribution of faculty now and in the future, a model has been developed in collaboration with biostatistics faculty, that can track and predict trends. At our Executive Committee meeting on Friday, April 2nd, David O'Brien, Director of Institutional Planning, presented an initial analysis of the model and how it might help us in the future to better manage faculty positions and the professoriate. As is true for any model, it is heavily dependent on the assumptions that are made, and we are examining an array of those – guided by the need to stay within the cap but also cognizant that we are able to influence the distribution of faculty profiles. Based on the data that has been accrued, the immediate conclusions follow the observations made above. Namely, we need to be thoughtful about the distribution of faculty positions within departments and between our large mission areas – Investigators (UTL), Clinician Scholar/Investigator (MCL) and Clinician-Educator. As noted, it is imperative that we expand our junior faculty through the recruitment of assistant professor level faculty. It is also imperative that we increase the numbers of Investigator (UTL) faculty throughout the school and particularly in clinical departments, to reverse a trend that has emerged during the past decade. We also need to assure that we have the right complement of Clinician/Scholars/Investigators to facilitate our mission in translational research and the correct number of Clinician-Educators to assure that our patient care mission is fully met– and seem likely to continue – impacting. There is no doubt that this will need to be an iterative and well-coordinated process and that it will require vigilance and management during the years ahead. The new model will help – but careful oversight and proactivity among our school leaders will be the most important thing we can do. Quite obviously, this will be a topic that we will revisit regularly.

The Third Quarter Begins for First and Second Year Students with New Opportunities

With the beginning of the Third Quarter, our First Year Students began the new organ/system based curriculum under the banner of “Human Health and Disease,” and our Second Year Students began their preparations for entry to the Clinics with “Clinical Problem Solving.” I had the opportunity to welcome the students to these significant new phases in their education, to thank them for all that they had done in making the year to date so exciting for the faculty and their respective colleagues and to encourage them to

continue to attend classes. While it is possible to review classes on streaming video, there is no substitute for direct involvement. I strongly encourage our students to engage with faculty and their fellow students by active class participation. We are all eager for this to take place.

Media Training

As recognized medical experts, School of Medicine faculty members are often called upon by the media to talk about their work or provide comment on new developments in their respective fields. But it requires skill, experience, and understanding of the media to conduct an effective interview, whether it's for a print or a broadcast outlet. The Office of Communication and Public Affairs is offering two workshops for faculty members to provide them with guidance on dealing with the media and on the most effective methods for getting their message across.

Faculty can opt for one of two introductory workshops, held on Friday, April 30 from 1:30 p.m. to 3:30 p.m. and Thursday, May 6 from 9:30 a.m. to 11:30 a.m. Both workshops will be held in CCSR Room 4105. Coffee, sodas and snacks will be available. More extensive media training, in which participants will practice their skills on camera, will be offered to interested faculty at a later date.

Faculty members who plan to attend one of the introductory workshops should RSVP by Monday, April 26 to Jocelyn Baluyut, 723-6911, jocelynb@stanford.edu.

I strongly encourage faculty to participate in these media training opportunities.

Awards and Honors

- **Dr. Ajay Chawla**, Assistant Professor in the Department of Medicine, has been awarded one of the three 2004 Charles E Culpeper Medical Scholar Awards from the Rockefeller Brothers Fund. This is a highly competitive award and Dr. Chawla's selection is evidence of his accomplishments to date and academic promise for the future. Congratulations to Dr. Chawla.
- **Dr. Irv Weissman** will be awarded the 2004 New York Academy of Medicine Medal for distinguished contributions to biomedical research. The Award will be presented at the annual Spring Stated Meeting of the Fellows on May 24. Congratulations (once again) to Dr. Weissman.

Appointments and Promotions

- **Laura Attardi** has been reappointed to Assistant Professor of Radiation Oncology and of Genetics, effective 11/1/2004.

- **Nicholas Denko** has been reappointed to Assistant Professor of Radiation Oncology, effective 11/1/2004.
- **Aaron Straight** has been appointed to Assistant Professor of Biochemistry, effective 4/1/2004.
- **Mylene Yao** has been appointed to Assistant Professor of Obstetrics and Gynecology (Reproductive Endocrinology and Infertility) effective 4/1/2004.

Dean's Newsletter

April 19, 2004

Dean's Newsletter – More to Come

First, thanks to everyone who filled out the recent survey regarding the Dean's Newsletter. Some 533 completed surveys were returned, 43% of which contained additional comments or suggestions. It is hard to know the actual denominator other than the number of names on the email distribution list – and using that the response rate to the survey was approximately 30%.

The bottom line is that 98% of the respondents felt the Dean's Newsletter was "Highly Valuable" (76%) or "Somewhat Valuable" (22%) as a communication document. Moreover, 88% of the respondents read the Newsletter either every time or most of the time that it was sent. Further, 88% rated its quality "high" or "superior".

Most of the comments focused on the length of the Newsletter, although 54% of the overall respondents indicated that it was the "right length". That said, a number of helpful suggestions were made for reducing the length or frequency of the Newsletter or using technologies to make it more readable.

One of the most consistent comments was that readers appreciated this as a communication vehicle directly from the Dean – and strongly indicated a desire to have that continue. I am happy to do so. I will explore and evaluate other ways to make the presentation of the Dean's Newsletter more attractive and readable but I will also continue to make it a personalized communication vehicle.

Thank You From First Year Medical Students

Last week a Letter to "Administration, Professors, Preceptors, Facilitators and those involved in planning, implementing and supporting our education" arrived signed by 48 members of the First Year Class. It was surely welcomed by all those who have worked diligently on helping to construct and implement the New Stanford Curriculum. Importantly, the letter was accompanied by very helpful comments and suggestions

focusing frequently on the benefits of the reduced class time, better coordination and integration of classes, the new Scholarly Concentrations, advising and overall camaraderie and support within the School.

In turn, I would like to thank the students for being forthright, engaged committed to working as partners and colleagues in making the Stanford New Curriculum experience as strong and meaningful as it can be.

Stanford Institute for the Environment

At our Senior Dean's Meeting on April 8th, Drs. Jeff Koseff, Gary Schoolnik, and Leigh Johnson offered an update on the plans underway for the Stanford Institute for the Environment, which will be one of the major interdisciplinary themes guiding Stanford during the next decade. The current mission of this important initiative is as follows: *Spanning the University, the Stanford Institute for the Environment will promote an environmentally sound and sustainable world by developing creative solutions through these challenges through the integration of science, technology and policy; educating the next generation of leaders and problem solvers; and actively collaborating and facilitating dialogue with key public and private leaders and the broader community.*

While considerations about the environment understandably focus on topics like population, water, energy, agriculture, ecosystems, conservation and biodiversity, urban systems, industry, it is also important to remember that the environment and health are very closely linked. Indeed, most human ailments are the result of the interaction of simple or complex genetic traits and predispositions with environmental exposures or risk factors.

Dr. Gary Schoolnik, Professor of Medicine (Infectious Diseases) and of Microbiology and Immunology, is a member of the Task Force for the Institute for the Environment as a representative from the School of Medicine. He has clearly recognized the importance of this initiative to environmental health, ecological medicine and medical geology. Based on that Dr. Schoolnik has posited several important fields of study that link the environment and medicine. These include such areas as:

- ***Environmental toxicology*** - which considers disease as a function of toxin exposure that can be mediated by genetic factors and be manifested as clinical disease or syndromes.
- ***Infectious diseases*** – which can be influenced by climate, landscape, insect or other vectors and intermediate hosts – and which can be affected by global transportation, immigration and commerce.
- ***Human physical and intellectual development*** – which can be impacted by food, water, agricultural and commercial practices, and toxin exposure.
- ***Population and crowding*** – which impact on disease risk and survival.
- ***Biodiversity*** – and its impact on drug discovery.

These and other related areas broach a wide array of medical disciplines and research topics and offer new opportunities for training as well as for impacting human disease on a global basis. The Stanford Institute for the Environment is at a nascent state and I would strongly encourage interested members of the Medical School community to contact Professors Schoolnik (schoolni@cmgm.stanford.edu) or Koseff (koseff@stanford.edu) with additional comments or suggestions. I think there is a wonderful opportunity for our faculty and students to help shape the future of this very exciting new Institute.

The Match Continues (Progress Made on the Lawsuit Challenging the National Internship Match)

As many of you know, the National Internship Match was challenged a couple of years ago by three former residents who contested that it violated antitrust law in a suit brought against a number of teaching hospitals across the country including Stanford Hospital & Clinics. Last week, due to a successful advocacy effort that involved, among others, the Association of American Medical Colleges, the American Hospital Association and officials from Stanford including Stanford University Hospital CEO Martha Marsh, the US Congress approved legislative provision that exempts residency matching programs and their sponsors from antitrust laws. The President is expected to sign this legislation that includes the match provision this week. While the group supporting the match system believes that this legislation will help lead to a successful conclusion of the lawsuit, the provision may be subject to future legal and legislative challenges. I will keep the community posted.

Women Faculty Would Like More Flexible Work Schedules

During my first year at Stanford, Dr. David Stevenson and I appointed a committee, chaired by Dr. Mary Lake Polan, to assess the status of women in medicine and the biosciences at Stanford. Dr. Polan and her colleagues have now reported the results of their survey in several settings (<http://deansnewsletter.stanford.edu/>) and have now published their findings in the April issue of *Academic Medicine* (2004; 79:319-325).

In their study, 163 (53%) of the women faculty at Stanford School of Medicine identified the need for greater flexibility in the work environment as their highest ranked need. They were especially concerned that women faculty with young children have flexible schedules without negative consequences. In addition, periodic sabbatical leaves from clinical and administrative duties and departmental mentoring for academic career development were also cited as key needs.

Since this report, we have made some progress in implementing some of these initiatives. However, I would say that we still have a long way to go to truly make the work environment as compatible with work-family balance as we would all like. This must be an ongoing and continued initiative and it is important that we continue to assess our progress and improve our outcomes. Any additional thoughts you have would be most

welcome.

In Memoriam: Dr. Robert W.P. Cutler

I am sorry to say that Robert W.P. Cutler, M.D., Professor Emeritus of Neurology and Neurological Sciences and former Senior Associate Dean for Faculty Affairs in the School of Medicine, passed away on April 12, 2004 at his home in Livermore, California. Dr. Cutler received his undergraduate degree from Harvard College and his medical degree from Tufts Medical School. He completed his medical training in neurology at the University of Chicago Clinics. Prior to his arrival at Stanford, Dr. Cutler served on the faculty at Harvard Medical School and the University of Chicago. During his tenure on the faculty at Stanford, he played many administrative roles, including service as the first Associate Dean for Medical Education and later as Senior Associate Dean for Faculty Affairs. Dr. Cutler retired from Stanford in January, 2000. He is perhaps most recently known for the publication of his book entitled “The Mysterious Death of Jane Stanford” that received considerable notoriety – at least locally – during the past year.

There will be a memorial service for Dr. Cutler on Tuesday, May 11 at 4:00pm at the Stanford Memorial Church. Also, in lieu of flowers, the family asks that contributions be made to the Regional Parks Botanic Garden (c/o Tilden Regional Park Berkeley, CA 94708-2396).

Welcomes

I am pleased to welcome **Dr. Ann James** who is joining the Office of the General Counsel as a Senior University Counsel representing the Stanford Medical Center, primarily the School of Medicine. She will also provide advice and counsel on healthcare issues to the Stanford Hospitals. She holds a BA in Biology from Radford College in Virginia, a Ph.D. in Medical Microbiology and Immunology from Baylor College of Medicine, and a J.D. from the University of Houston. Ann is replacing Rodney Johnson who served the School and University so admirably during the past 24 years.

I also want to welcome back **Mr. David Glen**, formerly the Director of Principal Gifts for Stanford University, who will return from retirement on a part time basis to provide strategic advice and guidance to the Office of Medical Development during its important transition while we search for a new Director.

Honors and Awards

- **Dr. Stuart Kim**, Professor of Developmental Biology, has been named this years recipient of the prestigious Ho-Am Foundation Award for “scholars and researchers who have made outstanding achievements...and present exemplary models for the academic community” The Ho-Am Prize was founded in 1990.
- **Dr. Andy Fire**, Professor of Pathology, has been named the 2004 recipient of the prestigious Dr. HP Heineken Prize for Biochemistry and Biophysics, from the Royal Netherlands Academy of Arts and Sciences.

- **Dr. Jeffrey Axelrod**, Assistant Professor of Pathology and **Dr. Michael Longaker**, Deane P. and Louise Mitchell Professor in the School of Medicine, were elected this past weekend to the American Society for Clinical Investigation.
- **Dr. Larry Leung**, Professor of Medicine (Hematology), was elected into the Association of American Physicians.
- **Dr. Olivia Martinez**, Associate Professor of Surgery, has been named the recipient of the Fujisawa Basic Science Achievement Award by the American Society of Transplantation. The award honors investigators at the associate professor level who have made substantial contributions to the field of transplantation medicine. Dr. Martinez will receive the award at the American Transplant Congress in May.

Please join me in congratulating these faculty members for their wonderful achievements.

Honorable Mention

Congratulations to Cheri Blauwet, first year medical student here at Stanford, who took first place in the women's wheelchair division race at the 108th Boston Marathon in a time of 1:39:53.

Announcement

The 2004 Beckman Symposium on Cancer will be held on Friday, April 30th from 7:00 a.m. to 5:00 p.m., in the Fairchild Auditorium beginning with breakfast in the Fairchild lobby. There will be a host of distinguished speakers including Brian Druker, Patrick Brown, Napoleon Ferrara, Elaine Fuchs, Stanton Glantz, Lee Hartwell, Vicki Lundblad and Nicola Pavletich. This will be an outstanding symposium and it is open to the public, no registration is required.

Appointments and Promotions

- **Ranjana Advani** has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 4/1/2004 to 3/31/2007.
- **Edward Damrose** has been appointed to Assistant Professor of Otolaryngology at the Stanford University Medical Center, effective 5/1/2004 to 4/30/2007.
- **James Fann** has been promoted to Associate Professor of Cardiothoracic Surgery at the Stanford University Medical Center, effective 5/1/2004 to 4/30/2009.
- **Lynne Huffman** has been promoted to Associate Professor (Research) of Pediatrics and Associate Professor (Research), by courtesy, of Psychiatry and Behavioral Sciences, effective 4/1/2004 to 3/31/2010.
- **Stephen Huhn** has been promoted to Associate Professor of Neurosurgery and Associate Professor, by courtesy, of Pediatrics at the Stanford University Medical Center, effective 4/1/2004 to 3/31/2009.
- **John Lamberti** has been appointed to Associate Professor of Cardiothoracic Surgery at the Lucile Salter Packard Children's Hospital, effective 4/1/2004 to 3/31/2009.

- **Anna Messner** has been promoted to Associate Professor of Otolaryngology and of Pediatrics at the Stanford University Medical Center, effective 4/1/2004 to 3/31/2009.
- **Amin Milki** has been promoted to Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective 4/1/2004.
- **Jeffrey Norton** has been appointed to Professor of Surgery at the Stanford University Medical Center, effective 4/1/2004 to 3/31/2009.
- **Todd Pawlicki** has been reappointed to Assistant Professor of Radiation Oncology at the Stanford University Medical Center, effective 6/1/2004 to 5/31/2007.
- **Debra Safer** has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 5/1/2004 to 4/30/2007.
- **Steven Sanislo** has been reappointed Assistant Professor of Ophthalmology at the Stanford University Medical Center, effective 5/1/2004 to 4/30/2006.
- **Zijie Sun** has been promoted to Associate Professor (Research) of Urology and of Genetics, effective 4/1/2004 to 3/31/2010.
- **George Van Hare** has been promoted to Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 4/1/2004.

Dean's Newsletter

May 3, 2004

Stanford and the AAMC Institute for Improvement in Medical Education

To date we have not participated in the Institute for Improvement in Medical Education that was initiated by the Association of American Medical Colleges (AAMC) in the Fall of 2002. Nonetheless it is notable how many of the issues raised by the IIME work group have already been addressed – and in a number of cases implemented – at Stanford. That said, it is always helpful to assess our progress against the reflections of others in the field of medical education.

At the AAMC Council of Dean's Meeting that was held from April 24-27th, Dr. Joe Martin, Dean of the Faculty of Medicine at Harvard, reviewed some of the preliminary findings of the IIME Work Group he chaired. He noted that while there have been changes in medical education during the past decade, most of the attention in medical schools around the country has been directed to the first two years of the curriculum. Little change has occurred in re-engineering the clinical training. Moreover, resident education is seen as unlinked and as not necessarily adequate in preparing physicians for the practice of medicine. In tandem with this is the fact that the continuing education of physicians is not employing education methodologies likely to impact meaningfully on the quality or type of clinical care they provide.

The Committee identified as one of the major problems the fact that each of the phases of medical education (undergraduate, graduate, postdoctoral training and continuing medical education) is governed by different oversight bodies (e.g., LCME, NMBE, RRC) that neither communicate with each other nor even have overlapping goals and objectives. Based on this, the committee identified the need to better coordinate medical education across the continuum of learning. As many of you know, this is one of our major goals in the new Stanford Curriculum.

The IIME will be calling for reforms in medical education, in which we will also participate in. At this stage they have identified some of the key initiatives that should be pursued. Among the programmatic reforms the IIME has identified are the following. The state of our Stanford progress is noted in red.

- “The need to present early in the curriculum a patient-centered clinical experience that will imprint on entering students the importance of viewing a patient as a person, a member of a family, and a member of a community”. **As we look to the future at Stanford, we have already initiated this by introducing issues and topics in clinical medicine into the first year curriculum – both by integrating clinical problems into basic science and by the breadth of the new courses :Health and Human Disease” and “Practice of Medicine”.**
- The IIME notes “medical schools and residency programs should provide clinical learning experiences in an interdisciplinary nature for the purpose of preparing future physicians to function effectively as team members”. **This is an important focus at Stanford both in the interdisciplinary “Mechanisms of Human Disease” as well as in the exposure to various interdisciplinary themes that emerge from our Scholarly Concentrations (see <http://med.stanford.edu/md/curriculum/>).**
- The IIME recommended that “medical schools and residency programs should establish rigorous formative and summative assessment programs to ensure that students and residents are acquiring the knowledge, skills, attitudes and values deemed necessary at their stage of learning, and that they are able to perform in a developmentally appropriate manner the complex, integrative tasks required to provide patient care”. **This is clearly an important area and is not one we have achieved. Indeed our evaluation process for students is still far from the level of excellence I would like to see in place. Moreover, while a number of our residency programs do quite an excellent job in resident evaluation, there is inconsistency across programs. This is surely an area where we need greater and more consistent focus, both in undergraduate and residency education and across the entire continuum of medical education.**
- IIME recommends that “medical schools should provide students meaningful experiences with physicians engaged in a variety of career activities...and should offer a variety of joint degree and research training programs, and should be flexible in tailoring programs that allow students, residents and practitioners to acquire the education needed to pursue specific career goals”. **Although we**

certainly have more work to do, I think we already excel in these areas. Stanford's curriculum for medical student education has been long defined as highly flexible. The additional changes now being brought into relief, especially with the Scholarly Concentrations and the opportunities for joint degree programs they bring, should put us in the forefront of this important area. Further, discussions are beginning with the other graduate and professional schools at Stanford about further reforming graduate education *writ large* to create an environment of true cross-school joint degree education.

- Following this theme, the IIME recommends that “medical schools should explore the possibility of integrating into undergraduate, pre-medicine programs some of the course work required in the biological sciences, bioethics, the medical humanities, informatics, communication skills and health systems”. **One of our future goals is to improve the alignment between the undergraduate college curriculum at Stanford and the undergraduate medical curriculum. Some of this exists informally through the program in Human Biology as well as in the Sophomore Seminars available to undergrads. Moreover, an ever-increasing number of our medical school faculty are engaged in teaching undergraduates. The number of undergrads who are either involved in research at the medical school or who are pursuing community services relevant to medicine and healthcare is also increasing. That said, there is certainly much more we can do in this important area and I hope we will make progress in this important area in the years ahead. One way of integrating these programs will emerge when SMILE (the Stanford Medicine Information and Learning Environment) becomes a reality.**
- Further, the IIME noted, “medical schools, residency programs, and accrediting bodies should explore the possibility of providing opportunities for residency requirements to be integrated into the medical school curriculum”. **One of the major concerns is reducing the length of training – especially in some of the surgical programs that require five or more years of residency training. Clearly this is important, especially given the debt burden of students and, equally important, the need to preserve some semblance of work-family balance. At the same time, I believe one of our greatest opportunities and needs is to better integrate clinical medicine and basic science through the lifetime of the trainee as well as the practitioner. In addition, we need to anchor medical residency with opportunities to pursue “scholarly concentrations” analogous to those now being developed for our medical students. Rather than requiring our students to take in new knowledge in discrete bits, often at a rapid-fire pace and in staccato rhythm, it seems much more sensible to provide them with in depth and integrated experiences that would result in more of a learning continuum. We are now exploring how to make this happen and I hope that this will be another area where Stanford can take the lead.**

- To improve education, the IIME notes that “medical schools should develop and support a cadre of teaching faculty whose main responsibility is the education of students as they progress through the educational program...(and further) that medical schools should require faculty members and residents who have regular contact with students to complete periodically a program orienting them to the goals and objectives of the educational program as a whole...(and that) medical schools and teaching hospitals should share learning resources (e.g., simulation laboratories, standardized patient programs, information technology applications, etc) to ensure that learners at each stage of their education receive the highest quality education experience”. **We are fortunate to have at Stanford faculty members like Professor Kelly Skeff who have developed programs for training faculty and residents to become more effective teachers. At the same time, we are not using these programs broadly or effectively enough, and I believe we must do more to inculcate a tradition of teaching excellence that permeates throughout our community. While a number of medical schools (e.g., Harvard, UCSF) have developed “Academies” to foster a cadre of excellent teachers, I think it is important for our entire faculty to take responsibility for teaching excellence. That said, one of the major challenges that virtually every medical school is facing, especially for clinical faculty, is how to pay for the time spent teaching, given the expectation that clinical faculty earn their salary through funds emanating from clinical care or research grants. While we have restructured the School’s Operating Budget to focus more specifically on education – and especially on small group teaching –our available resources fall short of what is necessary to adequately fund teaching. Accordingly, one of our important development objectives must be to raise endowment dollars to help support education – in the form of professorships as well as teaching supplements that permit clinical faculty to free up time for teaching. We also need to garner a better understanding of all of the resources available across the medical center to support teaching – including the Graduate Medical Education dollars that come to both the Stanford Hospital and Clinics and the Lucile Packard Children’s Hospital through Medicare or the Children’s Hospital GME Bill. Finally, we are committed – and we are already making progress to addressing ways to share teaching resources, we expect that SMILE will play an important role in this matter. Equally importantly, we want to be sure that we optimally utilize the distributed resources that emerge from SMILE as well as the centers for simulation that now exist at the VA Hospital as well as in the Departments of Surgery and Pediatrics – and that are housed (or will be) at SHC and LPCH.**

I was very pleased to learn more about the work of the AAMC Institute for Improvement in Medical Education. Clearly this work group has highlighted some important issues and has drafted some very reasoned recommendations. We will no doubt participate in this initiative as it matures. But, at the same time, it is comforting to know that we have already identified a number of these issues during our efforts to reform our educational curriculum at Stanford and that we have, in fact, made considerable progress to date.

Since one of our overarching goals has been to serve as a role model among research-intensive medical schools, I would say that in the area of medical education, we are clearly fulfilling that goal.

Stanford is a Leader for Postdoctoral Scholars

Postdoctoral scholars and trainees – both in research and clinical medicine – comprise the largest single community in our Medical School – exceeding the number of medical and graduate students as well as faculty. We have long known that postdoctoral scholars are among our most important assets, contributing enormously to our research, clinical care and education missions. Around the nation, however, postdoctoral scholars are a more silent majority and are frequently less well supported or recognized than should be the case. Thankfully, at Stanford, there has been a long tradition in supporting postdoctoral scholars. In fact, the first postdoc office began at Stanford in 1989 and led *Nature* (2004;428:690-691) to refer to us as a “trailblazer” in this important area. Over the years a number of improvements have occurred in securing better compensation and benefits for our postdocs as well as in improved mentoring and career guidance. These important issues have become topics for a national debate emanating in part from the review and update by the National Academy Committee on Science, Engineering, and Public Policy (COSEUP) that can be viewed at www.nationalacademies.org/postdoc.

On Wednesday, April 21st, the Stanford Postdoc Association held a Town Hall meeting to review a number of the issues and challenges they face. Thankfully, the group and its leadership are working quite cooperatively with the Dean’s Office and our Postdoc office and have been successful in addressing a number of important issues, even though many remain to be solved. Again, these are also part of a broader national agenda and can be viewed on the National Postdoc Association website at www.nationalpostdoc.org. We remain committed to working as closely and cooperatively as possible with our postdoc colleagues to make their personal and professional opportunities as successful as possible.

Health Education Asset Library (HEAL)

At the recent Council of Deans’ meeting I became aware of a digital library that offers multimedia-teaching materials. Referred to as HEAL it began as a California consortium in 1999 (that included Stanford) and now provides images, video and audio clips, animations and presentations, in what is a continuing work in progress. It is accessible at <http://www.healcentral.org/index.jsp>. I have reviewed it and suggest you take a look at it for materials that might be helpful for either teaching or learning.

More on the NIH Roadmap from Dr. Zerhouni

In previous editions of the Dean’s Newsletter I have provided background material and updates on the NIH Roadmap (<http://nihroadmap.nih.gov/>). As many of you know, this is a work in progress. On Saturday April 24th, Elias Zerhouni, Director of the NIH, gave his own version of the status of the NIH Roadmap to the Council of Deans. Because this

has been discussed in other settings, I will only provide a few highlights of Dr. Zerhouni's comments and observations.

Not surprisingly, Dr. Zerhouni began by defining the rationale for the Roadmap, which includes the need to address evolving public health challenges such as the shift from acute to chronic illness, the aging of the population, the increasing disparity in health access and outcomes, globally emerging diseases and the unfortunate need to address biodefense. Coupled with this are the extraordinary expenditures on health in the USA – now nearly 15% of the GDP and rising. Of course while this has been happening, there have also been some extraordinary scientific advances, including the human genome project, the emerging findings in proteomics, the insights from integrative biology, and information technology. Fundamental to the future is to use these and related insights and discoveries to develop interventions before the symptoms of disease emerge. This will have positive consequences on both disease morbidity and the cost for care. It is Dr. Zerhouni's hope that the Roadmap can help catalyze some of these efforts, even though it will itself be only a small portion (1% or less) of the overall NIH budget. Importantly, Dr. Zerhouni stressed the importance of making sure that the nation's investment in basic research was sustained and that there is sufficient funding in the RO1 pool so that young investigators do not become discouraged. He went on to say that the success rate should not fall below 20%. Obviously we will have to see how that pans out.

As you know, one of the themes of the Roadmap is to foster the creation of resources that would be difficult for any one medical center or institute to develop on its own. This will require the need to build public access data bases that will contain molecular libraries and imaging probes. This will necessitate new organizational models that will require multidisciplinary and interdisciplinary themes as well as resource sharing.

Another important goal of the Roadmap is to migrate clinical research (especially patient-oriented investigation) from a cottage industry to a more successful enterprise. This task is difficult given the current financial landscape in academic medicine, where margins are continuing to decrease, making opportunities for investment more challenged. This will require new partnerships, which Dr. Zerhouni believes need to include the patient community and a much better linkage to community based health providers. This will also require regional and national research networks. It is of interest that the NIH has already announced its plans to help support some regional translational research networks. This is something Stanford is already exploring with its colleagues in PharmaStart (<http://www.pharmastart.org/>). Further details about those efforts will be provided in the months ahead. Importantly, Dr. Zerhouni recognizes that the number of patients currently enrolled in clinical trials is quite low in the USA – something that needs to improve. Not surprisingly, from my perspective, the now decades long experience in pediatric oncology provides a model for increasing participation in clinical trials as well as evidence of the impact they can have. Today more than 70% of children diagnosed with cancer in the USA are enrolled in a clinical trial. Clearly this type of model needs to be extended to other areas of medicine.

While the financial investment in the Roadmap is intended to be kept small, its impact can be quite large. Among the most important outcomes will be assuring that the public trust in medicine – and clinical research – is sustained, and that the public continues to value the nation’s investment in biomedical research. It is of course equally important for the Congress and government to share this value. But, hopefully, the Roadmap will also foster new dialogues and opportunities that will create an amplification effect to enable us to improve our work in translational medicine and education as well as to continue our investment in the pursuit of knowledge through basic biomedical research.

Thoughts on Service Lines and Clinical Cooperation from the Council of Deans – and this Dean

Just as the rapid changes in research are yielding new interdisciplinary models that break down traditional departmental or discipline-specific barriers and thus open up new opportunities and vistas, the same is also happening in clinical medicine. While some approach the new clinical venues with zest and excitement, in a number of quarters there are protests and anxieties, largely because new technologies and innovations breach the traditional academic departmental boundaries and create avenues for competition over increasingly scant resources – especially money. Despite that, it is imperative that we find ways to rise above these financial boundaries and do what is best for our patients, trainees and institutions.

It is notable that in the past weeks the issue of “service lines” or service centers has been a topic of opportunity and concern at Stanford although this is certainly not new. As you know from the joint planning activities between the School of Medicine, Stanford Hospital & Clinics (SHC) and the Lucile Packard Children’s Hospital (LPCH), we have identified four major areas that integrate our efforts under the overarching umbrella of the Stanford Institutes of Medicine – Cancer/Stem Cell, Cardiovascular Medicine, Immunity/Transplantation/Infection and Neurosciences. These efforts will bring together leaders across departments and embrace basic research and clinical faculty, as well as faculty in other schools at Stanford. These four areas in many ways will serve as our flagships, although they should not be taken to connote areas that are either academically more important or that are more valued either by our patients or by our faculty and staff. For example, in addition to these areas, SHC will be making strategic investments in orthopedics and its related disciplines.

At the same time, several other interdisciplinary initiatives will unfold – some of which have had some difficulty getting off the ground, in part because of the aforementioned struggles over resources, authority, etc. Perhaps the most current example of this within our midst is the “Vascular Center”, which despite dozens of meetings and decisions has yet to be fully embraced. Because I believe these new alignments better serve our patients and offer improved venues for interdisciplinary training for our residents and fellows, I am committed to doing everything I can to bring these new alignments to fruition, as long as they truly improve patient care and education and offer opportunities for research collaborations. Needless to say, they must also make financial success for the faculty, departments and the hospital.

Interestingly, the issue of service lines and new clinical alignments was a topic of discussion at the Council of Deans meeting on April 26th. Based on evaluations done at multiple medical centers it now seems that nearly all have some form of a service line structure, this represents a major migration over the past 10-15 years. While the perceived wisdom a decade ago called for vertical integration in academic medical centers, the negative consequences in many have underscored that a more sensible route is through horizontal integration. In that arrangement, alignment between like clinical services (e.g., neurology, neurosurgery and psychiatry, or cardiology and CV surgery) appear to make more sense. In a number of ways, that is consistent with our plans to align around the Stanford Institutes of Medicine along with their matched clinical centers at SHC and LPCH. At the Council of Dean's meeting, a considerable part of the discussion focused on the characteristics of the individuals who might best lead such service lines – and equally on the resources and authority they would need to be successful. It was recognized that the types of leaders for service lines not infrequently varies over time according to the stage of evolution of the program - for example, for the initial phase and start up, an individual with more entrepreneurial skills might be best, whereas during the growth and transition phase, individuals with more of a visionary leadership style can be more effective. The ability of these leaders to affect change comes from their real or symbolic power and the resources they control. Accordingly, in the process of defining the service-line or center, it is important to assess strategically the phase of development, the resources that can be extended and the skills of the individuals being asked to assume leadership roles. It is important to note that there was recognition about continuing to support the departmental structure, especially for training of students and residents.

It was, of course, interesting to learn from deans from other medical schools that they are struggling with how to get these models correctly placed. Some seem to be doing better than others – but all have some challenges. We certainly fall into that mix. Certainly our major service line areas are just getting started (or more correctly, in some cases, restarted) but in other areas, like our vascular center, we still have some important issues to address. However, I am adamant about addressing the challenges because I believe that a number of these new alignments are better for patient care, provide more stable and even futuristic educational opportunities, and offer new opportunities for research.

Personal Reflections on a Hot Day with a Long Road Ahead

Each of us, in our own unique and sometimes private ways, makes choices about the paths we will follow in life, the adaptations we might make and the ultimate goals (and dreams) that motivate or inspire us. While it is sometimes possible to compartmentalize these according to our personal or professional lives, they not infrequently fuse and often one facet illuminates something about who we are in a different and sometimes unconnected way.

We all make choices - to be a scientist or physician, to pursue academics or business, to be outspoken or silent, to lead or to follow. Some of our choices are planned, others

coincidental. Some fit us well and others seem asynchronous with who we otherwise seem to be.

For as long as I can remember, I have resonated to taking on challenges - more often than not ones that are difficult to achieve. Certainly that has guided much of my professional life, especially my research career, and even my decision to take on the challenge of helping to lead and guide an academic medical center like Stanford at this point in history. But we all have other facets of our personalities that further shape who we are – or not. Among my avocations are learning more about history and literature (of course in addition to science and medicine) and improving my physical endurance. The latter emerged from a childhood that was punctuated by significant asthma that negated most forms of exercise or athletics.

Some 25 years ago I decided to take up running – initially just enough to get “in shape” – but perhaps not surprisingly, over time, to achieve longer distances. That was fueled by the ironic observation that increased physical activity seemed to improve my asthma. Over the subsequent years, running has complemented my work schedule – and facilitated my history/literature learning by simultaneously listening to unabridged books on tape. During that time, I have also participated in a number of marathons – not competitively – but just sort of “in the pack”. While I do think that preparing for these marathons has many redeeming physical benefits in its own right, I have long found that they improve my mental and emotional endurance so that I am less daunted by big or difficult challenges – or perhaps that is what I simply try to convince myself.

Last year I had the opportunity to participate in two marathons, both in California, and in both I was able to achieve finishing times that “qualified” me for the Boston Marathon (of course in my age group – as an ever aging athlete). Having always lived on the east coast, I have marveled at the wonderful training conditions in the Bay Area and have revelled in my early morning runs around the Stanford campus. The cool morning temperatures have certainly convinced me about the correlation between ambient temperature and performance.

So participating in this year’s Boston Marathon posed some new challenges and offered the opportunity to learn something about myself. Although the day before and after the April 19th race day were cool, it was blazing hot at the noon-time start of the Boston Marathon – with a temperature over 85 degrees. I generally wilt in the heat – and the hours of waiting for the 26.2 mile run to begin from the Hopkinton start en route to Boston was no exception.

I generally like these races because they also afford an opportunity to be anonymous and to share a human experience with a group of people who are each competing as individuals but who are also sharing a common challenge. On that day, even though everyone has run prior marathons fast enough to qualify for Boston, nearly all felt the oppression of the heat.

I made the decision at the outset to move forward – and to keep moving forward – and to not stop running until the end of the race, regardless of how long that took. I also made the decision to slow down enough to avoid getting overheated or dehydrated - and to avoid being one of the more than 1000 individuals who needed medical assistance during the day's race. I found I had to dig deep and to be focused. I also found that I kept thinking about patients that I had cared for over the years – mostly children and teenagers with cancer or AIDS – and reflected on the much more important challenges they faced and how that might inform my own. These are of course different facets of human endurance.

I was pleased to finish even though it took more than a minute more per mile than I would usually run to complete the course. But I was more pleased because it was an affirmation about who I thought I was – or at least want to be: someone who can take on unexpected challenges and endure. The marathon is simply symbolic because the much more important issue for me is the work that I do every day – during my “day job”. Of course here the challenges are even more daunting and the stakes much larger. But here too, I am determined to give it everything I have – to make the Medical School, Medical Center and University a better place. This may be a long road – but I am prepared to keep moving down it and hope to get help from each of you so we can finish together – successfully.

Another Successful Beckman Symposium

On April 30th another in the outstanding annual Beckman Symposia took place in the Fairchild Auditorium, this one focused on cancer. It featured an array of topics ranging from basic cancer biology to innovative translational medicine to public policy and politics. The speakers were, as expected, outstanding and the information they provided was both wide-ranging and highly informative. Such events require enormous planning and I want to thank the Beckman Center Director, Dr. Lucy Shapiro, for her outstanding leadership. Thanks also to the 2004 Beckman Symposium Co-Chairs, Drs. Gilbert Chu and Roel Nusse and to Dr. Ron Levy for making the program so outstanding. However, none of this would have happened with the level of excellence that was displayed without the dedicated and diligent efforts of Ms. Belinda Byrne. This was a special event and I am appreciative to those who made it happen – and to all who attended.

Women's Health @ Stanford Sponsors National Women's Health Week Activities

Dr. Linda Giudice, Stanley McCormick Memorial Professor in the School of Medicine and Director of Women's Health @ Stanford, has informed me of the many important activities being planned for the 5th Annual National Women's Health Week, May 9-15, 2004. These include sessions on women and cancer, weight management for women, cancer-related topics, and pregnancy. Admission to these events is free, although reservations are encouraged. Details may be found on the new web site for Women's Health @ Stanford at: http://womenshealth.stanford.edu/nat_whealth_week.html. Through attendance at these events, women from throughout the Bay Area will have the opportunity to experience how Stanford's interdisciplinary approach to Women's Health

can generate increased knowledge, improved clinical care and the type of compassion so important to achieving enhanced health and well being. Thanks to Dr. Giudice and her colleagues at Women's Health @ Stanford for their fine work in this area.

Ryan Adesnik Becomes Head of Federal Relations for Stanford University

Ryan Adesnik, who joined the Dean's Office a little more than one year ago as Director of Government Relations for the School of Medicine, has been appointed Director of Federal Relations for Stanford University. In this new, expanded role, Ryan will represent the entire University as well as the School of Medicine on issues related to the Federal government. He will continue to work with the School's faculty and leadership on the many critically important School-specific government affairs issues. Ryan will maintain an office in the Dean's Office and will continue to be available to the School's faculty for consultation and advocacy activities. He can be reached at 725-3322 or at radesnik@stanford.edu. Congratulations to Ryan, and we look forward to continuing to work with him on behalf of both the School of Medicine and the University.

Events

Community Lecture Series. In our continuing lecture series to educate the community about important research findings or issues impacting patient care, **Dr. Paul S. Buckmaster**, Assistant Professor of Comparative Medicine and of Neurology and Neurological Sciences, will lecture on *Epilepsy: Insights From a Comparative Approach* on Wednesday, May 5, 2004 at 7:00 p.m. in the Clark Center Auditorium. If you have any questions, please call 650-361-0995.

Honors and Awards

- **Dr. Stanley N. Cohen**, Kwoh-Ting Li Professor in the Department of Genetics was named this year's recipient of the Albany Medical Center Prize in Medicine and Biomedical Research for the seminal work he performed in the 1960's and 1970's that formed the basis of genetic engineering. Although relatively new, the Albany Medical Center Prize has quickly become one of the most prestigious awards in academic medicine. Dr. Cohen shares the prize with his long time collaborator Dr. Herb Boyer from UCSF. Congratulations to Dr. Cohen for another outstanding achievement that recognizes his important work.
- **Dr. Sheila E. Cohen**, will be awarded the Distinguished Service Award of the Society for Obstetric Anesthesia and Perinatology at the society's Annual Meeting to be held in Florida in May. Dr. Cohen has been a member of the Stanford faculty since 1975 and until recently was Director of Obstetric Anesthesia at LPPH. She is also a past President of the Society for Obstetric Anesthesia and Perinatology and has served on multiple committees in that society and in the American Society of Anesthesiologists.
- At the Annual American Academy of Neurology meeting being held in San Francisco, a number of the members of Neurology received awards or otherwise played a significant role. They are as follows:

- **Gregory Albers**, Professor in Neurology and Neurological Sciences, spoke at the Contemporary Clinical Issues Plenary session.
- **Joyce Liao**, Instructor in Neurology and Neurological Sciences, received the S. Weir Mitchell Award for the outstanding young neurologist-neuroscientist.
- **Larry Steinman**, Professor in Neurology and Neurological Sciences, received the John Distel Prize for multiple sclerosis research.
- **William Mobley**, Professor in Neurology and Neurological Sciences, delivered the George C. Cotzias Award Lecture at the Presidential Plenary session.

Dean's Newsletter

May 17, 2004

The Future of Pediatrics

Most clinical services and specialties in medicine are evolving or changing due to new technologies, innovations, patient expectations, interest of trainees and opportunities for future advances science and healthcare. The care of children, as a specialty, is largely a product of the post-Civil War period. Although special care facilities first arose in England during the 18th Century, they were largely for social care and child welfare, which reached heightened expectations during the Dickensian era. The first children's hospitals were established in the USA in the 1860s and the discipline of pediatrics emerged during the latter portion of the 19th Century. Various models of pediatric care have evolved in the 20th Century and have resulted in striking differences in the roles of the pediatricians in the US vs. the UK. How this field will change in the future is an important question that has implications for how and where care is delivered, whom we train, and what skills will be needed. At the annual Board Retreat for the Lucile Packard Children's Hospital that was held on Tuesday, May 4th, important perspectives were offered on this topic by Dr. Ed Clark, Professor and Chair of Pediatrics at the University of Utah, and Dr. Craig Albanese, who joined Stanford as Professor of Surgery (Pediatrics) and Chief of the Division of Pediatric Surgery at the Lucile Packard Children's Hospital (LPCH) two years ago.

Dr. Clark noted several trends impacting pediatrics – some quite concerning. Among these are that while a number of medical school graduates have entered pediatric training programs, three-quarters or more of whom are women, only 23% are currently pursuing subspecialty training. Considering that only about 10-15% of those who pursue fellowships will ultimately be involved in research, the field of pediatrics is currently – and will increasingly – suffer a workforce shortage. This is particularly pronounced in certain areas (e.g., pediatric neurology, pulmonary medicine, etc) and is already resulting in a shortage of clinical care providers in important pediatric subspecialties. As significant as these clinical shortfalls are and will be, I am equally concerned about the paucity of individuals trained in pediatrics who are pursuing careers in research. If

sustained, we run the risk of having a serious shortfall of individuals trained to do pediatric research at a time when science is bringing forth some of the most exciting opportunities of our lifetimes – and thus, of not having important research opportunities made accessible for children. Obviously this is one area where I believe that Stanford can make an important difference. This is an issue that relates to both the School of Medicine and the Residency and Postdoctoral Training that occurs at LPCH – and argues again for the importance of better aligning medical training through the continuum of undergraduate and graduate education and training.

Another issue Dr. Clark addressed was the position taken by the American Academy of Pediatrics that every child should have a “pediatric home” or, put another way, a pediatrician providing primary or coordinating care. He offered his disagreement with that position and, while I confess a bias, I agree with him, as I have long held that this was neither sensible nor necessary. Indeed, a considerable portion of what is often referred to as primary care pediatricians can be quite successfully delivered by other care providers, including nurse practitioners. This raises the question of what the role of the future pediatrician should be. Given the number of children with chronic medical disorders, it is certainly clear that these children do need a general pediatrician to guide their care. This is not necessarily the focus of current pediatric training programs and yet it is an important area for the future.

Dr. Clark also emphasized the importance of better aligning care within a community to a team of providers. Included in this are pediatric hospitalists and pediatricians who serve as general consultants. Such a team approach is based much more on the UK model than the US model of child health care. This is a model I also agree with but which would require considerable change in the scope and organization of our training programs. It is an area where I also hope Stanford and LPCH can take a lead.

In addition to these changes in pediatric medicine, equally significant changes are occurring in pediatric surgery. Dr. Albanese reviewed some of the exciting results now emerging in what is now referred to as “minimal access surgery.” During the last ten years this approach has revolutionized pediatric surgery and permits even complex procedures to be done with the use of pediatric adapted endoscopes, telescopes and video imaging. The more recent addition of robotics to this field is literally transforming the role of the surgeon as well as the operating room. Indeed, Dr. Albanese described the impact of these changes on the new operating rooms that will be developed at LPCH in the years ahead, which will be notable for their very high tech features, including advanced robotics.

An equally challenging issue for surgery however, is the declining number of medical school graduates entering surgery residency training. In recent years, the selection of residencies has focused as much on programs that enable a more balanced lifestyle as on those that focus solely on the specialty itself. A number of important variables are at play here, including the fact that currently more than half of the graduating class of American medical schools are women (obviously a good thing) but relatively few choose surgery as a profession. This is due to the length of training as well as the schedule and human

burdens involved in general surgery or related surgical specialties. Clearly, considerable reform and modifications are necessary to make these fields of broader interest. Apparently, Stanford has done better than most programs in attracting women to its surgical residency training. While this is important, it is also clear that more fundamental changes will be necessary since this cannot simply be perceived as a gender issue. Again, it is my hope that Stanford will play a leadership role here as well.

It is clear that many changes are unfolding in the care of children. These include a shift to more care being delivered in ambulatory settings, a greater complexity of those admitted to the hospital, an expanding number of children with chronic medical illnesses, (some of whom will carry their disease to adulthood and thus impact the field of general and internal medicine), and a workforce that seems out of synch with where this field needs to go to assure success. The changes that will be necessary are cultural, political and economic and, of course, they are hardly restricted to pediatrics per se. But making them is essential to the future of pediatrics – and medicine.

Importance of Pediatric Research to the NIH: A Different Perspective

I had the opportunity to be in Bethesda on May 5th to help open the expansion to the Children's Inn at the NIH, an event celebrated by Dr. Elias Zerhouni, Director of the NIH as well as Secretary Tommy Thompson, Secretary of HHS and numerous members of Congress and their spouses. This was personally meaningful, since the concept for the Children's Inn at the NIH first emerged more than two decades ago through the initial advocacy of my wife Peggy and me. Over the ensuing years it engaged a large number of NIH health professionals.

Our initial efforts beginning in the early 1980's were quite unsuccessful in convincing the NIH leadership that a facility to house children and families traveling to Bethesda from around the nation - and world - to participate in clinical research protocols was important for their physical and emotional well-being. But we kept speaking on behalf of children and families, many with chronic and life-threatening illnesses. We championed the view that a home-like setting would improve the quality of their care, enhance participation in research and, in a number of important ways, serve as an important symbol to the NIH and its communities that pediatric research and the care of children is important.

Our first breakthrough occurred nearly 17 years ago when one of my patients, a young teenager with a form of Ewing's Sarcoma, turned out to be the babysitter to a Congressman's family. That offered an unexpected opportunity to describe our efforts to establish an inn for children on the NIH campus to this member and his spouse. Suddenly, doors once closed began to open. Over a period of a couple of years a new public-private partnership was forged between our NIH community, Congressional spouses and community leaders. Thanks to a generous gift from the Merck Foundation, the Children's Inn at the NIH was built and opened its doors in 1990.

Since its opening, more than 5,600 children, from all 50 states and nearly 50 countries, have stayed at the Children's Inn while participating in clinical research protocols at the

NIH Clinical Center. This has not only led to a number of important advances in pediatric care and diagnosis, it has heightened the awareness of pediatric research to communities around the world. Indeed, it resulted in more and more children participating in clinical research so that it became necessary to expand the Inn by adding 22 new rooms to its original 37 rooms. This expansion was celebrated on May 6th.

Caring for children and carrying out pediatric research requires more time and resources than that necessary for similar procedures in adults. I am pleased that The Children's Inn at the NIH has helped facilitate these efforts and that it has served as an important symbol to the NIH and the Congress. The Children's Inn and its expanded facility are now located directly across the street from the new NIH Clinical Center. When you are next at the NIH stop by for a visit.

NIH Blue Ribbon Panel on Conflict of Interest

During the past three months you may have noted that my email response message indicated that I was spending a lot of time in Bethesda. The reason was my participation on the NIH Director's Blue Ribbon Panel on Conflict of Interest. This committee was charged to review some major concerns that were first expressed in a LA Times article (December 2003) about perceived infractions of conflicts of interest, especially by high ranking NIH leaders. Our committee was charged to review the NIH policies and procedures on conflict of interest and to make recommendations for their change or improvement – and to do so within 60 days. We completed that task and presented our 109-page report to the NIH Directors Advisory Group on May 6th. The report is available at http://www.nih.gov/about/ethics_COI_panelreport.htm.

Alumni Return to Renew Their Acquaintance with Stanford and Explore Medical Education for the 21st Century

On May 7-8th, the Alumni Association welcomed back Stanford Medical Graduates to renew acquaintances and friendships and to learn more about the current and future Stanford Medicine. While all returning alumni are appreciated, special recognition goes to the Class of 1954, who were celebrating their 50th Reunion. This year's Alumni Weekend featured the annual Senior's Luncheon, the Sterling Ceremony and Dinner and a terrific symposium entitled "Educating Stanford Physicians for the 21st Century and Beyond." In addition there was time for tours, luncheons and, of course, the Class Reunion Dinners.

Of special interest this year was an interactive symposium that helped introduce the New Stanford Curriculum to our alumni visitors. Following an orientation to the New Curriculum by Dr. Ted Sectish, our guests had an "Introduction to Molecular Medicine" by Dr. Gil Chu, Professor of Medicine and Biochemistry, that was modeled after the new – and very popular – course on "The Foundations of Molecular Medicine." They then rotated through five small group interactive teaching sessions that exposed them to various teaching methodologies and techniques. Included were:

1. ***Physician as Knowledge Navigator*** – with Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology.
2. ***Anatomy – A New Approach to an Old Topic*** – with Dr. Larry Mathers, Associate Professor of Pediatrics and of Surgery
3. ***Launching the Future of Medical Education at the CAPE (CAPE) for Advanced Pediatric Education*** – with Dr. Lou Halamek, Associate Professor of Pediatrics
4. ***Demonstration of Small Group Pathology Laboratory*** – with Dr. Don Regula, Associate Professor Pathology
5. ***Learning Technologies in Medical Education*** – with Dr. Parvati Dev, Associate Dean, Learning Technologies Director, SUMMIT

This was followed by an open discussion session that addressed observations, concerns and suggestions of the alumni. It was clear that virtually everyone found the Saturday morning symposium to be an informative and enjoyable experience. The questions focused on how to balance the high tech learning technologies with the important human proficiency knowledge and experience that a physician should have, but which many observe to be increasingly lacking. This includes competence in physical diagnosis and in humanistic interactions with patients. While I described how we are trying to accomplish this in our education programs, it is also clear that these fundamental underpinnings of medical education are areas where we still need improvement. Balancing high technology with high-tech (and not using technology as a surrogate for listening and making human contact with patients) is essential if we are to truly re-engage public trust and confidence in the medical profession.

Report on the Department of Microbiology and Immunology

At the May 7th Executive Committee meeting, Dr. Mark Davis, Chair of the Department of Microbiology and Immunology, provided an overview of its history and current activities. The department was founded in the first years of the twentieth century (circa 1910) by Hans Zinsser, an early and distinguished scholar in the field of microbiology. Today the department consists of 14 faculty with primary appointments and, importantly, roughly an equal number with joint appointments. Indeed, the department is unusual in its number of joint appointments and may serve as a model for the types of interdepartmental and interdisciplinary initiatives the School hopes to foster in the coming years.

The department currently has 54 Ph.D. students, 72 post-doctoral fellows, 48 scientific staff and 15 administrative staff members. Faculty teach a wide range of courses across multiple levels, from freshman seminars on modern plagues and infectious diseases to courses in the medical curriculum and doctoral courses in immunology, virology, pathogenesis of bacteria, viruses, and eukaryotic parasites, and stem cells and gene therapy. The major research themes of the faculty are virology, parasitology, immunology, bacterial pathogenesis and physiology, and mammalian cell biology and differentiation. Dr. Davis briefly described the current research of the departmental faculty.

The Department of Microbiology and Immunology is engaged in exciting research and a broad array of important teaching activities.

California Stem Cells for Research and Cures Initiative

Also at the May 7th Executive Committee meeting, Mr. Ryan Adesnik, Director of Federal Relations, described the activities underway to advocate the passage of the California Stem Cells for Research and Cures Initiative, which will be on the November ballot in California. The initiative is a bond measure that would provide \$3 billion over ten years to fund promising California-based stem cell research. One of the activities he described was an event in Los Angeles on Saturday, May 8th in which Nancy Reagan spoke in support of the initiative. Members of the Executive Committee were encouraged to become informed about the initiative and to participate in it if they wished.

Our New Interdisciplinary Grants Manager will Help You with the NIH Road Map

Finally, at the Executive Committee meeting on May 7th, Dr. Chris Webb, who recently joined the School in the new position of Interdisciplinary Grants Development Manager, described the services he offers. Chris's role is to provide expertise and direct assistance in organizing and assembling large multi-faculty, multi-departmental grant applications. Among the services he provides are the following:

- Scheduling: setting up deadlines and check-points for various steps in the process of writing and assembling a proposal
- Organization and outline: generating an outline and overall organization of a document
- Writing: writing summary material, such as introductions, abstracts, and general overview sections
- Technical editing: making scientific concepts more understandable by a non-expert
- Stylistic editing: improving flow and clarity of the text
- Formatting: ensuring that the document is properly formatted and adheres to guidelines
- Budgeting: helping develop the budget, ensuring that the budget is in rough agreement with the project described in the proposal, helping to write the budget justification

I am very pleased to have Chris in the School, and I encourage faculty who are working on large interdisciplinary grant proposals to contact him at cdwebb@stanford.edu.

Some Notable Events

- ***Memorial Service for Robert WP Cutler***: On May 11th, a Memorial Service celebrating the life of Robert WP Cutler was held in the Stanford Memorial Church. As noted in a prior Newsletter, Dr. Cutler, Professor Emeritus of Neurology and Neurological Sciences died on April 12th. During his tenure at

Stanford, Dr. Cutler was an esteemed and valued faculty member who also served 13 years in the Dean's Office, first in Medical Education and subsequently for Faculty Affairs. Friends and colleagues of Dr. Cutler, including Drs. William Hofmann, James BD Mark, Fernando Mendoza and J. William Dawson, offered words of remembrance. The portrait of a wonderful human being, expert clinician, astute administrator, builder and author, among other many other talents, emerged. He is clearly missed. Dr. Cutler is survived by his wife Maggie, their son Aaron and grandchildren.

- ***HBO Screening Engages Community About the Stanford Cardiovascular Medicine Institute.*** On Friday evening, May 14th, we hosted the premier of a soon- to-be released HBO movie entitled “Something the Lord Made” based on the remarkable lives and contributions of Dr. Alfred Blalock and his lab technician, Vivian Thomas, who pioneered cardiac surgery in the 1940's. This is a remarkable story, and the HBO movie, which will be aired on May 30th, is definitely worth seeing. More than 350 members of the community attended this special event and had the opportunity to not only learn about the pioneering work of Blalock and his collaborators at Johns Hopkins but also to learn more about our new Stanford Institute for Cardiovascular Medicine.

As you know, Stanford also has a rich history of contributions to innovations in cardiovascular surgery, heart transplantation and new diagnostic and therapeutic devices. This positions us well for the new Institute that will be led by Dr. Bobby Robbins, Associate Professor of Cardiothoracic Surgery, who offered a number of examples about areas for future progress. Dr. Robbins also invited the attendees of this very well-received event to return on September 21st for the Mini-Medical School that the Cardiovascular Institute will host to better inform and engage the community in new research and clinical advances. This is part of our overall effort to move and translate knowledge gained in the laboratory more rapidly to the care of adults and children with cardiovascular disorders.

- ***National Center for Space Biological Therapeutics is Launched!*** On Monday, May 10th, a reception was held to celebrate the kick-off of the new Stanford/NASA Ames National Center for Space Biological Technologies – the result of a \$9M funding from NASA. Dr. Greg Kovacs, Associate Professor of Electrical Engineering is the Principal Investigator along with Co-Investigators Dr. Judy Swain, Professor and Chair of the Department of Medicine and Dr. Steve Schendel, Professor of Surgery. This new Center will develop technologies, instruments and systems for physiological monitoring of humans in space and for developing advanced instrumentation for fundamental and applied space biology research. The Center will also promote educational opportunities and will, undoubtedly, engage and produce technologies that will impact human health on earth as well. This is a very exciting opportunity and if you want to learn more about it feel free to get in touch with Drs. Kovacs, Swain or Schendel.

- ***Annual Dinner to Thank Donors to Medical Education.*** On Tuesday, May 11th, we held our annual dinner to thank donors to medical education. This is a wonderful event, and this year's dinner was no exception. The cost for medical education is significant and the average indebtedness of medical students is nearly \$125,000. Thanks to the support of donors and alumni, we are able to provide significant financial aid to Stanford students so that their average indebtedness is \$64,000. Not only does this support enable our graduates to pursue careers that are of the greatest interest to them, it also enables many students to attend medical school who might not otherwise have been able to do so. This is a wonderful gift and I am most thankful to all who have helped make these financial resources available to our students.

The highlight of the so called "financial aid dinner" is commentaries from a small number of students about how coming to Stanford, and of course receiving financial aid, has changed their life. While it is certainly the case that virtually any one of our students could provide a compelling personal story, we heard three representative ones on May 11th – each extraordinary in their own way. I particularly want to thank Leroy Sims (SMS 2), Pamela Mosher (SMS 3) and Richard Cano (SMS 4) for offering very personal glimpses into their lives, including the road they traveled before coming to medical school and how being at Stanford is shaping the course they will follow in the future. The personal stories they provided were compelling and moving to all who attended this wonderful event.

- ***Twenty-First Annual Stanford Medical Student Research Symposium:*** On Thursday, May 6th, the Stanford Medical Student Research Symposium was held. This year's event was dedicated to the memory of Dr. Robert Cutler (see above), who began these annual symposia when he was in the Dean's office some 21 years ago. Thanks to the support of the Alumni Association, this event allows our students to share the results of their research data through poster presentations. This year, 38 students participated in the program and offered a wide array of topics and results. I want to thank Dr. Pat Cross, Associate Dean for Medical Student Research and Scholarship, and Maria Berumen, Symposium Coordinator, along with students Benjamin Berk, Benjamin Hoehn, Eliza Long, Mary-Elizabeth Muchmore, Marie Huong Nguyen and Al Taira, for their work on the symposium. I also want to thank the faculty advisors and research mentors who helped students with their research.

This year's presenters included Antonio Alvarez, Roger Bartolotta, Benjamin Berk, David Berk, Rebecca Berquist, Alyssa Brewer, Joanna Chan, Eric Cornidez, Megan Daly, Jason Davies, Melissa Enriquez, Noah Epstein, Oscar Gonzales, Karen Hirsch, Michael Ho, Wan-Jen Hong, Paul Johnson, Lily Kao, Melissa Ketunuti, Holbrook Kohrt, Andrew Kopelman, Darren Lebl, Cheryl Levin, Dhara MacDermid, Lauren Maeda, Ellen Morrow, Amy Neuder, Rebecca Rakow, William Ryan, Ramin Saketkhoo, Naileshni Singh, Glenn Valenzuela, David Wang, Deborah Williams, Lisa Wong, Joanna Wrede, Gerado Zambrano and

Alenka Zeman. I also want to thank each of these students for taking part in this important research symposium.

- ***Medical Student Panel on “Universal Healthcare: Options for Change.”*** On Wednesday evening, May 12th, an excellent panel debate was organized by first year medical students as part of the health policy component of the Practice of Medicine course. The symposium featured a panel debate by three authorities representing different point of views. Dr. Don Barr, Associate Professor in the Department of Sociology served as the moderator; the panelists included Dr. Victor Fuchs, the Henry J Kaiser, Jr. Professor Emeritus, Dr. Anmol S. Mahal, Chair of the Board of Trustees of the California Medical Association and Dr. Don McCanne, President of the Physicians for a National Health Program. Each presented their specific points of view or recommendations and then responded to questions generated by the students. It was a very thoughtful dialogue and I commend the students for organizing this event. Special thanks to first year students Erik Cabral, Christle Layton, Lori Rutman, Ryan Williams and Joanna Wrede.
- ***Stepping Up: Actions to Improve Asian American and Pacific Islander Health:*** On Saturday, May 8th, the Asian Pacific American Medical Student Association held its 2004 Western Regional Conference at Stanford to provide the university community with suggestions and options “to get involved and take action to improve the health of Asian and Pacific Islanders both now and as health care providers in the future.” The all day event featured presentations, workshops and networking opportunities. A truly excellent program was presented. Special thanks go to the Conference co-chairs Bory Kea and Jolene Nakao.
- ***Medicine and the Muse:*** On Thursday, May 13th, the School was privileged to host Medicine and the Muse, an Arts, Humanities and Medicine Symposium. This event was supported by generous grants from Helen and Peter Bing, The Osher Foundation, and The Vera M. Wall Center at Stanford. It was sponsored by the Biomedical Ethics and Medical Humanities Scholarly Concentration and the Stanford Center for Biomedical Ethics. The keynote speaker was Dr. Rafael Campo, author of *The Healing Art: a Doctor's Black Bag of Poetry*. Sarah Bain moderated the event. Michelle Rhee, Joshua Spanogle, Elise H. Lawson, and Sarah Hilgenberg presented their Arts and Humanities Medical Scholars projects. Matt Bucknor and John Nguyen each sang and played original guitar compositions; Nguyen was accompanied by Merritt Schader on the xylophone. Bryan Maxwell, Sarah Langley and Cheri Blauwet read their creative writing. Sheri Chevez, Sharon Kwan, Sarah Ratanasopa and Tracy So displayed their work in the visual arts exhibit. The audience was visibly moved and impressed by the depth of talent and dedication displayed by these students. Thanks to everyone involved in making this symposium such a successful and meaningful event.
- **Dedication of the Vera Moulton Wall Laboratory for Pulmonary Vascular Research:** On Thursday, May 13th, the dedication of the Vera Moulton Wall

Pulmonary Vascular Research Laboratory was held in the courtyard of the Center for Clinical Sciences Research (CCSR). The Laboratory, which is run by Dr. Marlene Rabinovitch, the Dwight and Vera Dunlieve Professor of Pediatrics, is part of the Wall Center. This was named two years ago in honor of the grandmother of a pediatric patient with pulmonary hypertension who was treated at the Lucile Packard Children's Hospital. The mission of the Wall Center is to heighten awareness about pulmonary vascular disease, to serve as a resource center, to provide education to students and postgraduate trainees, to offer clinical care and to conduct research that improves the understanding and treatment of these disorders. Dr. Rabinovitch is the Director or Research for the Wall Center and Drs. Jeff Feinstein and Ramona Doyle serve respectively as the Director and Co-Directors of the Center.

Announcements

- **Dr. Ron Levy**, Robert K. and Helen K. Summy Professor and Chief of the Division of Oncology in the Department of Medicine, will be featured in a special celebration honoring his accomplishments (see also below) in cancer research in a featured broadcast on the Discovery Health Channel on July 8th.
- **Dr. David Gaba**, Professor of Anesthesia, has been named to a new position as the Associate Dean for Immersive and Simulation-Based Learning, effective July 1st. In this role he will have the responsibility of defining how the School should use immersive and simulation-based technologies to support our clinical, research and educational missions. This will include coordinating the extant programs at the VA Hospital, Department of Surgery, Department of Pediatrics, and SUMMIT that are already contributing to these important efforts and especially working with them on how they will relate to our new learning and knowledge center. This position will be under the aegis of Information Resources and Technology.
- Stanford University students will be joining more than 100 other peer colleges and universities for a 24-hour Dance Marathon to raise money to support the activities of the Elizabeth Glaser Pediatric AIDS Foundation and especially the important work being performed to reduce the transmission of HIV in developing nations. If you are interested in making a contribution to this cause (or participating in the Dance Marathon) contact Vinesh.Patel@Stanford.edu.

Awards and Honors

- **Dr. Matt Scott** has been named the recipient of the 2004 Edwin G. Conklin Medal in Developmental Biology in recognition of his outstanding research as well as mentoring. Dr. Scott will deliver the Conklin Lecture and receive his award at the Society of Developmental Biology Meeting in July. Congratulations to Matt!
- **Dr. Ron Levy**, the Robert K. and Helen K. Summy Professor and Chief of the Division of Oncology in the Department of Medicine, was the recipient of this year's JE Wallace Sterling Lifetime Alumni Achievement Award in recognition

of his groundbreaking work in cancer immunotherapy and cancer vaccines. He received the award at the Alumni Dinner on Friday, May 10th, with special accountings and accolades from his long-time colleagues Saul Rosenberg and Karl Blume. Congratulations to Ron.

Appointments and Promotions

- **Amar Das** was appointed to Assistant Professor of Medicine (Medical Informatics) and of Psychiatry and Behavioral Sciences, effective 5/1/2004 to 4/30/2007.

Dean's Newsletter **May 31, 2004**

Enhancing Diversity in the School of Medicine: A Now and Future Issue

Among the highest priorities I have for the School of Medicine during the next several years is further enhancing the diversity of our students, faculty and staff. The May 21st Executive Committee Meeting was the start of what I hope will be a series of discussions about diversity and inclusiveness of underrepresented minority students at the School of Medicine. Scott Bass, Visiting Professor in the School of Medicine from the University of Maryland, Baltimore County (UMBC), presented information about that institution's success in attracting and retaining diverse undergraduate and graduate students. We have been fortunate in having Dr. Bass visiting with us during the past six months since he and his colleagues at UMBC have made considerable progress in enhancing student diversity at that institution. We felt that we each had something to learn from the other's experience and interests – and that has proven to be the case.

One of the major factors contributing to the success of the UMBC program is its President, Dr. Freeman Hrabrowski. We had the opportunity to benefit from President Hrabrowski's vision and experience when he delivered our first Seminar on Graduate Student Diversity on December 6, 2002. President Hrabrowski is also the dynamic African-American mathematician who helped establish the Meyerhoff Program at UMBC, whose well-prepared students have been so successful at Stanford and in other top tier M.D. and Ph.D. programs. Dr. Bass is the Vice Provost for Research and Dean of the Graduate School at UMBC and has helped expand the Meyerhoff Program to the graduate level.

Dr. Bass pointed out that production nationally of Ph.D.s from underrepresented minority groups in the science and engineering fields remains very small. In fact, in 2002, there were only 122 African Americans who received Ph.D.s in Biology out of the 5,680 degrees awarded (2.15%) in the United States. While figures for Latinos and Hispanics were slightly higher, with 178 degrees awarded (3.13%), the numbers and percentages across the sciences remain very low. This situation is equally dismal for other under-

represented minorities, including American Indians, who had 12 Ph.D.s in the Biological Sciences throughout the USA, reflecting (0.21%) of the degrees awarded. As a consequence of these dismal numbers, the pool of available minority faculty and researchers remains very small. This will have long-range implications, particularly for institutions like Stanford.

On a more positive note, UMBC has found that large numbers of talented minority students express interest in the sciences and engineering, but too few are retained over the course of their undergraduate years. This makes recruitment a challenging experience for graduate programs. Nevertheless, the Meyerhoff Program at UMBC has produced 332 primarily minority graduates, 70% of whom enrolled in graduate and/or professional programs (some have graduated). As of May 2003, 104 are enrolled in Ph.D. programs, 47 in M.D. programs, 24 in MD/PhD. programs, and one each in MD/JD, MD/MPH, and DDS programs; still others are enrolled in Masters level programs. These students have not only entered challenging graduate and professional programs, but they are doing very well at some of the nation's best universities, including Stanford. We currently have four graduate students from the Meyerhoff Program in the School of Medicine and in the School of Engineering.

Dr. Bass pointed out that while diversity efforts at the undergraduate level have met with success at UMBC, the same had not been true at the graduate level. Over a several year period, faculty and administrators sought to reverse this outcome and so adapted many of the practices at the graduate level that had proven successful for undergraduates. The result of their efforts is a dramatically different graduate student profile, particularly in the Biomedical Sciences. And, in 2002, UMBC was awarded the Council of Graduate Schools/Peterson's Award for Innovation in Promoting an Inclusive Graduate Community.

Among the key elements to success, Dr. Bass noted, is faculty ownership of a program of prestige for talented minority students. Faculty involvement in recruiting, mentoring, and supporting underrepresented minority students is the most important single ingredient to success in such an effort. Other important components include a ten-week summer bridge program before the start of graduate study, social activities for minority students across departmental lines, peer support, funding to attend predominantly minority research conferences, resources to host minority speakers on campus, staff support for these students, and structured activities for the students on campus. The goal is not only to attract these talented students to campus, but also to have them feel that the campus is their home and that they belong. Indeed, Dr. Bass cited the impact of these key factors in changing institutional culture and improving diversity by noting the changes that have occurred not only at UMBC but also at Georgia Tech.

Accordingly, Dr. Bass argued that these elements of success are transferable across institutions and that several other universities that had set diversity and inclusiveness as priorities have evidenced change. Although we have a long way to go, progress is happening at Stanford. Fortunately we have a long history of minority student development and recruitment to our medical school classes – which are now among the

most diverse in the nation. During the past couple of years we have made progress in recruiting under-represented thanks to the efforts of Ms. Kimberly Griffin, who joined us two years ago as the Director of the Biosciences Diversity Program/Assistant Dean for Graduate Education. Her efforts are leading to tangible results. I want to thank her as well as her colleagues Dr. Ellen Porzig, Dr. John Boothroyd and also Dr. James Nelson for helping to launch this program. A copy of Dr. Bass' presentation is available at [HTML](#) | [Flash](#).

While the progress made in enhancing medical and graduate student education is important and encouraging, we also have considerable work to do in recruiting and retaining minority faculty and staff. This will be a major initiative and I will be following up on this discussion throughout the year. Indeed, it will feature prominently in our Leadership Retreat next January as well as in a new program in leadership development within the School. It will also oversight from the Office of the Dean to help make sure that we are doing all we can to enhance and improve diversity within the School of Medicine.

Provost's Report on Women at Stanford – and a View from the School of Medicine

At the University Faculty Senate meeting on May 27, Professor of Law Deborah Rhode, presented the results of a three-year study of the status of women faculty. The study was done by an advisory committee appointed by President Hennessy and Provost Etchemendy in 2001. The committee's work encompassed three areas: recruitment and retention practices; compensation, resources, and recognition; and the quality of life for Stanford faculty. Extensive data were collected in all of these areas and the results carefully analyzed to see whether there were differences between the experiences of men and women faculty.

The results of these studies were mixed and complicated, both for the University as a whole and for the School of Medicine. The committee concluded that, over the past quarter of a century, Stanford University has made substantial progress in increasing the representation of women in faculty and leadership positions, and in improving the climate for women on campus. For instance, in the School of Medicine, seven out of 27 department chairs – or 26 percent - are women, the highest percentage among our peer schools.

However, challenges remain. For the School of Medicine, the report pointed particularly to differences in the quality of life reported by men and women faculty, especially in the clinical departments, where women were less satisfied than men along several dimensions. We will be following up on these results to understand at a deeper level the issues facing women faculty and possible improvements we can make.

Our efforts in this important area will carry on work begun three years ago when I first came to Stanford. At that time, we created a committee under the leadership of Professor Mary Lake Polan to look at the needs of women faculty. The committee surveyed 163 women who said they wanted more flexibility, including part-time appointments, the

opportunity for short-term sabbaticals, career mentoring, administrative support for grant preparation and expanded childcare options. We have been working to implement these recommendations. More recently, Senior Associate Dean for Academic Affairs David Stevenson has been developing a set of programmatic initiatives for faculty development that will address these concerns as well. I will have more to say about these initiatives in the near future.

During this time we have also put considerable effort into striving to achieve a “Respectful Workplace” in order to overcome some of the very negative challenges and issues that existed within the School just years ago. An important part of this has been to have a zero tolerance policy for sexual harassment or other forms of poor citizenship. While some of these matters can also be complex, we have acted aggressively to deal with each issue that has arisen and in many cases we have brought swift resolution. We have also instituted mandatory workshops for all of our departments on the “respectful workplace” in order to heighten awareness and attention to this most important matter. I want to thank those who have played a key role in coordinating these respectful workplace workshops, including Dr. David Stevenson, Cori Bossenberry, Ellen Waxman, Martha McKee, Roy King, Melissa Burke, Greta Schnitzler, Norma Leavitt and Tom Fenner. We will continue to make this a high priority in the future as well.

It is also important to note that both men and women faculty with clinical or basic science careers, here at Stanford and nationally, are under great pressure to keep up with demands of caring for patients, as well as teaching and conducting research. Women, and especially single mothers, have the added burden of family responsibilities. We not only want to be an environment that attracts great talent, we want to ensure that Stanford has an environment that allows women to succeed and excel. We will need to explore other creative solutions to making our community more successful and balanced, including greater flexibility in schedules, more part-time appointments and a reassessment of the promotion process in order to better achieve better work-family balance.

I would like to thank Professor Rhode and the Provost’s Advisory Committee on the Status of Women Faculty for their report. They have brought to our attention challenges we need – and want - to address. The report is broadly informative and specifically helpful and will be of great assistance in our further inquiry and action. The report is available online at <http://www.stanford.edu/dept/provost/womenfacultyreport>. I encourage everyone to read it carefully, and I welcome any comments you might have about it.

School of Medicine and University Commencement Exercises

Commencement is right around the corner. The University commencement will be held on Sunday June 13th and the School of Medicine will hold its diploma ceremony on Saturday, June 12th beginning at 2:00 p.m. The faculty procession is to line up at 1:30 p.m. in the Dean’s Courtyard. We look forward to this wonderful celebration with our graduates, their families and friends as well as with our faculty and staff. Our School of Medicine Commencement Speaker this year will be Paul Michael Glaser, actor, director,

parent and advocate for the health of children and families, especially those with HIV and AIDS. I have known Paul Glaser and his family for more than 15 years and am certain that his presentation will be a moving and compelling message. I look forward to seeing you on June 12th. I also encourage our graduates to attend the University Commencement Exercise on Sunday June 13th when Supreme Court Justice Sandra Day O'Connor will be speaking.

Practice of Medicine Student Presentations and Advocacy

Students in the Practice of Medicine Course have been quite busy in recent weeks presenting the results of their research efforts on important public health and policy themes or in hosting important debates or discussions. Dr. Clarence Braddock, Course Director, has played an important role in leading this effort. But the greatest thanks must go to our students, who have done splendid jobs in working on a diverse array of important topics. On May 17th both platform and poster presentations demonstrated the fruits of their labors under the banner of "Students Making an Impact". Among the important topics different groups of students addressed were:

- **Care vs. Cure: Physicians and the Disability of Spinal Cord Injury**
- **Availability of Organs for Transplantation: Increasing the Registered Donor Pool**
- **Importing Prescription Drugs from Canada: Social, Economic and Legal Issues.** This focus group was also the basis for a debate forum that was held on Monday evening May 24th featuring **Dr. Laurence Baker**, Associate Professor of Health Research and Policy, **Dr. Terry Blaschke**, Professor of Medicine and Past Chair of the Generic Drugs Advisory Committee for the FDA, **Dr. Linda Giudice**, Professor of Obstetrics & Gynecology and Chair of the FDA Advisory Committee on Reproductive Health Drugs, **Dr. David Gollaher**, President and CEO of the California Healthcare Institute, and **John Barron**, Professor of Law Emeritus and Past Chair of the UK Intellectual Property Rights Commission.
- **Expanding Stem Cell Funding**
- **Reclassifying Obesity as a Disease: Policy Implications**
- **The ESRD Prevention Plan**
- **Advocating a Modified Health Plan of Med-Cal**
- **Addressing Obesity by Reducing Fast Food in Schools**
- **Expansion of County Program to Cover Uninsured Children**
- **Medicare Reform: Increasing Public Awareness and Participation**

- **Safety and Health in the Semiconductor Industry: Environmental Toxins**
- **Voices of the Uninsured in Santa Clara County**
- **Making the Case of Regulation of Dietary Supplements**
- **Cheap Food, Hefty Costs. Agricultural Policy as on Obesity-Related Public Health Issue**
- **Expanded Screening for the Newborns of California**
- **Supporting the Safety Net**
- **What would you say: Designing an End of Life Care Curriculum for Stanford Medical Students**
- **Medical Students for Scientific Integrity**
- **The Spirit Catches You and You Figure out a Solution for Improving Current Translator Services via a Digital Video-Conferencing Network**
- **Universal Health Care: Options of Change** – which was also the topic of a forum that I covered in the May 17th Dean's Newsletter

I am pleased and impressed by the range of topics that our students addressed and hope that their work not was educational to themselves and their colleagues but that it also inspired them to become more active in attempting to address more publicly some of these important topics and issues.

Recognizing New Endowed Chair Holders and Namesakes

Bestowing an endowed chair on a faculty member is one of the greatest honors that a university can offer. On Tuesday, evening May 18th, we held a special reception in the Cantor Art Museum to honor faculty who have become the recipients of an endowed chair during the past year. Those honored and the chair they now occupy included:

- **Dr. Stanley Falkow, the *Robert W. and Vivian K. Professor***
- **Dr. Robert K. Jackler, the *Edward C. and Amy H. Sewall Professor***
- **Dr. Roger D. Kornberg, the *Mrs. George A. Winzer Professor***
- **Dr. Frederic B. Kraemer, the *Stanford University Professor in Endocrinology***
- **Dr. Richard M. Myers, the *Stanford W. Ascherman MD, FACS, Professor***
- **Dr. Samuel K.S .So, the *Lui Hac Minh Professor***
- **Dr. Lucy S. Tompkins, the *Lucy Becker Professor***

In addition, we also held an event on Thursday, May 20th, in the Faculty Club to honor both the new recipient of an endowed chair and the faculty person in whose honor it has been named. The new endowed chair is the Philip Sunshine Professorship in Neonatology named to honor an individual who helped found the field of neonatology and who has been an esteemed leader and faculty member at Stanford for over forty years. The first incumbent of the ***Philip Sunshine Professorship*** is **Dr. William E. Benitz**, a member of the faculty since 1985 and both friend and colleague of Phil Sunshine. Needless to say this was a wonderful celebration.

Finally, the Department of Pathology has recently created the ***Richard L Kempson MD Professorship in Surgical Pathology*** to honor Dr. Richard Kempson, who has been a pioneer and leader at Stanford for over three decades. A special event to honor Dr. Kempson will be held in the fall of 2004.

I want to congratulate each of our new chair holders or namesakes and offer my thanks and appreciation to the donors or departments that helped to make these professorships possible.

Honoring Our Teachers and Educators

As a School of Medicine, with missions in education, research and patient care it should go without saying that the education and training of our students, residents, fellows and faculty stands at our highest priorities. Indeed, one of the primary reasons physicians and scientists want to be part of a medical school is the opportunity to teach, learn and interact with students and colleagues. While education should be ingrained in our culture, it is also challenged in many academic medical centers, including Stanford, by the fiscal demands placed on faculty – particularly clinical faculty. While it is our ultimate hope to raise the funds to help offset the cost of teaching, we wanted to take the opportunity now to thank our teachers for their time, commitment and dedication.

Accordingly, on Tuesday, May 25th, Dr. Julie Parsonnet, Senior Associate Dean for Medical Education, and I hosted a reception to honor and thank faculty who have contributed so much to our teaching mission. While some of these faculty will be recognized with awards at graduation, each have made substantial contributions and we wanted to thank them all.

Let me take the opportunity, once again, to thank all of our dedicated and committed teachers.

Another Mini-Medical School Course: Turning Scientific Insights into Advanced Cancer Care

During the past two years we have held a number of “mini-medical school courses” to educate our community and engage them as supporters of the School of Medicine and Medical Center. On Thursday evening, May 27th, I was joined by Mike Peterson, Chief Operating Officer at SHC, representing Martha Marsh, CEO (who had an unavoidable

conflict) in welcoming more than 100 guests to a series of lectures and discussion groups on topics in cancer and stem cell biology. As with prior events, it was very well received.

The program consisted of a plenary lecture that was given by **Dr. Sam Gambir**, Director of Molecular Imaging and Professor of Radiology, on ***“When Cancer Has Nowhere to Hide”***. Dr. Gambir discussed some of the exciting insights and developments emerging from the research he and his colleagues are performing using molecular detectors to locate and identify tumor cells – ideally well before they could be found on more conventional imaging equipment. His work will lead to more personalized early diagnostic efforts and interventions and will surely play an important role in shaping the future of cancer treatment and prevention.

In addition, the participants had the opportunity to choose two small seminar/discussion groups from a palate of six exciting and diverse areas. Included were:

1. ***Early Detection and Innovative Treatment of Breast Cancer*** – with Dr. Robert Carlson, Professor of Medicine and Debra Ikeda, Associate Professor of Radiology
2. ***Improved Techniques and Technologies for Prostate Cancer*** – with Dr. Joe Presti, Associate Professor of Urology
3. ***Assessing Genetic Risk for Cancer*** – with Dr. James Ford, Assistant Professor Medicine and Genetics
4. ***Advances in Detecting and Treating Gastrointestinal Cancer*** – with Dr. George Fisher
5. ***Improving Therapeutic Outcomes for Lymphoma*** – with Dr. Sandra Horning, Professor of Medicine
6. ***Cancer and Stem Cell Science*** – with Dr. Irv Weissman, Professor of Pathology and Director of the Institute for Cancer/Stem Cell Biology and Medicine.

The program was excellent and very well received. I want to thank each of our faculty members for the time they spent preparing and delivering their presentations. I also want to thank the Office of Medical Development for making the arrangements that made this mini-medical school course so successful.

Honors and Awards

- ***Dr. Norman E. Shumway*** was honored by faculty and trainees from around the world on May 22nd on the occasion of the unveiling of a portrait and bust in his image. Without question, Dr. Shumway is a living legend, having pioneered numerous aspects of the current specialty of cardiovascular surgery. Equally importantly, he trained a cadre of leaders who direct and guide programs

throughout the USA and the world. His remarkable career was also reviewed in a celebratory festschrift in the Clark Center Auditorium by two of his distinguished former colleagues and trainees: Dr. Vincent Gott, Professor of Surgery at Johns Hopkins University School of Medicine, and Dr. William Brody, President of Johns Hopkins University. Dr. Bruce Reitz, Professor and Chair of Cardiothoracic Surgery at Stanford, served as host. It was a great event filled with an appropriate balance of respect, humor, reverence and irreverence that displayed the remarkable life and career of Dr. Norm Shumway.

- **Dr. Emmet B. Keefe**, Professor of Medicine, has become the 99th president of the American Gastroenterological Association (AGA) and will serve for one year. Founded in 1897, the AGA is the oldest medical specialty society in the United States and currently has more than 14,000 members.

Appointments and Promotions

- **Scott Atlas** has been reappointed to Professor of Radiology at the Stanford University Medical Center, effective 5/1/2004.
- **Anne Brunet** has been appointed to Assistant Professor of Genetics, effective 6/1/2004 to 5/31/2007.
- **Magali Fontaine** has been appointed to Assistant Professor of Pathology at the Stanford University Medical Center, effective 5/1/2004 to 4/30/2007.
- **Neeraja Kambham** has been appointed to Assistant Professor of Pathology at the Stanford University Medical Center, effective 5/1/2004 to 4/30/2007.
- **Bruce Patterson** has been appointed to Associate Professor of Pathology and Medicine (Infectious Diseases) at the Stanford University Medical Center, effective 5/1/2004 to 4/30/2009.
- **Julien Sage** has been appointed to Assistant Professor of Pediatrics and of Genetics, effective 6/1/2004 to 5/31/2007.
- **Uma Sundram** has been appointed to Assistant Professor of Pathology at the Stanford University Medical Center, effective 5/1/2004 to 4/30/2007.
- **James Zehnder** has been reappointed to Associate Professor of Pathology and Associate Professor, by courtesy, of Medicine (Hematology) at the Stanford University Medical Center, effective 2/1/2005 to 1/31/2010.

Dean's Newsletter June 14, 2004

During the summer months the Dean's Newsletter will depart from its every other week schedule to a more irregular reporting schedule. Regular biweekly issues will resume after Labor Day.

Commencement

On Saturday, June 12th, the School of Medicine held its celebration and diploma awarding event on the Dean's Lawn. The University Commencement Ceremony, was held on Sunday morning, June 13th. This year, the School presented 23 Master of Science degrees, 70 Doctor of Philosophy degrees and 90 Doctor of Medicine degrees.

Please join me in extending our personal congratulations to each and every graduate and to their parents, families and friends. What a wonderful accomplishment by all.

I would also like to take this opportunity to especially thank Char Hamada, Zera Murphy and others in Student Affairs for all of their painstaking efforts that made this year's commencement a tremendous success. Also thanks to Sharon Olsen, Lorena Najarro, JoAnne Berridge, Robin Casey, Nancy Cubit, Ann Davis, Kathy Fitzgerald, Peter Gallo, Doug Monica, Velessa Peairs, Cassandra Sooter, and Rebecca Wyse for helping to set up Saturday's great event. Raag Airan and Kevin Wei (both first year med students, about to become second year medical students) volunteered their time on Saturday to carry the flags.

Address to the Graduates

One of the traditions of the School of Medicine Commencement is a presentation by an elected member of the Graduate and Medical Student graduating class. This year, Cris Niell, Ph.D., a Candidate in the Neurosciences Program, and Kristin Clague Reihman of the 2004 graduation class in Medicine, spoke to the graduates and guests. They each gave compelling and inspiring remarks.

PhD Student Speaker, Cris Niell, PhD Candidate in the Neurosciences Program

I'd like to thank you for the opportunity to speak this afternoon. When I first found out I had been selected, I had no idea what I ought to say. Usually a graduation speaker is expected to give some type of sage advice – unfortunately, I'm not sure people would take advice from a grad student, particularly when there are much more sagacious people up here behind me now. I'm probably also supposed to be entertaining, but since my sense of humor generally consists of a string of obscure Simpsons and Big Lebowski quotes, I'll try to suppress that.

I did start thinking about what kind of unique perspective I might have to offer. I was at Stanford for undergrad as well, which means I arrived here on the Farm 13 years ago – so I guess I can offer the perspective of someone who has been here far too long. However, I did take off three years in between undergrad and starting grad school, and a lot changed in between. When I came back, suddenly I was one of those “sketchy” grad students, speeding around campus with my bike helmet on and lurking in the coffee house.

But one of the biggest changes – this was 1998 when I came back to Stanford – was the whole dot-com thing. When we graduated, many of my friends went to work at little companies like yahoo or paypal and a lot of them were doing really well for 25-year olds. In fact, I have several friends who are still “retired” as a result of their success back then. So while my friends were living in nice places, buying new cars, and had plenty of disposable income, I was trying to live off a stipend that was half the definition of poverty level for the bay area, and living with three people in a “stuffed” double in luxurious Escondido Village.

Of course, within a couple of years it turned out that my decision wasn’t so misguided financially speaking. However, I think all of us in grad school ask ourselves why we willingly choose the life of a student. After completing 22nd grade, I’m making less money than in summer jobs during high school, and I’m still living in a dorm a quarter mile from where I lived freshman year.

The simple answer to why we came to grad school is that we like science. However, grad school is definitely not the fastest way if you want to learn things about science – you can learn a lot more reading a book about science than actually doing research.. In research, you do learn things about how the world works – you just learn them a little dribble at a time. The difference, though, is that you’re learning things that nobody knew before. This is the beauty of research, and probably the thing that pulls all of us in, the ability to learn new things and make discoveries. I can look back over the past few years and think of several of those “aha” moments, when all of a sudden you understand how things work. One night, I was in lab late looking at a bunch of timelapse movies of neurons growing and forming connections, and I noticed there was a particular pattern to how they were growing. Of course, it took a lot of further work to back up this insight, but I think those moments of discovery are really what science is about.

Another great benefit of research, and grad school in particular, is the freedom that you have, both in terms of your schedule - you can come in late, you can take off in the middle of the week to go snowboarding – but also intellectually, in that you get to choose the problem that is interesting to you, and figure out how you want to go about answering it. And for the most part, there’s not a real constraint on what you choose – it doesn’t have to make money for someone, or appeal to the 18-35 age demographic. You get to spend your time trying to answer the question that fascinates you.

The tough part about grad school is that it turns out that both of these great aspects – the thrill of discovery, and the freedom – are double-edged swords. While it’s a great feeling when your experiments work and you’re discovering new things, most of the time, you’re doing something much more banal, like pipeting clear liquids back and forth, or cleaning fish tanks. A lot of time things aren’t working at all and you feel like you’re banging your head against a wall. Or even worse, you can make negative progress – one wrong move and you’ve undone several weeks worth of work. In fact, I think the intermittent rate of success - like Homer Simpson said, “the dizzying highs, the terrifying lows, the creamy middles” - is part of what makes research so addictive, yet so painful at times. It’s like a study that was done on rats – when they press a little lever, they get some food or other

reward. If they get the reward every time, they'll just press the lever every once in a while, when they're hungry. If they never get anything for pressing the bar, they give up pretty quickly. However, if they only get the reward every once in a while, they press the bar like mad, because they never know when it's going to work. It's pretty easy to get caught up like this in research. Those times when everything comes together and you get real results are intermittent – if the experiment was easy, someone would have done it already - so you can drive yourself crazy in the quest for that occasional breakthrough.

The other aspect – the freedom and autonomy - also has its liability. The fact that you're working for your own benefit means that if you take vacation for a week or spend all day surfing the web, there's no Principal Rooney to hunt you down, it just means you're going to be here a week longer. Likewise for the intellectual freedom – if you choose the wrong experiments to do, it's your fault – rather than the company making 1% less profit, you don't get the answer to your question, and you start to get that sinking feeling that you're never going to graduate.

These kind of gumption traps, as Robert Pirsig calls them, can be fairly demoralizing at times, and I think they're part of what leads to the familiar “bitter grad student” phenomenon. One solution to this, the Lebowski answer, is that sometimes you just have to let it go – “forget it, let's go bowling” – and realize that you can't always be struggling for that light at the end of the tunnel.

But the real thing is realizing that we're here doing what we want to do. When I was a kid, if somebody told me I would get to play with computers and lasers and build microscopes, figuring out how the brain works, it would seem like a dream job. And if I had some other job now, this would probably be my hobby. However, once you have to do it, and graduation and progress in life depends on it, it's easy to forget that this is actually what you wanted to do in the first place. For the past few years, although we've been paid a pittance, living the student life that most of our friends left behind in college, sitting around trying to figure out why the laser isn't lasing or your PCR didn't work, we've been given the chance to make our hobby into our life, and hopefully along the way we've been able to figure out something new about how living things work.

I'd like to thank all of you for allowing me to get up here and blather on. Good luck with all the future endeavors!

MD Student Speaker, Kristin Clague Reihman

It is an incredible honor to be speaking to you all today, and I thank you for the opportunity to do so. A month ago, I moved to Pennsylvania for residency and the first thing I did there was to take up yoga. You may wonder why I waited until I *left* California to cultivate my inner yogi. Maybe it was the fact that I was traveling East. Perhaps it's been my effort to extend my California membership, in absentia, just a little bit longer. At any rate, I find I am really liking Yoga—maybe because it reminds me so much of medical school. In yoga, much like in med school, you often find yourself feeling hopelessly underprepared for the challenging positions you are asked to assume,

and feeling that everyone else around you could probably teach the class. And every practice includes the greeting “namaste,” which roughly translated means “the goodness in me sees the goodness in you.” I know, not exactly what you heard every day on morning rounds—so the analogy somewhat breaks down here. But still, I think there is a comparison to be made, because I am learning that all I really needed to know about balance, strength, and flexibility I’d already learned...at Stanford Medical School.

Ah, the “hidden curriculum.”

Throughout medical training, much attention is paid by medical students to strength, in particular as it relates to the concept of being a “strong medical student.” Feyza Marouf’s moving speech last year focused on this very subject. And whether we buy into it or not, strive to achieve it or not, we all know who gets labeled “strong” and who doesn’t. And balance is not, according to the prevailing definition, part of being a strong medical student. One of the required reads for one of the harder clinical rotations, a book called *Surgical Recall*, gives some ludicrous description of the “strong” medical student as a “high speed, low drag, hardcore hammerhead.... with a steel bladder, a cast iron stomach and a heart of gold.” I recall reading that just before the rotation started, and immediately needing to both eat, and pee. But even as this description is laughable, it remains part of a set of tacit expectations that seem to offer us the “permission to abandon ourselves,” as Barry Rosen has so aptly put it. Not heeding them can have equally disastrous results: a friend of mine learned this the hard way, when she failed to pass her medicine rotation solely because she “did not abuse herself enough.”

So I would like to offer a counter-definition of “strength.” Later in my surgery rotation I witnessed a conversation between an attending and a second year resident, who I knew was 4 months into awaiting the birth of his first child. He had not spoken much of this momentous event to come, but at some point in the five hour surgery, wry, pithy comments gave way to easy conversation and my resident asked our attending: “So, you have kids, right? How do you find the time to, well, uh...” and at this point he trailed off, apparently uncomfortable with the direction he was going. I understood. In my experience, the topic of family was always a loaded one in the surgical suite. As the chief of surgery at Kaiser pointed out to me, “you’re never gonna lie on your death bed wishing you’d done just one more Whipple procedure.” And everyone claims to agree with this, yet, for many, it seems so difficult a thing to do less for your career, and more for everything else you care about. This is, of course, one of the inherent dangers of our chosen profession, as I’m sure you’ve noticed. Anyway, the resident started up again with: “...well, I mean, do you ever feel like you’re not advancing in your career the way you could without a family?” We all grew uncomfortably quiet and awaited the response. “Well,” our attending began, “I passed up a promotion to Chief of Surgery in arguably the finest surgical institution in the country because my eldest daughter said, ‘Forget it, Dad, we’d never see you again.’” We all laughed tensely, but he continued. “No, I’m serious. Imagine the most interesting and challenging case you could ever possibly do. I would take pushing my kid on the swing over that any day. *Any day.*” This man’s willingness—and strength—to speak his own, personal truth, and to be an example of balance for this budding surgeon and new father, touched me deeply.

As for flexibility, we have spent the past several years in something akin to the lotus position. This training has placed enormous demands, not just on our intellect, but also on our integrity, our physical selves, our personal lives. Like many of you, I chose Stanford for medical school because it offered a flexible curriculum unique among medical schools. The possibility of a 5, or 6, or even 10 year plan was something I felt could help me to meet the anticipated demands with as much personal strength, balance, and clarity of purpose possible. I wanted to start a family, maintain a close relationship to my husband, develop my teaching skills, and get in an occasional swim--all while becoming a doctor. Thanks to a flexible curriculum and supportive community, I was able to accomplish those things. The rest of you made use of Stanford's culture of personally-directed achievement in a multitude of ways, pursuing an impressive array of interests to a variety of depths and degrees. Several of you engaged in research, writing papers that ended up in *Nature* and *Science* and *Cell*. Others made films and published books documenting the extraordinary process of becoming a physician, or trained athletically, fulfilling life-long dreams to compete at local, national and international events. Some of you worked to bring us new electives, and speakers in under-represented topics, or to guide us through the morass presented by too many of our pre-clinical courses. A few even started special-interest groups when there was a need, and sat in on CCC meetings trying to effect positive change in our curriculum. Some of you did extra coursework in subjects that were of interest, such as poetry, Spanish, wind-surfing and advanced-level genetics--some even obtaining advanced degrees, in law, anthropology, public health, in the humanities, in business, in the sciences. A few of you tended gardens, had babies (or baby-sat mine), played instruments, or published first novels. Some traveled to far-off lands to study other cultures, languages, systems of healing, or to provide consulting and resources to less privileged areas, building partnerships and sustainable solutions to endemic problems. Others sought to effect social change closer to home, in East Palo Alto, teaching elementary students about science and painting murals with middle school students, or bringing health care to the homeless and uninsured, and education to the incarcerated. And the list goes on. And on. And on. The spirit of flexibility here at Stanford encouraged each of us to experience medical school as whole people, in whatever ways felt meaningful to us. And that was a gift.

Now for the bad news: residency was not designed like Stanford Medical School. Many of us have already gotten a taste of this, when we returned our carefully thought-out holiday request forms only to have them completely ignored. But we are Stanford students! We are tempted to cry. You can't treat us this way! Some of us may already have attempted to page Dr. Wolfe. But the fact of the matter is, we have led very, very privileged lives here. We have been allowed to make choices for ourselves that other medical schools do not afford their students; we have been wearing long coats from day one, both literally and figuratively. We have gained practice being strong in our selves, we understand the importance of balance, and we have been entrusted with the flexibility to cultivate it. We are the yogis of med students. And as such, we have a responsibility to continue the tradition into the next phase of our journey. If we find that residency is not nurturing us enough, let us work to change our residencies. Start a residents' support

group. Go part time. Join the residents' union and, if there isn't one, start it up. True, we may find that change does not come easily in our intern year, or the next, or even the next, but let us not despair—there will be a time when we will be the ones making the decisions, and we will keep a good list. In the meantime, we must take care of ourselves. Learn to be present with our own needs--physical, emotional, spiritual—and then, seek to meet those needs. Don't skip meals just because it's inconvenient for the team. Everyone, it turns out, needs to eat. Continue to find ways to make your soul sing, and then do those things. Find something beautiful in every day, and something to love in every patient. Do not be afraid to admit your own ignorance, or to hold a patient's hand, or to cry in front of your attending when your patient dies. It is the little choices like these that inform who we are and who we become as doctors, and as people, and we have the chance to make them every single day. Above all, let us not be afraid to be human beings, to be our true selves, and to continue to choose our own path. Let us teach the world that doctors can be strong, balanced and whole people, and let us change the face of medicine.

Thank you. And namaste.

2004 Commencement Speaker

Paul Michael Glaser, M.A., Honorary Chairman of the Elizabeth Glaser Pediatric AIDS Foundation

When Dean Pizzo asked if I would speak at your commencement, I was complimented, given that,...as much as a part of me may have wanted to have been a Doctor or a researcher at one time,...apart from spending a fair amount of time with Doctors and researchers over the past fifteen years, I had little knowledge of the journey to becoming a Doctor, or a researcher. In college, where I received a B. A., majoring in English Lit and Theatre, I had friends who were pre-med. Their curriculum was intimidating. I failed Chemistry and only passed Biology because I had had a very rigorous teacher of the subject in High School. I went on to three semesters of graduate school while my doctor-in-training friends proceeded on their journey through med. school, internship and residency. The closest I ever got to that world was playing the role of a Doctor. Peter Chernak on the soap opera, "Love of Life." He fought the establishment, slept on a cot in his lab, cooked polish sausages over a bunsen burner, and seduced the nurses. Not bad. He also had the ability to heal people whenever the writers felt like it.

A couple of years ago, I was asked to address a conference of Surgeons by a Doctor who wanted to promote collaboration amongst this rare breed of specialists. I found myself remembering a surgeon who had worked on me after I had had a terrible accident when I was a young man. His name was Edgar Holmes. He was tall, white haired, a New England Yankee. Quiet and very imposing. And then I thought on when, as a boy, I had gone hunting with my bow and arrows,...and the first animal I shot was a squirrel. I shot him right through his mid-section. And when I picked him up, skewered, still alive, clawing at, gnawing on my arrow, I felt sick to my stomach. It was as if I was holding mortality, his and mine, on that feathered shaft. And then I thought on the stories I had

heard of young doctors in training, experiencing their first cut, be it frog or cadaver, or more to the point, that first brush with their vulnerability to death and it's ensuing fear. And I thought of how my Yankee Dr. Holmes along with these men and women had gone on, as we all do, distancing themselves, inuring themselves to that moment of vulnerability, seeing this as a necessary thing to do in order to 'maintain the objectivity' to be a good doctor, a good surgeon. For, to go into the fear, to relive the fear, the vulnerability with every cut, every opening of the human body every exposure to mortality would be unthinkable, destructive. How could a person survive the emotional stress? Maintain control of their lives? Continue to be creative?

'Maintain control.' 'Be creative?' The first is a conceit that labors in the illusion that control is achievable. The second, 'being creative,' ironically requires a 'loss' of control. I have spent the last six years reinventing my career, studying writing. And many is the time that I will sit down with a specific task or objective in my head as to where I want to go, what I want to say, and try as I may, I can't make it happen. Then I remember that what **is** happening for me in that moment, right then, is, in fact, the **only** thing I know. And if I allow myself to write from that place, acknowledging what is, surrendering my need to control it's outcome, design its direction, I will discover what it is I and my characters want to say and do. The fear, of course, is that it will have nothing to do with what I am trying to write. And my experience,...always, without fail, is that when I have faith in what is, when I own what is, then my characters immediately join me in my journey, my search. And since the story is coming from me, my characters can then take me by the hand and lead me through it. They can talk to me. When I have faith.

When I direct actors, I often try to put them in a place where they have no control, where they are most scared and have to experience themselves naked, in the moment, only able to cope with what is. And when it happens, and they realize they're not going to die from it, they experience a high. A re-affirmation of faith. A connection with something larger than themselves to which they can cede all control. This 'connection' with something larger is what one might call '**being creative.**' Whether it is acting, painting a sunset, telling a story, inventing a new piece of software, selling a new line of dresses, discovering a cure, or affecting a dialogue between mortal enemies,...it is what we, as human beings, are about. We live to commune. We live to create. Our enduring biological and spiritual drive is to create, to live in the act of becoming. It is not a choice. It is not something over which we have any control. It is our experience of our existence. Our **choice** is what we do with our **minds**, with our **fear**.

When my life got caught up in the AIDS epidemic, Doctors were no longer an occasional visit for a physical or some passing concern, researchers no longer magicians I read about in magazines and newspapers. In my journey of losing a wife and daughter to AIDS, and then chairing the Elizabeth Glaser Pediatric Aids Foundation, I found myself talking to, listening to, watching Doctors and researchers. I got to see their humanity, often guarded, hidden behind their white coats, stethoscopes and microscopes. I got to see how they dealt with what they knew and what they didn't know. I got to feel their frustration, see their defense against their fear of being powerless. I got to experience their humanity, their hope, their need to find, to do, to be, to heal. Those that were creative, and those that

were reactive and functional, incurious plumbers and electricians, unable to hear ,...listen to the quiet screams for help coming from our common struggle with life and death. Those that saw themselves as **still** learning, searching for themselves in the plight of others, and those whose priority was the financial success, security and need for an identity as being valid, someone of importance. One of the interesting aspects of age is perspective, getting to see how human behavior cuts across all walks of life, allows us, if and when we choose, to see ourselves as having more in common with our fellow man than we would like to believe. It gives us who are traveling only **slightly** ahead of you, the advantage of hindsight, of seeing our youth in you, knowing what you don't, can't: that we really **have** been there, felt and known everything that you have felt and known; the sex, the drugs, and yes, the rock and roll, as amusing or unappealing as that may appear to you,...And that we really have experienced so much of your struggle. However, our hindsight doesn't give us **your** perspective of this world you're inheriting. Of the greater amount of information **you** process each day. Of how it feels to be in **your** skin, living cheek to jowl, so much closer through television, computer technology and airplane travel to your fellow man. Of how it feels to hear so much more acutely the howling vacuum of anonymity. And of how it feels for you to know consciously or subconsciously that we are, for the first time in the history of mankind living with an awareness that this planet, this mother earth, our host, is a provider of **finite** resources; is being overpopulated, polluted and used up. And we can only **imagine**, when we are not in our own soup, how you deal with the dawning awareness that in your world there is less of everything. Less wealth concentrated in fewer hands. Less education, less opportunity, less hope for our children, for our children's children to secure a future. And in the balance of the universe, of life, where there is less, there is always more. More fear, more violence, more disease. A greater gulf between those that have and those that do not. A greater need to hold on to what we have, to deny it to others, to hide behind religious and political philosophies, belief systems that temporarily comfort us with the illusion of feeling powerful, righteous, right and in control, because the alternative; to acknowledge how fearful we ALL are, is just too damn scary, too damn chaotic. Dean Pizzo wanted me to speak to my experience for the necessity for research and advocacy in the world of science and medicine. We are living in an age where more and more our choices have to do with the practical exigencies of our existence, – securing a place in the world for our selves, our families, paying the rent, putting food on the table, providing an education, a future. Research doesn't often provide for such security. In the world of pediatric medicine, for example, there are other applications of one's scientific and medical training that are far more lucrative. I could speak to you of the importance of seeking, searching and re-searching, - of how much of a difference advocacy has made in AIDS, as well as so many other areas. I could also speak to the stagnation of research, of how our fear of change, fear of the unknown causes us to accept, even defend the status quo – avoid the tough questions to which there seem to be no answers. I could speak to you of the lack of progress in impacting AIDS the world over and the dearth of researchers in our schools and hospitals. However, today I want to speak to that part of us that allows us to help ourselves and each other in the face of our fear. That part of ME, that in the beginnings of this AIDS pandemic that hit my family, embarked on a journey wherein, following the death of my daughter and

impending death of my wife, I was given a choice: to either be a victim in my perceived powerlessness to do, affect anything, - and in that place to become a bitter old man, or to find in my helplessness and fear a way to honor my journey, find my heart, learn and grow. I was fortunate to be shown that choice.

It is said that only those that have experienced their own mortality through the loss of a loved one or a near death experience of their own can know that choice, because that is the greatest experience of our fear of helplessness; our mortality. I would venture to say that, while we may go to great lengths to deny it, we are quickly approaching a time when this fear, this extreme helplessness is showing itself in more and more ways as it bubbles, roils beneath a surface that we are ever determined to keep calm, controlled, and in place. Our fear is an anathema to us, and we go to great lengths to avoid it – to the detriment of our creativity, of our very act of being, and we sacrifice our ability to search, and in the accepting of the status-quo, to re – search, to rediscover, to re – attach to that body of knowledge of which we are all a part. To re-member that which we all knew at the moment of our birth. We sacrifice our experience of ourselves to be created, and to be creative. All in the name of security. We make choices away from our hearts, away from our real needs as individuals, and as a civilization.

And yet we have a great need to experience our fear on some level. We tell cataclysmic stories, movies like ‘The Day After,’ where we get to experience our **common** fear as well as our ability to **overcome** that fear. For that is the sociological and spiritual function of our story-telling; to reaffirm our ability to overcome our fear of death. Yet, how is it that in our daily lives we create whatever aversion we **can** to our fear; be it over-indulgence in food, drugs, work, or our dependence on judgements that assure us that we are right, they are wrong, they are weak, we are strong, they don’t know, we do,...our way is best, theirs isn’t. How is it that our fear is an anathema to us? That we go to extreme lengths to keep our fear at bay and only allow ourselves the experience of it in the relative comfort and security of our stories, our religious rituals, our movies, our music, and the heroic exploits of our sports heroes? What is this fear that won’t go away, try as we may, try as we may? This fear that lurks in the shadow of our lives, always there whether we want to acknowledge it or not? The Great Creator of Denial? And as it has been said; that is no river in Egypt.

The great Masters,...Jesus, Bhudda, Muhammed, and others studied and spoke to this fear. They spoke to this fear of our mortality and our seeming powerlessness to do anything about it, powerlessness to affect the inevitability of the death of our animal selves. They studied and taught that our fear is not our **enemy**, not something to be avoided at all costs, contrary to the romantic notion that “ There is nothing to fear but fear itself.” That when we experience our fear, when we say the words...”I am scared,” we have the **choice**, the ability to acknowledge that being ‘scared’ is not **who** we are. It is not our identity. And while there is a **part** of us that **is** scared, there’s also a part of us that **isn’t** scared. That we can choose to identify the location and parameters of our fear as well as those parts of us that are not experiencing the fear. I feel fear in my belly, or my chest, or my throat,...but right then, I do not experience it at the top of my head, in my little finger, at my elbow. How is that? And where am I making this observation from? What part of me is able to see my pain as something apart? See my fear as something

apart? Is that **part** of me the same part that allows each one of us, as if suspended in the air and looking down from above, to see ourselves, me see myself standing here, talking, you see yourselves sitting there, listening, bored, interested, or confused, -- Is that the same part of us that's able to watch ourselves think and feel? Is that place, from which I am seeing all of this who I **really** am: my awareness, my consciousness, that knowing place that is a part of all knowing,...to which we are all a part of?

And when we are able acknowledge this, see our fear and pain from this place apart, to not say "I am scared" as if that was who I was, we then have the opportunity to say: "Boy, this is really difficult being a human being. Difficult knowing at a cellular level, a biological level that once conceived, our clock is ticking, our dying has begun, and we have no control over that." And from this witnessing place in us, we have the opportunity to watch our egos, our minds, whirring and burning in an effort to create some illusion that we **do** have some control, some power. We have the opportunity to see how our minds create belief systems, illusions of ownership, judgements of what is good, bad, true, false, beautiful, ugly.....AND that none of it changes the basic truth of the death of our lives in the constancy of change. And in that opportunity to witness our plight as human beings in the presence of our fear of our mortality, we can choose to hate ourselves, or we can choose to feel compassion for ourselves. And when we choose compassion for ourselves, we can find compassion for others. And at that moment, we can know in our hearts, in our beings that we all indeed, are one. What the Masters learned and practiced is that it is necessary to know our fear, to acknowledge, sit with our fear, in order to know our hearts. That our acknowledgement of our fear is the path to our compassion, the path to our capacity for love. We need our fear,.....in order to find our love. They go together. Ying and Yang.

Are we living in the greatest level of fear known by mankind to date. Are there more without than with in the world today? In this country today? Is the gulf between rich and poor widening? Is there less education for the masses? Less taught? Does that leave more and more with less and less options, choices, hope for a future, for their children's future? Yes. Does today's world offer so little to these people that only an afterlife seems a plausible answer? Yes. Has the world become so materialistically saturated in the wake of our American way of life and so spiritually bereft that extreme fundamentalism is growing stronger and stronger, not only in Islam, but in Christianity and Judaism? Do we know this extremism in our own country, our own government? And are we really asking why so many are laying down their lives, lives bereft of hope for a future, and taking others' lives with the weapons we have sold them, profaning the dreams we have sold them? And then taken away from them? All in the name of 'Democracy' when what we really mean is 'capitalism,' exploitation, and ownership. All in the name of 'human rights,' when we have grossly violated the rights of so many humans in pursuit of our own material interests? All in the pursuit of control?

Are our arms tightening around what we own? Grasping onto what we have, what we think we need to control? Isolating ourselves from ourselves from our own humanity as well as the world's? Where will we in this country be in ten, fifteen years when China is the financial juggernaut of the world and we have only a massive cache of weaponry to maintain a reactive control over a disappearing marketplace and a presence in a world

where others have chosen to trade their goods elsewhere? Are we truly so blind to historical perspective because our leaders either cannot read, or are too proud and narcissistic and afraid to read, and refuse to see the bloody writing on our walls? How much larger do we have to make those letters so that our leaders will heed the lessons of those who came before?

How are we to find our hearts in this time. How are we to find our creativity? Our compassion? Our humanity? How are we to grow when so much around us is dying?

To be a good doctor, a good researcher is to be one who can listen, assimilate and diagnose information from without, but can also listen and hear what is being said from within themselves. Committed to sitting with their own fear and vulnerability in order to **learn** from themselves in the effort to heal, to discover. Committed to pursuing the acknowledgement that we are all the same, all one. Committed to looking beyond what they think they want to find, to know. To expand the parameters of what they deem feasible, controllable. To seek, to learn where it is not safe and comfortable, but to have faith in the wider perspective where all disease, all life are part of the 'one.' Connected, and as connected, collaborative. And that to learn from this collaboration, that we must collaborate ourselves, must work together as one. Learn and feed off each other's humanity, each other's fear, hope, and faith. Experience our compassion and creativity in each other.

We live our lives to die. With each exhalation. Each letting go. Each moment of release,...we seek, as lemmings to the sea, to die into the 'one,' the 'all,' the 'everything' of existence. We practice this in the way of our lives. We worship it in our heroes, who, in the face of great adversity and symbolic or very real death, are able to stay present, acknowledge their fear, and from that other place of awareness, of consciousness, are able to achieve heroic results. We rejoice in it when we stand with our hero to home plate, bottom of the ninth, bases loaded, score tied, two outs, last game of the world series and he hits the home-run. We rejoice in it in the well hit golf ball or tennis ball. In the transcendence of a performance, a great discovery, an heroic sacrifice, in the birthing of a child, in the communion with anything or any body that gives us our sense of being one. Of belonging. We seek and worship surrender to a higher good,...a place of peace and oneness. A state of being that is change, where we get to visit, pass through, pass from, and let go of.

Today is but a moment along the way of your journey, your children's journey, the world's journey. The level of opportunity for compassion, for love, for the human-ness of our beings to evolve past our animal selves, is commensurate with the amount of fear and hate and destruction we are experiencing today on this planet. You can and will be cowed by it. It will constantly infect your lives, try to beat you down into apathy and cynicism, threaten to trample your hopes and dreams into regrets and self recriminations. It will want to seduce you into hate and anger, impatience and intolerance, harden you into judgment. **It will not** deprive you of your God given right to choose. Your divine right to gain strength and succor from the innate knowledge that we belong to each other, to the one, to all. That there is an irrefutable truth to our existence proved by our ability and choice to acknowledge our consciousness. This is your inheritance. This is what all the lives that have come before you have given you. This is what you can give to your

children. To the world. That you have the choice of consciousness. You have the choice to practice that choice.

In closing, I would like to share a favorite poem that I suspect many of you are already familiar with. To me, it's beauty is that it continues to reverberate in me, years after I first read it.

*Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth;
Then took the other, as just as fair,
And having perhaps the better claim,
Because it was grassy and wanted wear;
Though as for that the passing there
Had worn them really about the same,
And both that morning equally lay
In leaves no step had trodden black.
Oh, I kept the first for another day!
Yet knowing how way leads on to way,
I doubted if I should ever come back.
I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I-
I took the one less traveled by,
And that has made all the difference.*

Faculty Awards

In addition to congratulating our students for their accomplishments, commencement is also a time to honor faculty who have made significant contributions to their education. Accordingly, I am pleased to list the teaching awards that were announced at the School of Medicine Commencement.

The Arthur L. Bloomfield Award: In Recognition of Excellence in the Teaching of Clinical Medicine

Steven Guest, Associate Professor of
Medicine

Myer Rosenthal, Professor of Anesthesia,
Medicine , and Surgery

Barry Rosen, Clinical Associate Professor
of Medicine

**The Henry J. Kaiser Family Foundation Award: For Excellence in
Preclinical Teaching**

Gregory Gilbert, Clinical instructor, Surgery and
Emergency Medicine

John Gosling, Teaching Professor, Surgery and Anatomy

Elliot Wolfe, Director, Office of Medical Student
Professional Development

**The Henry J. Kaiser Family Foundation Award: For Outstanding and
Innovative Contributions to Medical Education**

Julie Parsonnet, Associate Professor of Medicine
(Infectious Diseases)

**The Henry J. Kaiser Family Foundation Award: For Excellence in
Clinical Teaching**

Barry Rosen, Clinical Associate Professor of Medicine

Myer Rosenthal, Professor of Anesthesia, Medicine, and
Surgery

Thomas Krummel, Professor and Chair, Department of
Surgery

The Franklin G. Ebaugh, Jr. Award: For Advising Medical Students

Theodore Sectish, Assistant Professor of Pediatrics

The Lance Armstrong Award

Lars Osterberg, Clinical Instructor, School of Medicine

The Compassion in Medicine Award

Lars Osterberg, Clinical Instructor, School of Medicine

The Alwin C. Rambar-James B.D. Mark Award: For Excellence in Patient Care

Lorry R. Frankel, Associate Professor of Pediatrics (Intensive Care)

Stanford University School of Medicine Award for Graduate Teaching

W. James Nelson, Professor of Molecular and Cellular Physiology

Stanford University School of Medicine Award for Outstanding Service to Graduate Students

W. James Nelson, Professor of Molecular and Cellular Physiology

Congratulations to all.

Graduates listed below are our 2004 graduates for the School of Medicine

MASTER OF SCIENCE

Caroline Elizabeth Annis	<i>Epidemiology</i>
Jenifer Elizabeth Austin	<i>Neurosciences</i>
Ali Raza Awan	<i>Biomedical Informatics</i>
Joanna Eileen Boerner	<i>Microbiology and Immunology</i>
Elbert E. Chang	<i>Molecular Pharmacology</i>
Amit Garg	<i>Biomedical Informatics</i>
Michelle Lynn Green	<i>Biomedical Informatics</i>
Corinna Anke Haberland	<i>Health Services Research</i>
Matthew Leigh Huggins	<i>Neurosciences</i>
Stella Mai Huang	<i>Epidemiology</i>
Richard Brent Jacobsen	<i>Neurosciences</i>
Amit Kaushal	<i>Biomedical Informatics</i>
Esther Jean Hyung Lee	<i>Epidemiology</i>
Robert L. Lobato	<i>Epidemiology</i>
Surag Subhash Mantri	<i>Biomedical Informatics</i>
Zachary Scott Pincus	<i>Biomedical Informatics</i>
Erin Gourley Reid	<i>Epidemiology</i>
Chistopher David Sundberg	<i>Microbiology and Immunology</i>
Jeffrey James Swigris	<i>Epidemiology</i>
Stream Su-Ching Wang	<i>Developmental Biology</i>
Kevin Gregory Williams	<i>Genetics</i>
Lisa Jun-Pei Wong	<i>Biophysics</i>

DOCTOR OF PHILOSOPHY

Nadia Patrice Cheryl Allen

Biological Sciences

*Networks of Protein Interactions at the Nuclear Pore Complex in *Saccharomyces cerevisiae**

Nizar Nooruddin Batada

Biophysics

Stochastic Aspects of Biological Signalling

Rebecca Restituto Begley

Molecular Pharmacology

Therapeutic In Vivo Applications for PKC-Modulating Intracellularly-acting Peptides

Nicole H. Lazarus

Immunology

Chemokines and the Homing of IgA Antibody Secreting Cells: CCL25 and CCL28 Coordinate and Direct IgA Antibody Secreting Cells to Mucosal Sites

Mike Hsin-Ping Liang

Biomedical Informatics

Integrating Sequence and Structural Information for Detecting Functional Sites on Protein Structures

Augusto Eduardo Llosa

Epidemiology

Helicobacter Pylori Infection and Cancer

Jonathan Adam Bernstein

Genetics

*Global Analysis of mRNA Decay in Escherichia Coli
Using cDNA Microarrays*

Grace Y. Bhudhikanok

Epidemiology

*Race, reproductive history, and bone density in
adolescents and young adults*

Igor Brodsky

Microbiology & Immunology

*Role of Salmonella Virulence Genes in Bacterial
Resistance to Antimicrobial Peptides and Systemic
Disease*

Michael Joseph Byrnes

Biological Sciences

*Synthetic Lethal Analysis of S. cerevisiae CDC28 and
Its Role in Microtubule Function*

Carol Hsen-Fae Cain

Biomedical Informatics

*Representing and Reasoning About Contextually
Changing Organizational Behavior Using Simulaton
Models of Medical Work*

William H. Carr

Immunology

*Mechanisms of NK-cell Recognition of HCMV
Infected Cells*

Barry L. Lubarsky

Biochemistry

*Tracheal Tube Formation in Drosophila
melanogaster*

Kevin Michael Marks

Molecular Pharmacology

*Fluorescent Sensors and Effectors in Spatio-
temporal Studies of Cell Biology*

Tracey McLaughlin

Epidemiology

Michelle Leigh Monje

Neurosciences

*Irradiation, Inflammation and Adult Hippocampal
Neurogenesis*

John Isaac Murray

Genetics

*Diverse Gene Expression Responses to Stresses in
Cultured Human Cells*

Mala Murthy

Neurosciences

*Membrane Trafficking and the Drosophila
Exocyst Complex*

Helen Hyonhee Cha
 Developmental Biology
Identification and Characterization of a Novel Gene, Halfback, Required for Somite Formation and Anterior-Posterior Patterning
 Denise April Chan
 Cancer Biology
Cellular Oxygen Sensing: Molecular Characterization of Hypoxia-Inducible Factor-1alpha Protein Stability
 Kaman Chan
 Microbiology & Immunology
Microarray-based Identification and Characterization of Genetic Loci Essential for Salmonella Pathogenesis
 Jeffrey Tien-Hao Chang
 Biomedical Informatics
Using Machine Learning to Extract Drug and Gene Relationships from Text
Rodolfo Jose Chaparro
Immunology
Identification of Nonimmunologic Defects in Autoimmune Diabetes
Swaine Chen
 Developmental Biology
Leveraging the Caulobacter crescentus Genome Sequence
Nam Kyoung Cho
 Biochemistry
Developmental Control of Blood Cell Migration by the Drosophila VEGF Pathway and its Implications for Blood Vessel Evolution
Raymond Jaihyun Cho
 Genetics
The Application of High-Density Oligonucleotide Arrays to the Interrogation of Biological Systems on a Genome Scale
Daniel Prudden Denning
 Cancer Biology
The Compositional, structural and Evolutionary Flexibility of the Saccharomyces Cerevisiae Nuclear Pore Complex
Maximilian Diehn
 Biophysics

Cris Myers Niell
 Neurosciences
Imaging neural circuit formation and function in the zebrafish visual system
James Noonan
 Genetics
The Evolution of Protocadherin Gene Cluster Diversity
Brian Howard Null
 Developmental Biology
Toward the Quantification of the Organism: Application of DNA Microarrays and New Technologies to the Development of Drosophila Melanogaster
Grace Park
 Molecular Pharmacology
Characterization of PRAS40, a Novel Akt Substrate
Cris Myers Niell
 Neurosciences
Imaging neural circuit formation and function in the zebrafish visual system
Rebecca Ann Piskorowski
 Biophysics
How the Permeant Ion Affects Gating in Large-Conductance Calcium Activated Potassium Channels
Andrea Pomrehn
 Genetics
The identification and characterization of mouse Ribosomal S6 Kinase 4 as an inhibitor of FGF-RAS-ERK signaling
Thomas Joseph Purcell
Biochemistry
Dissecting the Mechanism of Processive Motility in Single Myosin V Molecules
Kirthi Chandupatla Reddy
 Developmental Biology
C. elegans HIM-17 Links Chromatin Modification and Competence for Initiation of Meiotic Recombination
Jason Robert Roosa
 Neurosciences

Exploring Genomic Expression Programs in Normal and Malignant Cells of the Immune and Central Nervous Systems

Frauke Drees

Molecular and Cellular Physiology

Reconstitution of Actin Cytoskeleton Assembly at E-cadherin Adhesion Sites

Rachel Alanna Freiberg

Cancer Biology

Chk2 Regulates Reoxygenation Induced G2 Arrest

Douglas Brian Fridsma

Biomedical Informatics

Organizational Simulation of Medical Work: An Information-Processing Approach

Dan Gilison

Genetics

Anna Katherine Greenwood

Neurosciences

Plasticity in the Neural Control of Reproductive Behavior and Physiology

Ilana Susie Hairston

Neurosciences

The Quality of Sleep is as Good as the Quality of Wake: Sleep in Development and Learning

David Riggs Halpin

Biochemistry

DNA Display: Genetic Manipulation of Combinatorial Chemistry Libraries for Small-Molecule Evolution

Erin Byron Harmon

Developmental Biology

TGF-BETA Signaling Regulates Foregut Patterning Pancreatic Development, and Beta-Cell Maturation

Tmirah Haselkorn

Epidemiology

Innovating Methods of Quantifying Risk and Insights Into the Epidemiology of Various Cancers

Daniel Robert Hostetter

Biochemistry

Asymmetric Localization of mLin-7 and Associated Proteins in Mammalian Cortical Neural Progenitors

Ryan Blair Rountree

Developmental Biology

Genetic and Molecular Analysis of Skeletal Joint Development

Alok Jerome Saldanha

Genetics

*Genome Wide Transcriptional Comparison of Batch and Chemostat Nutrient Limited Cultures of *Saccharomyces Cerevisiae**

George Christopher Scott

Biomedical Informatics

Using Decision Models to Automate and Individualize Interactive Decision Support for Patients

Melissa Diane Scott

Biophysics

Interplay of folding and degradation: quality control of misfolded proteins in the eukaryotic cytosol

Stefan Kazimierz Siwko

Cancer Biology

Identification of Substrates of PKC Delta in a Breast Cancer Cell Line

Kryn Stankunas

Developmental Biology

Conditional Protein Alleles Using Knock-in Mice and a Chemical Inducer of Dimeization

Joshua Michael Stuart

Biomedical Informatics

Predicting Gene Function Using DNA Microarray Data From Multiple Organisms

Thomas Tan

Biochemistry

Regulation of the DDB2 Gene by p53 and the Role of DDB2 in Cisplatin-damaged DNA Repair

Jean Yuh Tang

Biophysics

Cellular Response to UV: Role of UV-DDB and Microarray Analysis of Skin Cancer

Tara Thiagarajan

Neurosciences

Regulation of Myosin II Bipolar Thick Filament Assembly

Evan Harris Hurowitz

Biochemistry

Genome-wide Measurements of RNA Transcript Length by a DNA Microarray Analysis

Jerry Hsu

Cancer Biology

The Role of Human Emi1 in Cell Cycle Regulation and Cancer

Farhad Bryan Imam

Biochemistry

Genetic and Genomic Studies for GF Signaling and Development in Drosophila melanogaster

Jonathan Michael Irish

Cancer Biology

Signal Transduction Based Molecular Phenotyping of Cancer: Arrayed Flow Cytometry for Discovery of Tumor Initiation and Maintenance Mechanisms

Gregory Stephen Jefferis

Neurosciences

Wiring Specificity in the Olfactory System of Drosophila

Eric Jorgenson

Genetics

Genetic Analysis of Human Quantitative Traits

Julie Kerns

Genetics

Genetics of Pigmentation in the Domestic Dog

Charles Kim

Microbiology and Immunology

Salmonella Gene Expression and Regulation During In Vitro Modeling of the Intracellular Environment

Dennis Chun-Yong Ko

Developmental Biology

Studies on the Molecular and Cellular Basis of Niemann-Pick Type C Disease

Li-Yung Arthur Kung

Biophysics

Patterning Supported Lipid Bilayers and Developing Vesicle Fusion Assays

Global and Local Activity Dependent Regulation of the Synapse

Stephanie Jewel Toering

Biochemistry

Genetic and Biochemical Analysis of Drosophila Sprouty

Nathan Trinklein

Genetics

Transcriptional Regulation in the Human Genome

Olga G. Troyanskaya

Biomedical Informatics

Improving the Specificity of Biological Signal Detection from Microarray Data

Marija Vrljic

Biophysics

Translational Diffusion of Single MHC Proteins in the Plasma Membrane

Thomas Scott Wehrman

Molecular Pharmacology

Brian Anthony Zabel

Immunology

A Plasmacytoid Cell-Selective Recruitment Mechanism

Rebecca Ann Piskorowski

Biophysics

How the Permeant Ion Affects Gating in Large-Conductance Calcium Activated Potassium Channels

Andrea Pomrehn

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Mark LaBarge

Molecular Pharmacology

Bone Marrow-Derived Myogenesis

Stacie Lynn Lambert

Immunology

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Stefan M. Larson

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Large-scale Computational Protein Design

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Genetics

*Genome Wide Transcriptional Comparison of Batch and Chemostat Nutrient Limited Cultures of *Saccharomyces Cerevisiae**

Bojan Zagrovic

Biophysics

Simulating Protein Folding and Dynamics Using World-Wide Distributed Computing

DOCTOR OF MEDICINE

Afarian, Hagop Manuel

UC San Francisco,
Fresno, CA
Emergency Medicine

Agarwal, Shonul Minti

UC San Francisco,
San Francisco, CA
Pediatrics

Battat, Anna Claire

New York Presbyterian Hospital,
Cornell, NY
General Surgery

Berk, David Reuben

Stanford Hospital and Clinics,
Stanford, CA
Medicine-Preliminary
Barnes-Jewish Hospital,
St. Louis, MO
Dermatology

Beyer, Wendy McNear

Memorial Hospital of Rhode Island,
Pawtucket, RI
Family Practice

Beynet, David Pierre Alameda County

Medical Center,
Oakland, CA
Transitional
UCLA Medical Center,
Los Angeles, CA
Dermatology

Bhuvaneswar, Chaya Guha

Massachusetts General Hospital,
Boston, MA
Psychiatry

Biswas, Subarna

University of Pittsburgh Medical Center,
Pittsburgh, PA
General Surgery

Bright, Isaac

Harvard University School of Business
Cambridge, MA

Campbell, Duane

Kaiser Permanenty Medical Center,
Santa Clara, CA
Medicine-Preliminary
Stanford Hospital and Clinics,
Stanford, CA
Neurology

Carranza, Sarah Nicole

San Jose Medical Center,
San Jose, CA
Family Practice

Chan, Keith

New York University Hospital for Joint
Diseases
New York, NY
Orthopaedic Surgery

Chavez, Edgar Alexander

White Memorial Medical Center
Los Angeles, CA
Family Practice

Chen, Swaine

Washington University,
St. Louis, MO
Molecular Microbiology

Cho, Nam Kyoung

Santa Clara Valley Medical Center,
San Jose, CA
Transitional
Stanford Hospital and Clinics,
Stanford, CA
Radiation Oncology

Choi, Paul Han-Bae
Kaiser Permanente Medical Center
Oakland, CA
Medicine - Preliminary
New York Presbyterian Hospital,
New York, NY
Psychiatry

Clark, F. Landon
University of California,
Berkeley, CA
School of Public Health

Conroy, Kathleen Nugent
Children's Hospital
Boston, MA
Pediatric Primary Care

Courtney, Brian K.
University of Toronto at Sunnybrook Hospital
Toronto, Ontario
Internal Medicine

Cox, Beverly Rodriguez
San Mateo County Mental Health Services
San Mateo, CA
Psychiatry

Crisostomo, Ralph Ambrose
Mayo Graduate School of Medicine
Rochester, MN
Physical Medicine & Rehabilitation

Day, Lukejohn Welch
University of California
San Francisco, CA
Internal Medicine

DeWalt, Kevin Christopher
Stanford Hospital and Clinics
Stanford, CA
Internal Medicine

DiDomenico, Paul
David Grant Medical Center
Travis Air Force Base, CA

Diagnostic Radiology

Diehn, Maximilian

Stanford Hospital and Clinics
Stanford, CA
Medicine-Preliminary
Stanford Hospital and Clinics
Stanford, CA
Radiation-Oncology

Ecker, Phillip Marks

Gundersen Lutheran
LaCrosse, WI
Transitional
Mayo Graduate School of Medicine
Rochester, MN
Dermatology

Ehrlich, Jason Scott

Santa Clara Valley Medical Center,
San Jose, CA
Transitional
Stanford Hospital and Clinics
Stanford, CA
Ophthalmology

Espinosa, Leandro Ariel

Kaiser Permanente Medical Center
Santa Clara, CA
Medicine-Preliminary
University of Michigan Hospitals
Ann Arbor, MI
Radiology-Diagnostic

Fan, Ellen

St Vincent Hospital
Frankfort, IN
Family Practice

Farr, Sara

Lenox Hill Hospital
New York, NY
Internal Medicine

Farrahi, Farinaz

Kaiser Permanente Medical Center

Santa Clara, CA
Internal Medicine
Fielding, Krista Terese
Stanford Hospital and Clinics
Stanford, CA
Psychiatry

Froehlich, Wendy
Rhode Island Hospital, Brown University
Providence, RI
Pediatrics, Child Psychology

Ghaly, Michael Azmy
San Mateo County Mental Health Services
San Mateo, CA
Psychiatry

Gonzalez, Carlos
Tulane University School Of Medicine
New Orleans, LA
Orthopaedic Surgery

Grunstein, Itamar
Harbor-UCLA Medical Center
Los Angeles, CA
Emergency Medicine

Gupta, Ritu
University of California Medical Center
San Francisco, CA
Family Practice

Harrington, Cynthia Rebecca
Santa Clara Valley Medical Center
San Jose, CA
Transitional
University of Texas Southwestern Medical
School
Dallas, TX
Dermatology

Hatfield, Joanna Wagner
Fletcher Allen Health Care
Burlington, VT
Obstetrics & Gynecology

Hernandez-Zhang, Mary C.
Kaiser Permanente Medical Center
Santa Clara, CA
Internal Medicine

Ho, Michael Yen-Che
Stanford Hospital and Clinics
Stanford, CA
Internal Medicine

Ho, Wendy Wai Szeto
Stanford Hospital & Clinics
Stanford, CA
Psychiatry

Hope, Michael Douglas
California Pacific Medical Center
San Francisco, CA
Medicine-Preliminary
University of California Medical Center
San Francisco, CA
Radiology-Diagnostic

Hsu, Jerry Yung-Chi
Duke University Medical Center
Durham NC
Internal Medicine

Imam, Farhad Bryan
Children's Hospital
Boston, MA
Boston Combined Pediatric
Residency

Jacobson, Christine C.
Kaiser Permanente Medical Center,
Santa Clara, CA
Medicine-Preliminary
Stanford Hospital and Clinics
Stanford, CA
Dermatology

Jensen, Brett Terry

Oregon Health Sciences University

Portland, OR

Emergency Medicine

Johnston, Paul

University of California Medical Center

San Francisco, CA

Surgery – Preliminary

Kim, Brian Sun

St Mary's Medical Center,

San Francisco, CA

Medicine-Preliminary

Stanford Hospital and Clinics

Stanford, CA

Radiology-Diagnostic

Kim, Kubinne

Kaiser Permanente Medical Center

Santa Clara, CA

Medicine-Preliminary

Stanford Hospital and Clinics

Stanford, CA

Dermatology

Kong, Jiang-Ti

Massachusetts General Hospital

Boston, MA

Medicine-Preliminary

Stanford Hospital and Clinics

Stanford, CA

Anesthesiology

Kush, Scott J.

San Francisco, CA

Consulting

Lai, Michelle

Good Samaritan Regional Medical Center

Phoenix, AZ

Transitional

University of Arizona Affiliated Hospitals

Tucson, AZ

Radiology-Diagnostic

Latif, Omar
Johns Hopkins Hospital
Baltimore, MD
Internal Medicine

Lee, Isabel Demos
University of California Medical Center
San Francisco, CA
Family Practice

LeGrand, Gordon C.
Montefiore Medical Center
Bronx, NY
Montefiore Medical Center
Bronx, NY
Psychiatry

Leiva, Claudia Nuria
Kaiser Permanente Medical Center
Santa Clara, CA
Obstetrics-Gynecology

Lobato, Robert L.
Residency to begin in 2005
Anesthesiology

Lopez, Lisbeth
Yale-New Haven Hospital
New Haven, CT
Medicine-Primary
Massachusetts General Hospital
Boston, MA
Anesthesiology

Mac Dermid, Dhara
University of California at San Francisco
Fresno, CA
Internal Medicine
University of Chicago Hospitals
Chicago, IL
Radiation-Oncology

Martinez, Anna Lilia
Alameda County Medical Center

Oakland, CA
Transitional
University of Southern California Health
Sciences
Los Angeles, CA
Anesthesiology

Milligan, Brian David
Mayo Graduate School of Medicine
Rochester, MN
Neurological Surgery

Molander, Rachel
University of Wisconsin Hospital and Clinics
Madison, WI
Psychiatry

Monje, Michelle Leigh
Stanford Hospital and Clinics
Stanford, CA
Medicine-Preliminary
Massachusetts General Hospital and
Brigham and Women's Hospital
Boston, MA
Neurology

Nichols, Tonya Marie
Emory University School of Medicine
Atlanta, GA
Emergency Medicine

Pageler, Natalie Michelle
Stanford Hospital and Clinics
Stanford, CA
Pediatrics

Pappas, George
Massachusetts General Hospital
Boston, MA
Harvard Combined Orthopedics Program

Patel, Ketan Hasmukhlal
Stanford Hospital and Clinics
Stanford, CA
Emergency Medicine

Raychaudhuri, Soumya
Brigham & Women's Hospital
Boston, MA
Internal Medicine

Reihman, Kristin Clague
Lehigh Valley Hospital
Allentown, PA
Family Practice

Rubashkin, Nicholas
University of California Medical Center
San Francisco, CA
Obstetrics-Gynecology

Saket, Ramin R.
Stanford Hospital and Clinics
Stanford, CA
Surgery-Preliminary
University of California Medical Center
La Jolla, CA
Radiology-Diagnostic

Samorano, Rogelio S.
University of California Medical Center
La Jolla, CA
Psychiatry/Family Practice

Sanchez, Jaime
Alameda County Medical Center
Oakland, CA
Transitional
Oregon Health Sciences University
Portland, OR
Anesthesiology

Schilling, Peter Leif
Stanford Hospital and Clinics
Stanford, CA
General Surgery

Scott, George C.

University of California Medical Center
La Jolla, CA
Internal Medicine

Shankar, Leena Lakshmi
Kaiser Permanente Medical Center
Woodland Hills, CA
Family Practice

Sinha, Seema Sanzgiri
Stanford Hospital and Clinics
Stanford, CA
Internal Medicine

Stoll, Malaika Sarit
Lehigh Valley Hospital
Allentown, PA
Family Practice

Suen, Andrew W.
William Beaumont Hospital
Royal Oak, MI
Radiation-Oncology

Thomas, Adrian Jefferson
Hospital For Special Surgery
New York, NY
Orthopaedic Surgery

Tierney, Emily Patricia
Carney Hospital
Boston, MA
Medicine-Preliminary
Brigham & Women's Hospital,
Boston, MA
Anesthesiology

Tsuji, Stuart Yukio
University of Hawaii
Honolulu, HI
Transitional
University of California Medical Center
San Francisco, CA
Radiation-Oncology

Valenzuela, Glenn Abano
Cambridge Health Alliance
Cambridge, MA
Transitional
Stanford Hospital and Clinics
Stanford, CA
Anesthesiology

Warren, Adam Paul Carter
University of California Medical Center,
San Francisco, CA
Orthopedics

Weintraub, Rebecca Lynn
Brigham & Women's Hospital
Boston, MA
Internal Medicine

Williams, Deborah Merrill
Santa Clara Valley Medical Center
San Jose, CA
Transitional
Virginia Mason Hospital
Seattle, WA
Anesthesiology

Xing, Fay
New York Presbyterian Hospital
New York, NY
Obstetrics-Gynecology

Yalamanchi, Naveen
University of California Medical Center
Los Angeles, CA
Orthopaedic Surgery

Zhang, Andrew Yuan
Stanford Hospital and Clinics
Stanford, CA
Plastic Surgery

Other Honors and Awards

Ann Arvin, Lucile Salter Packard Professor of Pediatrics, Microbiology and Immunology, has been awarded the Albion Walter Hewlett Award. This prestigious award recognizes physicians of care and skill who are committed to discovering and using biologic knowledge, wisdom and compassion to return patients to productive lives. Dr. Arvin is the sixteenth recipient of this award and joins a very impressive list of predecessors.

Joseph Hopkins, Clinical Professor of Medicine, recently received the Master of Medical Management Degree from the Marshall School of Business, University of Southern California. This degree, offered by only three universities, is specifically tailored for physicians seeking advanced leadership and management skills needed to address the challenges of the evolving health care delivery system. Dr. Hopkins currently is the Associate Director of the Center for Education in Family & Community Medicine, Director of Primary Care, and Associate Chief of Staff of Stanford Hospital and Clinics.

Neil Risch, Professor of Genetics, and of Statistics and of Health Research and Policy, was awarded the Curt Stern Award. It is given by the American Society of Human Genetics, the leading human genetics society worldwide and is awarded in recognition of outstanding contributions to human genetics over the past ten years.

Congratulations to all.

Announcements

Preview the New Lane Library Website: Simplified access and smarter searching is what drives the new Lane Medical Library website. A preview is now available to these new features: 1) new clinician and researcher views that include a clinical core or a bioresearch core search across multiple resources; 2) a single eResources search to find any eJournal, eBook, database and more; 3) a new "article finder" search that finds any online journal at Stanford, not just biomedical titles; 4) a new article linker in PubMed@Stanford that will match all our online journals or provide a lookup for print availability or an interlibrary loan form if not on campus; 5) off-campus access to all content directly and authentication using SUNetID; and 6) new colors and graphics that match the SOM design. The site is a joint development effort of the IRT group. The preview link is highlighted on the current website at <http://lane.stanford.edu>.

Lane Medical Library TECH Desk Pilot ends June 11th: The IRT TECH Desk, a drop-in laptop and software support service program that offered in-person expert advice on a variety of computing, networking, multimedia and instructional technologies located at Lane Medical Library, ended on June 11 after

a 6 month trial. Data gathered during the course of the pilot will help IRT shape the course of the School of Medicine's evolving desktop support strategy. Lane and IRT are interested in feedback about the service; why you used it, the quality of the service, why you didn't use it, etc. If you have comments or suggestions, please email them to: laneinfo@lanelib.stanford.edu.

Appointments and Promotions

- **Lawrence Chu** has been appointed to Assistant Professor of Anesthesia at the Stanford University Medical Center, effective 6/1/2004 to 5/31/2007.
- **Michael Kaplan** has been appointed to Professor of Otolaryngology and Professor, by courtesy, of Neurosurgery at the Stanford University Medical Center, effective 6/1/2004 to 5/31/2009.
- **Timothy McCulley** has been appointed to Assistant Professor of Ophthalmology at the Stanford University Medical Center, effective 6/1/2004 to 5/31/2007.
- **John Morton** has been appointed to Assistant Professor of Surgery (General Surgery) at the Stanford University Medical Center, effective 6/1/2004 to 5/31/2007.
- **Stephen Roth** has been appointed to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 6/1/2004 to 5/31/2009.

Dean's Newsletter July 5, 2004

Welcome to New Housestaff and Fellows

It was just three weeks ago that we bid farewell to our medical and graduate student graduates. Many have gone across the nation to commence additional training as residents or postdoctoral fellows. Some are continuing their work and study at Stanford. During the past week a large influx of new graduates or trainees have arrived to begin their further training in clinical medicine and/or research at Stanford Hospital & Clinics, the Lucile Packard Children's Hospital and the School of Medicine. I want to welcome each of them to our Stanford community.

Increasingly, we are addressing ways to better align the Medical School with the postgraduate programs at our teaching hospitals. One way to accomplish this will be to extend our scholarly concentrations to residents and fellows – which we hope to achieve over the next couple of years. We also want to better align residents and fellows to the academic programs and offerings that are supported through the School and thus provide a more contiguous and connected educational opportunities that continue to link science and medicine and which foster our overarching goal of *Translating Discoveries* (<http://medstrategicplan.stanford.edu/>).

Professionalism at Stanford University Medical Center

In tandem with the School of Medicine's commitment to the Respectful Workplace, the Medical School Faculty Senate established a Professionalism Subcommittee earlier this year that is chaired by Dr. Clarence Braddock, III, Associate Chief of General Internal Medicine, that was charged to develop a framework and operational definition of professionalism that encompasses the medical school, hospital and clinics and that a strategy for implementation of professionalism along with methods to evaluate its impact on students, faculty and staff throughout the medical center.

The development of the common definition of Professionalism commenced with the adoption of the "Professionalism Charter", a document that embraces the core principles of professionalism and that has been ratified by over two dozen medical specialty organizations. Among its core responsibilities are a commitment to professional competence, honesty with patients, patient confidentiality, commitment to maintaining appropriate relations with patients, improving quality of care, improving access to care, just distribution of finite resources, commitment to scientific knowledge, maintaining trust by managing conflicts of interest, and commitment to professional responsibilities. During the past months the Professionalism Subcommittee has been working to make the principles of professionalism more concrete and that there was a need to develop a compendium of examples of acceptable and unacceptable professional behavior. With this the committee will be recommending a series of actions throughout the medical center. Indeed, the medical school curriculum has already been modified to include sessions on professional conduct specifically focusing on the type of behavior to which our students will strive.

In addition to thanking Dr. Braddock and his committee for their progress to date, I want to underscore how important I feel these initiatives are for our community. Achieving and maintaining a respectful workplace that fosters professionalism must be among the highest priorities for every one of us. Indeed, we can only be successful when we each subscribe to professional codes of behavior – and when we are intolerant of those who are disrespectful or unprofessional. During the past three years we have tried hard to ensure a high standard of expectations for having our School of Medicine be a respectful workplace. The code of professionalism extends that expectation to all members of our community throughout the medical center. For the sake of our missions, those we serve – and each other – we should expect nothing less than a respectful workplace and highly professional behavior by all. I certainly will continue to do everything possible to assure that we achieve those goals.

US News and World Reports Hospital Rankings

Today's issue of *US News and World Report* released its annual ranking of hospitals based on surveys of board-certified physicians across the country. Both Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH) have received "Honor Roll" ratings, with SHC ranked 14th (up from 15 in 2003) and LPCH ranked 12th (up from 18th in 2003). In the latest survey Neurology and Neurosurgery improved most

dramatically (to 12th in 2004 from 25th in 2003) and improved standing was also noted for the SHC ranking in Cancer, Orthopedics, Psychiatry, Respiratory Disorders, Rheumatology and Urology. At the same time there were slight declines in SHC's ranking in Cardiac, Kidney Disease, ENT, Gynecology and Rehabilitation.

It is important to emphasize that these scores are in part reputation as well as based on metrics that are influenced by the size and scope of programs. Because Stanford University Medical Center is small compared to other major academic medical centers, the relative size of our programs has an impact on the rankings. That said, SHC and LPCH have done quite well and are clearly among the nation's most valued hospitals. Indeed, there is every reason to expect that with our recent recruitments, new programs and accomplishments, these rankings will improve further in the years ahead.

It is also important to retain perspective since these rankings are far from perfect, even though they have a considerable impact on how the public views hospitals and on how hospitals and medical centers promote or market their putative excellence. As you may recall from my comments about the methods used by US News and World Report to rank medical schools (see April 5, 2004 edition of the Dean's Newsletter http://deansnewsletter.stanford.edu/archive/04_05_04.html), size plays an important role since a major factor is the overall amount of NIH funding. While Stanford School of Medicine was ranked # 8 among research medical schools its ranking is impacted adversely by the fact that it is among the smallest schools of medicine among its peers. Indeed, while Stanford has the highest amount of peer-reviewed funding per faculty member of any school in the nation, it ranks 12th in the total amount of funding – a factor directly related to its small size. I have been working to address the inaccuracy of this methodology and have communicated and met with the editors of US News & World Reports. I remain hopeful that they will place a higher value on quality over size in the methodology used to rank medical schools in the years ahead.

Trying to Understand the True Costs of Research

Research is one of our most important missions and it defines Stanford as Medical School and Academic Medical Center. As a small research-intensive school of medicine, our faculty competes quite successfully for highly competitive research funding support from the National Institutes of Health and other public and private funding agencies and foundations. While we are successful in having the highest amount of peer-reviewed competitive NIH funding per faculty member of any school in the nation, the research dollars we receive (both direct and indirect support) do not cover the entire cost of supporting the research enterprise of the school. It has been generally assumed that in order to support the research mission of an academic medical center, approximately 15-20% of additional institutional support is needed to subsidize the true cost of the research enterprise. To better understand the true cost of our research mission, Ms. Julia Tussing, Managing Director of Finance and Administration in the School of Medicine, presented the results of her study on the cost of the School's research mission at the June 18th Executive Committee.

The reasons for attempting to ascertain the cost of research include the need to understand better the resource allocation decisions we make, to inform fund-raising objectives, to achieve transparency, and to identify the sources and uses of funds associated with the research mission. The methodology used in the study was based on the University's annual Indirect Cost proposal for FY03, which includes all sponsored research and associated indirect costs, "departmental" research and associated indirect costs, and training grants. Using this analysis, a minimum and a maximum cost of research were estimated.

The results indicate that the total cost of the research mission is \$391.5M, plus or minus 5%. Of that total, research sponsors do not pay for \$67M. Therefore, this amount is an investment by the School in the research mission. For every dollar in sponsored funds, the School provides a matching 22 cents from other sources. Another way of expressing this is that every 22 cents on the School's part "buys" \$1.00 in research support.

Ms. Tussing noted that it is important to keep in mind the extent to which the School's missions are entwined. For instance, education occurs in sponsored projects as well as department funded research. In addition, there are many tangible and intangible benefits of research that justify the cost to the School.

Ms. Tussing's presentation generated lively discussion among the chairs and members of the Executive Committee. There was a sense that, although the School could use the different indirect cost reimbursement rates by different sponsors in a strategic way in order to decrease the School's cost of research (i.e., NIH vs. most foundations), this would not be a good idea. For instance, training grants pay a lower indirect cost, yet we want them so that we can support trainees. We also want to have junior faculty accept competitive funding from foundations even though it pays lower indirect costs, because the research it supports helps them gather data that can provide the basis for a subsequent NIH research proposal. Further, we should not allow our research agenda to be driven by the level of support if the nature of the research is compelling and important.

Although this is a work-in-progress, the benefit of this analysis is that it will allow us to make meaningful comparisons to other schools and against our other missions. We can use it to identify trends and make informed decisions on how to fund our investment in research, which is, of course, vital to the success of the school – and indeed is the reason for being the Stanford University School of Medicine.

The Importance of Human Subject Protection and the IRB

Human subjects protection is among the most important issues that academic medical centers face in the safe and responsible conduct of research. In an effort to monitor compliance with the regulations that govern the protection of human subjects, the Federal Office of Human Research Protections (OHRP) conducts not-for-cause audits of human subjects programs at institutions that receive federal funding. Results of these audits are made public, and failure to implement corrective actions may result in suspension of

federal funding. After a recent review of a major academic institution, OHRP published several of their findings and recommendations.

One of the key findings made by OHRP was the observation that human subjects activities had commenced prior to IRB review and approval. This constitutes serious non-compliance and must be reported to OHRP. **Because this is so serious and potentially can impact our clinical research mission, I want to remind all investigators that it is of critical importance to submit human research activities to the IRB for prospective review and approval. This includes new protocols, revised protocols, and renewal of existing protocol activities.**

Other findings discussed by OHRP involved matters that are handled through our IRB review process. They included the omission of relevant Federal grant proposals; consent documents lacking complete subject procedures, especially as they relate to possible risks and discomforts; and consent forms that were overly complex and not understandable to all subjects.

It is essential to remember that all IRB submissions must be complete, accurate and timely. I would strongly encourage you to visit the Human Subjects website for more information pertaining to the protection of human research subjects <http://humansubjects.stanford.edu/medical/>. Also please feel free to contact the IRB Education Specialist, Amanda.Grimes@Stanford.Edu, (724-7141) with all of your IRB questions.

Update on the Institute on the Environment

At the June 4th meeting of the Executive Committee, Dr. Jeff Koseff and his colleagues Drs. Gary Schoolnik, Peter Vitousek, Ron Dunbar, Suki Hoagland, Steve Schneider, and Leigh Johnson discussed the recently established Institute for the Environment. The Institute is a University-wide initiative that involves faculty from the schools of Humanities and Sciences, Medicine, Law, Engineering, and Earth Sciences, as well as the Institute for International Studies and SLAC. It currently has 232 faculty and research scholars on its email distribution list. I briefly described some of the ongoing development of this new Institute in the April 19, 2004 issue of the Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/04_19_04.html).

An important emphasis in this discussion was the possible connections between the environmental sciences and the research agendas within the School of Medicine. For instance, connections between environmental science and biomedical research can be envisioned using the hypothesis that disease probabilities are based on combinations of genetic predispositions and environmental stressors. Specific areas of intersection include environmental toxicology, emerging infectious diseases, biodiversity and the search for new drugs, human physical and intellectual development, population growth and crowding, and environmental psychology.

Areas of intersection between the environmental sciences and the clinical sciences include carcinogenic toxins, endocrine disruptors, reactive airway disease/allergy, diagnostics, animal surrogate markers of environmental toxins, and novel (or old) infectious agents. Intervention opportunities exist at the connecting points between the environment, the individual, and the community. In addition, the Institute is looking forward to developing connections with the medical curriculum in the form of environmental health modules and a scholarly concentration.

The Institute on the Environment has also formed an ad hoc committee on Public Health and the Environment, whose mandate includes the following items, among others:

- To prepare a document describing the research, education, and advocacy opportunities in the environmental health sciences
- To create a database of on-going research projects in the SoM that have an environmental science focus
- To initiate an interdisciplinary Environmental Medicine Forum seminar series

The Institute for the Environment is an exciting initiative that has great potential for interdisciplinary connections with our colleagues across the campus. Dr. Schoolnik is the School of Medicine liaison with the Institute. He has informed me that he welcomes suggestions and ideas from our faculty as to how we might strengthen those connections, and I encourage you to be in touch with him (schoolni@cmgm.stanford.edu).

Update on the Department of Pathology

At the June 18th Executive Committee meeting, Dr. Stephen Galli, Loveless Professor in the School of Medicine and Chair of the Department of Pathology, presented an overview of his department's mission and activities. The mission of the department is to improve the diagnosis, treatment, and basic understanding of human disease by clinical service, education and research. Structurally, the department consists of a leadership group, the Pathology Service, the Stanford Blood Center, PAVAHCS Pathology, Research, and Cores.

The spectrum of research done in the department ranges from basic science research to translational research to clinical investigation. Among the basic science research areas are stem cells, cell cycle regulation, oncogenes, leukocyte homing, protein evolution, and RNAi. Translational topics currently under investigation include immunotyping of lymphomas, cyclosporine mechanisms, microarrays and cancer, mouse models, and fly models. In the clinical arena, department faculty are studying such issues as diagnostic support for transplants, AIDS/CMV screening of blood supply, flow cytometry for HIV and other viral nucleic acids, molecular/genetic pathology, and dendritic cell trials.

The department's clinical pathology work consists of anatomic pathology and clinical pathology. Both are ranked very highly nationally. The anatomic pathology section has highly regarded ACGME-accredited clinical fellowships and outstanding translational/clinical research activities. The clinical pathology section has seen large

increases in the number and complexity of tests offered in recent years, as well as significant increases in productivity and net revenues. The Blood Center has 190 employees and provided 134,000 transfusable blood products in 2003 (about a 40% increase from the year 2000). The Center has also made significant clinical advances, including the first AIDS screening in the world, the first CMV screening, and the first dendritic cell clinical trial.

The educational activities in the department include medical students, graduate students, post-sophomore fellows, housestaff (residents and clinical fellows), and postdoctoral fellows, as well as medical technologists and clinical colleagues.

Dr. Galli noted some of the challenges facing the department at this time, especially in the clinical service areas. He emphasized in his presentation that pathology is interdisciplinary by definition and “interdepartmental” by choice. The department “creates the future” in research and clinical practice, and provides SUMC as well as regional, national and international clients with clinical services of high quality.

I want to thank Dr. Galli for bringing us up to date on the many activities and accomplishments of this multi-faceted department and I also want to thank the faculty, staff, and students in Pathology for their many contributions.

Bioengineering Department Recruits First Faculty Members

The new joint Department of Bioengineering has completed the recruitment of its first three new faculty members. By every measure this is a spectacular start to an exciting new department. The three new faculty include:

- **Dr. Jennifer Cochran** comes to Stanford from MIT's program in biological engineering with a strong track record in immunobiology and state-of-the-art training in protein engineering. Jennifer is poised to build a research program in biomolecular engineering of new materials and therapeutics.
- **Dr. Karl Deisseroth's** work with controlled neurogenesis and neuroengineering offers fantastic potential to treat a wide variety of neurological disorders. Karl completed his M.D. and Ph.D. degrees at Stanford and is jointly appointed with the Department of Psychiatry. Karl will be an active participant in the Neurosciences Institute.
- **Dr. Steve Quake**, a former Stanford undergraduate and now the Thomas E. and Dorie Everhart Professor of Applied Physics and Physics at Caltech, will be moving to Stanford this fall. Steve's research on single molecule biophysics, microfluidics, and DNA sequencing has made him one of the top bioengineering scientists in the country.

Drs. Cochran, Deisseroth and Quake will be based in the Clark Center. I want to commend Dr. Scott Delp, Chair and Paul Yock, Co-Chair, for the tremendous job they

have done in launching the department and for bringing these outstanding new faculty members to Stanford. While the department is still at its earliest stage of development, the recruitment of incredibly talented faculty, as well as students, offers clear evidence of tremendous future success.

Stroke Center Seeks JACHO Center of Excellence Status

Thanks to the leadership of Drs. Greg Albers, Michael Marks and Gary Steinberg, the Stanford Stroke Center is recognized as one of the best in the nation. It provides state-of-the-art clinical care and is a leader in new innovations that have decreased the morbidity and mortality caused by stroke. To further validate its position as the number one center for stroke management, the Center's leaders and staff are now seeking JCAHO Stroke Center Certification. Accordingly, a site visit was held on June 29th to review the Stanford program. I attended the first portion of the review and was enormously impressed by the depth and excellence of the Stanford Stroke Center. Hopefully, JACHO will provide the Certification that will further validate the excellence of this program. Special thanks to Drs. Albers, Marks and Steinberg as well as the very talented faculty and staff throughout the Medical Center who make this program so outstanding.

Steve Leibel Arrives to Direct the Clinical Cancer Center

In the March 8th issue of the Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/03_08_04.html), I announced the appointment of Dr. Steve Leibel as the new director of the Clinical Cancer Center. As you may recall, Dr. Leibel is an internationally recognized oncologist who served as the Chair of Radiation Oncology at the Memorial Sloan Kettering Cancer Center until he joined Stanford in his role as Clinical Director of the Clinical Cancer Center on July 1st. I now want to formally welcome Dr. Leibel to the Stanford community. We all look forward to the important work he will do on behalf of Stanford.

I also want to use this opportunity to let you know that we are continuing to make progress in our application for becoming an NCI-designated Comprehensive Cancer Center. Each of the program areas are proceeding nicely and the only major (but still quite critical) task is the recruitment of the Principal Investigator. We still hope to complete that process in the next few months.

LCME Review Process Begins

The Liaison Committee on Medical Education (LCME) will be conducting a site visit of the Stanford School of Medicine on October 16-19, 2005 as part of its standard accreditation procedures. We have a mandate with this visit to achieve full accreditation in contrast to prior LCME visits in which several areas of non-compliance were identified. Indeed, this visit is critical to the future success of the School of Medicine.

Accordingly, preparations for this very important site visit include completing an institutional self study and developing an extensive database on all aspects of Stanford's medical education program, including facilities, curriculum, learning environment,

affiliated hospitals, graduate and post-graduate education, and research. The most recently completed academic year, 2003-2004, will be profiled in the database and the self-study.

Numerous subcommittees will be taking shape in the coming months, and each will hold approximately 2-4 meetings during the fall of 2004 to complete assigned parts of the self-study. We will seek broad based representation from administration, faculty, students, and other constituencies to serve on these committees. The monumental effort that has and continues to go into the substantive curriculum changes already underway are perfectly complemented by the detailed analysis of our programs required by the LCME self-study process, with the ultimate goal of assuring that the school's goals fulfill the requirements set forth by the LCME.

I have asked Oscar Salvatierra, MD, Professor of Surgery and Pediatrics, to shepherd the LCME accreditation project. He and Rebecca Trumbull of the Office of Institutional Planning may be calling on you for help. I ask that you be ready to participate in this important endeavor if called upon; I realize that most of you are already overburdened with responsibilities, but this enormous undertaking is essential for the well-being of the school, and I appreciate the extra effort it may require from you.

I also appreciate your cooperation throughout this important process at a critical juncture in the history of our school, and thank you in advance for your support.

Honors and Awards

- Dr. Marlene Rabinovitch, Dwight and Vera Dunlevie Professor of Pediatrics will receive the American Heart Association Prize in Basic Science Research at its Annual Meeting in November 2004. This is a wonderful honor and we offer our congratulations to Dr. Rabinovitch.

Dean's Newsletter July 26, 2004

The Clinician Educator Track: Opportunities for Career Development

During the past two years we have made a number of changes in the professoriate in the School of Medicine. Our goal has been to better delineate the pathways for career development and more appropriately align them with the goals and expectations of faculty, departments, the School of Medicine and the University. To be successful, academic medical centers require a multiplicity of skills, knowledge and expertise and need to foster a community of individuals to carry them forth. A medical school faculty must support and advance its missions in education, research and patient-care. At Stanford we are committed to assuring excellence in each of these missions. We want

also to foster collaboration, innovation and leadership in our faculty and students with an overarching goal of *Translating Discoveries*. (<http://medstrategicplan.stanford.edu/>)

It is important to recognize that to be successful as an outstanding investigator or clinician requires enormous time and focused commitment. While it was once believed that individual faculty should be outstanding in multiple areas (often referred to as the “triple threat” for those trained as MDs) in reality the time and skills required to be successful means that nearly all clinical faculty must choose whether to focus primarily on research or on patient care. Having outstanding full-time investigators and superb full time clinicians is important to the future of Stanford. That said, we also need to assure that we have a cadre of individuals who will serve at the interface as clinician-scholars/investigators in order to make sure that our efforts between “bench and bedside” are closely linked.

It is important that the professoriate be well defined to help assure the success of these goals and functions. Presently we have four faculty tracks in the School of Medicine: Investigator (or University Tenure Line), Non-tenure Line Research and Educator Track, Clinician-Scholar/Investigator (aka Medical Center Line) and the Clinician-Educator (which is centered within the School of Medicine). The guidelines for appointment and promotion in the first three of these lines are described in the Faculty Handbook or (<http://med.stanford.edu/academicaffairs/handbook/TOC.html>). During the past year we have made additional progress in defining the Clinician-Educator track and I want to make sure you are aware of the information and opportunities now available for this important career pathway.

First, I want to thank Dr. Ken Cox, Senior Associate Dean for Pediatric and Obstetric Clinical Affairs who chaired a task force to better delineate the opportunities and benefits for Clinician-Educators in the School of Medicine. I also want to thank the individuals who worked with Dr. Cox since this was an effort that required participation of the School, Stanford Hospital & Clinics, and the Lucile Packard Children’s Hospital. The Committee included Drs. Norm Rizk, Gerry Shefrin, David Stevenson, and Ron Pearl, Mike Peterson, Keith Grundy, Dave O’Brien, Marcia Cohen, Cindy Johnson, Julia Tussing and Kathy Gillam.

Importantly, the Committee underscored the importance of the Clinician Educators to the ultimate success of our patient care mission – as well as the overall mission of the School and Medical Center. They also recognized that this is a category that will require evolution to optimize success. For example, most of the physicians categorized as clinician-educators have heretofore been junior and transient in their stage of career development. Indeed, of the 313 individuals appointed as clinician-educators (a number of whom are part-time) the vast majority have only recently completed training and very few have been in their position for more than five years. Our goal is to make this an attractive career path, one that offers opportunities for career advancement and provides compensation and benefits that are attractive and competitive.

To accomplish these goals we will be seeking Clinician-Educators who are committed to this important career path, which will enable them to provide patient care for approximately 90% of their time and devote the remainder to education of students, residents and fellows. We will also be seeking more senior physicians for these roles and will use national searches to identify the best candidates for these positions – which will require an approved business plan by the School and respective hospital before an appointment can be made. Appointments may be 3-5 years in length and are renewable based on performance. We further envision that in addition to providing patient care, a selected number of Clinician-Educators may serve as Medical or Program Directors. The criteria for promotion, which may be found in the School's Faculty Handbook (<http://www.med.stanford.edu/academicaffairs/>) focus primarily on clinical excellence and teaching and do not require written scholarship (in contrast to the Clinician Scholar/Investigator track).

An important facet of the Cox Committee's work was to develop guidelines for compensation and benefits. The goal has been to develop a competitive compensation schedule along with benefits that can include housing assistance and professional development time. The compensation guidelines are available at http://www.med.stanford.edu/academicaffairs/C~E_Benefits.html. Eligibility for a number of the benefits are based on clinician-educator faculty rank, the date of appointment (some being post July 1 2004), and length of service. For additional information about the Clinician/Educator Housing Assistance Program see http://www.med.stanford.edu/academicaffairs/C~E_Benefits.html. Further information regarding the professional development opportunities for Clinician/Educators is available at http://www.med.stanford.edu/academicaffairs/C~E_Benefits.html

Our goal has been to develop a robust and attractive path that will permit us to recruit and develop outstanding Clinician-Educators. I am naturally cognizant that some in our community will continue to suggest that this is a tangential group but I want to underscore that I do not see it that way. In contrast, I see the importance of the Clinician-Educators to our future success in providing outstanding patient care and in further developing the clinical skills of our students and trainees. I see this track as one that can and should promote longitudinal career development and that will provide tangible value to both junior and more senior clinicians who excited about delivering outstanding patient care at Stanford and in being valued members of our community.

Charting a Future: Stanford University in the 21st Century

During the past year and especially over the summer, the Executive Cabinet (which is comprised of the President, Provost and Deans, including the directors of SLAC and the Hoover Institute) has been meeting regularly to craft the broad institutional initiatives that will shape the future of Stanford University during the 21st Century. What makes Stanford so exciting is the degree of interaction and cooperation that exists among the schools and how that is impacting the development of interdisciplinary research. Emerging from these discussions are 3 - 4 defining initiatives, two of which are already formed and two others that are being explored and developed.

The two initiatives that have been formed include BioX and the Institute for the Environment. Both are exciting in their own rights and both draw together faculty from virtually every School – and clearly from the School of Medicine. I have highlighted these in prior Newsletters.

The two additional initiatives that are evolving include the International Initiative, which is currently focusing on three overarching and interconnected sets of problems that will include:

- ***Pursuing Security in an Insecure World*** (including such issues as catastrophic terrorism, proliferation of weapons of mass destruction, ethnic conflicts and civil wars, interstate rivalries)
- ***Reforming and Improving Governance at All Levels*** (including existing international and regional institutions no longer equipped to cope with demands, problem of failing and failed states, the challenge of democracy and effective governance and understanding new forms of governance)
- ***Advancing Human Well-being*** (including economic development, global health, education and educational reform and equity [access to and distribution of resources, justice and human rights])

In addition, the faculty steering committee for the international initiative, which is co-chaired by Professors Chip Blacker (Stanford Institute for International Studies) and Elizabeth Pate-Cornell (Engineering), is also focusing on three crosscutting drivers that impact on the primary problems noted above and that include

- ***Globalization***
- ***Technological Change***
- ***Cultural Diversity***

The committee on the international initiative will continue to address the intersection of these issues, including their relationship to the initiatives on the environment and BioX. If you have an interest in this initiative you should feel free to contact our School of Medicine representative, Dr. Lucy Tompkins, Professor of Medicine (Infectious Diseases) at LucyTomp@stanford.edu or Drs. Blacker or Pate Cornell.

The other emerging initiative at an even earlier state of development is the “Arts Initiative” that is being lead by Professor Bryan Wolf. There are many reasons to include the arts as a broad university initiative, including the fact that the arts are about values, critical thinking, imagination, empowerment and globalization. The goal of the Stanford Arts Initiative is to engage the entire University – from science, medicine and engineering to business and law – “in an innovative, boundary – crossing effort to re-imagine the role of the arts at Stanford in the twenty-first century”. Among the tangible goals is the establishment of the Stanford Arts Center, whose goal will be to coordinate the many different arts programs already present at Stanford, to initiate new programs, to enhance the presence of the arts within the undergraduate residential life and to establish an active program of Arts Fellows and Artists-in-Residence. It is important to note that the School of Medicine also has a longstanding interest in Medical Humanities and the

Arts that has engaged students and faculty. Indeed, it is also worth noting that one of our new Scholarly Concentrations focuses on medical humanities. Thus, as this initiative evolves, it is clear that it will have important interconnections to medicine. The Committee will be doing outreach during this summer and I would certainly recommend that those who are interested to contact Professor Wolf (bwolf@stanford.edu).

In addition to these exciting initiatives, one other cross-school initiative that will take life over the next year will be the recreation of graduate education. The opportunity at Stanford is to develop new interdisciplinary and joint degree graduate education programs. To evaluate this, a Commission on Graduate Education is being established by the President and Provost that will, over the next year, critically assess ways that Stanford can pave new paths in graduate education. This too should be an exciting and important initiative.

Taken together these crosscutting initiatives on BioX, the environment, international issues, the arts and graduate education offer the template for further transforming Stanford. There are challenges we are uniquely poised to address – and that will provide an exciting time for Stanford in the 21st Century.

Dr. Irv Weissman Testifies Before a Senate Committee on Stem Cell Research

On July 14th the Senate Commerce Committee's Subcommittee on Science, Technology and Space held another session in a series of hearings addressing the stem cell research policy. Past hearings have served as a vehicle for Chairman Sam Brownback (R-KS) to promote opposition to embryonic stem cell research. This hearing, however, provided a tangible example of how the politics surrounding stem cell policy have changed in recent months.

Ryan Adesnik, Director of Federal Relations, attended the hearings and reports that Senator Brownback sought to limit the hearing's focus to success stories developed through adult stem cell research, hoping to make the case that such successes obviate the need to pursue embryonic stem cell research, a line of research that is far more controversial. However, the coordinated outreach efforts of academic institutions and disease advocacy groups provided a new political backdrop. That effort, which included public support from Nancy Reagan and letters signed by over 200 House Members and 58 Senators in public opposition to the President's stem cell research funding policy made it extremely difficult for Senator Brownback to limit debate. Of particular note, a clear majority of Senator Brownback's subcommittee were signatories to the Senate letter. This group included such conservative Senators as Trent Lott (R-MS), Ted Stevens (R-AK) and K. Bailey Hutchison (R-TX).

The change in political dynamic was clearly shown in the fact that no Republican members attended to the hearing to support Chairman Brownback's point of view. Subcommittee members had invited Dr. Irving Weissman, the Karel and Avice Beekhuis Professor of Cancer Biology and the Director of the Institute on Cancer and Stem Cell Research, to provide the counterpoint. Members of the Subcommittee in attendance

spent their time vigorously questioning witnesses espousing Chairman Brownback's view, and they relied on Dr. Weissman to explain the science.

Dr. Weissman testified about the value and potential of adult stem cell research but eloquently defended embryonic stem cell research against misguided efforts to ban certain forms of embryonic research. He called for changes to federal restrictions that severely limit public funding support. In imploring the Subcommittee Dr. Weissman stated, "I urge you to think hard about whether you wish to overrule good science and medicine and ban some kinds of biomedical research and therapies for the first time in American history...In my own personal moral view, those in a position of advice or authority who participate in the banning or enforced delays of biomedical research that could lead to the saving of lives and the amelioration of suffering are directly and morally responsible for the lives made worse or lost due to the ban." In conclusion Dr. Weissman testified, "If you have real concerns about our economy, or our ability to recruit and train the best and brightest for biomedicine, or our ability to develop and prescribe the best therapies for our patients, I believe you will choose the American way of sensible actions, and when appropriate, regulation, not abolition."

Subcommittee member Senator Ron Wyden (R-OR) hit directly on the conclusion of his fellow panelists in attendance when he stated, "While research shows that using adult stem cells can help some people, there are millions of Americans who suffer from a host of devastating diseases... who I believe deserve more."

Opportunities for a Clinical Research Scholarly Concentration

This Fall a new Scholarly Concentration in Clinical Research will be introduced into the Medical School Curriculum. Dr. Charles Prober, Professor of Pediatrics, Medicine and Microbiology & Immunology will serve as the course director. The overall mission of this new Scholarly Concentration will be to develop skills critical to the translation of scientific discoveries and knowledge into optimal patient care. Dr. Prober, who is also the Scientific Director for the Glaser Pediatric Research Network, has a passion for using acronyms to describe new programs – as he did when he helped develop the ACCESS and PRECEPT programs among others. Accordingly, he has described the new concentration under the banner of TRIUMPH (calling up images of a sleek motorcycle – to an older generation of course – or a cool sports car) but now standing for "Translational Research to Improve Understanding of Medicine and Patient Health" (aka TRIUMPH).

Dr. Prober and his colleagues note that students benefit from being knowledgeable about the principles that underpin clinical research since they also provide the skills to more critically evaluate purported advances in clinical care and provide a foundation for lifetime learning in clinical medicine. Moreover, clinical research is a dividend of the School's mission in Translating Discoveries (<http://medstrategicplan.stanford.edu/>) and clinical investigators are, in a number of ways, the translators that bring discovery from the laboratory to the patient.

The TRIUMPH curriculum will be comprised of both didactic course work and research experience. Among the courses will be “Epidemiology and Clinical Research Seminar” and “Introduction to Probability and Statistics for Epidemiology” among others. In addition, students will learn how to critically read and interpret the medical science literature and become conversant with evidence-based medicine. As with other Scholarly Concentrations, students will be able to pursue either a “Scholarly Track” or an “Original Research Track.” The preferred option is the original research track, which will engage the student in an in-depth hypothesis driven project involving data collection, analysis and reporting and which may also permit the student to gain a Masters Degree. As with other scholarly concentrations, it is expected that the student will be engaged with this work over a number of years.

This new scholarly concentration will join the current eight existing ones. Together they provide a reasonably broad set of offerings and opportunities for our students. They represent a great start although it is expected that there will be evolution of the scholarly concentrations based on their interest, opportunity and overall success.

Dr. Ron Levy on Discovery Channel

As you know, Dr. Ron Levy was recently honored for his pioneering work in developing immunological approaches to the treatment of cancer, focusing on non-Hodgkin’s lymphoma. His work has been widely celebrated and was recently featured on the Discovery Channel. If you missed that show and want to see the short video, click the following site:

<http://171.65.5.8/medhonors/DHC%20Medical%20Honors%20-%20Ron%20Levy.mpg>

Stanford Medical Students Selected for HHMI Training Fellowships

I am pleased to announce that six Stanford Medical Students have competed successfully for Howard Hughes Medical Institute Research Training Fellowships. The successful students and their research advisors include:

- **Kevin Forsythe** with Susan Knox (Radiation Oncology)
- **Oscar Gonazalez** with Philip Tsao (Medicine/Cardiovascular)
- **Holbrook Kohrt** with Peter Lee (Medicine/Hematology)
- **Mary-Elizabeth Muchmore** with Judith Shizuru (Medicine/Bone Marrow Transplant)
- **Matthew Siedhoff** with Michael Longaker (Plastic Surgery)
- **Leroy Sims** with Griffith Harsh (Neurosurgery)
-

In Memoriam: Stephanie Anne Franchak

Dr. Stephanie Ann Franchak joined the incoming class of pediatric interns at the Lucile Packard Children’s Hospital this June with the goal of becoming a provider of health care to children. As she began her internship it could not be imagined that she would soon become a patient and that her own illness, which sadly ended in her death on July 14th,

would leave an indelible mark on her colleagues and health care providers across the Stanford Medical Center in such a different way that she had anticipated. Sadly the promise of her own important personal contributions to improving the lives of others succumbed to a ravaging cancer that did not respond to the extraordinary efforts by physicians and other health care providers who tried so hard to help save her life. Many of these individuals came together for a Memorial Service on July 20th to reflect on Stephanie's life and the unique and special gifts that she brought to all she came to know. The tragedy of her untimely death was deeply felt by all – but her impact on the lives of the communities she embraced will surely live on.

Awards and Honors

Two world-renowned Stanford Faculty members are recipients of the 2004 Novartis Immunology Prizes that were awarded at the XIIth International Congress of Immunology on July 19th.

- **Dr. Hugh McDevitt**, Professor of Microbiology and Immunology and of Medicine, received the Clinical Immunology Prize for his discovery, mapping and characterization of major histocompatibility complex-linked control of the immune response.
- **Dr. Leonard Herzenberg**, Professor of Genetics, received a Special Immunology Prize for his development of the first Fluorescence-Activated Cell Sorter (FACS) and introduction of fluorescent labeled antibodies as reliable FACS reagents.

Congratulations to Drs. McDevitt and Herzenberg

Appointments and Promotions

- **Clarence Braddock** has been appointed to Associate Professor of Medicine at the Stanford University Medical Center, effective 7/1/2004 to 6/30/2009.
- **Eliza Chakravarty** has been appointed to Assistant Professor of Medicine (Immunology and Rheumatology) at the Stanford University Medical Center, effective 7/1/2004 to 6/30/2007.
- **Steven Chang** has been reappointed to Assistant Professor of Neurosurgery at the Stanford University Medical Center, effective 7/1/2004 to 6/30/2008.
- **Karl Deisseroth** has been appointed to Assistant Professor of Bioengineering and of Psychiatry and Behavioral Sciences, effective 1/1/2005 to 12/31/2008.
- **George Fisher** has been promoted to Associate Professor of Medicine (Oncology) at the Stanford University Medical Center, effective 7/1/2004 to 6/30/2009.
- **Pehr Harbury** has been promoted to Associate Professor of Biochemistry, effective 7/1/2004.
- **John Higgins** has been reappointed to Assistant Professor of Pathology at the Stanford University Medical Center, effective 7/1/2004 to 6/30/2008.
- **Sharon Hunt** has been reappointed to Professor of Medicine (Cardiovascular Medicine) at the Stanford University Medical Center, effective 7/1/2004.

- **Amreen Husain** has been reappointed to Assistant Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective 6/1/2005 to 5/31/2008.
- **Laura Johnston** has been reappointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 7/1/2004 to 6/30/2008.
- **Terence Ketter** has been promoted to Professor of Psychiatry and Behavioral Sciences, effective 7/1/2004.
- **Jonathan Katz** has been promoted to Associate Professor of Neurology and Neurological Sciences at the Palo Alto Veterans Affairs Health Care System, effective 7/1/2004 to 6/30/2009.
- **Jose Montoya** has been promoted to Associate Professor of Medicine (Infectious Diseases) at the Stanford University Medical Center, effective 7/1/2004 to 6/30/2009.
- **Matilde Nino-Murcia** has been promoted to Professor of Radiology at the Palo Alto Veterans Affairs Health Care System, effective 7/1/2004.
- **Robert Negrin** has been promoted to Professor of Medicine (Bone Marrow Transplantation), effective 7/1/2004.
- **Dmitri Petrov** has been reappointed to Assistant Professor of Biological Sciences, effective 7/1/2004 to 6/30/2007.
- **Stephen Quake** has been appointed to Professor of Bioengineering, effective 8/1/2004.
- **Clare Twist** has been reappointed to Assistant Professor of Pediatrics (Pediatric Hematology/Oncology) at the Lucile Salter Packard Children's Hospital, effective 6/1/2005 to 5/31/2007.

Dean's Newsletter

August 23, 2004

Appointment of Associate Vice President for Medical Development

As you know from prior communications, we are on the threshold of initiating the first phase of our capital campaign, for both the School of Medicine and Medical Center, as well as for the University. Indeed during the past couple of years we have developed an inventory of the key facilities and programs needed to further propel Stanford as leading research-intensive school of medicine and university into the 21st century. For the Medical School much of this will come under our umbrella of Translating Discoveries, the theme for our Strategic Plan (<http://medstrategicplan.stanford.edu/>). While it is certainly true that our faculty is the most critical component to the success of our fundraising efforts, it is also true that having an outstanding Office of Medical Development is also critically important.

During the past several months we have been engaged in a national search to identify the individual who could help lead and coordinate our development plans as the Associate Vice President for Medical Development. We worked with excellent search firm,

Witt/Kieffer, and had the opportunity to evaluate a large number of potential candidates. Indeed, our group of finalists was truly outstanding – each bringing different and special strengths and talents to this position. Our search committee included Martha Marsh, CEO of Stanford Hospital & Clinics, John Ford, Vice President for Development, Mike Hindery, Senior Associate Dean for Finance and Administration, John Freidenrich, University Trustee and Chair of our Leadership Council for Medical Development and myself. During the final interview sessions we also benefited from the assistance and insights of senior faculty and university leaders who met with each of the candidates. The input we received was most helpful.

Last Monday, John Ford, Martha Marsh, and I were very pleased to announce the appointment of Douglas G. Stewart as Associate Vice President for Medical Development and Alumni Affairs at the Stanford University Medical Center.

Doug will begin his new responsibilities on October 1st. He comes to Stanford from the University of California, San Francisco, where he served as Executive Director, University Development, and Associate Vice President for the UCSF Foundation. Importantly, he directed UCSF's most recent successful comprehensive fundraising campaign, which just surpassed its goal of \$1.4 billion a year early. Prior to going to UCSF, Doug directed fundraising activities for the California State University at Fullerton, the California Academy of Mathematics and Sciences, and Neurosciences at the University of California, Los Angeles. His experiences in leading these campaigns as well as his abilities as a manager, leader and fundraiser, will surely prove most valuable to Stanford as we move forward.

As Associate Vice President, Doug will lead the School's Office of Medical Development. He will work closely with Martha Marsh and me as well as with the leadership of the University's Office of Development in all aspects of fundraising for the School of Medicine and the Stanford Hospital and Clinics. We are extremely pleased that Doug will be coming to Stanford. I also want to thank Jana Baldwin (Administrative Associate) and Julia Tussing (Managing Director, Finance & Administration) who played key roles in coordinating the visits of our candidates and making each feel welcome to Stanford.

For those readers unfamiliar with the work of the Office of Medical Development, let me say that it provides support for Stanford University Medical Center by building long-lasting relationships with patients, businesses, foundations, medical school alumni, and members of the community. These relationships help enhance the groundbreaking work of physicians and scientists throughout the medical center - from the discoveries they make to the patient care they deliver - and provide a sense of involvement and fulfillment for donors, volunteers, and staff. The Office plays a crucial role in the work of the Stanford University Medical Center, and I couldn't be more pleased that we have someone of Doug Stewart's experience and talent to lead our development efforts.

Update on the School of Medicine Website Project

At the August 6th meeting of the Executive Committee, Michael Halaas, the Systems Development Associate Director of Web Development in the Office of Information Resources and Technology (IRT), presented a report on the School's public web site.

As you likely know, in January 2004, the school launched its newly designed web site including a new home page and several thousand pages of associated content. The primary goal was to create a site that can provide meaningful, usable information and services to the school's core audiences and appropriately represent the spirit and stature of our institution. Michael emphasized that the redesigned site was not simply a cosmetic upgrade, but a complete re-implementation of the web infrastructure from both a technical and a conceptual standpoint. I think that Michael and his colleagues, under the leadership of Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, have done an outstanding job in making our website easy to navigate and highly informative.

The new website (<http://med.stanford.edu/>) has proven to be a heavily used resource for the school, accumulating 1.9 million unique visitors between January and June of 2004 with an average of 92,000 page views each day. 15% of visitors to the site were from Stanford, 30% were from elsewhere in California, 33% were from elsewhere in the US, and 22% were international.

Michael also provided an exciting update on the status of the redesign project and showed examples of completed pages. The ultimate goal is to build all sites in the school using a common design framework. It was emphasized that this design uses many common elements but is flexible in order to accommodate the unique needs of each site. To date, 49% of the web sites that the project team is aware of have been completed. An additional 8% are in development, and the remaining are still to be done. Among the benefits of the redesign are a more attractive presentation, improved organization, better navigation, more dynamic content, a unified presentation of the school's departments and other entities, and improved support for departmental web maintainers.

Michael also demonstrated and gave an update on the status of two dynamic web projects: the *Community Academic Profiles (CAP)* and the *Public Clinical Trials Directory*. The *Community Academic Profiles (CAP)*, in Phase 1 of the project, will be a replacement for the Faculty Research Directory that is currently online. It will automatically generate profiles for all Principle Investigators in the School. These profiles will be easy for researchers (or their designees) to update and can be published on multiple school sites simultaneously. Information about all publications associated with our researchers will be automatically retrieved from PubMed and incorporated into profiles. The site is scheduled for release in September with continued development and enhancements planned for the future.

The *Public Clinical Trials Directory* is built as a searchable repository for all clinical trials in the school. It has been developed in partnership with many groups in the school and hospitals and is being piloted by the Cancer Clinical Trials Office. The site organizes the trials by disease category and school department and provides basic information and a

primary contact for each trial. Maintenance of trial information is delegated to study coordinators and PI's. If your department would like to begin using the system, please contact Michael at halaas@stanford.edu. The site can be viewed at http://med.stanford.edu/clinical_trials/

The members of the Executive Committee expressed their appreciation for the redesigned site and for the extensive efforts of the many staff members who have worked on its various components. I would add that thanks to Michael and his group. We truly have an outstanding website – which promises to become only better in the months and years ahead.

Update on the Department of Psychiatry

At the August 20th meeting of the Executive Committee, Dr. Alan Schatzberg, Kenneth T. Norris Jr. Professor and Chair of the Department of Psychiatry and Behavioral Sciences, presented an overview of his department's activities. Unfortunately, I was away for this presentation and thank Kathy Gillam for this summary. Per her report, Dr. Schatzberg began by pointing out that the discipline of psychiatry has changed enormously since the era when the image one had of psychiatry was the couch in the psychoanalyst's office. Today it is heavily pharmacologically oriented, with strong elements of molecular biology, radiology, and genetics. Indeed, I would add that I very much see psychiatry as being embraced in the domain of our Neurosciences Institute at Stanford.

The department currently consists of some 92 faculty and clinician educators, 27 academic research staff, 57 residents, 84 fellows, and 350 other employees. It has over 40,000 clinic visits annually and projects that it will have over \$28M in sponsored project expenditures by the end of FY 2004. The department, as is typical of Stanford departments, is smaller than its peers, so that it brings in less total grant support than they. However, like the School of Medicine as a whole, it ranks at the top in terms of grant support per faculty member.

The department is historically multidisciplinary, in part because it encompasses both psychiatry and behavioral sciences. The academic disciplines represented in the department include animal behavior, brain imaging, epidemiology, genetics and pharmacogenetics, health outcomes research, molecular and cellular physiology, molecular pharmacology, neuropsychology, psychology (psychotherapy), psychoneuroendocrinology, psychopharmacology, sleep medicine, and statistics. The department is also involved in major collaborations with many departments both within the School of Medicine and in other schools, such as Biological Sciences, Psychology, Bioengineering, and Electrical Engineering.

The major research programs within the department are child psychiatry, eating disorders, geriatric psychiatry, mood disorders, the Pritzker Laboratory, psychosocial research, and sleep disorders, including narcolepsy. For each program, Dr. Schatzberg provided a brief synopsis of current research and recent findings. He emphasized the novel approaches being used in each of the areas. In its research, training, and patient

care, the department covers most of the major psychiatric illnesses. Research on them is carried out using a variety of disciplines and methodologies, beginning with basic animal models and other basic research and encompassing epidemiology, clinical biology, psychopharmacology, and psychotherapy.

Following the presentation, the members of the Executive Committee commented on the broad based transformation the department has undergone under Dr. Schatzberg's leadership and on the close connections between the department and the neurosciences institute. Thanks to Dr. Schatzberg for his informative and engaging presentation and to all the members of the Department of Psychiatry and Behavioral Sciences for their many contributions.

A Timely Article about Stem Cells

Today's Washington Post presented an op-ed article by Ruth R. Faden and John D. Gearhart. Dr. Faden, Wagley Professor of Biomedical Ethics at Johns Hopkins University, directs its Berman Bioethics Institute. Dr. Gearhart is the C. Michael Armstrong Professor, also at Johns Hopkins University. In my opinion they present a clear, balanced and articulate perspective, which I am taking the liberty of including in this issue of the Dean's Newsletter for your information.

Facts on Stem Cells

By Ruth R. Faden and John D. Gearhart

Reprinted from the Washington Post, Monday, August 23, 2004; Page A15

This summer marks the third anniversary of President Bush's announcement of his policy on stem cell research. In the intervening years, the subject has become a polarizing flash point for American politics and a focal point for the presidential campaign. For many of Sen. John Kerry's supporters, the Bush administration's stem cell policy is a leading symbol of everything that is wrong with the current domestic agenda. For Bush supporters, his stance on stem cells is a leading symbol of all that is right.

Translating science into political symbols and slogans comes at a price. There is hype on both sides. In the rush to put a human face on a complicated biomedical challenge, supporters of both stem cell research and Kerry sometimes seem to suggest that but for the administration's policy, stem cell cures for dread diseases would already be in hand. Even under the most supportive policies, however, considerable research needs to be done before the therapeutic promise of stem cells is fully understood and its benefits are realized. In no cases are cures guaranteed, and even in the most promising areas, reliable cures are years, in some cases as much as five to 10 years, away.

That said, and despite the hype to the contrary, there is no question that the current policy is substantially retarding progress in stem cell research. In an Aug. 4 op-ed in The Post, Anne Applebaum argues that our national debate on stem cells should begin with the facts. We agree. Here are some facts:

* As much as we might wish it to be otherwise, no non-embryonic sources of stem cells -- not stem cells from cord blood or from any "adult" sources -- have been shown to have anything like the potential to lead us to viable treatments for such diseases as juvenile diabetes, Parkinson's and spinal cord injury that stem cells derived from very early embryos do. The science here is unequivocal: Access to embryonic stem cell lines is essential to rapid progress in stem cell research.

* The embryonic stem cell lines the president approved for federal funding three years ago, all of which were derived before August 2001, are clearly inadequate to advance stem cell science, let alone to take that science from the bench to the bedside. There are too few of them, no more than 21. All of the approved stem cell lines were prepared using mouse cells and thus pose a risk of contaminating human subjects with mouse viruses. This is a needless risk; since 2001 we have developed techniques for establishing embryonic stem cell lines without using mouse cells. Even if the approved lines were safe for use in humans, many patients who would be appropriate and willing participants in the first human trials would have difficulty receiving grafts based on these lines because of problems of genetic matching. There are just too few lines to even begin to accommodate the genetic diversity in our population.

* Under the current policy, it is not possible to use federal funding to generate or study stem cells derived from embryos with genetic defects or disease genes. Such cell lines would be invaluable in helping to determine the molecular basis of disease and in seeking ways to correct problems or ameliorate their consequences.

* Restricting federal funding to just the approved lines is retarding progress for financial as well as scientific reasons. The \$25 million allocated by the Bush administration for embryonic stem cell research in 2003 is a tiny fraction of the National Institutes of Health budget of \$18.3 billion for extramural research. To put this in perspective, in that same year the government spent almost eight times as much (\$190.7 million) on research with less promising "adult" stem cells. There are formidable scientific and medical challenges to attaining our goal of providing cell-based therapies that are safe and effective. It will take the efforts of many scientists and clinicians in a variety of disciplines to bring this technology to the clinic. The results of laboratory investigations on human embryonic stem cells are highly encouraging and consistent with meeting this goal. Private funding of stem cell research is important and is increasingly forthcoming, but in these early stages, federal funding is paramount and essential.

* We are losing ground to other countries with less restrictive policies on embryonic stem cells. This month British government officials announced the first license to use cloning techniques to generate a human embryo to produce stem cells that might be used for the treatment of disease. Other nations are investing heavily -- hundreds of millions of dollars -- in embryonic stem cell research. The United States stands to lose substantially in the global economy of intellectual property and biotechnology. More important, patients everywhere stand to lose. As much as other countries invest, they cannot fill the gap. They are not as well positioned scientifically as the United States to advance stem cell research. Losing ground to other countries also means losing oversight of critical points in the research cycle, over the ethical treatment of human subjects and embryos, and over quality control.

Hype and symbols will not advance our national debate about stem cell research. Facts and frankness will. So let's be frank.

The controversy about stem cells, and the choice between Kerry and Bush on stem cell policy, is not about science; it really is about values -- moral values.

The science is clear. The only way to ensure that we realize the promise of stem cell research as quickly as possible is to permit federal funding to be used to create new embryonic stem cell lines and to support research with new lines. President Bush's values are also clear. He believes that the destruction of embryos can never be morally justified, no matter how much human suffering might be alleviated, even if the embryos are only still a clump of cells not visible to the human eye and even if the embryos will be destroyed in any event in fertility clinics where they are no longer needed.

We believe that most Americans have different moral values from the president's. While we recognize and respect embryos as early forms of human life, we do not believe that embryos in a dish have the same moral status as children and adults. We believe that the obligation to relieve human suffering binds us all and justifies the instrumental use of early embryonic life. And we believe that it is possible to draw morally relevant lines and to enforce them as a matter of national policy.

Hype and symbols aside, the choice is clear.

Victory in the Jung Lawsuit Regarding the Intern Match

As many of you know, the last couple of years have been marked by a controversial and contentious lawsuit by Jung and colleagues that has threatened the future of the Intern Match program. Stanford Hospital was named in the suit, along with a number of other teaching hospitals across the nation, and university and hospital leaders have been quite involved in this process. On August 12th, however, US District Court Judge Paul

Friedman granted the defendants' motions to dismiss the plaintiffs' case due to the passage of the Match statute by the Congress in support of the Match. This dismissal helps assure the integrity of the Intern Match and further protects teaching hospitals from costs of antitrust litigation against the Match. I think this is excellent news for American medicine and graduate medical education.

Town Hall Meeting on Staff Diversity

Mike Hindery, the Senior Associate Dean for Finance and Administration, will be hosting a Town Hall Meeting at noon on September 8th to discuss diversity and inclusiveness issues affecting staff. Diversity and inclusiveness programs are a major component of our recruiting efforts, for faculty, staff, and students, and discussions among colleagues across the School help to move these programs forward.

I commented on diversity programs in my May 31, 2004 Newsletter, stating that, "While the progress made in enhancing medical and graduate student education is important and encouraging, we also have considerable work to do in recruiting and retaining minority faculty and staff. This will be a major initiative and I will be following up on this discussion throughout the year. Indeed, it will feature prominently in our Leadership Retreat next January as well as in a new program in leadership development within the School. It will also (receive) oversight from the Office of the Dean to help make sure that we are doing all we can to enhance and improve diversity within the School of Medicine." The town hall meeting Mike Hindery is holding is a continuation of the effort to enhance diversity and inclusiveness across the School.

We encourage all members of the School of Medicine community to support the School of Medicine's efforts in this regard, including efforts to encourage qualified individuals who would bring diversity to our workforce to apply at Stanford, and by suggesting ideas for broadening our outreach efforts so as to increase the number of women and minorities in our applicant pools, and by working to make every member of the School community feel included.

Sandwiches and drinks will be provided; please RSVP to amy.erickson@stanford.edu. The location of the meeting will be announced by email.

Awards and Honors

- ***Dr. William Dement***, Lowell W. and Josephine Q Berry Professor of Psychiatry and Behavioral Sciences, has been selected by the Society for Neuroscience as "one of the great brains of our time." Admittedly, this certainly stands as a most impressive honor and designation. Congratulations to Dr. Dement for all of his outstanding work on sleep and its disorders.

- **Dr. Sarah Donaldson**, Catharine and Howard Avery Professor of Radiation Oncology, has been elected Secretary/Treasurer of the American College of Radiology. This appointment exemplifies Dr. Donaldson's dedication to service at all levels in the field of radiology. Congratulations to Dr. Donaldson for being an outstanding role model for all faculty.
- **Dr. Alice Whittemore**, Professor of Health Research and Policy, has been named the recipient of this year's Janet L. Norwood Award for outstanding achievement by a woman in the statistical sciences. The Award is presented by the Department of Biostatistics and the Section on Statistical Genetics in the School of Public Health at the University of Alabama at Birmingham. The award will be presented at a ceremony on October 15th at UAB. Congratulations to Dr. Whittemore for this wonderful honor.

Appointments and Promotions

- **Lawrence Goodnough** has been appointed to Professor of Pathology at the Stanford University Medical Center, effective 9/1/2004.
- **Peter Koltai** has been appointed to Professor of Otolaryngology and Professor, by courtesy, of Pediatrics at the Stanford University Medical Center, effective 9/1/2004 to 8/31/2009.
- **George Yang** has been promoted to Assistant Professor of Surgery at the Palo Alto Veterans Affairs Health Care System, effective 8/1/2004 to 7/31/2007.

Dean's Newsletter September 7, 2004

Our New First Year Medical Students Arrive

The rhythms that define our academic world are the arrival of new students, their personal and professional development and their graduation to commence new challenges and opportunities bearing the imprimatur of the Stanford University School of Medicine. On Monday, August 30th we officially welcomed our new incoming class of medical students. With the New Stanford Curriculum that began last year, our medical students start earlier than the rest of the university in order to accommodate all of the exciting changes that now constitute their new learning pathway. Our incoming graduate students will arrive in mid-September. This was the week to launch our new medical student class.

As with past years, our incoming class of 86 medical students is a highly selected and diversified group. According to Dr. Gabriel Garcia, Director of Admissions, 5336

applications were received. From these, 484 students were selected for interviews and 165 were offered admission. Our incoming class of 86 includes 73 of those admitted and 13 students who had deferred from prior years. As with prior classes, the incoming class has superb academic accomplishments, and 21 of the 86 students have advanced degrees (18 Masters of Arts or Science and three PhDs). The average age of the incoming class is 24 years (range 20-34). Women make up 46% of the class (which is less than the greater than 50% proportion that has characterized classes back to 1997). The class is also quite diverse; 24% are new Americans and 23% are underrepresented in medicine minorities. While 15 of the incoming class did their undergraduate work at Stanford and seven at UCLA, the remainder came from some 44 colleges and universities.

Our new students spent the early part of the week learning about Stanford and medicine including the resources available to help promote and safeguard their personal and professional lives and development. They had the opportunity to meet with their Faculty Advisors, learn about the New Stanford Curriculum and meet the course directors of the topics they will cover in the first quarter, which include Gross Anatomy, Cells to Tissues, Molecular Foundations of Medicine and Genetics. They also learned more about the community activities they might engage in as well as the underpinnings of professionalism and the practice of medicine in a multicultural society.

The orientation culminated in a festive dinner for our students and family members and guests who were able to attend the Stethoscope Ceremony. This event is supported by the Stanford Medical Alumni Association and represents a wonderful tradition. In most every medical school, new students participate in a “white coat ceremony” to mark their entrance into the medical profession. For some years Stanford has given stethoscopes rather than white coats – something that I believe represents special symbolism and values. While there is no doubt that a white coat does evidence a physician it can also symbolize something that separates the physician from the patient. In contrast, the stethoscope is something that connects the physician to her or his patient, allowing them to listen and make human contact – which after all is what should truly characterize the physician.

With orientation completed, our new students officially began classes on Thursday, September 2nd. I want to welcome them again to the Stanford family and encourage them to work hard to develop all of their knowledge and skills so that they can best serve patients, science and society.

The Stem Cell Debate

During the past three years the controversies surrounding stem cell research and especially embryonic stem cell research has engendered strong reactions, in some ways pitting science against religion. Stanford has played a leading role in stem cell research and its related controversies. A number of our scientists have contributed fundamental and major discoveries, while others have participated actively in the dialogue around ethics, politics and religion. Our founding of the Stanford Institute for Cancer and Stem Cell Biology and Medicine, made possible by a very generous contribution from an

anonymous donor, has put Stanford in the forefront and has stimulated other institutions to follow our lead (e.g., witness Harvard's recent institutional commitment to stem cell research). Importantly, the stem cell debate is likely to feature prominently in this November's presidential campaign and election as evidenced by the continuing stream of editorials, op-ed pieces and even a cover story in the August 31st issue of the Wall Street Journal on "How Stem Cells Became a Hurdle for GOP Campaign". In California, stem cell research will be of particular interest because of Proposition 71. This proposition which will be on the ballot, offers the opportunity for considerable funding and support for stem cell research.

I fully recognize that the issue of stem cell research evokes strong feelings in people for a variety of reasons. As a School of Medicine, we are committed to do the best research possible in an impeccably ethical manner. We are also committed to educate each other as well as the public. Accordingly, the fall issue of Stanford Medicine will be virtually entirely devoted to stem cell research and will provide a highly balanced review of the issues – including the science as well as the ethics and the related issues that characterize the current controversy. This important issue will be available in the next couple of weeks and I encourage you to read it carefully.

Stanford Successful in NIH Interdisciplinary Award Competition

The National Human Genome Research Institute at the NIH, announced on Tuesday that it would award grants totaling about \$20 million to four universities to support interdisciplinary centers devoted to studying the ethical, legal, and social issues raised by genetic and genomic research. I am most pleased to inform you that Dr. Mildred Cho and her colleagues, on behalf of Stanford University's Center for Integration of Research on Genetics and Ethics, will receive \$3.8 million to study the ethical, legal, and social consequences of uncovering genomic factors that may contribute to behavioral and neurological conditions. The other successful universities were Case Western Reserve, Duke and the University of Washington. The grants will be over five years, and will support the work of scholars in fields outside the disciplines of genetics and genomics, such as the behavioral and social sciences, clinical research, theology, public policy, and law. Congratulations to Dr. Cho and her colleagues and collaborators.

Stanford Medicine Fundraising 2004

According to Martin Shell, Associate Vice President for University Development, Stanford achieved its second best year of fundraising, based on the figures that became available with the close of the fiscal year on August 31st. For the University as a whole, total gift receipts for the past year totaled \$529,130,062 – a remarkable figure that reflects the hard work of many and the enormous generosity of our community. The School of Medicine's totals came in at \$98,747,444, which was at the same level as FY03. Given all the changes we have faced in our Office of Medical Development during the past year, this is a remarkable accomplishment indeed. I would like to thank all of our OMD staff and faculty who have worked hard to secure gifts and foundation awards. I particularly want to acknowledge the efforts of Patricia McLeod, who served as interim director of

the Office of Medical Development; David Glen, who returned from retirement to provide assistance during this transitional period; and John Ford, VP for University Development and our colleagues across the campus. As mentioned in my last Dean's Newsletter, we have been successful in recruiting Doug Stewart as our new AVP for Medical Development. Doug will be joining us on October 1st. While the opportunities before us are boundless, the hard work of our current staff and faculty have resulted in a great base to move forward from. Again, thanks to all – and especially to the wonderful donors who support our work.

Stanford Hospital & Clinics 2004

In striking contrast to just three years ago, when the consequences of the Stanford-UCSF merger and then de-merger, among other factors, virtually devastated the financial performances of Stanford Hospital and Clinics, the picture is amazingly different today. On Tuesday August 31st, the Hospital's Board of Directors meeting reviewed data that showed SHC end of the year performance to be quite healthy. This is certainly good news for the Medical Center, especially when it is to be added to the very solid performance of the Lucile Packard Children's Hospital as well. There are a number of reasons for this. Certainly new leadership, improved financial systems, better contracts and improvements in quality and service have all made a significant difference. But certainly among the most important reasons for the improved success of both the inpatient and ambulatory services at SHC is the hard work of our faculty in each of the clinical departments. This includes the improved productivity of our faculty as well as the contributions from the various new recruits who have joined the Stanford clinical services during the past several years. Because of their efforts, clinical volumes and discharges are up, ambulatory clinics are busier and the operating rooms and various ancillary services are moving to peak performance. While there are still many challenges ahead, given the dynamic changes that continue to unfold in the cycles of health care (between payers, providers and consumers) it is certainly worth celebrating the success of the moment. In doing so, I want to thank, in particular, our clinical staff and faculty who have made such an important impact on the health of both SHC and LPCH. Thank you.

Announcing the Stanford Center for Clinical Informatics

On September 1, 2004, Stanford University School of Medicine created a new academic entity called the Stanford Center for Clinical Informatics (SCCI). The core mission of the center is to foster the development of an interdisciplinary academic program focused on novel applications of information technology and computer science to health care, translational and clinical research, biomedical knowledge management and education. The SCCI will emphasize applied informatics, with the goal of contributing to the development of world-class information technology solutions supporting human health. The SCCI will be directed by Dr. Henry Lowe, Associate Professor of Medicine and Senior Associate Dean for Information Resources and Technology at the School.

Clinical Informatics is the scientific discipline that aims to enhance human health by developing novel information technology, computer science and knowledge management

methodologies to prevent disease, deliver more efficient and safer patient care, increase the effectiveness of translational research, improve knowledge access and facilitate technology-enhanced education. It is truly an interdisciplinary field, involving clinicians, biomedical and computational scientists, knowledge management professionals, educators and healthcare consumers.

A key focus of the center's academic activities will be the Electronic Health Record (EHR). Healthcare is an intensely data-driven discipline. However, even today, most of the information used as part of the patient care process is paper-based. Important health information about individuals is scattered across many systems that do not, and cannot, communicate with each other. New national and international initiatives aim to define and implement a secure, patient-centric, longitudinal electronic health record that will store an individual's past and present health status, care received and plan of care, and that can be appropriately shared to improve health outcomes and enhance patient safety. Equally important as a focus will be how the EHR can support the development of evidence-based medicine through clinical and outcomes-based research, while ensuring the security and privacy of individual patient information.

Technology alone will not achieve the promise of Clinical Informatics. Complex legal, economic, human factors and societal issues must be addressed if information technology is successful in improving human health. To ensure that these important areas are addressed, the SSCI will strongly encourage active participation from across the University, from the business sector and from the community at large. The SSCI will support the advancement of the field of Clinical Informatics by fostering multidisciplinary research programs, building industry-academic partnerships, hosting seminars and conferences, working with faculty to design undergraduate and post-graduate courses, developing internship opportunities, acting as an information resource and participating in global efforts to improve human health using information technology. Beginning in October 2004 membership in the SSCI will be open to all faculty, staff and students at Stanford University and its affiliated hospitals.

Moving to an Electronic IRB System

Electronic systems are not only transforming health care delivery, they are also impacting virtually every facet of our academic medical center. Of note, Stanford University received NIH funding to develop an electronic IRB protocol application system that will allow for the online submission, review, routing, and tracking of human subjects research protocols. The first phase of this project is nearing completion. An electronic IRB system is already operational at the University of California at San Diego.

The current module supports the submission of "Regular and Expedited New" protocols. At this point in the electronic development, we are not yet able to process Revisions, Renewals, Reports, and Exempt protocols.

Please contact Ammy Hill in the Information Technology Systems and Services Department to set up a short training session to submit your next new protocol,

electronically (ammyh@stanford.edu or call 725-6231). To access the electronic system, see: <http://hs.stanford.edu>. For information and job aids on submitting through the electronic system, see: <http://humansubjects.stanford.edu/education/jobaids>

Task Force to Address Ways of Expediting the Faculty Appointments and Promotions is Launched

On Friday September 3rd, the first meeting of a Task Force on Faculty Appointments and Promotions was held to initiate an important effort to streamline as well make more functional our process for academic appointment and promotion. The bottom line is that it simply takes too long to recruit and appoint new faculty members and to promote existing faculty. The current systems are too laborious and cumbersome and evoke multiple impediments or problems. It is my hope that this Task Force, benefiting from some reports dating back to 1999, can implement processes that are much more sophisticated, ideally taking advantage of electronic reporting, and that permit the evaluation system to be done fairly and with greater integrity and speed. The Task Force is chaired by Dr. Rob Jackler, Professor and Chair of the Department of Otolaryngology-Head & Neck Surgery, and includes members from the faculty and staff who provide broad perspective and expertise. These include Brian David, DFA, Department of Surgery; Sarah Donaldson, Catherine and Howard Avery Professor in the Department of Radiation Oncology; Jason Irwin, Operations Manager, Department of Otolaryngology; Linda McLaughlin, Assistant Dean for Academic Affairs; Julie Mosely, Manager, Organizational Development; Rick Myers, Stanford W. Asherman Professor Genetics; Annelies Ransome, Faculty Affairs, Administrator, Department of Medicine; Channing Robertson, Ruth G. and William K. Bowes Professor of Chemical Engineering and Associate Dean for Academic Affairs, School of Engineering; Kim Thomas, Faculty Affairs Administrator, Psychiatry and Behavioral Sciences; Scott Walters, Faculty Affairs Administrator, Department of Medicine. Kathy Gillam, Special Assistant to the Dean, will serve as Staff to the Task Force.

The Committee plans to make a progress report to the Dean by November and is aiming to complete its work by the first quarter of 2005. This is an enormously important project and I am hopeful that this Task Force will have a major impact. That is certainly my intent. Obviously details will follow.

New Lane Library Website

According to Debbie Ketchell, Associate Dean of Knowledge Management and Director, Lane Medical Library, the recent launch of the new web site by the Lane Medical Library & Knowledge Management Center is another step towards realizing our vision of a digital library available anytime and anywhere. It leverages our investment in online journals, books, reference, images, and other knowledge content through several new features.

Go to: <http://lane.stanford.edu/index.html> and discover easier off-campus access by SUNetID authentication; a single search for online books, journals, databases, and more;

an article finder and new PubMed@Stanford links that connect you to more online journals than ever; and new clinical and research portals that include customized meta-searches across multiple reference sources.

Tabs across the top of the Lane Library Home Page offer five customized portals focused for clinicians, researchers, students, instructors and patients. The most popular resources such as PubMed remain as quick link buttons. The Clinician and Researcher portals offer a new “meta-search” that allows you to simultaneously search across multiple clinical or research databases and references repositories rather than going to each individually. The Clinical Core search queries UpToDate, SkolarMD, PubMed, Harrison’s, imagesMD, Micromedex, patient handouts and more. The BioResearch search queries PubMed, Entrez, OMIM, BIOSIS, SciSearch, Current Protocols, Protocols Online, and Methods in Enzymology. More search sources and tailored cores are planned in the future. Another future development is an “instructional hub” that brings together the “extra” curriculum across postdoctoral and fellowship programs in finding and manipulating information.

Per Debbie Ketchell, the Lane Library front page also keeps you abreast of the rapid changes in text content and services. A handy search box offers a drop-down menu of source options to search, including PubMed, e-Journals, the Lane catalog, Stanford. Who, Goggle and more. Choose eResources if you want to search for online biomedical journals, books, databases, and selected websites. A new Article Finder search, found on the eJournals page, makes it easy to discover the availability of online articles in biomedicine and beyond. For example, if you are looking for an opinion piece on medicine in a recent issue of the New Yorker, fill out the journal title and the article title and you’ll find it. Article Finder includes titles outside biomedicine license by other campus libraries. If there is no online available, Article Finder will check print holdings or offer an interlibrary loan form. Access to restricted access content from off-campus has been simplified to your SUNetID. Enter it once and all future requests for authentication during your browser session will take place seamlessly behind the scenes. Article Finder is now embedded in PubMed@Stanford, which connects you to many more online journals than our previous version. Be sure to use the PubMed@Stanford link rather than the generic PubMed URL to see all these direct article links.

The new library website foreshadows the customization, simplified access and smart searching that will be the hallmark of our knowledge management in the future. You can contact your library liaison for a personal guided tour for your faculty, students or staff. The link for your departmental liaison is also on the Lane Library front page.

I want to thank Debbie Ketchell and her staff for making these important and exciting changes.

Thanking Valerie (Su) Mersh

On Tuesday, August 31st, a retirement celebration was held in the Lane Medical Library Courtyard to honor Valerie (Su) Mersh for her nearly 25 years of service to Lane and the School of Medicine. As Deputy Director and Head of Public Service Valerie made

significant and enduring contributions and won the respect of her colleagues both in the library and throughout the School. I too want to thank Valerie and wish her well in her retirement.

New Members of the Office of Graduate and Postdoctoral Education

During the last weeks several changes have taken place in the office of graduate education and postdoctoral affairs. Kimberly Griffin, Director of Bioscience Diversity Programs, returned to graduate school to pursue a Ph.D. in the School of Education at UCLA. During the time that she was with us, Kimberly did an outstanding job in enhancing and expanding the diversity program for graduate students. Her energy and enthusiasm was boundless and her accomplishments notable indeed. She certainly deserves all of our thanks – and best wishes for her own future academic success. At the same time, we are very fortunate to have recruited Anika Green to continued to build on Kimberly's work. A native Californian, Anika has been a key player in the Meyerhoff Scholarship Program at the University of Maryland, Baltimore County. There, she worked to enhance the recruitment and retention of undergraduate students studying science, technology, engineering, and mathematics and helped them move on to graduate study in those areas. Her office is in M105; phone 724-2815; email agreen1@stanford.edu.

In the Office of Postdoctoral Affairs, we have been engaged in a major, national search for a replacement for Michael Cowan who retired from that office some months ago. Chequeta Allen from the University of Southern California has been recruited to take on the leadership of that office as Assistant Dean of Postdoctoral Affairs. Chequeta holds an MBA and MPHE and has extensive experience in leadership positions in the academic environment and especially schools of medicine (e.g., the Medical College of Virginia and University of Tennessee College of Medicine). Most recently, she served as Executive Administrator, Pediatrics & Academic Affairs at the Children's Hospital of Los Angeles while also holding the position of Visiting Assistant Professor of Clinical Pediatrics in the Division of Research on Children, Youth and Families in the Department of Pediatrics at USC. Her combined experience in the teaching, research and clinical settings of academic medical centers makes her extremely well equipped for her new leadership role in the OPA. Her office location is CCSR Suite 4235; phone 725-5075; email challen3@stanford.edu.

The third new position is the Director of the recently established Career Center in the School of Medicine. This office will be dedicated to assisting graduate students and post-doctoral fellows in identifying the career path that best meets their individual interests and then landing the best position possible. We are very fortunate to have attracted Michael Alvarez to fill this position. Michael's professional work experience of more than 12 years spans both business and academic settings, and includes coaching and advising graduate students at Boston College, management consulting as part of Andersen Consulting's NYC practice and founding and directing the development of a career center serving all schools and disciplines at UCSF's health science campus. Michael has BS and MS degrees in Psychology. In his capacity as Director, Michael will

assemble and develop career-related resources, initiate and formalize relationships with prospective employers across a wide range of industries and sectors, and provide individualized career development advising, support, and counsel to our graduate students & postdocs. His office location is CCSR Suite 4235; phone 723-2035; email michael.alvarez@stanford.edu

Welcome to Anika Green, Chequeta Allen and Michael Alvarez.

Honoring Dr. Tom Merigan

On Friday, August 27th a Festschrift was held to honor the life and career of Dr. Tom Merigan, the George E. and Lucy Becker Professor of Medicine. Dr. Merigan has been a leading and distinguished member of the Stanford School of Medicine for nearly four decades. His accomplishments have been far ranging and have made him one of the most cited scientists at Stanford. They have included his work on the interferons, viral pathogenesis, antiviral therapy, and, perhaps most notably, his leadership in AIDS research. The Festschrift entitled “Bridging Generations: Toward an Understanding of Infectious Disease Pathogenesis” was attended by a litany of luminaries in virology including a number of Dr. Merigan’s trainees. It was a wonderful event and featured wonderful science as well as great fanfare.

Having known of Dr. Merigan’s work and contributions for many years before I arrived at Stanford, I too want to add my praise and admiration for his many, many contributions – as a researcher and as a mentor. Well done!

In Memoriam: Dr. Bruce Stoker

Bruce A.D. Stocker, M.D., Professor Emeritus Active, Microbiology and Immunology, died August 30, 2004 at the age of 87. Drs. Leon Rosenberg and Gary Schoolnik, colleagues of Dr. Stoker, have informed me that he worked actively in his laboratory until three months before his death pursuing scientific questions he had first begun to study in the early 1950’s. Following medical school and a stint with the British Army in India, he undertook a life-long study of Salmonella which culminated in a series of elegant reports describing how bacterial flagella work, how their expression is regulated, their relationship to virulence, and ultimately, how they can be used to construct living attenuated vaccines for the prevention of a variety of human and animal infections and cancers.

On a more personal note, Dr. Schoolnik has offered the following reflection “Bruce was as pure a scientist as I have yet encountered. He pursued science without concern for personal fame or money. He was ruthlessly objective. He stayed with the same basic question for over half a century--taking it to deeper levels. His brilliance, which did not shine quite so brightly recently (some of you may have joined the lab too recently to have experienced it), was clear to all of us who knew him for a longer time and from his original contributions. Please keep in mind his values, which are unfortunately not so common today, even in academia. I believe they are the right values. Please also reflect on what it means to age as a scientist and, as Bruce demonstrated, the ability of scientific

investigation to sustain intellectual growth and an active life even into the ninth decade”.

There will be a memorial service for Dr Stoker on September 19th at 2:00 pm at the Stanford Faculty Club. A lectureship in microbial pathogenesis is being established to honor the memory of Dr. Stocker at the School of Medicine. Memorial gifts to the lectureship may be sent to the Office of Medical Development, Stanford University Medical Center, 2700 Sand Hill Road, Menlo Park, CA 94025, and checks should be made payable to "Stanford University”.

Appointments and Promotions

- **Victor Henderson** has been appointed as Professor of Health Research and Policy and of Neurology and Neurological Sciences, effective 9/1/2004.
- **David Katzenstein** has been promoted to Professor (Research) of Medicine effective 9/1/2004.
- **Steven Leibel** has been appointed as Professor of Radiation Oncology at Stanford University School of Medicine, effective 8/1/2004.
- **David Miklos** has been appointed as Assistant Professor of Medicine (Bone Marrow Transplantation), effective 9/1/2004.

Dean's Newsletter September 20, 2004

The Science, Ethics and Politics of Stem Cell Research

A special issue of *Stanford Medicine*, now available in print as well as on-line through our Website (<http://med.stanford.edu>), is devoted virtually entirely to “The Science, Ethics and Politics of Stem Cell Research.” This includes balanced and thorough coverage of this most important topic, which, in part due to the work of Stanford faculty and leaders, has become a centerpiece of a national debate. I would strongly encourage you to read the articles and commentaries in this issue – they will inform and equip you with the information you need to better understand the issues and reach thoughtful conclusions. However, I hasten to add that overall the authors and commentators, including me, do have a strong view that stem cell research should proceed – but with the highest ethical standards and appropriate guidelines. The bottom line is that the benefits from this evolving science can help provide keys to better understanding developmental biology and in time will almost surely result in new approaches to the diagnosis, treatment and prevention of a number of human diseases.

I also want to thank the individuals who have worked hard to make this issue of *Stanford Medicine* so relevant and important. Rosanne Spector, editor of *Stanford Medicine*, has worked tirelessly to make this (and previous issues) successful. I also want thank our science writers Michele Brandt and Amy Adams for their contributions and, of course,

Paul Costello, Executive Director of Communications and Public Affairs, for his exceptional leadership and creativity. I also want to thank our School of Medicine authors as well as guest contributors including Michael J. Fox, Ron Reagan, Tom Okama and Bob Kline.

The issues surrounding the science, ethics and politics of stem cell research are both complex and, in some ways, actually quite simple. They are also important to understand and perhaps most importantly, to act on.

Thinking About Translational Medicine

As you know, *Translating Discoveries* is the overarching theme for our School of Medicine Strategic Initiatives (<http://medstrategicplan.stanford.edu/>). To refine our mutual understandings about translational medicine and to develop the action items to develop and enhance their implementation, a series of faculty focus groups sponsored by the Dean's office were held during the past year. Because the focus groups were limited in number, I thought it would be helpful to share some of their ideas with you in the hope that they might generate additional comments. Please send any suggestions or recommendations that you might have to me or others in the Dean's Office (especially Senior Associate Deans John Boothroyd (jboothr@stanford.edu) and Harry Greenberg (hbgreen@stanford.edu)).

The focus groups organized their current thoughts and ideas around a handful of cluster areas that include:

- ***Creating and Sustaining Teams:*** Almost by definition translational research, and especially patient-oriented research, requires the formation of teams. There are a number of ways to structure and support such teams. An important example that I have mentioned in previous Newsletters was the initiative, in 2002, by leaders in the Department of Medicine and Beckman Center to mutually support novel translational research proposals that enjoined basic and clinical scientists. This was an important initiative that has already contributed to some impressive new collaborations. Because this was a pilot project arising from leaders within the School, the issue of its sustainability over time is relevant. Accordingly, Drs. Boothroyd and Greenberg have decided to continue the support for novel research proposals by adding funding from the Dean's office. They are also eager to address ways to direct a portion of this competitive funding to junior faculty and to encourage collaborations between Investigators (aka UTL faculty) with Clinician Scholars/Investigators (aka MCL faculty).
- ***Providing Resources to Support Research:*** Here the focus groups have identified the importance of identifying core facilities and research support services that will overlap among the Stanford Institutes of Medicine and thus require coordination. Based on this, Drs. Boothroyd and Greenberg have begun identifying perceived needs for core facilities. With Dr. Steve Alexander and others we are also exploring ways to better support the translational/patient-oriented research infrastructure (e.g., biostatistics, data management, information technology, etc).

- **Research Program Alignments:** The focus groups recognized the importance of sustaining and enhancing collaborations that permit population based research especially in conjunction with other institutions, such as Kaiser. Additional alignments are also being explored.
- **Overcoming Internal Obstacles:** The focus groups noted that there is a concern among junior faculty that participation in translational and/or patient-oriented research has the potential to have a negative impact on promotion. Since our traditional academic promotion process has focused on the role of faculty as independent investigators, team-based research may be viewed as a less important means to promotion. Dr. David Stevenson has been reviewing ways of embracing team research into the appointments and promotions process for the Investigator Track as has been done, for example, for the Clinician Scholar/Investigator Track.
- **Fostering Applications for Team Based Research:** Traditionally, Stanford has been known as an institution that focuses on R-01 funding applications and less so on “Program Project Grants.” While recognizing the importance of continuing our great strength in independent investigation (the R-01 model) it is also clear that we need more of a “cultural acceptance” of Program Project Grants, SCOREs, etc. This will require faculty to see the desirability of such research and the need for the School to help support and value its performance. As discussed in previous Newsletters, the movement of the NIH toward these collaborations, evidenced through the NIH Roadmap, shows the need to pay attention to interdisciplinary and team based research efforts. We have made some strides in communicating new opportunities for this type of research to the Medical School community. In addition, as announced in the April 5th Dean’s Newsletter, (http://deansnewsletter.stanford.edu/archive/04_05_04.html#7) we have appointed Mr. Chris Webb as the School’s Interdisciplinary Grants Development Manager. In that capacity, Chris is available to help faculty organize and assemble large multi-faculty, multi-departmental grant applications. He is also available to assist on grant applications involving collaborations between SOM faculty and faculty in other schools. Chris can be reached at 736-2968, or at cdwebb@stanford.edu.
- **Education and Training:** Interest has been raised in creating educational opportunities for medical students and for graduate students in translational and patient oriented research. A new Scholarly Concentration is being added to the Stanford Medical School Curriculum on Clinical Research under the leadership of Dr. Charles Prober, Professor of Pediatrics (see July 26th issue of the Dean’s Newsletter: http://deansnewsletter.stanford.edu/archive/07_26_04.html). Discussions are also being initiated with Stanford Institute of Medicine Directors to incorporate education regarding translational medicine into the agenda for each of our four Institutes. In addition, Dr. Ben Barres, Professor of Neurobiology, has proposed the development of a Masters in Medicine Program for PhD students to provide specific training in “translational medicine.” Further discussions are being initiated to explore the establishment of a PhD program for residents or

fellows who have decided to pursue a career in research, modeled after the STAR program currently in place at UCLA.

- ***Organization and Finance:*** We are currently exploring ways to establish a Center for Translational Medicine and Patient-Oriented Research that would offer the key services necessary to successfully conduct clinical research, including the essential infrastructure (e.g., protocol design, biostatistics, data management, tissue banking, etc), and to link these services to those within departments.

There are numerous other components that are essential to enhancing our mission in translational research that are not covered in this brief listing. As noted above we would welcome your comments and additional suggestions and recommendations.

The Road to the LCME Review

At the September 17th Executive Committee meeting, Dr. Oscar Salvatierra, Professor of Surgery and of Pediatrics, and Rebecca Trumbull, Strategic Planner in the Office of Institutional Research, gave an orientation to the LCME accreditation process. We will be engaged in this process during this academic year. Dr. Salvatierra is serving as the Faculty Leader and Ms. Trumbull is the Project Manager.

For those who may be unfamiliar with the term “LCME”, it stands for Liaison Committee on Medical Education. This is the body that accredits all United States and Canadian medical schools. The Association of American Medical Colleges (AAMC) and the American Medical Association (AMA) jointly sponsor it. The standard accreditation process occurs every eight years and consists of an extensive self -study report submitted to the LCME followed by a site visit by LCME to the institution.

The obvious reason to participate in this process is that we must be an accredited medical school. Less obviously is that it provides an opportunity to focus on medical education using the accreditation standards as benchmarks, to identify institutional strengths and areas where remediation is needed, and to develop strategies to ensure that strengths are maintained and problems are addressed on an on-going basis.

Stanford’s last LCME site visit was in 1997. At that time a number of areas of strength were identified, including a strong university academic environment, an outstanding faculty, a strong, diverse, and supportive student body, and pre-eminence in biomedical research. However, a number of areas of concern were also identified, including inadequate facilities (also cited in the 1983 and 1991 reports), ambiguity in the Medical Center Line, insufficient faculty development, insufficient student performance assessment, and an incoherent medical school curriculum.

Since that time, extensive efforts to correct these concerns have been underway. For instance, we have renovated a number of the teaching facilities and begun the design of a new education facility, clarified faculty roles, including the Medical Center Line, and completely redesigned the undergraduate medical curriculum. In December 2003, LCME

staff made an interim visit to campus and reviewed with others and me our facilities improvements, the plans for the new education facility, and the launch of our new curriculum. The feedback we received at that time was positive.

The self-study process is extensive, labor-intensive, and requires the participation of many members of the School of Medicine community. An LCME Task Force has been established to oversee and review the process. In addition, thirteen subcommittees of faculty, staff, and students have been organized, each corresponding to a section of the LCME requirements. The result of this process will be a major report submitted to LCME in August 2005. In addition, students will undertake an independent process that provides an avenue for them to assess their educational experience. Their report will be submitted to the LCME at the same time as the larger school report. The site visit will occur in October 2005.

The LCME accreditation process is critically important for the School of Medicine. If you are asked to provide data, I hope you will respond in a timely manner. If you have been asked to serve on a subcommittee, I hope you will participate fully. Each contribution matters and will add to the success of this effort.

If you have questions about this process, please direct them to Rebecca Trumbull at trumbull@stanford.edu.

Stanford Medical Curriculum Continues to Evolve

Last fall the School introduced the New Stanford Curriculum that was the result of a nearly two-year planning process led by Dr. Julie Parsonnet, Senior Associate Dean for Medical Education. Also key to this endeavor were the efforts of Dr. Neil Gesundheit, Associate Dean for Medical Education; Dr. Ted Sectish, Chair of the Committee on Courses/Curriculum (CCC); and Dr. Oscar Salvatierra in his role as Chair of the School of Medicine Faculty Senate. I should hasten to add that many dozens of other faculty, staff and students played critical roles in bringing the New Stanford Curriculum to life and, during the past year, to continue to nurture and further develop and refine it. I wish I could thank everyone by name – but I surely want to thank each individual for making the New Stanford Curriculum a high priority and an opportunity for our students and our School.

I have presented numerous updates on the New Stanford Curriculum in prior Newsletters and the details are well delineated on the School's Education Website (<http://med.stanford.edu/md/>). Because September 15th was the first meeting of the new academic year for the Faculty Senate, an update on the Stanford Curriculum and some of the new and future projects related to the curriculum were presented.

To remind you, the New Stanford Curriculum intersects education in basic and clinical science with the practice of medicine and individual scholarship. Five major themes define the New Stanford Curriculum and include:

1. **Integration** – includes a dramatically more streamlined content and optimized course sequence than was present before the fall of 2003. A major overarching goal is to meld and integrate basic science and clinical medicine through all years of medical education (and indeed, to serve as a training platform for life-long learning).
2. **Flexibility** – builds on Stanford’s past education programs and now provides blocks of unscheduled time (during the first two years) for individual or group study, elective course work, Scholarly Concentrations, and research. The program is also flexible enough to permit students to choose a fifth or sixth year of education and to pursue joint degrees.
3. **Early Instruction in Clinical Practice** – now includes a broad education in clinical science that begins with the first year and nearly immediately includes exposure to patients and the practice of medicine.
4. **Scholarly Concentrations** - provides opportunities for longitudinal in-depth learning, scholarship, and research and which, in many ways, serves as the centerpiece of the New Stanford Curriculum. Each student who enrolled beginning August 2003 is required to choose a Scholarly Concentration that can be tailored to either the Scholars Track or the Original Research Track. It is our hope that nearly all students will choose the Original Research Track. Currently there are ten Scholarly Concentrations to choose from including Bioengineering, Biomedical Ethics and Medical Humanities, Biomedical Informatics, Clinical Research, Community Health and Public Service, Health Services and Policy Research, Immunology, Molecular Basis of Medicine, Women’s Health, and Independent Design. Each offers an opportunity for students to develop deeper knowledge and expertise and serves as a template for increasing analytical thinking, research experience and, importantly, an increased passion for medicine, scholarship and inquiry. The Scholarly Concentrations also provide an opportunity to pursue joint degrees within the School of Medicine or with other Schools at Stanford (e.g., Law, Business, Humanities and Sciences or with the UC-Berkeley School of Public Health). Dr. Pat Cross has played a critical role in overseeing the Scholarly Concentrations and is a resource to our students about this exciting aspect of the New Stanford Curriculum.
5. **Mentoring** - is essential to the success of each student, and a revitalized Advising Program has been established to help each student achieve her or his professional and personal goals.

Building on these initiatives, Dr. Parsonnet discussed the next major phase of curriculum reform, the clinical rotations. This will include a critical review of the current clinical teaching programs, an expectation that each department will develop an education committee if not already in place, and that a more robust evaluation program will be put in place. In that regard, Drs. Elizabeth Stewart, Professor of Pediatrics, and Miriam Curet, Assistant Professor Surgery, described the very significant progress they are making in significantly improving the evaluation system. One important effort underway is to provide a tutorial for faculty evaluators, students and clerkship directors on clerkship evaluations in order to help guide each group about expectations, components of the evaluation process and the appropriate way to complete the evaluation. These can be

viewed at http://med.stanford.edu/clerkship_eval/. The overarching goal is to assure that we develop a system of evaluation that is fair, accurate, complete and fully reflective of our student's performance. Further updates regarding these efforts will be discussed in future Dean's Newsletters.

An additional exciting facet of the review of clinical clerkships will be the program in Applied Basic Sciences. As discussed by Dr. Parsonnet, this will involve venues for including basic science topics into the clinical rotation curriculum as a means of better integrating science and clinical medicine. These will include rotation specific study topics, a focus on translational medicine, and case-based discussions with basic and clinical science faculty as well as intercessions that may be class-wide as compared to rotation specific.

Curriculum reform is a constant work in progress and must, if it is to be viable, continue to evolve and improve. There is little doubt that the past year has witnessed considerable change and that the years ahead will continue to reflect further refinements, new additions, and hopefully some deletions as well. But to be effective and optimal for future generations of students the New Stanford Curriculum will continue to develop so that it is truly always new and exciting and prepares our students to be outstanding physicians, scientists and leaders.

Executive Committee Discusses Medical Student Admissions

Over the past year, the Executive Committee has had a number of discussions about medical student admissions. While everyone acknowledges that we are most fortunate to have had outstanding students enter our medical student classes, we have also recognized the importance of aligning the interests and aspirations of prospective students to the directions, goals and missions of the School of Medicine. With the New Stanford Curriculum and its enhanced focus on scholarship and Scholarly Concentrations, it is increasingly important to assure that applicants are aware of the School's chosen emphasis and that the faculty and students are as optimally matched as possible.

Earlier this year I appointed a Subcommittee of the Executive Committee to work with Dr. Gabe Garcia, Director of Admissions, to review and address ways of further optimizing the admissions process. The Subcommittee was chaired by Dr. Bill Mobley (Neurology and Neurological Sciences) and included Drs. Ron Pearl (Anesthesia), Suzanne Pfeffer (Biochemistry), Mary Lake Polan (Obstetrics/Gynecology), Judy Swain (Medicine), Irv Weissman (Pathology, Developmental Biology), Kathy Gillam (Special Assistant to the Dean), and Gabe Garcia. Among the recommendations of this Subcommittee, which will go into effect immediately, is a request that applicants familiarize themselves with the New Stanford Curriculum and write an essay about how the Scholarly Concentrations help them to achieve their goals. Students who are offered interviews (clearly a small fraction of the overall pool of applicants), will meet with a faculty member who matches their area of scholarly concentration interest as well another faculty member and student. Importantly, the number of senior faculty members engaged in the interview process will be expanded (with the support of the Executive Committee)

and the rolling admission process, used in the past, will be abandoned in favor of a more consolidated interview and admission season extending from December through February.

The Executive Committee acknowledged the importance of working with the Committee of Five and Faculty Senate and also recognized the excellent job that Dr. Garcia has done as Director of Admissions. It is our shared goal to make the admissions process more meaningful for applicants and as optimized as possible in selecting students who are most likely to benefit from the New Stanford Curriculum and equally become leaders in the future of medicine and the biosciences.

Government Affairs Update

On September 15th, the Senate Appropriations Committee approved the fiscal year 2005 Labor, Health and Human Services, Education and Related Agencies Appropriations bill. Within this, the portion of the appropriations bill related to HHS totaled \$142,317 billion. Some of the programs of specific relevance to academic medical centers include:

National Institutes of Health -- The bill includes \$28.9 billion, an increase of \$1.1 billion over the FY'04 appropriation and \$380 million over the President's budget request.

Centers for Disease Control & Prevention -- The bill includes an increase of \$345 million over the budget request, for a total of \$4.8 billion.

Global AIDS -- The bill includes \$660 million for global HIV/AIDS activities. Within this total, \$149 million is included for the Global Fund for HIV/AIDS/TB, which is \$50 million over the budget request and the same as last year. In addition, \$118.8 million is included in the CDC budget for global HIV/AIDS/TB activities.

Pediatric Graduate Medical Education -- The bill includes \$303 million, the same as the President's request.

Pandemic Flu -- The bill includes \$75 million in new funding to ensure that an adequate supply of vaccine would be available in the event of a severe flu outbreak.

Substance Abuse & Mental Health Services -- The bill provides \$3.5 billion, an increase of \$133.8 million over last year. SAMHSA is responsible for supporting mental health programs and alcohol and other drug abuse prevention and treatment services throughout the country.

The complete listing is available at
<http://appropriations.senate.gov/releases/record.cfm?id=226159>

Community Lecture Series Begins for 2004-2005 Season

Under the leadership of Senior Associate Deans John Boothroyd and Harry Greenberg, the Community Faculty Lecture Series began its second season on Tuesday, September 7th. Dr. Rick Myers, Stanford W. Ascherman, M.D., F.A.C.S. Professor and Chair of the Department of Genetics, gave a wonderful overview of the human genome project and its relevance to understanding genetic differences among species and, ultimately, how the knowledge created will result in new approaches to the diagnosis, treatment and prevention of disease. Dr. Myers spoke to a capacity audience in the Clark Center Auditorium and engendered considerable discussion about human genetics as well as the exciting research that is occurring in this field, much stimulated by investigators at Stanford.

The Community Faculty Lecture Series is designed to bring cutting-edge innovation and discovery to members of our local community. The purpose of these monthly events is to engage our community in the work being done by Stanford scientists and physicians and, as a result, makes them more appreciative of the critical role that the Medical Center plays in our local and global communities.

Lectures have been scheduled for the first Wednesday evening of each month (except December and January) through June 2005. A wide diversity of topics will be presented including “Creativity, Mood, and Temperament” and “New Treatments for Mood Disorders” on October 6th, “Regenerative Medicine: A Hope for the Future on November 3rd, “Skin Cancer” on February 2nd among others.

Awards and Honors

Sam Gambir will receive the Gold Medical from the Society of Molecular Imaging. This Achievement Award is “given to an individual who has made a fundamental discovery in the field of Molecular Imaging that has changed the direction of the field, or enabled new in vivo investigations that were not possible prior to their contribution”.

Dr. Fernando Mendoza, Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, was selected by the California Latino Medical Association (CaLMA) to receive their highest award bestowed on Latino healthcare leadership, the Juan Villagomez, M.D. Humanitarian Award. The recipient of this award embodies the commitment that is necessary to create change and possesses a vision by which he works towards the betterment of Latino healthcare. Dr. Mendoza was honored with this award on Saturday, September 18, 2004 at the Dorothy Chandler Pavilion in Los Angeles, California.

Congratulations to Dr. Gambir and Dr. Mendoza.

Announcements

The Ninth Biennial National Symposium on Hematopoietic Cell Transplantation will be held in the Fairchild Auditorium from September 30-October 2. You can find the registration form on <http://bmt.stanford.edu/symposium/>, which can then be faxed, to Sonni Doran at 725-8950.

A CME Event sponsored by the Center for Clinical Immunology at Stanford entitled “Clinical Immunology: An Interdisciplinary Medical Science” will be held on Saturday October 23rd from 7:45 am – 1:00 pm in the Clark Center. Registration forms can be found at <http://ccis.stanford.edu>

Community Lecture Series: As noted above, in our continuing lecture series to educate the community about important research findings or issues impacting patient care, Dr. Terence Ketter, Associate Professor of Psychiatry and Behavioral Sciences, will lecture on *Creativity, Mood, and Temperament* and Dr. Alan Schatzberg, Kenneth T. Norris, Jr. Professor of Psychiatry and Behavioral Sciences, will lecture on *New Treatments for Mood Disorders* on Wednesday, October 6th at 7:00 p.m. in the Clark Center Auditorium.

The Center for Clinical Immunology at Stanford (CCIS) announces their second Continuing Medical Education (CME) event to be held at the Clark Center Auditorium on Saturday, October 23rd from 7:45 am to 1:00 pm. The event is entitled: *Clinical Immunology: An Interdisciplinary Medical Science* and will include a discussion of New therapies to treat immune-based diseases in rheumatology, IBD, and dermatology. Speakers include Drs. Chakravarty, Fiorentino, Genovese, Shizuru and Strober from Stanford, Dr. Abbas from UCSF and Dr. Papadakis from UCLA.

The mission of the CCIS is to educate physicians, trainees, and the public in order to bring discoveries in basic science to bear on immune-mediated inflammatory diseases, ranging from cancer to diabetes and from arthritis to infectious disease, bridging the spectrum of research from the genetic and molecular level to clinical trials, and sharing information and resources in order to speed the translation of new therapies from the laboratory bench to the patient's bedside. The program and registration forms can be found on the CCIS web site at: <http://ccis.stanford.edu>. Breakfast and a lunch will be provided for all registered attendees.

Appointments and Promotions

- **Manuel Amieva** has been appointed Assistant Professor of Pediatrics (Infectious Diseases) and of Microbiology and Immunology, effective 9/1/2004 to 8/31/2007.
- **William Maloney** has been appointed Professor of Orthopedic Surgery, effective 9/1/2004.

Dean's Newsletter

October 4, 2004

Official Launch of the Stanford Institute of Immunity, Transplantation, Infection and More

I am very pleased to announce the appointment of Dr. Mark Davis as Director and Dr. Carlos Esquivel as Associate Director of the Stanford Institute of Immunity, Transplantation and Infection. With this announcement we are officially launching our fourth Institute. The Stanford Institute of Immunity, Transplantation, and Infection joins the three other institutions previously established that are now helping to shape the future of the School of Medicine and the Medical Center. Over the past 20 months we have established the Stanford Institute on Cancer/Stem Cell Biology and Medicine directed by Dr. Irv Weissman, the Stanford Neuroscience Institute directed by Dr. Bill Mobley, and the Stanford Cardiovascular Institute directed by Dr. Bobby Robbins. Each is following a different trajectory and path but all are aligning basic and clinical faculty and striving to enhance our overarching mission of *Translating Discoveries* (<http://medstrategicplan.stanford.edu/>).

The Stanford Institute on Immunity, Transplantation and Infection will bring together faculty who are engaged in basic research in immunology, host-parasite interactions and pathogenesis, transplantation and regenerative medicine and their touch-points to clinical immunology (including many chronic diseases), organ transplantation, clinical infectious diseases and emerging global infections

Dr. Mark Davis, Professor and Chair of the Department of Microbiology and Immunology, assumed his new role on October 1st. Dr. Davis is an internationally renowned immunologist who has made seminal discoveries in molecular and cellular immunology and who is interested in and committed to enhancing connections of basic science discovery with clinical medicine. The appointment of Dr. Carlos Esquivel as Associate director was also effective October 1st. Dr. Esquivel, Professor of Surgery and internationally recognized pioneer in organ transplantation, especially liver transplantation and more recently intestinal and pancreatic transplantation. Together they bring an enormous wealth and depth of knowledge and skill that spans the spectrum between basic discovery and clinical application.

With the initiation of the Stanford Institute on Immunity, Transplantation and Infection we have laid down four pillars that help align our Medical Center community. Importantly, in the faculty alignment survey we conducted at the end of 2003, over 85% of our School of Medicine faculty; both basic science and clinical, reported an alignment with one or more of these four Stanford Institutes of Medicine. Faculty from other schools within the University are also engaged in the institutes and will enable us to further foster interdisciplinary research and education. The linkage of the Stanford Institutes of Medicine with the Clinical Centers of Excellence at the Stanford Hospital and Clinics and the Lucile Packard Children's Hospital is delineated in the following graphic:



STANFORD
SCHOOL OF MEDICINE

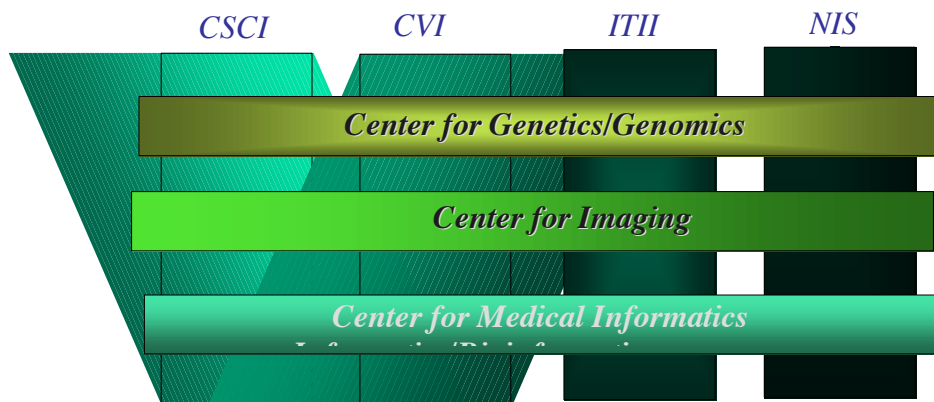
Stanford University Medical Center

Developing Aligned Partnerships

Stanford University School of Medicine	Stanford Hospital & Clinics	Lucile Packard Children's Hospital
Cancer/Stem Cell Biology and Medicine Institute	Clinical Cancer Center	Cancer Center
Neurosciences Institute	Center for Neurosciences	Center for Brain and Behavior
Cardiovascular Medicine Institute	Cardiac Center	Heart Center
Institute for Immunity, Transplantation, Infection	Transplant Center	Transplant Center

In addition to establishing the Stanford Institutes of Medicine, which focus on disease or discipline areas, over the next several months we will also be forming three enabling centers that will cross the boundaries of each Institute (and indeed faculty within Institutes will also surely collaborate across Institutes as well). The three enabling centers will be the Center for Genetics and Genomics, the Center for Informatics/Bioinformatics and the Center for Imaging (especially molecular imaging). These too can be illustrated as follows:

The Stanford Institutes of Medicine



Indeed, when these three Enabling Centers are fully engaged our alignment data indicate that more than 95% of our faculty will be connected to one or more of the Institutes or Enabling Centers. Of course it is important to underscore that this organizational schema is largely virtual and is designed to complement and support the traditional and fundamental departmental structure that anchors the school and faculty. Also importantly, the model should not be viewed as in any way muting the essential foundational role of basic research in the school. Indeed, fostering and enhancing basic research are essential not only to generating new knowledge and innovation but also to assure that the pipeline for future translational medicine is robust and outstanding.

Stanford Cardiovascular Institute: Promise and Progress

On Tuesday, September 21st, the Stanford Cardiovascular Institute hosted a wonderful educational program for the community that highlighted advances in cardiovascular research and patient care – and the remarkable role that Stanford Medical Center has played in this important arena. Over 200 guests gathered at the Arrillaga Alumni Center for wonderful evening program. The stage was set by remarks from Dr. Norman Shumway, Frances and Charles Field Professor of Cardiovascular Surgery, Emeritus. Dr. Shumway's whose career has become a legend of surgical innovation, especially in heart transplantation, but also in training and developing a generation of cardiovascular surgeons who are leading programs of excellence throughout the world and of course at Stanford.

Dr. Bobby Robbins, the Director of the Stanford Cardiovascular Institute, and his colleagues put together the outstanding evening program. Dr. Paul Yock, Martha Meier Weiland Professor and Co-Chair of the newly formed department of Bioengineering, gave the keynote address and helped set the stage for the program as well as for the

importance and opportunities for the Cardiovascular Institute. He noted that the convergence of a number of factors at Stanford along with the strong and exciting connections of Stanford with the Bay Area biotechnology community would all come to life in the Stanford Cardiovascular Institute and offer a future of promise and progress. Among the Stanford factors he identified were our long history of innovation in vascular devices and surgical techniques basic research, the broad based program linking the life sciences and physical sciences, the new department of Bioengineering, the commitment of both Stanford Hospital & Clinics and the Lucile Packard Children's Hospital to fostering and supporting outstanding clinical heart centers.

The program offered an array of stimulating topics for the public including:

- ***Preventing Heart Disease: What's New*** – led by Dr. Steve Fortmann, Director of the Stanford Prevention Research Center.
- ***Congestive Heart Failure*** - led by Dr. Michael Fowler, Medical Director, Stanford Cardiomyopathy Center.
- ***Do We Need Bypass Surgery in the Era of Medicated Stents*** - led by Dr. Alan Yeung, Chief of Cardiovascular Medicine (Clinical) and Director of the Cardiovascular and Interventional Laboratories.
- ***Menopausal Hormones and Women's Cardiovascular Health*** - led by Dr. Marcia Stefanick, Professor of Medicine.
- ***New Paradigms in Cardiac Care for Children*** - led by Dr. Dan Bernstein, Chief of the Division of Pediatric Cardiology, and Dr. Dan Murphy, Director of the Adult Congenital Heart Center.
- ***Advances in the Evaluation and Management of Arrhythmias*** - led by Dr. Paul Wang, Director of the Cardiac Arrhythmia Service and Electrophysiology Laboratory.

I want to thank Dr. Robbins and the faculty noted above for their outstanding participation in making the program so successful. During the last year we have been featuring comprehensive “mini-medical school”-like programs for the community under the banner of our Stanford Institutes of Medicine. These are excellent opportunities to reach out to our broad community and engage them about the exciting work taking place at Stanford Medical Center. I certainly hope that these and related events will also encourage the community to become better advocates and supporters for Stanford and help us achieve our goals of transforming medicine and translating discoveries.

Dr. Julie Theriot Joins the Lofty Ranks of MacArthur Fellows

On Tuesday September 28th, the wonderful news was announced in the national media and Stanford Report (add URL) that Dr. Julie Theriot, Assistant Professor of Biochemistry, was named one of the 23 recipients of the prestigious MacArthur Fellowship. I want to add my congratulations to Dr. Theriot as well as to Stanford Associate Professor of Computer Science, Dr. Daphne Koller, who also received

MacArthur Fellowship. Their accomplishments are remarkable and their future promise for future contributions is exciting.

As you likely know, the MacArthur Fellow Award is often also known as the “genius award”. Some weeks ago at an Executive Committee meeting the chair of our departments referred to a faculty member being considered for promotion as a genius. That sparked an interesting exchange among our chairs about the various geniuses in their respective departments and throughout the school. I have no doubt that we do indeed have many geniuses at Stanford – it is a very special place. But at least today, one of our faculty has a visible credential that makes her a bone fide “genius” in the eyes of the world! Congratulations to Dr. Theriot.

Commission on Graduate Education is Appointed by President Hennessy

One of the truly exciting and potentially transforming initiatives now being started at Stanford is the appointment of the Commission on Graduate Education by President Hennessy. Its overarching goal, emanating from discussions at the Executive Cabinet (comprised of the Deans, President and Provost) is to develop a plan to foster novel interdisciplinary and interschool programs for graduate and professional students. It seems clear that the skills needed to transform society will often require knowledge outside of the traditional boundaries of a given discipline. For example, the opportunity for graduate students in the biosciences or medical students to receive education (and even a joint degree) in business or for law students to become knowledgeable in the biosciences or business illustrate opportunities to educate and train a new generation of scholars and leaders. The Commission, which includes representation by school and is chaired by Dr. Mark Horowitz, the Yahoo! Founders Professor in the School of Engineering, and Dr. Chuck Holloway, the Kleiner, Perkins, Caulfield and Byers Professor in Management. Dr. Julie Parsonnet, Senior Associate Dean for Medical Education and Dr. John Boothroyd, Senior Associate for Graduate Education and Postdoctoral Affairs are the School of Medicine representatives. The Commission is being charged to complete its analysis by spring of 2005. If successful, this Commission will have a extraordinary impact on the way graduate and professional education is carried out at Stanford and has the potential to truly transform the future of the University.

The Commission on Graduate Education comes at an exciting time for the Medical School. During the past three years we have been revising the medical student curriculum to train physicians who are outstanding clinicians and who are, equally importantly, scholars and leaders. Our New Stanford Curriculum encourages the opportunity for joint degree programs and fosters connections to interdisciplinary programs. Our evolving efforts for graduate education and those that we will be commencing for postdoctoral training will also seek to foster interdisciplinary training pathways. Accordingly, I am particularly excited by the new Commission on Graduate Education and look forward to working with all of our university colleagues to develop an innovative plan for the future of graduate education at Stanford.

New Leadership in the Office of Postdoctoral Affairs and New Career Center

At the October 1st Executive Committee meeting, Dr. John Boothroyd, Senior Associate Dean for Research, Graduate Education, and Postdoctoral Affairs, introduced two new members of his group, Chequeta Allen, Assistant Dean of Postdoctoral Affairs, and Michael Alvarez, Director of the Career Center. Both are new to Stanford, and both provided the Executive Committee with an overview of their respective offices.

Ms. Allen reviewed the core services of the Office of Postdoctoral Affairs (OPA), as well as their educational programs. These include collaborations with Lane Library to provide seminars on preparing for scientific poster sessions and writing grants, an instructional techniques seminar, and a lab establishment course. Her office is also working on the development of mentor/protégée models and requirements. Ms Allen is particularly interested in providing a useful orientation for postdocs, making it easy to them to get the information they need about the various and scattered resources on campus, and encouraging them to develop good relationships with their faculty PI's. Her office is also involved in benefits issues for postdocs as well as the many issues arising for international postdocs.

Mr. Alvarez is the first Director of the School's new Career Center. The Center is dedicated to assisting graduate students and post-doctoral fellows in identifying the career path that best meets their individual interests, and then landing the best position possible. The services provided by the center encompass confidential counseling/advising, individualized career development planning and support, job search strategies, as well as career workshops. A full range of programs will be offered, including information sessions and industry-specific career fairs and alumni panel discussions. The partnerships established by the Center will critical to the success of the program, and Mr. Alvarez is working to establish external partnerships with a wide range of professional associations, including those in academe, industry, government and the media.

I encourage all graduate students and post-doctoral fellows to take full advantage of the valuable resources offered by their offices. The Office of Postdoctoral Affairs and the Career Center are located in CCSR, Room 4235.

Venture into the Future: Trends, Research and Innovation in Medicine

I want to thank Paul Costello, Executive Director, and the staff of Communications and Public Affairs, for planning and conducting a wonderful first Science Writers Symposium entitled "Venture into the Future: Trends, Research and Innovation in Medicine".

Reaching out to colleagues in the media and educating them about the exciting events unfolding at Stanford are important ways to inform the lay public and to re-engage the public trust in medicine and science. At a time when many of our nation's citizens are disenchanted with health care, particularly its increasing costs and concerns about access, quality and medical errors, we have the obligation to provide as much hope and guidance as we can. Events such as our Community Lecture Series, Mini-Medical School events (see above) and related activities complement our efforts to serve the community by providing the most advanced and highest quality clinical care that we can. Engaging the

science and medical writers who report the news is another important way to accomplish our communication goals and strategies.

The Science Writers Symposium attracted journalists from all over California, and they were treated to very special presentations. They learned about our exciting initiatives in medical education and the opportunities unfolding through our Stanford Institutes of Medicine. They heard how integrative healing can complement the powers of all allopathic medicine. And they learned about important challenges such as childhood obesity, stress and health, women's health and the politics of health care as well as some of our broader initiatives, including BioX, bioengineering and bioethics.

In addition, the dinner speaker was Mr. Bob Klein, who has been the force behind Proposition 71. This proposition would create funding for stem cell research in California. Mr. Klein gave a stimulating presentation on the current and future role of stem cell research and how, in his opinion, Prop 71 can help make California the nation's leader in this important area of research.

As you likely know by now, Prop 71 is attracting enormous attention, both in California and across the nation. It represents a truly watershed moment. While the University does not take a stand on such matters, it does have a viewpoint that is expressed as follows:

“The California Stem Cell Research and Cures Initiative (Proposition 71), a proposal to provide public funding for stem cell research in California, has qualified for the November ballot. While stem cell research is in its infancy, scientists generally agree that this field of research has shown the potential to change the way we come to understand and to treat disease. There is hope that therapies developed over time could treat diabetes, Parkinson's disease, Alzheimer's disease, multiple sclerosis and other diseases that afflict so many American Families.

At Stanford, scientist are particularly interested in three major areas of stem cell research: 1) Discovery of the several types of adult tissue stem cells and using such cells to combat autoimmune tissue destruction and regeneration of destroyed tissues; 2) Discovery of the stem cells in cancers that divide indefinitely, with the promise that stem cell research can bring to the development of cancer treatments; and 3) Development of pluripotent stem cell lines from patients with common and rare genetic disorders. To further these studies, Stanford University has established the Institute for Cancer/Stem Cell Biology and Medicine. Although Stanford is seeking private sources of funding to support this critical research, this private philanthropy is not sufficient to advance this important area of research quickly enough. Current federal policy has significantly limited the availability of funding to enable this research to reach its full potential. Stanford

University strongly supports stem cell research and believes that it merits public funding.

Stanford University does not normally take a position on ballot measures before the electorate, and it takes no institutional position on Proposition 71. Of course, individual members of the Stanford community, some of whom are experts in stem cell research and economics, will express their views as citizens. If Proposition 71 becomes law, Stanford will enter into competition for appropriate support of research and research facilities related to stem cell research at the University.”

I encourage you to learn more about Prop 71 and to consider it carefully when you vote in November. While my position on Prop 71 should not be construed as anything more than personal and that of a private citizen, I do plan to vote in favor of this initiative.

Continued Concerns About the Anti-Science Position in Washington

Others and I have expressed concerns about the seemingly anti-science perspective emanating from Washington during the past three years. Recent position statements in leading journals have raised concerns but the process for scrutiny by both the legislative and executive branch of the federal government casts a very worrisome trend. Whether the Twomey amendment or the Neugebauer amendment, the public discrediting of NIH peer reviewed grants that deal with sensitive topics, especially sexual behavior, represents a very disturbing trend. We have experienced a similar trend with regard to stem cell research where the Weldon Bill (which passed the House of Representatives) or the Brownback Bill (which has so far failed to pass in the Senate) actually seeks to criminalize research using embryonic stem cells.

I attended the annual meeting of the Infectious Disease Society of America over this past weekend where Dr. King Holmes, a distinguished professor of medicine (infectious diseases) gave the distinguished Maxwell Finland Lecture on “Sexually Transmitted Diseases”. In his erudite and scholarly presentation, Dr. Holmes reviewed the data on condom use and prevention of infectious disease – a topic of enormous importance to AIDS and many other sexually transmitted infections. The data was compelling but overshadowed by his review of the current administration’s efforts to publicly discount or dismiss the value of condoms while promoting abstinence. These should not be viewed as mutually incompatible. Yet the refusal to accept the value of condoms could cost many lives, especially on an international basis where HIV infection has become so explosive. Such strong ideological stands, which have become all too familiar in recent years, are most disturbing and will have a negative impact on public health if they go unchallenged.

LCME Review Update

During the past several weeks a number of presentations regarding the planning efforts for the LCME review that will occur in October 2005 have taken place, thanks to the

efforts of Dr. Oscar Salvatierra, Professor of Surgery (Transplantation) and of Pediatrics (Nephrology) and Faculty Lead and Rebecca Trumbell, Project Manager. One of the most important was with a group of about 50 medical students who had the opportunity to learn more about the LCME review and preparation process and, most importantly, to begin their own student-led self-study and evaluation process. The role of the students in the LCME review is extremely important. Students will be assigned to the various committees as part of the overall LCME School-wide self study process but will also function independently. At our meeting we presented to our student leaders and colleagues the background of the LCME process and the various things the School has done to address the upcoming review since the last formal site visit by the LCME in 1997. The goal will be to have as much communication with the broad community about this process as possible so that we can address all the major issues well in advance of the actual visit in October 2005. We also had the opportunity to review these goals and plans with the LCME Steering Committee, which includes representatives from throughout the School as well as the University and the Board of Trustees. It is our mutual goal to have as successful a site visit as possible so that we can assure the continued and important success of Stanford as a premier School of Medicine.

Planning for the Center of Immersive and Simulation-based Learning

With the appointment of Dr. David Gaba as the Associate Dean for Immersive and Simulation Learning, strategic planning has begun for the Center for Immersive and Simulation-based Learning (CISL pronounced sizzle!). CISL will be a consortium of simulation activities and facilities affiliated with the School of Medicine. Integrating the efforts of these facilities will expand opportunities for immersive and simulation-based learning for the School of Medicine, Stanford Hospital and Clinics; the Lucille Packard Children's Hospital and the VA Palo Alto Health Care System. *(Simulation is a technique not a technology to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive fashion. An immersive experience engages participants in a task or setting as if it were the real world. An ideal, though fictional, example of full immersion is the Star Trek holodeck. While such seamless immersion is not currently achievable, experience shows that participants in today's immersive simulations easily suspend disbelief, speaking and acting much as they do in their real jobs)*

Dr. Gaba is conducting an initial round of introductory meetings within the hospitals, SoM Departments and across the University to identify interest and opportunities for application of ISL. He has uncovered a wide range of potential applications and surprising pockets of interest in early adoption.

The growing recognition of the applicability of simulation techniques to health care owes much to the work of innovative Stanford and VA Palo Alto researchers. For nearly 20 years, these researchers have pioneered a variety of immersive and simulation-based activities in medicine, which have laid the groundwork for centers throughout the world. The formation of CISL will coordinate and integrate the simulation efforts of four

existing and nascent core Stanford facilities as well as other groups working toward the same goals. The founding simulation groups include:

The VA Palo Alto Simulation Center

The Center for Advanced Pediatric Education

The Center for Simulation in Medicine

The Stanford University Medical Media and Information Technologies

On November 15, 2004, beginning at 8:30am in the Fairchild Auditorium, the School of Medicine will host presentations by nationally recognized experts on immersive and simulation-based learning, as well by School of Medicine and CISL leaders. A demonstration session will allow multimedia and hands-on experience with simulation techniques. There will be a private two-hour session dedicated to Stanford Medical faculty to discuss and explore immersive and simulation-based applications. Lunch will be provided. Please hold the date and stay tuned for more information about this event.

In addition, CISL is beginning a set of outreach activities for medical faculty to foster interaction and learning about simulation techniques. These include a structured observer program for simulation activities that currently run on a regular basis; an expanded lecture series (Simulation in Medical Education SIM1); and a program to provide subsidies for faculty new to this field to attend one of the major U.S. simulation conferences.

CISL hopes that combining, integrating, and creating new efforts in immersive and simulation-based learning will maintain Stanford as a world leader in this arena as it gains in importance to health care as the 21st century moves forward.

Progress Update on the Children's Health Initiative

On Wednesday September 22nd, the Pediatric Medical Advisory Committee (PMAC) visited Lucile Packard Children's Hospital and the School of Medicine to review progress on the Children's Health Initiative. The PMAC includes several nationally recognized leaders in pediatric research including Dr. Tom Boat, Chair of Pediatrics at Cincinnati Children's Hospital, Dr. Doug Jones, Chair of Pediatrics at Denver Children's Hospital and the University of Colorado, Dr. Ora Pescovitz, President and CEO of Riley Children's Hospital and Dean for Research at Indiana University and Dr. Alan Schwartz, Chair of Pediatrics at Washington University. The PMAC will make its final report to Dr. Ron Rosenfeld and the Lucile Packard Foundation for Child Health (LPFCH).

During their daylong visit, the PMAC heard updates from the Dean and the CEO of LPCH along with detailed reviews of the program from Dr. Alan Krensky, Director of the CHI, and the leaders of Children's Health Initiative. The PMAC received a very comprehensive update of the many exciting advances that have taken place during the past several years, many of which have transformed the LPCH and Stanford Pediatrics. Although the official report is not yet public, I want to thank the many faculty, staff and leadership for making this a very informative and (I believe) most successful visit.

Success with NIH Construction Grant

I am pleased to announce that the School of Medicine has been awarded a \$2.35 million construction grant from the NIH towards the creation of a fish and frog facility. Located on the ground floor of the Boswell building, this renovated facility will provide space for the housing, care, and study of various species of fish and frogs. The facility will be equipped with a centralized water purification system to maintain a healthy environment for the fish. The new center will allow the Veterinary Service Center to gain back valuable housing space in the Research Animal Facility for use by other species more appropriate to this specialized environment. The grant application was a combined effort of the Office of Facilities Planning and Management, SU Department of Project Management, Department of Comparative Medicine, and numerous faculty in the School of Medicine including Linda Cork, Sherril Green, David Kingsley, Emmanuel Mignot and James Chen. Other sources of funding for the project are HHMI and the Dean's Office. The center is projected to open in late 2005. Congratulations to all who worked on this project.

A Success in the New NIH Director's Pioneer Awards

One Wednesday September 28th, the NIH announced the first recipients of the NIH Director's Pioneer Award, "a program designed to support individual scientists and thinkers with highly innovative ideas and approaches to contemporary challenges in biomedical research." NIH will provide \$500,000 in direct costs per year for five years to each Pioneer Award recipient, "allowing them the time and resources to test far-ranging ideas with the potential to make extraordinary contributions to medical research." Among the recipients nine inaugural recipients of the NIH Director Pioneer's Award is Dr. Steve Quake who was recently recruited to the new Bioengineering Department at Stanford. According to the NIH, approximately 1000 applications for this new award were submitted to the NIH. That Dr. Quake is one of the first recipients is wonderful news for Steve and for Stanford.

Stanford Also Scores Success in Becoming One of the National Centers for Biomedical Computing

Another great success for Stanford in competing for NIH Roadmap Awards for Stanford was the recent announcement that it would become one of four new National Centers for Biomedical Computing. The centers will create innovative software programs and other tools that enable the biomedical community to integrate, analyze, model, simulate, and share data on human health and disease.

The centers, part of the National Institutes of Health Roadmap for Medical Research, and The National Centers for Biomedical Computing are the key programmatic initiative of the NIH Bioinformatics and Computational Biology Roadmap:
<http://nihroadmap.nih.gov/bioinformatics/index.asp>.

The Stanford Center will be the ***Physics-Based Simulation of Biological Structures Center***, led by Russ Altman, M.D., Ph.D., and Scott Delp, Ph.D., which will develop a simulation toolkit that enables scientists worldwide to model and simulate biological systems from single atoms to entire organisms. More information is available at <http://cbmc-web.stanford.edu/simbios/>

Congratulations to Drs. Altman, Delp and their colleagues.

Senior Faculty Annual Recognition

On Tuesday, September 28th, our Emeritus and Senior faculty gathered for a luncheon and a time for re-acquaintance and interaction. I had the privilege to address the group and shared my reflections on what is currently happening at Stanford across our primary missions of education, research and patient care. I also tried to convey that whatever accomplishments or success we are achieving today is a consequence of the work they did on behalf of Stanford during their own very productive years as faculty leaders. In many ways our current efforts are a reaffirmation of the standards, values and programs they each contributed during their many years of service. We are all appreciative.

Honoring Dr. Richard Kempson

On September 23rd a dinner was held to celebrate a professorship in pathology bearing Dr. Kempson's name. It is an enormous honor for a faculty person to be named to an endowed professorship. But to have a professorship named to honor the a faculty person is a rare and special event indeed. In the case of Dr. Kempson, who has made major contributions to Stanford and the field of surgical pathology, this special honor is well deserved indeed.

In addition to congratulating Dr. Kempson, I also want to thank Dr. Steve Galli, chair of Pathology and the Mary Hewitt Loveless, M.D. Professor, along with the faculty in the department of Pathology for creating the Richard Kempson Professorship.

Congratulations to Dr. Lucy Tompkins and Stanley Falkow

Although their roles and contributions are distinct, Dr. Lucy Tompkins, the Lucy Becker Professor in Medicine and of Microbiology and Immunology and Dr. Stanley Falkow, Robert W. and Vivian K. Cahill Professor in Cancer Research, share much in common – including a marriage. This past weekend they shared separate and distinct honors at the Infectious Disease Society of America meeting in Boston. Lucy was honored by delivering the prestigious Edward H. Kass Lectureship (her presentation was outstanding) and Stan received the Society Citation from IDSA. Congratulations to both Lucy and Stan.

Announcements:

- The **Department of Surgery** is pleased to announce the results of the second annual essay competition for students in the clinical years. Winners will attend the Medical Student Program at the annual meeting of the American College of Surgeons in New Orleans, LA October 10 -13, 2004. This year's competition featured many excellent submissions from clinical students and the following student's essays were chosen by our panel to represent Stanford University at the Program. We look forward to next year's competition and opportunity to continue to showcase surgery to our students, and our students to American surgical leadership.

Congratulations are in order for Anne Zink, Oscar Serrano, and Natalie Kirilcuk who are this year's winners.

- **Fall Forum on Community Health and Public Service** will be held on Monday, October 11, 2004 from 5:00 to 7:30pm in the Frances C. Arrillaga Alumni Center, 326 Galvez Street. Dr. America Bracho, Founder and Executive Director, Latino Health Access (www.latinohhealthaccess.org), will be the Keynote speaker.

The 3rd Annual Fall Forum will feature a wide range of service and partnership research projects undertaken by Stanford students in underserved communities here and around the world. This event is free of charge and open to the public. If you are planning to attend, RSVP to fallforum2004@yahoo.com to assist us in our planning.

Organized by Stanford Medical Students with the support of the School of Medicine's programs in Community Health and Public Service. For more information, see <http://med.stanford.edu/community/>.

Appointments and Promotions

- **Kay W. Chang** has been reappointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 4/1/2004 to 5/31/2008.
- **Susan Frayne** has been appointed to Associate Professor of Medicine at the Stanford University Medical Center, effective 9/1/2004 to 8/31/2009.
- **Karyn A. Goodman** has been appointed to Assistant Professor of Radiation Oncology at the Stanford University Medical Center, 9/1/2004 to 8/31/2007.
- **Rachel Manber**, has been promoted to Associate Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 9/1/2004 to 8/31/2009.
- **Christy I. Sandborg** has been reappointed to Associate Professor of Pediatrics (Rheumatology) at the Lucile Salter Packard Children's Hospital, effective 8/1/2004 to 7/31/2009.
- **Winston Vaughan** has been reappointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 4/1/2005 to 3/31/2008.

Dean's Newsletter

October 18, 2004

Continued Thoughts About Clinical and Translational Research: *Juxtaposition of Stanford's Annual ACCESS Meeting and a Meeting with the NIH Director on a Vision for the Future of Clinical Research*

On Monday October 4th I delivered the Keynote Address at our Annual ACCESS Program, which was focused on "Innovations in Clinical Research" (ACCESS stands for Academic Consortium for Clinical Excellence in Scientific Studies). Within 24 hours I also participated in a small think tank-like meeting, arranged by Dr. Elias Zerhouni, Director of the NIH, to engage a small number of medical school leaders and NIH directors to discuss "Clinical Research: A Vision for the Future." It was an interesting coincidence and juxtaposition that offered some examples and illustrations.

In my ACCESS address I highlighted the interrelationships between our Stanford School of Medicine Strategic Plan "*Translating Discoveries*" (<http://medstrategicplan.stanford.edu/>) and the NIH Roadmap (<http://nihroadmap.nih.gov>). In particular I pointed out the areas of overlap and interconnection between our strategic planning efforts, which formally began in the Fall of 2001, and the announcement of the NIH Roadmap in 2003. Indeed, I pointed out that I had shared the first iterations of *Translating Discoveries* with Dr. Zerhouni soon after he became Director, as he and other NIH leaders were beginning to formulate the Roadmap. In particular I highlighted what we have been doing at Stanford to help create the future rather than to simply react to the changes and forces around us. As you may recall, our School of Medicine strategic plan is multi-factorial and includes planning activities in each of our primary missions (education, research and patient care) in tandem with changes in enabling resources in the areas of finance & administration, information technology, communications, advocacy, and philanthropy. Emanating from this agenda, our overarching goals have been to:

- **Be a leader** in the movement to reform and rejuvenate the educational and career development of physicians and biomedical innovators.
- **Transform the future** of biomedical, translational, and clinical research and education by fostering novel collaborative alignments between basic and clinical scientists, clinicians, and educators throughout the University, as well as with public and private partners worldwide.
- **Earn the public's trust** and respect as a premier medical school through outstanding patient care and academic medicine.

To accomplish these goals we have sought to bring our community of basic and clinical faculty closer together. In doing so, we have attempted to align our goals and missions and to improve translational research through the development of our four Stanford Institutes of Medicine and more recently, the three enabling Centers that I have described in recent Dean's Newsletters

(http://deansnewsletter.stanford.edu/archive/10_04_04.html#1). We have also sought to

align basic and clinical science through our New Stanford Curriculum for medical students and through programs to enhance clinical training for graduate students and fellows.

In my ACCESS presentation I also provided an overview of the NIH Roadmap whose fundamental goals are to:

- Accelerate basic research discoveries and speed translation of those discoveries into clinical practice, and
- Explicitly address roadblocks that slow the pace of medical research in improving the health of the American people.

In particular, the NIH is committing approximately 1% of its budget to foster and enhance translational research in the three key areas of:

- ***New Pathways of Discovery*** -- e.g., developing molecular libraries and imaging probes; creating building blocks, biological pathways and networks; structural biology; bioinformatics and computational biology; nanomedicine.
- ***Developing Research Teams for the Future*** -- e.g., exploring new organizational models for scientific teams that are multidisciplinary and interdisciplinary but that seek to preserve the investigator(s)-initiated strategy.
- ***Re-engineering the Clinical Research Enterprise*** -- e.g., developing new partnerships that link patients, community-based health providers and academic researchers and that lower the bar to innovation

During the past year the NIH has created a number of Roadmap initiatives and Stanford has been successful in competing for a number of them. If you are interested in more details, I am posting the slides I used in my ACCESS presentation for your review (add presentation link here).

The meeting I then attended in Bethesda attempted to step back and ask what additional approaches might be considered to enhance clinical research in the 21st Century. The discussion was based on a strawman proposal that had been developed at an earlier internal NIH leadership retreat. It asked whether “the creating of new Departments of Clinical Sciences (or Departments of Translational Sciences) could potentially provide the field and Academic Health Centers with a consolidated platform from which to address and resolve the many cultural, organizational, and economic barriers to such research in the academic environment.” There were numerous underpinnings to the strawman, and the goal of the meeting was not to reach a conclusion but rather to explore the options, as well as to learn about approaches already underway at selected academic medical centers. Because this topic is so relevant to our own school-wide efforts, I wanted to share some of the observations I took away from this meeting.

First, although a limited number of schools were represented (Baylor, Case-Western Reserve, Duke, Harvard, John Hopkins, Illinois, Minnesota, Penn, Pittsburg, Stanford, UCSD, UCSF, UT Southwestern, and Vanderbilt) several things were notable:

- First, each medical school or center is engaged in planning and implementation of various initiatives to enhance or develop clinical research. Some of these are relatively new whereas others have been ongoing, in some cases for a number of years.
- Second, the various undertakings at different schools all reflect an institutional commitment to enhance clinical research and all require institutional support. In no case is the clinical research initiative an entity that provides net revenue to the school or medical center.
- While there are various degrees of partnership with industry (and the recognition that industry is more advanced in its clinical research enterprise) there was almost always the perspective, among the participants, that it is important to assure that the clinical trials being done in academic settings are high quality and have strong scientific underpinnings – and that they **not** be “clinical research organization” (CRO) in quality.
- Among the most established initiatives is the Duke Clinical Research Institute (DCRI), which includes a broad cross-disciplinary critical mass, provides infrastructure and resources (including portions of grant indirects), and provides training and career development. The DCRI arose from a strong cardiovascular clinical trials base but has now become an institutional resource with its own facility. It will expand to include ambulatory clinical research and a Phase I unit dedicated to “experimental medicine.” However, the DCRI is not a department and there is no intention of moving toward that kind of structure. Moreover, a perceived strength is that the DCRI is not departmentally based but is cross-disciplinary.
- A newer model just being developed at UT Southwestern has created a Department of Clinical Research (thus coming closest to the NIH strawman proposal) that seeks to provide a home for all involved in clinical research. It too is cross-disciplinary and seems to thrive on that basis. However, this model seems to be diminishing, at least at this juncture, the interactions between clinical and basic science faculty.
- As an alternative, the model at Vanderbilt is built around an enhanced role for the General Clinical Research Center (which is engaged in training as well as clinical research) and a very strong program in informatics.
- The evolving model at UCSD is seeking to create a “college of integrative health sciences” that has foundations in an Institute for Molecular Medicine, as well as an interesting partnership model with biotech through Transmed and the goal of bringing together resources in advanced imaging, ambulatory clinical research and associated laboratory programs.
- Other programs concentrate their efforts on teaching and training. For example, UPitt has a clinical research training program for medical students that it is trying to make comparable to the traditional MSTP program for MD/PhDs who pursue careers in basic science. Vanderbilt and Hopkins both have programs that help foster and support fellows or junior faculty to pursue careers in clinical research by providing training and financial support.

I was pleased to learn about the various types of programs being developed at various centers around the country and to also note how far we have come at Stanford – even though we have a long way to go. There is one fundamental factor, which I emphasized in my own comments, which I think is important, certainly for Stanford. Namely, while there is no question that we need to develop the infrastructure support to further enhance translational and clinical research, I strongly feel that it would be a mistake to separate and potentially isolate our basic and clinical faculty and investigators. Indeed, an overarching goal in *Translating Discoveries* is to bring these communities closer together. We are moving forward towards this goal in many ways, such as the following:

- Aligning faculty within the School and across the University in our Stanford Institutes of Medicine (including Cancer/Stem Cell Biology, Neurosciences, Cardiovascular, and Immunity/Transplantation/Infection) and linking them to the comparable clinical centers at SHC and LPCH.
- Further fostering our faculty alignment through the enabling Centers for Genomics/Genetics, Informatics, and Imaging, which are intertwined with each of the Stanford Institutes of Medicine.
- Creating alignments with the broader University through the new Department of Bioengineering (joint between Engineering and Medicine), through BioX and through other new initiatives being developed across the University (e.g., in the areas of the environment and of international affairs).
- Further developing the infrastructure and support to enhance clinical research, including institutional innovation grants that bring together faculty from different schools to explore new pathways or that align basic and clinical investigators to address new problems in translational medicine.
- Redefining our education programs to develop scholarship, leadership and, where appropriate, a concentration in clinical research. This initiative includes efforts to better connect undergraduate medical training with postgraduate programs in order to foster development of physician scientists. It also includes the development of enriched training for graduate students, such as the establishment of new joint degree programs. The latter will be addressed via the Commission on Graduate Education recently appointed by President Hennessy.

Clearly one of the current strengths is the diversity of pursuits at different academic medical centers. There is not, nor should there be, a “one size fits all.” Rather, innovations and experiments at different institutions are and should be carried out in ways that engage their unique cultures, and hopefully, foster and stimulate clinical and translational research. In my comments at the NIH meeting I stressed that a Department of Clinical Research (the strawman proposal) was not consistent with the goals we have laid out at Stanford, but that I recognized it may be appropriate for other schools or centers. Gathering experience and outcome metrics on how these various programs are working during the years ahead may be one of the most important things we can do.

With the NIH Roadmap, the NIH is already directing resources to enhance clinical research. Given the funding limitations now before us, I spoke against adding additional dollars and in favor of reprogramming resources from within the Roadmap allocation to

help foster innovation. Indeed, among my own recommendations was the creation of an innovation fund, analogous to the NIH Director's Pioneer Award, which could be made available to institutions that were pursuing or developing novel approaches to fostering clinical research (Parenthetically, I also emphasized the importance of not further altering the funds available in the RO1 pool – which are now all too limited for new and competing grants).

Although it should be underscored that the NIH leadership is exploring different options and that no immediate conclusions are at hand, it is very encouraging to know that they are seeking input about new directions and that many centers, including Stanford, are already exploring and implementing interesting innovations in clinical research.

Draft of the Integrated Clinical Plan for the Stanford University Medical Center

Over the past couple of months, Martha Marsh, President & CEO of Stanford Hospital & Clinics, Chris Dawes, President & CEO of Lucile Packard Children's Hospital, and I have been working on "An Integrated Clinical Plan for the Stanford University Medical Center: The School of Medicine, Stanford Hospital and Clinics and Lucile Packard Children's Hospital at Stanford." We reviewed the draft document with President Hennessy on September 27th and with the Medical Center Committee of the Board of Trustees on October 11th. The draft plan reviews the individual school and hospital goals as well as the overarching goals and objectives of the Medical Center as a whole beginning with our shared vision:

- To create knowledge through research and innovation
- To educate future leaders in medicine and the biosciences
- To translate discoveries in medicine into efficacious, efficient, and cost-effective clinical care
- To improve the health of patients with state-of-the-art diagnosis and treatment

A number of factors lie behind the development of this plan, including the following:

- SUMC is fundamentally an academic medical center, and it derives its unifying purpose from the educational and research/innovation missions.
- The rapid pace of change in the health care environment requires our strategic plans for academic and clinical services to remain flexible while still providing a guiding vision for SUMC.
- Essential to the success of SUMC is the development and implementation of a sustainable business model that ensures support for on-going programs as well as opportunities for investment in new programs and facilities.
- Limitations on space and faculty size are recognized explicitly as challenges that will make the translation of strategic plans into successful operational initiatives a complex undertaking for all three entities.

We note in the plan the importance of focus, given our overall size and location. Accordingly, the clinical strategies within the draft plan delineate selected clinical

services to be emphasized based on talent that currently exists or that is slated for recruitment in conjunction with market strategies and the requisite internal and external management initiatives associated with their success. Concurrently, the Stanford Institutes of Medicine (http://deansnewsletter.stanford.edu/archive/10_04_04.html) have the goal of bringing together faculty from basic and clinical science to translate discoveries from the research laboratory to the patient. Each of the four Institutes (Cancer/Stem Cell Biology, Cardiovascular, Immunity/Transplant/Infection, Neurosciences) is closely linked to a clinical center of excellence (or service line) at SHC and LPCH. Thus, they provide a unifying theme for aligning faculty and clinical programs with the goal of improving the diagnosis, treatment or prevention of disease. Further, the Stanford Institutes of Medicine and their related clinical programs will differentiate Stanford from other medical centers and providers, especially when coupled with outstanding quality of care and patient service.

We also note in the draft plan that although SHC and LPCH exist in a single medical center, they are distinct providers, occupying different positions within the health care marketplace. For example, SHC is both a teaching hospital and a community hospital. It must therefore attend to its local market as well as the much larger regional, national, and international markets that are required to support the tertiary and quaternary services associated with its academic mission. On the other hand, as a specialty children's hospital, LPCH serves a much larger patient base with a predominant focus on tertiary/quaternary care through relationships with many different provider networks and health care systems. Similar to SHC, LPCH's obstetric and general pediatric services provide support to the local community and as such require LPCH to be responsive to community needs and standards.

The draft integrated plan also addresses what is one of our major shared challenges – space and facilities. We have been working on an integrated master facilities plan that also represents an accommodation to the often conflicting demands of strategic program plans, aging facilities, regulatory requirements, the extraordinary value of contiguous on-site growth and the limited capacity for additional growth on the Stanford campus (due to the General Use Permit and other political realities). Accordingly, the school and hospitals are developing plans that include both on-site development and moment of services and functions off-site.

Clearly, the strategic and financial health of the two hospitals and the School of Medicine are critical to each other's well being. Each engage annually in strategic financial planning processes that coordinate strategy, capital planning, operations, and investment management. The expense base of each hospital includes mission-based payments to the school that augment professional fee revenues and help ensure that the necessary complement of physicians and clinical faculty are available and, ideally, paid at competitive rates. The school's annual operating clinical expenditures and strategic investments include the physician, staff and infrastructure costs associated with the adult ambulatory practice as well as the research and development costs of clinical innovation critical to the success of the hospitals.

The Stanford University Medical Center is a true academic medical center, one in which the research, education and clinical care missions of the school and the hospitals are, by design, interdependent. As such, this draft integrated clinical plan seeks to craft a means to achieve the success of each institution and of the medical center as a whole.

School of Medicine-Stanford Hospital & Clinics 2005 Initiative

The School of Medicine and SHC are cooperating in a clinic initiative whose purpose is to improve the quality of patient service. This is a most important effort aimed at incentivizing clinical departments and services leaders, faculty and staff to work with SHC to improve the patient experience. Under the guidance of Drs. Jerry Shefrin (Vice President, Ambulatory Care) and Joe Hopkins (Clinical Professor of Medicine, Family & Community Medicine), three cluster areas will be addressed over the coming year. These include:

1. Supply & Demand Management
2. Waits & Delays in Clinic
3. Telephone Services

I want to both add my strong support for the clinic initiative and encourage faculty and staff to lend theirs as well. In addition to the areas noted above, a program for improving communications with referring physicians will also be introduced in the 2nd Quarter of 2005.

Profile of Our New Graduate Student Class

I asked Ellen Porzig, Associate Dean for Graduate Education and Associate Professor of Developmental Biology and Human Biology, to provide an update on our new class of graduate students. Per Dr. Porzig, the entering class of graduate students is the largest and most diverse in the history of Stanford Biosciences Ph. D. programs. The 120 new students have come to Stanford from more than 75 universities and colleges around the world, including Argentina, Bahrain, Columbia, Great Britain, India, Mexico, Romania, Singapore, Turkey, Taiwan and Uruguay.

Currently, the first year graduate students in the Biosciences Programs are in their initial lab rotations and are also taking courses. For several quarters students rotate through 2 – 3 laboratories before deciding upon the lab where they will conduct their thesis research. Students have the option of choosing a laboratory from among 200 faculty in basic science and clinical departments.

Two of the most popular courses this quarter are Advanced Genetics (taught by Tim Stearns, Arend Sidow, Greg Barsh and Stuart Kim) and Biological Macromolecules, (taught by Jody Puglisi, Steve Block, Dan Herschlag, Karla Kirkegaard, Chris Garcia, Vijay Pande and David McKay).

To encourage new interdisciplinary collaborations between graduate students and medical students there are several new courses being offered this quarter, including: Multi-modality Molecular Imaging in Living Subjects, Project Class in Biomedical Informatics, Chemistry of Biological Processes, and Computational Analysis of Biological Images. New offerings later in the year include: Egg to Embryo: Basic Science and Clinical Approaches to Infertility (Winter Quarter) and Current Concepts and Dilemmas in Genetic Testing (Spring Quarter).

Dr. Porzig also reports that efforts are being made to foster more social interactions and friendships among the Ph.D. students and the M.D students including Ice Skating Party for the new students on the outdoor ice rink in Palo Alto this coming Friday evening October 22nd. That there is actually ice in Palo Alto is worth a visit in its own right!

Web-based System for Clerkship Evaluations

At the October 15th Executive Committee meeting, Dr. Myriam Curet, Associate Professor of Surgery, offered an introduction to the new Web-based clerkship evaluation system. The new system is the result of the efforts of a Working Group consisting of Sam LeBaron, Neil Gesundheit, Elizabeth Stuart, Char Hamada, Rex Chiu, Arthur Johnson, Arghavan Salles, Elizabeth Langer, ChaRandle Jordon, and Rebecca Trumbull, in addition to Dr. Curet.

By way of background, Dr. Curet pointed out that we have not done well historically in evaluating our students. More specifically, our Medical Student Performance Evaluations (MSPEs) are inadequate. As a result, too high a percentage of our students are not getting the residency interviews they desire, and they are not matching into the programs that they and we believe should be the case. Among the problems identified in the current clerkship evaluation system include inconsistency across sites and evaluators, as well as extensive turnaround time. There are insufficient direct observations of students and a lack of feedback and narrative comments to the students. Overall, the goals and objectives of clerkships are not clearly articulated.

The system Dr. Curet and her colleagues is introducing includes new evaluation forms as well as an emphasis on direct observation, timely and appropriate feedback, and useful narrative comments. Additionally, web-based tutorials have been developed for evaluators, clerkship directors, and students. These tutorials have been completed and may be found at http://med.stanford.edu/clerkship_eval/.

To implement the new system, I have prepared a letter to everyone who needs to take one of these tutorials to inform them that completing it is mandatory. The clerkship coordinators will distribute this letter and will track tutorial completion. Clerkship directors and department chairs will reinforce the importance of completing the tutorial. It will be crucial to have 100% compliance in implementing this new system.

It is extremely important that we improve our student evaluation processes, and the new clerkship evaluation system is a critical first step. Thanks to the Working Group for

tackling a very important School issue and for developing this much needed change in how we evaluate our students.

Fourteenth Annual Jonathan J. King Lectureship Features Human Fallibility in Medicine

On Tuesday October 12th, Dr. Atul Gawande delivered the 14th Annual Jonathan J. King Lecturship reflecting on his personal experiences as a young surgeon. Dr. Gawande has distinguished himself as a scholar, clinical investigator and writer. A graduate of Stanford, Dr. Gawande received his MD and MPH degrees from Harvard. He is also the author of *Complications: A Surgeon's Notes on an Imperfect Science*. If you haven't read this book already I would strongly recommend you do so.

Fall Forum on Community Health and Public Service

On Monday October 11th, the Third Annual Fall Forum on Community Health and Public Service was held in the Arrillaga Alumni Center. These events are the result of student advocacy, and they provide opportunities for them to share highly diversified research and community focused projects, which are both local and international in scope with each other and with faculty and staff. This year's Fall Forum included poster sessions as well as selected oral presentations. In addition, a keynote address was given by Dr. America Bracho, Executive Director, Latino Health Access, Santa Ana, on "The Role of Doctors in the Health of their Communities." I want to thank Shari Chavez, SMS V and Lauren Cochran, SMS II for their work in coordinating this year's Fall Forum. As evidence of progress, Community Health and Public Service was one of our original Scholarly Concentrations; and, in fact, this past year, was one of the most popular.

Stanford Hosts the California Tissue Engineering Annual Meeting

Thanks to the leadership of Michael Longaker, the Deane P. and Louise Mitchell Professor in the School of Medicine, and his colleagues, Stanford hosted the California Tissue Engineering Annual Meeting, which brought together investigators from throughout California to address the burgeoning field of tissue engineering and its relation to developmental biology and stem cell biology. This is truly a very interdisciplinary area of basic research that also has the opportunity to contribute important insights and applications to clinical medicine. It is also an area that is bringing together faculty from our Departments of Surgery and Developmental Biology as well as other departments along with the School of Engineering. Tissue engineering promises to be a fruitful area of research and has already been recognized by a recent NIH Award.

Exchanging Thoughts About School of Medicine Strategic Planning

On October 14-15th I had the opportunity to serve as the "Visiting Dean" at the University of Michigan (UM). Several years ago Dr. Alan Lichter, Dean at UM, initiated this program to foster an exchange of ideas and experience among deans and schools and academic medical centers. During this visit I gave a formal presentation about the status of our Stanford School of Medicine Strategic Plan *Translating Discoveries* and our

current efforts in implementing our planned initiatives in education, research, patient care, communication and advocacy. I also had the opportunity to meet with deans, faculty leaders and students at Michigan and compare notes on how we are each trying to solve the problems challenging academic medical centers. While we share a lot in common we certainly have a number of important differences in size, focus and expectations. But there is much we can learn from each other. Among the areas in which I believe Michigan has succeeded well is the funds flow relationship between the school and hospital. Their accomplishment in this area is perhaps best exemplified in their cancer center, but is likely to be relevant to other school-hospital relationships and this is particularly notable in their ambulatory programs. It is my hope that we can benefit from some of their experiences. More will follow on this topic in subsequent Newsletters.

Transforming the Lane Medical Library into the Knowledge Management Center

At the October 15th Executive Committee meeting, Debra Ketchell, Lane Library Director and Associate Dean for Knowledge Management, Office of Information Resources & Technology, provided an update on strategic planning and accomplishments since her arrival at Stanford in June, 2003.

Ms. Ketchell reviewed the vision of the biomedical knowledge management center (KMC) as a hub of knowledge and learning, virtually and physically, to support world-class patient care, research and learning. This vision centers on the user: saving time, fostering collaboration, enabling discovery, informing decisions, crossing traditional discipline boundaries and students, and embedding knowledge in everyday workflow. The strategic initiatives of the KMC are shaping into five areas: 1) developing a transparent digital library of knowledge sources and services available anytime, anywhere; 2) creating smart interfaces and search tools that put knowledge in context at the point of care, research or learning; 3) developing a collaborative learning hub that facilitates navigation and manipulation of knowledge content; 4) designing smart, collaborative learning spaces for students, trainees and instructors; and 5) developing a research program.

Ms. Ketchell also reviewed the accomplishments over the past year. Over 65% of our journal collection is now online with a goal of 80% in 2005. Over 460 new titles are now available back to volume 1. Almost 100% are available through a simplified NetID authentication for off-campus access. The new library website was released in late August. The new site sports the look and feel of the broader School site. A key organizing feature is the clinician and researcher portal, which initiates the library's effort to focus on user roles and personalization. Each of these portals includes a metasearch across multiple content sources that break down the compartmentalization of information by vendor package or agency. The metasearch approach is in part a "googlization" focuses on searching and allows the user to get started without knowing which particular content "bucket" would be most relevant. In addition, a bioresearch and a clinical "informationist" will be recruited for the next development phase.

Another new feature of the library website is finding online articles. The new PubMed@Stanford and Article Finder provide direct linking to all journal articles available in Stanford licensed content through an open standard article identification resolver. Previously, PubMed users were matching only about 60% of our total online collection and only searching the biomedical journal titles. If online isn't available, a link to print holdings or a interlibrary loan request form are offered. The ArticleFinder search on the eJournals page searches over 11,500 titles licensed across all Stanford libraries.

One of the cornerstones of building digital services and tools is the library liaison program launched last September. This program matches a dept, class or unit with a librarian who is a personal guide to customized updates, instruction, collection advocacy, and input for developing services. The same approach is used to support instructors developing digital content and instruction or training in the new tech-enabled classrooms. In addition, the library evaluated its instructional program over the past year and is refocusing on knowledge skills training. New initiatives include a scholarly research series in partnership with the Office of Postdoctoral Affairs, modeling course modules with the Dept of Surgery to that address the ACGME information management core competencies, and embedding information management skills in the Practice of Medicine course in the medical curriculum.

Ms. Ketchell also highlighted recent physical changes in current learning spaces, including the renovated Fleishmann and M classrooms, which provide flexibility for new teaching modalities. Learning space planning is now the work of the new Educational Technology group that became part of the knowledge management center in July. Library spaces have also been updated. The 24x7 student computing lab has new equipment and furniture, wireless access is available throughout, stacks came down, and new user spaces with comfortable furniture and electrical outlets for notebook users are now regularly in use. In development for January are a multimedia development lab to support faculty in developing new teaching using digital content and technology and a gateless entry to the library that includes a single help desk. These changes are opportunities to design the space and function of the new Learning and Knowledge building. Ms. Ketchell concluded that the emerging Knowledge Management Center it is all about getting the right knowledge, at the right time, to the right person, in the right context.

Ms. Ketchell and the entire staff of Lane Library have made enormous progress over the past year and are continuing to make huge contributions to all aspects of the School's work. The chairs expressed their appreciation for these efforts, as do I.

Another Season for the Bing Luncheon Series

On October 6th we opened another year of the Bing Luncheon Series. Since 1972 Helen and Peter Bing have hosted a luncheon presentation in Los Angeles that features a Stanford faculty member. Over the years a diverse and distinguished group of faculty has participated, four times each year, in this series that is now well regarded. This year's opening speaker was Dr. Sandra Horning, who reviewed the remarkable progress that she and her Stanford colleagues, most notably Dr. Ron Levy, have made in developing new

insight into the diagnosis and treatment of lymphomas. The Stanford team has pioneered a number of innovative approaches using immunotherapy, chemotherapy, radiotherapy and molecular diagnosis, and risk stratification. These are all wonderful examples of translational research, and Dr. Horning's presentation provided the Bing Luncheon attendees a special perspective on the important role Stanford plays in biomedical research as well as the impact of this research on patient care and outcomes.

Next Presentation of the Medicine for the Community Series

On Wednesday evening, October 6th, members of the Stanford and neighboring communities were invited to another lecture in our Medicine for the Community Series. This session featured presentations by Alan Schatzberg, Kenneth Norris Jr. Professor and Chairman of the Department of Psychiatry and Terrance Kotter, Associate Professor of Psychiatry and Behavioral Sciences and Chief of the Bipolar Disorders Clinic. Dr. Kotter provided an informative review of the linkages between creativity and mood disorders and Dr. Schatzberg reviewed the current and future approaches to the treatment of these disorders. The presentations were very well received by an enthusiastic community audience.

This free event represents an opportunity for faculty to communicate with our neighboring community about advances in science and medicine and the important role that Stanford is playing in generating new knowledge as well clinical interventions.

The next presentation of the Medicine for the Community Series will be on Wednesday, November 3rd at 7:00 p.m. Dr. Margaret Fuller, Chair, Department of Developmental Biology, will lecture on *Regenerative Medicine: A Hope for the Future* in the Clark Center Auditorium.

Lucile Packard Children's Hospital Leadership Forum

On Tuesday October 12th Chris Dawes, CEO of LPCH, and Dr. Ken Cox, Chief Medical Officer and Senior Associate Dean for Pediatric and Obstetric Clinical Affairs, hosted a semi-annual Leadership Forum that brought together faculty leaders and senior administrators from both the school and the hospital. This year's Forum featured poster presentations on key initiatives and accomplishments related to improvements in patient service, quality of care, customer processes, program planning, and financial management. Coupled with this were presentations on departmental updates (e.g., maternal-fetal medicine) and on some of the anticipated clinical and facilities challenges. I had the opportunity to address the group on "Forging a Successful Academic Medical Center Enterprise: The Stanford University School of Medicine and the Lucile Packard Children's Hospital." LPCH, still a young institution, has made great strides during the last several years. While important new programs have been established, many through the recruitment of stellar faculty, this rapid progress has been accompanied by considerable work-stress throughout the institution. Managing that stress and engaging the LPCH and SoM community in assuming proactive leadership roles are enormously important at this point in the institution's eye. Efforts such as this Leadership Forum

provide an important way to overcome barriers and foster the kind of interactions that are necessary to make LPCH and SoM as successful as they can be. In the end, this will translate to enhancing discoveries and innovations and ultimately making them available to improve the lives of children.

Awards and Honors

- ***Stanford Faculty Elected to the Institute of Medicine of the National Academy of Sciences:*** On October 18th two Stanford faculty members learned that they had been elected to the prestigious Institute of Medicine. They include **Dr. Rob Malenka**, the Nancy Friend Pritzker Professor in Psychiatry and Behavioral Sciences; **Dr. Bill Mobley**, John E. Cahill Family Professor in the School of Medicine and, by courtesy, of Neurosurgery and Director of the Neurosciences Institute at Stanford; **Dr. Mark Davis**, Burt and Marion Avery Professor in Immunology; and **Dr. Andrew Fire**, Professor of Pathology and of Genetics. Congratulations to all.
- ***The Neonatal Education Award in Perinatal Pediatrics*** has been awarded to Dr. David Stevenson, Senior Associate Dean of Academic Affairs and the Harold K. Faber Professor of Pediatrics. This award is given annually by the Section of Perinatal Pediatrics of the American Academy of Pediatrics to an individual for recognition of outstanding contributions in neonatal-perinatal medicine for health care students, professionals and the lay public. Congratulations Dr. Stevenson.
- ***The Karl Musshoff Prize*** has been awarded to Dr. Saul Rosenberg, the Maureen Lyles D'Ambrogio Professor in the School of Medicine. This award is for extraordinary scientific merits related to research in Hodgkin's Disease. Dr. Rosenberg received his award at the Sixth International Symposium on Hodgkin's Disease in September. Congratulations Dr. Rosenberg.

Announcements

- ***Grant Teaming Opportunities in Translational R&D:*** On Monday, November 1st at 1:00 p.m., representatives from SRI and the PharmaSTART program will give a presentation on NIH grant teaming opportunities to accelerate Drug Development by funding translational research and development activities. This presentation will address the challenges and opportunities arising from the changing funding landscape and the growing awareness of the potential role of the universities to accelerate drug development. Refreshments will be served at 12:00 p.m. prior to the presentation in Munzer Auditorium.
- ***New Director of Continued Medical Education Appointed:*** Dr. Julie Parsonnet, Senior Associate Dean for Medical Education, recently announced the appointment of Joshua Callman as our new Director of Continuing Medical Education (CME). Please contact Mr. Callman if you have any questions, plans or proposals for CME. He can be reached at 723-7286 or at jcallman@stanford.edu.

Dean's Newsletter

November 1, 2004

Don't forget to vote on Tuesday November 2nd. Needless to say this is perhaps one of the most important elections in generations and the immediate future of our nation and consequently the world will be impacted by the results of the Presidential election. As you also know there also are a number of initiatives on the ballot in California this year, some which impact health and science. I hope you will pay particular attention to Propositions 71 and 61 when you cast your ballots. Your vote will count!

BioX and Bioengineering at Stanford University

BioX, which brings together faculty and students from the life and physical sciences as well as from law and business, now numbers more than 270 faculty from 57 departments in the Schools of Medicine, Engineering, Humanities and Sciences, Earth Sciences, Law and Business. The BioX and its related Bioengineering initiatives stand as an exemplar of interdisciplinary research and education at Stanford and will be joined by the International Initiative and the Initiative on the Environment to define Stanford's broad commitment to the future.

On Friday October 22nd, the leadership of BioX (Matt Scott, Professor of Developmental Biology and Genetics and Chair of the BioX Leadership Council) and of Bioengineering (Scott Delp, Chair and Associate Professor of Mechanical Engineering and Paul Yock, Co-Chair and Martha Meier Weiland Professor of Medicine) met with the Scientific Advisory Council on the Interdisciplinary Biosciences to provide an update and status report as well as to receive critical feedback regarding future planning for this important initiative.

Based on the advice and recommendations of several visionary faculty members a planning committee for BioX commenced in 1998. Since then the BioX program at Stanford has evolved to facilitate collaborations and interactions among the fields of basic science, engineering and clinical science. The opening of the James H. Clark Center in 2003 created a home for BioX and the newly formed department of Bioengineering (the first interschool joint department at Stanford) as well as the opportunity to cross-fertilize interactions and collaborations between faculty throughout the university. Several key themes have been defined to date, with the understanding that they will evolve over time. At this juncture, the current BioX research themes include: Biocomputation, Biodesign, Biomedical Imaging, Biophysics, Brain and Behavior, Cell/Molecular Engineering, Chemical Biology, Genomics and Proteomics, and Regenerative Medicine.

BioX now includes a number of important programs. The ***Interdisciplinary Initiatives Program*** that has supported novel multidisciplinary research through highly competitive internal seed funding to help launch larger publicly funded research efforts. ***The Advanced Instrumentation Program*** has helped faculty to leverage matching funds from other sources to bring important and expensive equipment to Stanford or to help design

and build original equipment. The ***BioX Teaching Initiatives*** foster cross-disciplinary training for undergraduate and graduate students and postdoctoral scholars who come from different disciplines and programs. ***BioX Symposia and Seminars*** offer a forum to exchange data and ideas on cutting edge-research in the biosciences and biotechnology. Each of these programs/initiatives has met with success but all are now compromised by limitations in funding – obviously an important issue for the future.

In addition, the BioX Graduate Student Fellowships have been recently announced. Thanks to a generous gift from an anonymous donor, seven fellowships were announced for this year. All of the recipients are amazingly qualified students.

In tandem with BioX, the new Department of Bioengineering has gotten off to an excellent start under the leadership of Drs. Scott Delp and Paul Yock. The mission of the new Department of Bioengineering is “to create a fusion of engineering and the life sciences that promotes scientific discovery and the invention of new technologies and therapies through research and education.” Although the Department is just getting started, its goals are ambitious and include becoming ranked among the top five departments within five years and the Number One program in 10 years!

Fulfilling this important mission and achieving these ambitious goals will rest largely on the faculty and students who are recruited to join the new department. So far, Drs. Delp and Yock have gotten off to a great start, with wonderful new faculty recruitments. From a broad national search, three outstanding new faculty members have already been recruited. They are Steve Quake from Cal Tech, Jennifer Cochran from MIT and Karl Deissroth from Stanford. They are joined by current Stanford faculty who will have joint appointments in the department of Bioengineering. These include: Russ Altman, MD, PhD; Dennis Carter, PhD; Scott Delp, PhD; Greg Kovacs, MD, PhD; Norbert Pelc, ScD; Matt Scott, PhD; James Swartz, PhD; Charlie Taylor, PhD and Paul Yock, MD. In addition, a search for one to two additional new faculty members is being initiated and it is anticipated that over the next 5-10 years, a total of 20-24 new faculty will join this department – ideally bringing diverse and exciting backgrounds and skills.

While the quality of the faculty is certainly an important key to the success of the department, so too are the students who are selected to join the department. Although the applications period was limited to just a couple of weeks this past winter (due to the timing of the Academic Senate’s approval of the graduate program) over 350 students applied and 19 were selected. Each came with very strong backgrounds in engineering and biomedicine, per Dr. Delp they are a very bright and energetic group.

Progress is also being made in developing the bioengineering core curriculum under the leadership of Dr. Greg Kovacs, Professor of Electrical Engineering and, by courtesy, of Medicine. This will encompass a yearlong sequence of courses that teaches biology to the students in the program, who are expected to have a strong background in mathematics, physics and engineering. The evolving curriculum also requires students to take a "depth sequence" to assure that they graduate with disciplinary depth in addition to

interdisciplinary skills. This pattern mirrors our “scholarly concentrations” in the School of Medicine curriculum.

The future seems bright for the new Bioengineering Department, which, over the next several years, will recruit additional faculty and begin preparations for offering an undergraduate major. Equally importantly, the new department is evidence that collaboration between schools at Stanford can work, and this bodes well for larger interdisciplinary initiatives like BioX and the University-wide Initiative on the Environment and the International Initiative.

Appointment of Senior Associate Dean for Diversity and Leadership

I am very pleased to announce the appointment of Dr. Hannah Valantine, Professor of Medicine (Cardiovascular Medicine) as the first incumbent of a new School of Medicine leadership position – Senior Associate Dean for Diversity and Leadership. This role has been created to emphasize our commitment to enhancing diversity and to developing and supporting leadership across the School. Over the next several years this will be a major focus for the School.

Dr. Valantine is well qualified to assume this inaugural role. She has been on the faculty at Stanford since 1989 and currently serves as Co-Director of the Post-Transplant Cardiac Transplant Service as well as Director of the Post-transplant Clinical Research Program. In her research she has focused on understanding the mechanism mediating acute and chronic allograft failure and, in particular, on the role of microvascular injury in acute allograft failure as well as the mechanisms of mediating transplant coronary heart disease. Dr. Valantine has also played important leadership roles both at Stanford and more broadly. At Stanford, she has been a member of the Medical Student Admissions Committee, the Medical School Committee on Diversity, and the Medical School Faculty Senate. In addition, she was a member of the Stanford Committee for the Development of a Women’s Health Curriculum. Externally, she has served on the editorial boards of *Graft* and of *Ethnicity & Disease* and on the UNOS Scientific Advisory Committee. She has also been a member of the Board of Directors of the Western States Affiliate of the American Heart Association and has served as the Chairperson of its Advocacy Committee. I am delighted that Dr. Valantine will bring this wealth of experience and understanding to our efforts in diversity and leadership in the School of Medicine.

Putting Diversity and Leadership in the Forefront of our Next Retreat

During the next year we will be redoubling our efforts to place initiatives in diversity and leadership at the forefront of our School-wide Strategic Planning efforts. While the School of Medicine has made strides in achieving diversity among its undergraduate medical student body, and increasingly among graduate students, we have performed less well, in my opinion, in achieving diversity among our postgraduate trainees (residents and fellows) and faculty. To be a world-class medical school encumbers a responsibility to achieve a much deeper and broader level of diversity across our school, including students, staff and faculty. We will be examining a number of initiatives and approaches

and will be discussing them at our Annual Leadership Retreat in late January. Following that will come an implementation plan that I will share with you, and for which I will want to engage your help and support.

In addition to diversity, we will also be focusing on leadership development across our entire community. Equipping students, faculty and staff with leadership skills, as well as good citizenship, are all important to fostering an environment that will optimize individual as well as institutional success. This, too, will be a major topic at our January Leadership Retreat and also one about which I will send frequent updates beginning early next year.

Continuing Efforts to Achieve and Sustain a Respectful Workplace

In several past newsletters I have highlighted our commitment to assure that we do everything possible to provide a work environment that values the integrity and respect for our employees throughout the School of Medicine. I consider this one of our highest priorities. Last year, our efforts were focused on briefings for Faculty, as well as a pilot for a staff briefing. This year, our efforts will focus on the staff briefings. Ten departments have been scheduled for briefings so far over the next year, and others are in the process of being scheduled. These briefings will cover communication and a variety of respectful related behaviors in the academic workplace, along with resources to assist in addressing concerns that may arise. I encourage all School of Medicine staff to attend these briefings.

The sessions consist of a 45-60 minute briefing with time for questions and answers. The presenters will include some combination of the following:

Cori Bossenberry, Director of Human Resources
Norma Leavitt, Associate Director, Employee Relations
Jennifer Fortmann, Employee Relations Representative
Martha McKee, Ombuds
Ellen Waxman, Director of Faculty Relations

I strongly encourage all staff to arrange your schedules so that you will be present for these important sessions.

Competencies and Objectives for Medical Student Education

At the Medical School Faculty Senate Meeting on Wednesday October 20th, Dr. Julie Parsonnet, Senior Associate Dean for Medical Education, reviewed the criteria and components for assessing the competency of medical education at Stanford. These criteria, noted below, have been adapted from those put forth from the AAMC. Please review them and direct any comments to Dr. Parsonnet (parsonnt@stanford.edu). It is important to recognize that our medical education goals include the development of outstanding clinical knowledge and skills as well as evidence of scholarship and leadership.

1. Knowledge of the Basic Medical Sciences and Organ Systems

A graduate is expected to:

- Know the normal structure and function of the body (as an intact organism) and of each of its major organ systems
- Know the molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis
- Know the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of maladies and the ways which they operate on the body (pathogenesis)
- Know the altered structure and function (pathology and pathophysiology) of the body and its major organ systems that are seen in various diseases and conditions

2. Ability to Apply Clinical Skills in the Care of Patients

A graduate is expected to:

- Obtain an accurate medical history that covers all essential aspects of the history, including issues related to age, gender, sexuality, and socio-economic status
- Communicate with patients and their families in culturally appropriate ways regarding: sexuality and sexual function, domestic violence, substance abuse, financial obstacles to health, end-of-life issues, and other topics that materially affect patient well-being
- Communicate clearly, both orally and in writing, with patients, patients' families, colleagues, and others with whom physicians must exchange information in carrying out their responsibilities
- Conduct a thorough and accurate physical exam, including psychiatric, neurologic, genital, and orthopedic examinations in adults and children
- Perform routine technical procedures used in medicine and surgery
- Interpret the most frequent clinical, laboratory, roentgenologic, and pathologic manifestations of common maladies
- Reason deductively in solving clinical problems
- Construct appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions, both acute and chronic, including medical, psychiatric, and surgical conditions, and those requiring short- and long-term rehabilitation
- Recognize and outline an initial course of management for patients with serious conditions requiring critical care
- Appropriately relieve pain and ameliorate the suffering of patients

3. Awareness of the Social and Community Context of the Practice of Medicine

A graduate is expected to:

- Demonstrate a commitment to advocate at all times for the interests of one's patients over one's own interests

- Demonstrate respect for the roles of other health care professionals and a willingness/commitment to collaborate with others in caring for individual patients and in promoting the health of defined populations
- Demonstrate a commitment to provide care to patients who are unable to pay and to advocate for access to health care for members of traditionally underserved populations
- Understand and work within existing healthcare systems in order to provide optimal care for patients
- Understand the various approaches to the organization, financing and delivery of health care

4. *Knowledge of the Principles of Evidence-based Medicine*

A graduate is expected to:

- Understand the important non-biological determinants of poor health and the economic, psychological, social, and cultural factors that contribute to the development and/or continuation of maladies
- Know the epidemiology of common maladies and the systematic approaches useful in reducing the incidence and prevalence of those maladies
- Understand probability, risk and cost-benefit analysis as they relate to disease risk factors, diagnostic tests, screening, and clinical decision making.
- Understand the power of the scientific method in establishing the causation of disease and efficacy of traditional and non-traditional therapies

5. *Commitment to Ethics and Professionalism*

A graduate is expected to:

- Know the theories and principles that govern ethical decision making, and of the major ethical dilemmas in medicine, particularly those that rise at the beginning and end of life and those that arise from the rapid expansion of knowledge of genetics
- Demonstrate compassionate treatment of patients, and respect for their privacy and dignity
- Demonstrate honesty and integrity in all interactions with patients' families, colleagues, and others with whom physicians must interact in their professional lives
- Know the threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine

6. *Commitment to Personal and Professional Development*

A graduate is expected to:

- Demonstrate the capacity to recognize and accept limitations in one's knowledge and clinical skills and a commitment to continuously improve one's knowledge and ability

- Demonstrate a commitment to engage in lifelong learning to stay abreast of relevant scientific, health care, and public health advances
- Demonstrate the ability to retrieve (from electronic databases and other resources), manage, and utilize biomedical information for solving problems and making decisions that are relevant to the care of individuals and populations
- Demonstrate a commitment to work collaboratively with colleagues in healthcare, research and leadership teams
- Demonstrate leadership in the various branches of medicine and the health sciences

7. *Commitment to an Area of Scientific and/or Clinical Inquiry*

A graduate is expected to:

- Recognize unresolved clinical or scientific questions, formulate an hypothesis, and identify methods and resources to address this hypothesis
- Conduct investigation in an area of interest related to patient care or scientific endeavor
- Understand the scientific theory and methodology that form the basis of medical discoveries
- Understand the ethical requirements for laboratory, animal-based and patient-oriented scientific inquiry
- Communicate new knowledge obtained from scientific inquiry responsibly and clearly

Efforts Underway to Establish a Center on Longevity

Thanks to the work of Dr. Tom Rando, Associate Professor of Neurology and Neurological Sciences, and Laura Carstensen, Professor of Psychology, as well as other faculty leaders in the School of Medicine and other Stanford schools, efforts are underway to establish a Center for Longevity at Stanford. Importantly, a Provost's planning committee has been established, and a recent meeting were generously hosted by Paul Brest at the Hewlett Foundation . In addition to Stanford faculty, participants included from Duncan Moore (optical engineer, University of Rochester), Robert Putnam (sociologist, Harvard), Irwin Feller (economist, AAAS), Marc Freedman (President, Civic Ventures, SF), Leonard Guarente (molecular biologist, MIT (by phone)), and Richard Suzman (National Institute on Aging). Based on this positive meeting, an internal Provost's Exploratory Committee was established that includes Lawrence Friedman, Karen Cook, John Shoven, Alan Garber, Tom Rando, Al Bandura, Bill Damon, Tom Andriacchi, Jon Krosnick, Chip Blacker, Randy Bean, Iris Litt, Mary Goldstein, and Jennifer Aaker.

A summary of the work to date can be found at <http://longevity.stanford.edu/> (*login: longevity, password: changingaging*). If you are interested in this initiative please contact Tom Rando or Laura Carstensen.

Honors and Awards

- ***Doris Duke Awards:*** On October 28th, the Doris Duke Charitable Foundation announced that it was recommending four distinguished scientists to receive the 2004 Distinguished Clinical Scientist Award in “Bench-to-Bedside Research.” This is the fifth year that this distinguished grant has been awarded. It is remarkable to note that two of the four individuals recommended for the award are at Stanford:
 - ***Dr. Sam Gambir***, Professor of Radiology: Project title: Molecular Imaging of Cancer with a Voltage Sensor
 - ***Dr. Robert S. Negrin***, Professor of Medicine: Project title: Regulatory T Cells in Bone Marrow Transplantation.

The recipients of this distinguished award each receive up to \$1.5 million to be used over 5-7 years “to support research teams translating scientific advances into new ways to prevent, diagnose, treat or cure disease.”

This is clearly wonderful news for Drs. Gambir and Negrin and also quite an achievement for Stanford. This is the first time that an institution has had more than a single recipient of the award. Congratulations to all!

- ***2004 SPIRIT Awardees:*** At the Staff Recognition Dinner on Thursday, November 4th, two individuals will receive the SPIRIT Award in acknowledgement of the outstanding contributions they have provided to the mission and vision of the School of Medicine. The two awardees are:
 - ***Jeannie Heschele***, Research Management Group Operations Coordinator
 - ***Woody Lorman***, Clinical Financial Analyst

Please join me in congratulating Ms. Heschele and Mr. Lorman.

- ***Dr. Edward Harris***, George DeForest Barnett Professor of Medicine, Emeritus, received the Distinguished Rheumatologist Award from the American College of Rheumatology during the ACR Annual Scientific Meeting last week. The Distinguished Rheumatologist Award is awarded each year to an ACR member who has made outstanding contributions in the areas of patient care, clinical scholarship or service to benefit patients with rheumatic diseases.
- ***Dr. Craig Miller***, Professor of Cardiothoracic Surgery, has been named the recipient of the Santa Clara Medical Association’s 2004 “Outstanding Achievement Award in Medicine”.

Announcements

Community Faculty Lecture Series: The next presentation of this series will be held on Wednesday, November 3rd at 7:00 p.m. Dr. Margaret Fuller, Chair, Department of Developmental Biology, will lecture on *Regenerative Medicine: A Hope for the Future* in the Clark Center Auditorium.

This free event represents an opportunity for faculty to communicate with our neighboring community about advances in science and medicine and the important role that Stanford is playing in generating new knowledge as well clinical interventions.

Appointments and Promotions

- **Aijaz Ahmed** has been reappointed to Assistant Professor of Medicine (Division of Gastroenterology and Hepatology) at the Stanford University Medical Center, effective 1/1/2005.
- **Russ Altman** has been promoted to Professor of Genetics and of Medicine and also, Professor, by courtesy, of Computer Science, effective 11/1/2004.
- **Carol Conrad** has been reappointed to Assistant Professor of Pediatrics (Pulmonology) at the Lucile Salter Packard Children's Hospital, effective 2/1/2005.
- **Yasser El-Sayed** has been reappointed to Associate Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective 10/1/2004.
- **William Fearon** has been appointed to Assistant Professor at the Stanford University Medical Center, effective 10/1/2004.
- **Gregory Hammer** has been promoted to Professor of Anesthesia and Professor and by courtesy, of Pediatrics in the Stanford University Medical Center, effective 10/1/2004.
- **Griffith Harsh** has been appointed to Professor of Neurosurgery at the Stanford University Medical Center, effective 2/1/2005.
- **M. Bruce MacIver** has been reappointed to Associate Professor (Research) of Anesthesia, effective 7/1/2005.
- **Michael Moseley** has been promoted to Professor of Radiology, effective 10/1/2004.
- **Judith Shizuru** has been promoted to Associate Professor of Medicine. effective 11/1/2004.
- **R. Lane Smith** has been reappointed to Professor (Research) of Orthopedic Surgery at the School of Medicine, effective 11/1/2004.
- **Simon Stertzer** has been appointed to Professor of Medicine at the Stanford University Medical Center, effective 10/1/2004.
- **Dee West** has been appointed to Professor of Health Research and Policy at the School of Medicine, effective 11/1/2004.

Dean's Newsletter

November 15, 2004

California Takes a Major Step Forward in Stem Cell Research

On Tuesday November 2nd the citizens of California spoke definitively in favor of stem cell research by the passage of Proposition 71. As you probably know, Prop 71 will provide \$3 Billion over the next decade to support this important area of research in California. As you also know, stem cell research has been a highly politicized topic during the past 2-3 years and, in no small part because of Stanford contributions in research and advocacy, became a source of debate during the recent presidential election. I guess it would be somewhat revealing of my own personal viewpoint to say that the passage of Prop 71 (as well as 61) was one of the only positive things that occurred on Election Day 2004.

With the passage of Prop 71 comes an enormous responsibility and accountability. It will now be our job to assure that the very best science is performed and that all studies are conducted with the highest ethical standards. It will be incumbent on us to assure that the support and investment by our fellow citizens in California result in fundamental new knowledge about stem cell biology and its relationship to developmental biology and regenerative medicine. While it is easy to become hyperbolic in suggesting that this research will lead rapidly to new treatment strategies, I do firmly believe that innovations will be developed in the years ahead that will have a major impact on improving the lives of adults and children with serious medical illnesses. These include cancer, diabetes, heart disease, and neurodegenerative disorders, among others. But such progress will take time and can only result from careful and rigorous experimentation.

Our public and private academic institutions and research institutes have the prospect – and, I would add, responsibility – to become the national leaders in stem cell research. While the resources will need to be committed with the highest rigor, they should enable our institutions to develop the infrastructure and facilities to carry out this important work by supporting innovative science and recruiting new talent to contribute to our mission and join our institutions. I hope that we will engage individuals from diverse and different disciplines who will approach these exciting challenges from different perspectives and who will engender new ways of thinking and problem solving. I further hope that the research agenda that evolves will promote new levels of cooperation and collaboration among our various institutions and centers in California. Additionally, I hope that we will collectively further advance and promote the national discussion on this topic, from its basic science and ethics to its implications for therapeutic intervention.

A range of committees and oversight groups will oversee Prop 71. On November 5th, State Controller Steve Westly appointed me to serve on the Independent Citizen's Oversight Committee. I view this as an important personal responsibility. Some might argue that it will be difficult for individuals to serve on the Oversight Committee when their own institution serves to benefit from funding from Prop 71. I certainly understand and respect that concern. But I also recognize that leadership – whether as the dean of a

medical school or a member of a scientific advisory group in the public or private sector – requires putting the rigor and significance of the science before any institutional consideration. Interestingly, even more than other committees or boards on which I have served, the title of “*Citizen’s*” Oversight Committee addresses a special responsibility. It will be incumbent on each member of this committee – or the science review boards – to approach this responsibility as a citizen first. In this case that means assuring to the very best of our ability that the commitment and investment that our fellow citizens have made by the passage of Prop 71 results in the highest quality outcomes. Certainly that is how I will approach this important responsibility.

Another Step Toward Our Application to Become an NCI-Designated Comprehensive Cancer Center

I have discussed in prior Dean’s Newsletter our plans to become an NCI-Designated Comprehensive Cancer Center. Over the past 18 months we have made considerable strides in advancing our planning efforts, due largely to the untiring efforts of Dr. Karl Blume, Professor of Medicine, Emeritus, and Associate Director of the Cancer /Stem Cell Institute. During this period we have defined the eight major programs and share resources (or cores) that will comprise our grant application (see below). We have also formed an important collaboration with the Northern California Cancer Center (NCCC) that will enhance our efforts in cancer epidemiology and population research. This collaboration has been enriched by the appointment of Dr. Dee West, of the NCCC, as Professor of Health Research and Policy at Stanford. In tandem, we are also expanding our faculty in cancer biostatistics with the appointment of Dr. Phil Lavori, Professor of Health Research and Policy, as the leader of this program along with the planned recruitment of additional faculty in clinical epidemiology and biostatistics. Of course our greatest strength lies in innovation and technology development – a fact that was certainly well appreciated by the review from our External Advisory Board this past March (see March 22nd Dean’s Newsletter at http://deansnewsletter.stanford.edu/archive/03_22_04.html#4).

One of the other major critical components of our planned proposal to the NCI has been identifying the Principal Investigator (PI) for the grant application. During the past year the Steering Committee of our Cancer/Stem Cell Institute reviewed a series of candidates, focusing on individuals who are outstanding scientists. While our initial hope had been to recruit an external leader, I have decided that we will make greater progress with an internal scientist and I have asked Irv Weissman, the Director of the Cancer/Stem Cell Institute, to serve as the initial PI. I am very pleased to announce that Dr. Weissman has agreed to do so. Dr. Weissman brings enormous distinction and credibility as a scientist and leader. Our current plan is to complement Dr. Weissman’s leadership through the appointment of a strong Deputy Director, and a search for this individual is now underway.

Accordingly, the current plans for our NCI application has an array of projects, including:

1. Basic Science Programs

<i>Project</i>	<i>Principal and Co-Investigators</i>
Cancer/Stem Cell Biology	I. Weissman, R. Nusse
Radiation Biology	A. Giaccia, Q. Le
Cancer Biology	M. Cleary, L. Boxer
Cancer Imaging	S. Gambir, C. Contag

2. Clinical Science Programs

<i>Project</i>	<i>Principal and Co-Investigators</i>
Systematic Molecular Profiling of Cancer	P. Brown, S. Jeffrey
Lymphoma and Hodgkin Disease	R. Levy, S. Horning
Immunology and Immunotherapy of Cancer	E. Engleman, M Davis
Adult and Pediatric Hematopoietic Cell Transplantation	R. Negrin

3. Population Science programs

<i>Project</i>	<i>Principal and Co-Investigators</i>
Cancer Epidemiology/Cancer Prevention/Outcomes Research/Patient Education	D. West, A. Whittemore

In addition, the following group of Cores will be a critically important part of the grant application:

<i>Shared Resources (Cores)</i>	<i>Principal and Co-Investigators</i>
Biostatistics Core for Cancer Research	P. Lavori, B. Brown, T. Lai
Clinical Trials Support Office	G. Fisher
Protocol Review and Monitoring Systems	S. Knox, S. Horning, R. Carlson, S. Srinivas
Informatics Core	H. Lowe
General and Specialized Animal Colonies	R. Tolwani, M. Garcia
Transgenic and Knockout Mice	M. Cleary, D. Felsher, Y. Chen Tsai
Cell and Tissue Distribution	J. Pollack, J. Norton
Cancer Imaging	C. Contag, S. Gambir, B. Daniel
Confocal and Immunoelectron Microscopy	S. Smith, J. Mulholland
Flow Cytometry	G. Nolan, L. Herzenberg
DNA Microarrays	G. Sherlock, M. Fero, C. Ball
High throughput Genomic Analyses	R. Davis, M. Mindrinos, W. Xiao, H. Ji

And there are some developing programs as well. These include:

<i>Developing Programs</i>	<i>Program Leaders</i>
Biomedical Informatics and Biomedical Computation	M. Musen, S. Plevritis

Pediatric Cancer Research	M. Link, G. Dahl
Cancer Pharmacology and Experimental Therapeutics	B. Sikic, K. Cimprich
Genetics of Solid Tumors	J. Ford, R. Davis

While the proposal will contain an broad array of activities, it will also have an additional, unique component arising from Dr. Weissman's quest for cancer stem cells and for the ultimate development of disease specific cancer stem cell lines generated by nuclear transfer experiments. The initiation of these studies will engage faculty from a number of departments and will also include the recruitment of new faculty members. Because laboratory space is so very limited at this moment, the locus of the activity will likely take place at 1050 Arastradero, which we are now referring to as the "vineyard" (since it truly has one in its front yard) until our Stanford Institutes of Medicine building is constructed, hopefully within the next 3-4 years.

I also recently had the opportunity, during a recent trip to New York City, to review our developing plans in this area with the executive and scientific directors of the Ludwig Institute. They were quite excited by our overall plans for cancer research, our unique focus on cancer/stem cell biology, and my decision to appointment Dr. Weissman as our PI.

Our association with the Ludwig Institute as well as the NCI will help shape our future programs in cancer research. While we have considerable work to do, I am pleased with our progress to date and enthusiastic about the immediate challenges and opportunities that stand before us.

Facilitating Translational Research: The PharmaSTART Initiative

I have previously described the formation of PharmaSTART as a unique collaboration between Stanford, UCSD, UCSF, UC-Berkeley and Stanford Research Institute (SRI) to foster and develop early development of targeted therapies (see January 24th Dean's Newsletter http://deansnewsletter.stanford.edu/archive/01_12_04.html). On November 1st, Dr. Ted Spack, Senior Director of the PharmaSTART Program, gave a presentation at Stanford on "Grant Teaming Opportunities in Translational Research and Development"

Over the past several years funding from biotech has shifted to later stages of drug development. This change has resulted in decreased funding for start-ups (with fewer spinouts from single discovery/technology); decreased licensing of academic projects and chaperoning by venture capitalists; and greater potential gaps in the product pipeline. Various institutions have sought to address this challenge in different ways, including a consortium model like PharmaSTART. In this model, SRI - provides its preclinical expertise for the development of targeted chemical or biological agents, focusing particularly on formulation, toxicity, pharmacokinetics and adverse drug interactions. These are all important components or prerequisites to Phase I/II clinical trials. The advantage of the consortium is that it brings together several leading institutions that can collaborate and form the nexus for a regional translational network.

If you wish to learn more about PharmaSTART feel free to contact Dr. Harry Greenberg, Senior Associate Dean for Research (Harry.Greenberg@stanford.edu) or, at SRI, Dr. Ted Spack, PharmaSTART Director (ted.spack@sri.com), Bob Dehn, Director of Government Grant Teaming (bob.dehn@sri.com), or Jim McNamara, Director of Business Development (jim.mcnamara@sri.com).

Update on The Stanford/Packard Center for Translational Medicine (SPCTRM)

For almost two years, representatives of the leadership of SUMC as well as the University, in recognition of the need for an improved infrastructure and support system for clinical and translational research, have been engaged in a collaborative effort to re-engineer the entire clinical research enterprise. One of their major thrusts has been the development of the Stanford/Packard Center for Translational Medicine (SPCTRM). SPCTRM, which will be officially launched within the next several months, will be a multi-disciplinary service organization with the goal of enhancing the quality of clinical and translational research performed at Stanford. It will provide comprehensive collaborative support, education, training, and research infrastructure development for members of the Stanford clinical research community. SPCTRM will be a program of integrated services designed to assist the clinical investigator every step of the way from protocol design and development, to study completion and close out, to data analysis.

In addition, SPCTRM will assume the research coordinator education, training and monitoring functions previously performed by the School's clinical trials office, ACCESS (Academic Consortium for Clinical Excellence in Scientific Studies). It is also developing new educational programs directed toward investigators and trainees. SPCTRM will provide the following services:

- Assistance with protocol development via biostatistics and informatics consultation services.
- Study budgeting.
- Contracting.
- Automated billing, accounting, and internal financial auditing.
- Sponsor billing and study closeout.
- Internal compliance monitoring.
- Outpatient clinic space.
- Clinical laboratory consultation and samples processing.
- Study source document archiving.
- Research coordinator services: education, orientation and training; health screening; competency testing.
- Faculty investigator education and training.
- Assistance with external audits and reviews.
- Ombudsman and single point of contact for clinical research issues.
- Stanford Clinical Trials Website

Two dedicated groups have been working on these issues. The Stanford/Packard Task Force on Translational Medicine consists of: Steve Alexander, Harry Greenberg, Nick Gaich, Connie Hartnett, Carole Klove, David Haray, Gary May, Ann James, Pamela Webb, Dale Jung, Susie Lu, Steve Jun, Jim Zehnder, Debra Mattman, Miriam Bischoff, Todd Ferris, Nancy Lee, Renee Ritlet, and Brandy Sikic. The SPCTRM ad hoc Working Group includes: Steve Alexander, Harry Greenberg, Alexa Kimball, Mark Genovese, Chris Zarins, Lorrin Koran, Branimer Sikic, Ken Cox, Norm Rizk, Rick Kraemer, Bill Brown, Bill Mobley, Henry Lowe, and Phil Lavori. Many thanks to all for their efforts.

I will keep you informed about the further developments of SPCTRM. I am gratified to see the progress that has been made to date, and I look forward to seeing the implementation of its programs in the near future.

Community Lecture Series on Regenerative Medicine

On Wednesday November 3rd, a wonderful presentation in our Medicine for the Community Lecture series was given on the Promise of Regenerative Medicine – a most timely event in light of the passage of Proposition 71. Special thanks go to Professors Minx Fuller, Seung Kim and Michael Longaker for an enormously informative evening that addressed the spectrum from basic developmental biology to stem cell biology and applications in regenerative medicine. These evening sessions continue to be well attended by diverse and receptive audiences.

The next session in this series will be “Skin Cancer” on February 2, 2005 presented by Drs. Hayes Gladstone, Youn H. Kim, Anthony Oro, and Susan Swetter.

Stanford Hosts the California Healthcare Initiative

On November 9th the Stanford University School of Medicine hosted the California Healthcare Institute’s (CHI) 2004 Policy Forum. The meeting brought together federal and state policy makers with leading biomedical researchers and biotech industry leaders to discuss public policy issues related to bringing breakthrough treatments from the lab to those suffering from disease. We were also very happy to host Congresswoman Anna Eshoo, one of the forums’ keynote speakers and our hometown representative, who has done so much to support biomedical research from her post on the House Energy and Commerce Committee. The Stanford community was well represented during the event, including presentations by Dr. Paul Berg, the Robert W. and Vivian K. Cahill Professor of Cancer Research Emeritus, on the future of stem cell research in California after the passage of Proposition 71 and Dr. Alan Garber, the Henry J. Kaiser Jr. Professor of Health Research and Policy, on the public policy issues related to assessing the economic value of biomedical innovation. This was the second CHI event we have hosted at Stanford and we look forward to continued dialogue on these important issues.

Evolving Program in Genomics and Human Genetics

As I discussed in the October 4th Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/10_04_04.html#1), we are in the process of forming three Strategic Centers that will form a matrix with our Stanford Institutes of Medicine. They will further enhance the linkage between basic science and clinical medicine and, in so doing, will foster Translating Discoveries (see Strategic Plan <http://medstrategicplan.stanford.edu/>). The three Strategic Centers (this descriptor may well change) include Genomics and Human Genetics (led by Dr. Rick Myers, Stanford W. Ascherman M.D., F.A.C.S. Professor of Genetics), Clinical Informatics (led by Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology) and Clinical Imaging (led by Drs. Gary Glazer, Emma Pfeiffer Merner Professor in the Medical Sciences, and Sam Gambir, Professor of Radiology).

Planning for the Genomics and Human Genetics and the Clinical Informatics Enabling Centers is well underway. On Saturday, October 30th, a Genomics and Human Genetics Retreat was attended by more than 50 faculty, with many more expressing an interest in this new effort. It focused on a broad scientific agenda and especially on various experimental model systems for genomic approaches and how these inform human genomic research. As an outcome of the retreat a weekly series of faculty meetings will be launched in December as a forum for further shaping the agenda and focus of this Center.

A number of initiatives are already being planned, including training grant proposals, developing means for faster dissemination of exciting new technologies developed within Stanford, exploration of ways to better link our two major genome centers, mechanisms for enabling model organisms to “feed off” of one another, better access to existing clinical samples, clearer definition of how proteomics will contribute to the genomics initiative, improved infrastructure support for genetic epidemiology, overall facilities and program support for important initiatives, and greater physician involvement. This of course is just a start since this exciting initiative will be further shaped over the next weeks and months. Faculty who have an interest in this new effort should contact Rick Myers (Myers@SHGC.stanford.edu).

Meeting on Immersive and Simulation Learning

An exciting program of events is occurring on Monday, November 15, 2004 to launch the School of Medicine's new initiative on immersive and simulation-based learning (ISL). Session I features distinguished guest speakers, including outside experts on immersive and simulation-based learning in both surgical and a variety of dynamic non-surgical fields. In addition, leaders of Stanford's four founding centers of simulation activity are giving highlights and demonstrations of their work. Speakers for the morning event include:

- **Henry Lowe, M.D.**, Senior Associate Dean for Information, Resources, and Technology

- **David Gaba, M.D.**, the newly appointed Associate Dean for Immersive and Simulation-based Learning at Stanford School of Medicine. This new office will develop programs to encourage Stanford faculty to create, deploy, and integrate applications of ISL for education, training, research, and improvement of clinical care. Strategic planning is currently underway toward the intended establishment of a Center for Immersive and Simulation Based Learning.
- **Ajit Sachdeva, M.D.** Director, Division of Education, American College of Surgeons. The ACS is actively engaged in delineating mechanisms to bring simulation-based training to its members and to residents in training.
- **Amitai Ziv, M.D.**, Director, Israel National Simulation Center, Chaim Sheba Medical Center. This national simulation center is involved with a large number of applications in a diverse set of medical fields. The unique needs and small size of this country promote innovative national solutions to critical requirements of training and assessment.
- **Lou Halamek, M.D.**, representing the Center for Advanced Pediatric Education (CAPE)
- **Thomas Krummel, M.D.**, representing the Center for Simulation in Medicine (CSIM),
- **Parvati Dev, Ph.D.**, representing Stanford University Medical Media and Instructional Technology (SUMMIT),
- **Steve Howard, M.D.**, representing the Patient Simulation Center of Innovation at VA Palo Alto Health Care System (PSCI).

Session II is a gathering for Stanford faculty and invited guests to discuss the opportunities, structures, and resources for the implementation of ISL across the entire school and affiliated hospitals. The session also addresses where and how ISL might fill gaps in the education and training of clinicians ranging from students to experienced practitioners. The program information can be found at <http://med.stanford.edu/irt/immersive/>. This is an exciting new undertaking for the Stanford University Medical Center, and I am confident that it will elicit broad interest both within the School and externally.

Updates from Information Resources and Technology

Dr. Henry Lowe, Senior Associate Dean for IRT asked me to share the following two announcements with you:

New Research Data management Services from Information Resources and Technology

The IRT System Development division, under the direction of Phil Constantinou, is being renamed Systems Development and Data Management to reflect that division's new role of providing research data management services to the SUMC community. These new services will include consultation on research data management options, design and implementation of research databases, design and development of research applications and, in close collaboration with IRT's IT Services and Security & Privacy groups, ongoing operation of research data

management systems. These new services will be deployed incrementally in close collaboration with the Stanford research and biostatistics community. Dr. Lowe and I am very grateful to Phil Constantinou, and his team, for taking on this important responsibility and have great confidence that they will provide excellent services supporting the School's research mission. For full information about Systems Development and Data Management please see <http://med.stanford.edu/irt/development/>

Creation of New Public Web Services Division within Information Resources and Technology

Dr. Lowe and I are pleased to announce the promotion of Michael Halaas to Director of Public Web Services within IRT. This new division, under Michael's leadership, provides general oversight for the School of Medicine's web presence and a wide range of support for the more than 300 public websites associated with the school. Public Web Services sets web publishing standards and policies, provides training and support for departmental web authors, and builds websites for groups across the school. Earlier this year, the group began a major renovation of the school's website and is in the midst of rebuilding sites for all departments, centers, and institutes into a common and flexible design framework with the goal of providing strong coordination of the various public facing web-related activities. The group also builds and manages web applications associated with the public web including CAP (Community Academic Profiles), a system for publishing and managing profiles for our faculty and researchers. For full information about the Public Web Services division please see <http://med.stanford.edu/irt/web/>

Annual Celebration to Recognize Our Staff Employees

One of the most wonderful events each year is the Dean's Staff Recognition Dinner. This event allows us to thank School of Medicine staff who have served for 5, 10, 15, 20, 25, 30, 35, 40 and (even) 45 years of service. I want to begin by thanking our Human Resource Department, led by Ms Cori Bossenberry, and Michael Hindery, our Senior Associate Dean for Finance and Administration, for making this event so successful. As I meet the individuals who are being honored at this event, I am comforted by how dedicated and committed they are to Stanford. There is no doubt that many have experienced all the stresses and strains that go along with working in the intense environment that defines a modern academic medical center. But an individual and collective commitment, wisdom and dedication were abundantly visible at this annual celebration and are what helps to make our Medical School so truly excellent. Whether serving as administrators, research technologists, animal caretakers, communicators, fundraisers, or in any of the many other roles in the School, each employee brings a unique and special perspective and personal set of talents. I want to thank each one for his or her many contributions.

Having myself been part of the Stanford community for less than four years, it is gratifying (and humbling) to note how many individuals have served Stanford for two, three and four or more decades. These individuals are listed below and include:

20 YEAR EMPLOYEES

<i>Stuart Anhorn</i>	Comparative Medicine/Vet Service Ctr
<i>Rose Sage Barone</i>	SOM/IRT Operations
<i>Gail Benson</i>	Anesthesia
<i>Francena Brumbaugh</i>	Medicine/General Internal Medicine
<i>Jim Day</i>	SOM/Visual Art Services
<i>Maria Bernardette De Souza</i>	Pathology/Blood Center
<i>Sharon Dickow</i>	Medicine/Immunology & Rheumatology
<i>Emily Gere</i>	Psychiatry
<i>Kathryn Gillam</i>	SOM/Dean's Office Operations
<i>Charlene Hamada</i>	SOM/Student Affairs
<i>Katherine Ishizuka</i>	Pathology
<i>Vivian Jones</i>	SOM/Facilities Planning & Mgmt
<i>Sharie Kumaishi</i>	SOM/IRT Operations
<i>Christelle Lukrich</i>	SOM/Human Resources Group
<i>Sally Mackey</i>	Medicine/SPRC
<i>Dennis Mitchell</i>	Microbiology & Immunology/Baxter Labs
<i>Christa Parrish</i>	Pediatrics
<i>Elizabeth Peairs</i>	SOM/Grad Student Support
<i>Bruce Seidel</i>	SOM/IRT Operations
<i>Jacqueline Signor</i>	ObGyn
<i>Susan Singh</i>	Radiology
<i>Maurice Tan</i>	Pathology/Blood Center
<i>Martha Trujillo</i>	SOM/Student Affairs
<i>Thanh Vu</i>	Medicine/Endocrinology
<i>Alayne West</i>	Genetics
<i>Mo-Oi Chang Yee</i>	SOM/General Clinical Rsch Cntr

25 YEAR EMPLOYEES

<i>Bethany Ball</i>	Pediatrics
<i>Catharine Booth</i>	Molecular and Cellular Physiology
<i>Katherine Dochez</i>	Medical Development
<i>Kathleen Dugan</i>	Medicine/Hematology
<i>Michelle Ferrari</i>	Urology
<i>Julian Hinojoza</i>	Pathology
<i>Gina Jager</i>	Microbiology & Immunology/Baxter Labs
<i>Jean Jang</i>	Pathology
<i>Susan Johnson</i>	Medicine/Nephrology
<i>Robyn Kizer</i>	Medicine/Immunology & Rheumatology

Phyllis Knudsen
Anna Korossy-Eredia
Linda Lew
Jeannie Lukas
Elizabeth McCormick
Carmencita Nicolas
Sharon Seliga
Richard Smith

Neurobiology
 Medicine/Gastroenterology & Hepatology
 Pediatrics
 Structural Biology
 Medicine/Oncology
 Pathology
 SOM/IRT Operations
 SOM/Research Mgmt Group

30 YEAR EMPLOYEES

Marcia Bieber
Beverly Bonfert
Yvonne Cheng
Mary Jane Eaton
Pamela Petrie
Robert Marshall
Maureen Rittenberg
Gerald Weitz

ObGyn
 Cardiothoracic Surgery
 Biochemistry
 Pathology
 SOM/IRT Operations
 Neurobiology
 SOM/SA Dean of Research Oper
 SOM/IRT Operations

35 YEAR EMPLOYEE

Tom Nozaki
Lilia Gabisan

Genetics
 Medicine/Oncology

40 YEAR EMPLOYEE

John Dolph
Tom Rojas

Surgery/Anatomy
 Comparative Medicine/Vet Service Ctr

45 YEAR EMPLOYEE

Ramon Nazario

Comparative Medicine/Vet Service Ctr

DFA Retreat Focuses on Community Service

During the last week of October, Mike Hindery, Senior Associate Dean for Finance and Administration brought together the Departments' Directors of Finance and Administration and senior managers in the Dean's Office for their seventh annual retreat. However, instead of doing strategic planning or staff development, or listening to a motivational speaker, they banded together to perform community service for three local organizations. The 2004 annual retreat was designated as "***Team-Building through Community Service***" and included partial day sessions with the Haven Family House, the Ronald McDonald House and the Second Harvest Food Bank.

- At ***Haven Family House***, which provides temporary family housing and day care services to families who need help getting back on their feet, the group worked on

raised vegetable beds that formed a beautiful garden and will help feed the families housed there.

- At ***Ronald McDonald House***, which provides “home-away-from-home” facilities for families with children receiving care at LPCH, they put up Halloween decorations for the children.
- At ***Second Harvest Food Bank*** they processed 1000 donation cans that will enable the organization to collect money to fund their provision of meals to low-income children, adults and seniors.

Each of these organizations provides valuable services to the community and the School is thrilled to be associated with them. This “retreat” gave our senior managers and organization an opportunity to help others and give back to the community that we are serving and do some team building along the way. I’m told that the group accomplished a great deal but also thoroughly enjoyed themselves.

Update From the Executive Committee: The School of Medicine Office of Communications and Public Affairs

At the November 5th Executive Committee meeting, Paul Costello, Executive Director of the Office of Communications and Public Affairs, provided an overview of the work of his group. The Office covers print and web communications as well as media relations. In the area of print and web communications, the Office publishes 38 issues annually of the *Medical Center Report*, which is an insert of the weekly *Stanford Report* newspaper. The beat reporters/writers cover research and medical breakthroughs. In addition, the Office publishes the magazine *Stanford Medicine* three times a year. They also post content on the School of Medicine home page and throughout the web site. The Communications and Public Affairs web site received 39,000 hits in August and 49,550 in September.

In the area of media relations, the Office pitches stories to the media, handles press inquiries, advises faculty on handling the press, and focuses on two areas: print and broadcast. During the past nine months, the Office has issued 85 press releases of studies, research, and personnel announcements, handled 1,100 print media calls, 500 broadcast media inquiries, and has had 2,600 media hits. It has also conducted three media training sessions and has two more scheduled. Paul explained that the strategic goals of the Office of Communications and Public Affairs are: to support the mission of the School of Medicine, to support the fund-raising goals of the School of Medicine, to promote the scientific and medical innovations that occur in the School, and to promote thought leadership on the part of members of the Stanford community.

I would only add that I am, of course, very pleased that our Office of Communications and Public Affairs is both highly responsive and strategically proactive. It is well aligned with the goals of the School and is making major contributions to our progress in many areas. Thanks to Paul and all of the members of his staff for their many efforts.

Katherine D. McCormick Distinguished Lecture

The Faculty Selection Committee for the Katherine D. McCormick Distinguished Lecture Series, has informed me that this year's McCormick Lecture will be given by Dr. Huda Zoghbi, Howard Hughes Investigator and Professor in the Departments of Pediatrics, Neuroscience and Molecular and Human Genetics at Baylor College of Medicine. Dr. Zoghbi will speak on Tuesday, November 30 at 4:30 pm, on "Breaking Down the Pathogenesis of a Neurodegenerative Disease Using Cross-Species Studies" in Fairchild Auditorium. The lecture is free and open to the public, and a reception with refreshments will follow the lecture.

The members of the Katherine D. McCormick Distinguished Lecture Selection Committee are: Erick Knudson, Professor of Neurobiology, Alfred Lane, Professor of Dermatology, Robert Malenka, Professor of Psychiatry and Behavioral Sciences, Marlene Rabinovich, Professor of Pediatrics, Lucy Shapiro, Professor of Developmental Biology, and Judy Swain, Chair and Professor, Department of Medicine.

Awards and Honors

- **Dr. Saul Rosenberg** Maureen Lyles D'Ambrogio Professor in the School of Medicine, Emeritus received the first Rosetta Medical Award of the Lymphoma Research Foundation. The presentation was made at a gala event in San Francisco on October 28.
- **Karl Deisseroth**, Assistant Professor of Bioengineering and Psychiatry, has been named one of three academic physicians in the United States to receive a prestigious Charles E. Culpeper Scholarship in Medical Science, a program designed to support the career development of academic physicians. Congratulations to Karl!
- **Dr. Tom Krummel**, Emile Holman Professor and Chair of the Department of Surgery at SUMC and Susan B. Ford Surgeon-in-Chief at LPCH, has been elected a Director of the prestigious James IV Association of Surgeons. Congratulations to Dr. Krummel.

Appointments and Promotions

- **Paul Buckmaster** has been promoted to Associate Professor of Comparative Medicine and of Neurology and Neurological Sciences, effective 11/1/2004.
- **Linda Boxer** has been promoted to Professor of Medicine (Hematology), effective 11/1/2004.
- **Steven Coutre** has been promoted to Associate Professor of Medicine (Hematology) at the Stanford University Medical Center, effective 11/1/2004.
- **Steven Foug** has been promoted to Professor of Pathology, effective 12/1/2004.
- **Ware Kuschner** has been promoted to Associate Professor of Medicine (Pulmonary and Critical Care Medicine) at the Veterans Affairs, Palo Alto Health Care System, effective 11/1/2004.

- ***Ann Leung*** has been promoted to Professor of Radiology at the Stanford University Medical Center, effective 11/1/2004.
- ***James Quinn*** has been appointed to Associate Professor of Surgery (Emergency Medicine) at the Stanford University Medical Center, effective 11/1/2004.
- ***Randall Stafford*** has been promoted to Associate Professor of Medicine, effective 12/1/2004.
- ***Susan Swetter*** has been promoted to Associate Professor of Dermatology at the Veterans Affairs Palo Alto Health Care System, effective 11/1/2004.

Dean's Newsletter

November 29, 2004

The Holiday Season

Some things are still incomprehensible to me. As I write this edition of the Newsletter while peering out my office window at clear blue skies that are without a hint of snow, it seems implausible that Thanksgiving has just passed and the Hanukah, Christmas and the New Year are just around the corner. It is hard to think of the winter holiday season without reference to one's childhood memories (or, in my case, decades of an adult East Coast existence). For me, this season is associated with the coming of plummeting temperatures and rising drifts of snow. The fact that the dry brown earth around Stanford is springing forth new green tufts of grass evokes a different sense of the pending winter season! But regardless of the variations in the outside view, the inner peace of the Holiday Season is constant. I hope the Season will be a happy and joyous one for each of you.

The Frustrations of Our Current Health Care "System"

Over the last few weeks Stanford employees have selected their benefits, including health care coverage, for the 2005 year. With over 42 million Americans uninsured and many others only minimally covered by health insurance, this annual rite evokes a number of reactions. It is ironic that just weeks ago during the Presidential debates much was said about the state of America's health care system – including many accolades about how we have the best health care system in the world. I wish that were true.

Certainly we have a highly technologically advanced health care system in the USA, and it is true that those with financial resources can access the very best health care perhaps anywhere. But this is not a universal or perhaps even an average story. Indeed I would argue that we really don't have a health care system at all in the United States. What we call a "health care system" is in many ways an incidental by-product of wage control during the Second World War that resulted in health care coverage as an employee benefit. This employer-based system, with all of its imperfections, still defines America's health care system. It has been made significantly worse by the ill-founded notion that health care (and its costs) can be controlled by market forces as if it were a commodity.

While it is true that market forces during the mid-1990s did transiently hold down rising health care costs, they also created a health care industry that has, to a large extent, both lost its way and fractured the public trust in medicine as a profession.

The last years have witnessed a system that, rather than asking what is best for the patient, largely creates competition around price. The ever-growing health care behemoths, rather than asking how to assure that an individual receives the best care, seek to control “market share”, thus setting up a constant struggle between payers, providers and patients (now mostly referred to as “consumers”). Despite this competition around price, health care costs continue to soar and now represent over 15% of the GDP (more than any other nation) with no absolute population based benefits. Infant mortality remains below the top tier and longevity is better in many other countries. Of course we argue that we do not suffer a “socialized” system of health care, nor do we have rationing or restriction of services – or so it seems at the surface.

I expect that many of you felt challenged as you reviewed the various health care plans and options to select from in early November. While much appreciation must be given to Stanford Human Resources and University Leadership for working hard to make affordable options available to Stanford faculty, staff and students, the choices were often confusing and, especially for those with existing health issues, quite challenging. In many ways these offerings are part of a patchwork that merely applies a band-aid to a system that truly needs much more fundamental change. While the buzzword of the day is greater consumer participation (which I do believe is good), this is, in many ways, an effort to shift costs and burdens to the consumer while still sustaining (or is it protecting) the current dysfunctional system.

Efforts to develop a more rational health care system have certainly been pursued, although they have been largely foiled during the last several decades. They date back to efforts of Presidents Truman, Nixon and, perhaps most notably and recently, Clinton. Each failed due to the lobbying of special interests, including the insurance industry, the pharmaceutical industry and physicians. The lack of ability to resolve the current health care crisis, fueled of course by market forces, results in the current non-system. Sadly, I am not optimistic that there is yet the resolve in the nation to address the fundamental problems underlying American health care. Although I fully recognize that defining a system that will have broad appeal is Pollyannaish, it is time for communities and states to explore new pathways. Oregon has done that over the past decade with some success. Other novel approaches are needed. While I recognize the limitations, I think that a move toward a single payer system makes considerable sense at this time. There are many caveats – but given our current system, the benefits surely seem to have merit.

We stand at a remarkable crossroad. We are the beneficiaries of an extraordinary legacy of scientific discovery that has changed, and will continue to change, our approach to the diagnosis, treatment and prevention of human disease. The same country and economy that spawned and supported this scientific revolution have also been the custodian, perhaps inadvertently, of a health delivery system that appears to be fracturing and that, at a minimum, is creating classes of health care that stratify along lines of personal

wealth. As a nation we can and should do better. I hope that we at Stanford can contribute to this debate and to efforts to promote a successful transformation in our health care system.

Wishing Well to Dr. Judy Swain

On November 18th, Dr. Judy Swain, the Arthur L Bloomfield and the George E. Becker Professor of Medicine and Chair of the Department of Medicine, announced her decision to become the First Director of the College of Integrated Life Sciences at the University of California, San Diego. This new opportunity will permit Dr. Swain, who has led the Department of Medicine as its chair for 8 years, to continue to foster the training and development of physician-scientists, an area that has been an important centerpiece of her distinguished career. I want to thank Dr. Swain for her many contributions and to wish the very best of continued success in her new position at her alma mater UCSD.

Special Thanks to Sharon Olsen

I also want to publicly thank Ms. Sharon Olsen, who served as my Executive Associate until November 19th when she returned to Boston to serve as the Executive Assistant to the President of the Dana Farber Cancer Institute. I had the privilege of working with Ms. Olsen in Boston and at Stanford. While at Stanford she did an exceptional job in serving the Office of the Dean and the School of Medicine, and I want to thank her tremendously for those efforts. We wish her and her family well.

School of Medicine Budget Results for FY2004 and Forecast for FY2005

The challenges related to the conversion of the University financial systems during the past year have posed particular difficulties to our financial management, including our ability to obtain accurate and timely end of the year data. But as of November 19th, the data were complete enough to permit Mike Hindery, Senior Associate Dean for Finance and Administration, to review the FY04 budget actual performance and FY05 budget with our Executive Committee. I want to share some of the high level results with you.

As you know, most of our School-wide investments are driven by our Strategic Plan *Translating Discoveries* (<http://medstrategicplan.stanford.edu/>), which serves as a guide to our immediate future. This plan addresses our goals and objectives in education, research, patient care, community service, advocacy and public relations, etc. For FY04 (the year which closed on August 31st, 2004), we had projected a \$38M deficit (or use of reserves) in order to fund important initiatives. It turned out that at the close of the year, we finished the year with a consolidated surplus of \$7M. This was largely the result of revenues that could not be anticipated at the beginning of FY04, especially patent and royalty income, endowment performance, gifts, and patient care activities. While this is encouraging, it is difficult to extrapolate these positive revenue sources to future years and, in fact, our budget for FY05 (the year that began on Sept 1 2004 and which ends on

August 31 2005) includes a \$20M deficit. Again this is based on major strategic initiatives that include the following:

FY2005 Budget Strategic Initiatives

<i>Stanford Institutes of Medicine and other Interdisciplinary Efforts (e.g., cancer center) and interim facilities development</i>	\$11,694,000
<i>Education: Learning Center, Community Service, Programmatic Initiatives</i>	\$3, 677,000
<i>Information Resources and Technology</i>	\$1,000,000
<i>Recruitments (chairs and faculty)</i>	\$11,792,000
<i>Essential Clinical Services Fund</i>	\$861,000
<i>Interschool Initiatives (Clark Center Operations, BioX, Bioengineering</i>	\$4,343,000
<i>Operating Budget Transitions (based on smoothing of transition from FY04)</i>	\$2,285,000
<i>Miscellaneous (Support for Clinical Research, Diversity, Medical Development)</i>	\$2,872,000
Total Strategic Initiatives	\$38,524,000

These strategic investments are a vital component of our consolidated FY05 budget of \$816 million for the School (exclusive of the affiliated hospitals).

Overall the School remains financially healthy with an endowment balance (as of August 31, 2004) of \$1.404 B and consolidated expendable fund reserves of \$360,341,000. While this is encouraging, it is important to note that the majority of these endowment and expendable funds are in restricted pools and most reside in the departments. Thus their availability for new school-wide initiatives is limited.

Also, we face a number of challenges going forward,. One is the likelihood that our revenues from patent and royalty income will decline (although this is always unpredictable), that NIH funding will be more limited (the most recent news on the FY05 NIH budget is that it will rise by only 2.1%), and that costs will continue to increase , especially for programmatic and capital needs. Further, we are facing a number of key department chair recruitments (e.g., Cardiothoracic Surgery and Neurology and Neurological Sciences are moving to chair selection, the Obstetrics and Gynecology search is just getting underway and new searches are now planned for Medicine and Pediatrics that will commence at the beginning of the year).

The major reason we spent so much time developing our strategic plan was to allow us to guide our future purposefully and with explicit and shared goals. –The strategic plan continues to provide the foundation for our budget decision making process, so that now and in the years ahead we can assure that the Stanford School of Medicine is sustained and enhanced as one of our nation’s premier medical schools.

Launching the School of Medicine Initiative on Immersive and Simulation-Based Learning

In my last Newsletter (<http://deansnewsletter.stanford.edu/>) I provided information about a set of activities planned for the November 15th launch of the School's initiative on Immersive and Simulation-based Learning. Dr. David Gaba, Professor of Anesthesia and recently named Associate Dean for Immersive and Simulation-Based Learning, reported back that the morning activities drew a crowd of over 150 guests. They included Stanford faculty and students, alumni, interested friends of the school, industry partners, and academic partners from around the country and colleagues from our teaching hospitals. Key speakers included Dr. Gaba, the Directors of our founding simulation centers, and Ajit Sachdeva, MD, Director, Division of Education, American College of Surgeons. One highlight was an impassioned presentation from Dr. Amitai Ziv, MD, Director, Israel National Simulation Center, Chaim Sheba Medical Center, who presented examples of the comprehensive immersive learning and simulation center that he and others have created for the unique demands in Israel. Archived streaming video of the presentations can be viewed on the Web at:

http://med.stanford.edu/irt/immersive/launch_video/

The morning session was followed by a lunch panel discussion attended by approximately 85 Stanford faculty, visiting academic and hospital colleagues. The panel included Jeff Driver, JD/MBA, Director of Risk Management for both SUH and LPCH, Julie Parsonnet MD, Senior Associate Dean for Medical Education, Kelley Skeff, MD, PhD, Internal Medicine Residency Director and Director of the SFDC, Geoff Lighthall, MD, Assistant Professor of Anesthesia & Intensive Care, who is a developer of simulation courses in critical care, and Dr. Ziv. The questions and discussions focused on the practical issues of appropriate and effective application of ISL techniques, simulation training as a tool for risk management and reduction of medical error, simulation as a tool for assessment of clinical trainees and practitioners, and pathways for providing resources and faculty development to underpin new initiatives in ISL.

An additional note – on the Sunday prior to the public launch activities, the School of Medicine and the Office of Government Affairs hosted the second discussion of the AIMS group (Advanced Initiatives in Medical Simulation). This group is focused on developing a national agenda around the development of medical simulation techniques for a variety of health care applications in education, training, performance assessment, and research. AIMS intends to raise the visibility of simulation in the federal government with the hope of stimulating greater funding for research, pilot projects, and the support of students and post-doctoral fellows in this arena. The meeting was highly successful, and Stanford will continue to play an important role in the AIMS process.

More About HIPPA and Data Security – What's Coming in 2005!

At the November 19th Executive Committee meeting, Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, and Dr. Todd Ferris, Director of

Privacy and Data Security, provided an update on the status of the School's activities in the area of data security. By way of context, Dr. Ferris pointed out that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposed significant security regulations. Indeed we are required to be in compliance with these regulations by April 21st, 2005. In addition, there are numerous other new regulations that cover protected information, which includes, in addition to patient medical information, research subject information, Social Security numbers, student records, and banking information, and Stanford intellectual property.

Historically, however, academic institutions have not focused on computer security. Now, computers and the use of the Internet have become almost required to operate academic institutions. In addition to the laws requiring data security, there has been an almost exponential increase in viruses, worms, and malicious hacking that the School must combat. In order to deal with these changes, the School must make a transition from a previously open academic computing model to a secure computing model. The challenge is to create a flexible secure computing model that accommodates the needs of faculty, staff, and students. However, we will also have to change some of our day- to- day behavior. And we must do this!

In order to be compliant with the new regulations, the School must implement 18 standards, 42 implementation specifications and 10 policies, which themselves contain 6 guidelines. For example, in the administrative area, the School must have documented policies and procedures for day- to- day operations, managing the conduct of employees with electronic patient health information, and managing the selection, development, and use of security controls. Physically, we must have in place security measures meant to protect our electronic information systems, as well as related buildings and equipment, from natural hazards, environmental hazards, and unauthorized intrusion. Furthermore, we must ensure the compliance of our workforce. For desktops, laptops, servers, and PDAs, all devices that may hold protected information need to conform to the computing device policy and guidelines. This includes: anti-virus, patch management, disabling unused devices, and strong passwords. Devices that are mobile must encrypt any protected information stored on the device.

In fact, within the School of Medicine there are approximately 200 "information systems." Each will have a formal risk assessment and a remediation plan developed. Currently the systems in the IRT data center are being reviewed. Soon departmental systems will be reviewed. Training modules are being developed to assist in implementing the new policies and guidelines. These are projected to be ready for use by early December. In addition, IRT is launching a central help desk in January that will help coordinate activities of local support personnel. IRT will also provide training for local support people on securing systems. In addition, IRT is adding firewalls, intrusion detection, and is more aggressively monitoring for malicious activities to the School's network.

This is obviously a huge effort and is one that will require understanding and flexibility on all our parts. Drs. Lowe and Ferris and their colleagues in IRT have made enormous

progress in moving the School to full compliance with the new regulations. We will keep you informed of further developments.

Work-Life Balance: The WorkLife Office at Stanford University

At a recent Dean's Staff meeting, Ms. Teresa Rasco, Director of the WorkLife Office at Stanford University, presented an overview of the many programs and services her Office provides. The mission of the WorkLife Office is to support "the University's academic mission through direct services and by developing collaborative partnerships within Stanford and the surrounding community to assist faculty, staff, and students in navigating the competing demands of their work, study, personal and family lives." A large component of the Office's programming consists of resources and services for and about children, including on-site children's programs (day care, pre-school, and after school), back-up child care, parent education programs, the Child Care Subsidy Grant Program, and the Adoption Reimbursement Program. At the other end of the continuum, the Office provides educational programs and referral resources for elder care and caregiver services and has a link to Avenidas, which provides individual and family services to seniors throughout the Mid-Peninsula area.

In the Dean's Staff discussion it was noted, in our fast-paced academic culture, trade-offs between work and family can be difficult to negotiate. I want to make it clear that, in my view, family issues should take a priority wherever feasible. Supervisors need to be sensitive to these issues and work with their staffs to allow them, as much as possible, to attend to family obligations, such as illness of a child, without facing, or worrying that they will face, negative consequences at work.

We also noted that members of the Stanford community might not be aware of the many resources available through the WorkLife Office. In my view, the work of this Office is critically important to the success of the School and the University, and I encourage everyone to take advantage of its services. The web site for the Office is <http://worklife.stanford.edu>.

Awards and Honors

- **Dr. Arthur Kornberg**, Emma Pfeiffer Merner Professor of Biochemistry, Emeritus, has received the Osaka Sakura Award and has been also named an honorary member (one of only 20) of The Japan Academy. Congratulations to Dr. Kornberg for his continuing accolades to a remarkable career in medicine and science.
- **Dr. Gerry Reaven**, Professor of Medicine Emeritus, has been awarded the Ellen Browning Scripps Medal for 2004, which recognizes an individual who has made a significant contribution to the care of patients and the advancement of medical science. In addition, Dr. Reaven also recently received the Astute Clinicians Award from the NIH that acknowledges a clinical scientist who has conducted

research that has had a big impact on medicine. Congratulations to Dr. Reaven for these two very special awards.

Appointments and Promotions

- **Howard Chang** has been appointed as Assistant Professor of Dermatology, effective 12/1/2004.
- **Tobias Meyer** has been promoted to Professor of Molecular Pharmacology, effective 12/01/2004.

Dean's Newsletter December 13, 2004

Some Brief Reflections at the Conclusion of 2004

While a more complete accounting of this past year's performance and plans for 2005 will be offered in the January 10 2005 Newsletter, I thought I would offer a few high level reflections in this last Dean's Newsletter of 2004. When framed against the larger challenges that dominate our attention – the war in Iraq, tides of terrorism, the fragile economy, the rise of fundamentalism and theocracy, along with so many other important issues – the concerns we face at Stanford can sometimes seem small by comparison. And yet we are undertaking some truly important issues that have national and global impact.

Recently, I offered some comments on the deficiencies of our health care system (see November 27th issue of the Dean's Newsletter <http://deansnewsletter.stanford.edu/>), many of which continue to erode the public trust in medicine and its aligned disciplines. The recent debacle surrounding the availability of the flu vaccine, which revealed how tenuous our supply line for vaccines can be, along with the increasing fears about the possibility of an influenza pandemic surely have an impact on the public trust in medicine and the pharmaceutical industry. So too do the revelations regarding disclosures of potential health hazards related to drugs the public counts on (e.g., Cox-2 inhibitors like Vioxx). The rising price of drugs, a major driver of health care costs, further challenges the public's confidence in insurers, doctors and health care providers, as well as in the pharmaceutical industry and its regulatory oversight by the FDA.

Paradoxically, these public concerns arise at a time of remarkable scientific promise and opportunity. Yet, worries abound here as well. For many years the NIH, our nation's largest funder of biomedical research, has enjoyed a high level of bi-partisan respect and confidence, especially by the Congress. This featured prominently in the extraordinary efforts to double the NIH budget in 5 years, which was accomplished but which also ended in 2004. Fiscal constraints in discretionary spending, coupled with last year's conflict of interest scandals, which significantly tarnished the image of the NIH, likely

contributed to an FY05 budget increase of only 2.1%. While this is certainly higher than nearly all other federal agencies, it will not sustain the prior strength of the NIH budget. In particular, it will reduce the amount of support available for new and competing RO1 grants, which are, in many ways, the true heart and soul of our biomedical research enterprise. The potentially devastating impact of this reduction on new young faculty has extremely important implications that could, if unchecked, stifle the development of the next generation of bioscience investigators.

These issues are hardly trivial and, even when balanced against serious global matters, propel us to act assertively and with as much care, precision and advocacy as we can. They provide yet another reason why our prior strategic planning efforts at Stanford School of Medicine loom so importantly as we seek to define our future against a backdrop of potentially declining resources. Our efforts to educate the next generation of physicians who are also scholars and leaders may prove essential in filling a potential national void as well as in seizing important opportunities for discovery and progress. These will surely be aided by the important curriculum revisions that have come on line during the past 18 months. Our commitment to training our graduate students in interdisciplinary ventures as well as in offering opportunities to connect basic research to patient care by “*Translating Discoveries*” will almost surely be increasingly important as the pipeline of young investigators becomes more difficult to sustain. Stanford’s role will surely be important in this vital area and I believe we will be successful.

Assuring connections between basic and clinical research will also be essential as the NIH Roadmap assumes an increasingly important place in the eyes of the Congress. Here our Stanford Institutes of Medicine and our new department of Bioengineering, as well as the entire BioX initiative, should permit us to assume leadership in key strategic areas. Proposition 71 and the new California Institute for Regenerative Medicine will certainly prime the pipeline of stem cell research. With our Stanford Institute of Cancer/Stem Cell Biology in place we should be well positioned to assume a leadership role here as well (see below for additional information). In addition, the interconnections of stem cell research among each of our four Institutes – which in addition to Cancer/Stem Cell Biology, include Neuroscience, Cardiovascular and Immunity/Transplant/Immunity – are notable and important.

Of course, bringing discovery to improvements in the health of adults and children must remain among our highest priorities. To do this, additional improvements in our clinical research infrastructure will be critically important. To this end, early next year we will launch SPCTRM (Stanford/Packard Clinical And Translational Research). This broad based infrastructure support organization for clinical and translational research will surely play an important enabling role for *Translating Discoveries* (see our Strategic Plan Website <http://medstrategicplan.stanford.edu/>). Further, we must accomplish these improvements in health in ways the public – our most important constituency – can recognize, understand and support. This need underscores the reason for embracing communication and advocacy as an important part of our strategic efforts, through our community events, mini-med schools, writing and communication.

As we end 2004 and begin 2005 I certainly see the obstacles that lie before us. But more importantly, I am confident that we have the opportunity to continue to do extraordinary work: to educate future leaders, conduct groundbreaking research, and initiate new innovations in patient care. Moreover, I continue to believe that we can pave new paths and open new vistas – making Stanford the role model it must be for the future.

Best wishes for the Holidays and, of course, for the New Year!

Stem Cell Research: Proposition 71, the California Institute on Regenerative Medicine and Stanford University

The next decade will offer significant opportunities to advance knowledge in stem cell biology and regenerative medicine, especially in California, thanks to the passage of Proposition 71 on November 2nd. During the next couple of months the research landscape will be more clearly delineated, since there is every expectation that Prop 71 (now known as the California Institute for Regenerative Medicine) will begin funding proposals as soon as the Spring of 2005. Obviously this will create an enormous pressure on the various oversight and review committees, which will need to be up and running in the next weeks to months. The Independent Citizens Oversight Committee (ICOC), which will oversee the whole effort, will hold its first meeting on Friday December 17th. As you likely know I was asked to serve on the ICOC by State Controller Steve Westly. While I recognize the importance of this effort, I am also cognizant of the enormous responsibility and accountability it will bring, both for me personally and for Stanford. I will give you periodic reports on the progress of the ICOC and the overall efforts of the California Institute for Regenerative Medicine.

At Stanford we have been putting into place an organizational structure to help bring together our own community of faculty interested in stem cell research. Our Stanford Institute for Cancer/Stem Cell Biology will oversee this effort. As part of this initiative, Dr. Irv Weissman, Director of CSCI, has appointed Dr. Linda Giudice, Stanley McCormick Memorial Professor, to chair a retreat focused on Stem Cell Research. This retreat, scheduled for January 15th, will bring the Stanford community together to share ideas and plan for the future. The specific goals are to identify all who are interested in regenerative medicine research at Stanford, to begin discussion, and to coordinate strategic planning regarding research programs, research collaborations, infrastructure, training opportunities, and organizational structure. In addition, we hope that the retreat will lead to planning for Stanford University proposals for Proposition 71 funds.

Per Dr. Giudice, “regenerative medicine research has extraordinary potential in basic research as well as translational medicine.” She and her colleagues have been in the planning phases of a Human Embryonic Stem Cell Center in the Stem Cell Institute. They hope to facilitate a broader effort to develop existing NIH cell lines, derive new cell lines, elucidate stem cell biology, stem cell renewal and differentiation, and develop new applications for treating chronic diseases. Dr. Giudice points out that “regenerative medicine research takes place in the context of ethical and legal guidelines, and it is

likely that new technologies will be developed for therapeutic applications. These are all important issues, and we hope to discuss their integration at the retreat.”

Further details will soon be available about the January 15th Retreat but I wanted to let you know about this event now so that you can mark it on your calendar. If you are interested, please contact Dr. Giudice for additional details (giudice@stanford.edu).

Addressing the Challenges Facing the NIH

At the December 3rd Executive Committee, Ryan Adesnik, Director of Federal Government Relations, provided an update on issues the NIH will face in the next Congress. The discussion focused on two topics: the current and projected level of NIH funding and the upcoming NIH Reauthorization Bill—which is basically a policy review of the agency.

These are challenging budgetary times for research funding and support as the federal government confronts the costs of the Iraq War, a growing deficit and the ongoing effort to fund tax cuts. Last week, in this budgetary environment, Congress passed an NIH budget that constituted a 2.2% increase over last year’s funding. Studies show that, because of the costs associated with biomedical research, annual increases of at least 6% are needed to keep grants at existing levels. Unfortunately as we look to the future, the President’s last budget through 2009 projects continuing declines in non-defense R&D including NIH, where the funding level in 2009 is projected to be 5% less than its 2005 level (in constant dollars). This is obviously very challenging news to biomedical research, and it has many implications for academic medical centers, including Stanford.

In addition to this difficult legislative environment, the NIH faces a number of important policy (and public perception) challenges, including: the communications dilemma of explaining the need for continued funding increases following the historic doubling, questions related to the recent conflict of interest inquiry that has plagued the NIH since this matter arose a year ago, and recent challenges to the peer review process.

This is the context in which the 109th Congress is planning to take up an NIH Reauthorization Bill. By way of background, a reauthorization bill is a policy review of a federal agency or program conducted through the legislative process. However it can result in a number of important financial impacts. Importantly, a reauthorization bill can be as broad or narrow as the committee of jurisdiction chooses. For example, the most recent NIH Reauthorization Bill was passed in 1993 and made significant changes, including:

- Establishment of the Office of Research Integrity at HHS
- Mandating the inclusion of women and minorities in clinical research trials
- Creation of the Office of Alternative Medicine, the Office of Research on Women’s Health, the Office of Research on Minority Health, the Office of Behavioral and Social Science Research, and the National Center for Human Genomic Research

In 1996 Congress attempted another NIH Reauthorization Bill. Although it passed the Senate it was not acted upon in the House. Nonetheless, many of its provisions later became law, including:

- Increased Parkinson's funding
- The Pediatric Research Initiative in the Office of the Director
- Increased funding for Type 1 diabetes
- Establishment of the Office of Rare Diseases

In response to the plans for a new NIH Reauthorization Bill, I have worked with the American Association of Medical Colleges (AAMC) to establish an NIH Reauthorization Task Force to develop ideas that will inform the process. I am co-chairing this Task Force along with Bob Kelch, Vice President for Medical Affairs and CEO of the University of Michigan Health System. This group's goal will be to work in a cooperative way with Capitol Hill in an effort to educate Members of Congress and their staff and to develop ideas that will benefit the research mission. Ryan Adesnik will staff this group and will also serve on an analogous committee of the American Association of Universities (AAU). Time permitting, we maybe calling on members of the School of Medicine community to assist in reviewing draft legislation, and possibly giving testimony at one of the numerous hearings that will no doubt occur.

In addition, your input is needed as we address critical questions. For instance, what structural or organizational changes, if any, would benefit the NIH and biomedical research? How can the NIH demonstrate accountability it is oversight (e.g. the peer review process) without having a negative impact on the research mission? How can the NIH better communicate its successes, especially given the increasing desire of the Congress to show results from the recent NIH doubling? What are some ideas for arguments to defend peer review?

Your ideas are welcome. Please direct them to Ryan Adesnik at radesnik@stanford.edu. Thanks to Ryan for a very helpful primer on this critically important topic. We will keep you apprised of further developments about this extremely important issue.

School of Medicine and Hospital Leaders Explore Model for Interactions at the University of Michigan

On December 7th, a joint School of Medicine-Stanford Hospital & Clinics team visited the leadership of the School of Medicine and Hospital at University of Michigan. The purpose of the visit was to compare approaches to crafting joint ventures or business relationships between the school, faculty and hospital. The University of Michigan has successfully launched an innovative program that supports their Cancer Center. Based on information I had gathered during an earlier visit to U Michigan, we felt we could learn from their experience and perhaps emulate aspects of it at Stanford. The methodology was published in an article entitled "New Organizational and Fund Flow Models for an

Academic Cancer Center” by David Spalinger (who coordinated our visit) in *Academic Medicine* 2004;79:623-627).

Our School-SHC Funds Flow Team comprised of Norm Rizk, Jerry Shefrin, Mike Hindery, Marcia Cohen, David Keane and Rob Jackler has been evaluating a number of methodologies to address funds flow and will now be exploring how the Michigan experience might apply. We anticipate having more updates about this topic in the early part of 2005.

Roundtable Discussion with the Governor

On Thursday December 9th I and other members of the Board of Directors of the California Healthcare Institute (CHI) met with Governor Schwarzenegger at the State Capitol Building in Sacramento. We had the opportunity to discuss a number of important issues with the Governor, including the importance of innovation in improving the health and well being of our communities. The consortium of academic institutions, biotech and related industries which comprises the CHI has played a major role in stimulating the discovery of new drugs and medical devices that have impacted the health of adults and children. In addition, academia-industry collaborations have also fueled the job market –over 230,000 Californians are working in the 2600 biomedical companies located in the state. Moreover, there are hundreds of thousands of Californians who are employed at state or private universities or research institutions and who also contribute significantly to innovation and discovery. As you know, Stanford has played a major role in these efforts. There is little question that the passage of Prop 71 will further stimulate the process of innovation and, as a result, stimulate the state economy as well. At the same time, we also spoke with the Governor about the important challenges of health care access, the uninsured and underinsured and the costs for care, including the cost of pharmaceuticals. I made the point of how broken our health care system is and emphasized that major efforts are necessary to address its underlying problems. This meeting was introductory. I am hopeful that it will lead to continued dialogue that will seek solutions as well as opportunities.

Introducing the New Executive Assistant to the Dean

I am very pleased to announce that Ms. Noel Beauchamp has accepted my offer to come to Stanford as my Executive Assistant. Noel replaces Sharon Olsen, with whom I had the pleasure of working for many years in Boston and at Stanford.

Noel comes to Stanford from a varied career in government and the private sector. Most recently she served as Executive Assistant to the Vice President for Research and Clinical Development at Avigen, Inc. Her previous positions have included Executive Assistant to a CEO and to a Senior Vice President for Scientific Affairs in other biotech companies. In addition, Noel spent a year as a volunteer in with the United Nations Volunteer Program, which she spent as a Civil Affairs Officer with the UN Interim Mission in Kosovo. There she was a team member of the first UN-led municipality and was involved in a wide range of administrative, coordination, reporting, program oversight, and public

relations activities. I am pleased that Noel will bring this wide range of experience and expertise to bear in working with me and others in the School and University.

Update on Administrative Restructuring

At the December 3rd Executive Committee meeting, Mike Hindery, Senior Associate Dean for Finance and Administration, provided an update on administrative restructuring in the School. Work in this area has been underway for well over a year. Earlier stages in the project included an assessment of the School's current structure and units and the development of principles to guide a revised administrative structure. A model for this revised administrative structure was introduced at the January 2004 Strategic Planning Retreat and was further discussed and evaluated by the Executive Committee. The purpose of this update was to describe the progress to date in the implementation of this model.

The fundamental reason for undertaking administrative restructuring was the fact that changes in the School's environment in recent years has significantly complicated delivery of the School's administrative functions. These changes include the breaking down of boundaries between disciplines and the corresponding rise in non-departmental program units, the development and implementation of new University-wide information systems, continued increases in regulatory compliance requirements, a constrained economic environment, and staff burnout.

Departments continue to be an organizing priority, but non-departmental units (NDUs) – such as our Stanford Institutes of Medicine or Strategic Centers - are recognized as the important administrative units they are increasingly becoming. This model allows for effective support of both, through such mechanisms as shared DFAs (Departmental Finance Administrators) and the clustering of some functions. An Administrative Steering Committee made up of DFAs and other members of the School's administrative staff has the responsibility of implementing the model. Key elements of the model are currently being implemented in pilot projects. They are:

- ***The clustering of the Human Resource functions of PeopleSoft and Kronos.***
The basic science departments created a cluster in 2002-03 covering data management and other HR services. Three clusters of clinical departments were formed in 2004. Currently 23 departments participate in clusters. The expected improvements from the new structure include greater data integrity in PeopleSoft and more expert and faster service.
- ***IT Support service clusters.*** Bob Burkhardt of our Information Resources and Technology Office is directing the development of a "hub and spoke" model for desktop support that is intended to allow departmental users to get problems resolved more quickly by enabling remote desktop service and to allow higher desk top performance standards. It is hoped that this new model will significantly improve turnaround time on desktop assistance, provide more cost

effective service, and lead to the development of consistent standards for desktop systems.

Mike Hindery concluded by noting several challenges, including the need to design funding models for implementing new administrative structures, finding space for clustered services, and managing organizational change issues. The next steps include the continuation of implementation projects, documentation and communication of lessons learned with each implementation, and the creation of methods and metrics for evaluating success on a regular basis.

This set of projects is obviously of great importance to the School. A great deal of progress has already been made, and I look forward to seeing more positive change in the months ahead.

In Memoriam

- The Stanford community lost one of its most revered and respected colleagues when Professor Emeritus Byron “Bill” Brown died unexpectedly (see December 8th Stanford Report <http://news-service.stanford.edu/news/2004/december8/med-brown-1208.html>). His personal and professional contributions and collegiality are legion and he will be missed by generations of Stanford faculty, students and staff. A memorial service is planned for a later date and I will do my best to let you know when that is planned. The family suggests contributions to the Nature Conservancy in Professor Bill Brown’s memory.
- I am also very sorry to report that Steve Aldrich, the son of Rick and Mary Aldrich died in late November. His loss is deeply felt. Our condolences to Dr. Aldrich, Professor of Molecular and Cellular Physiology and his family for this tragic loss. The family has indicated that contributions can be made to the National Alliance for the Mentally Ill, 1111 Howe Avenue, Suite 475, Sacramento CA 95825.

Dean’s Newsletter January 10, 2005

State of the School 2005

In January 2001 I began a series of visits to Stanford in anticipation of assuming my decanal responsibilities that April. The discussions I had with faculty, students and staff during that interval, along with my own reflections, helped shape the underpinning for the School’s Strategic Plan, which was later designated as *Translating Discoveries*.

Indeed, in my first Dean’s Newsletter

(http://deansnewsletter.stanford.edu/archive/04_02_01.html), circulated on April 2, 2001, my first official day at Stanford, I reviewed some of my preliminary ideas, a number of

which have been actualized through the wonderful engagement and participation of the Stanford Medicine and University community.

As we begin 2005 a number of exciting programs have been initiated while others are preparing to unfold. Naturally these programs are constantly evolving as we strive to continue to develop and enhance the excellence of Stanford Medicine. So it is best to view even this summary of the “2005 State of the School” as a snapshot of some cameo highlights rather than a complete description of the School’s programs and initiatives..

Education

Thanks to the efforts of Dr. Julie Parsonnet, Senior Associate Dean for Medical Education and her colleagues in the Dean’s Office and Medical Faculty Senate, progress on the New Stanford Curriculum is continuing. As you know, the first major changes were made in the Fall of 2003. They were guided by the desire to better align learning in basic and clinical science and medicine, to create time for scholarly research, and to prepare students for lifetime learning. One of the most important changes is that medical students entering since September 2003 have been required to select a Scholarly Concentration from one of ten possibilities (http://med.stanford.edu/md/curriculum/scholarly_concentrations/index.html). The objective is to immerse them in an area in which they have an interest and through which they can acquire critical thinking skills and analytic research experience. Because research is such an important facet of Stanford, we believe that the New Curriculum better aligns medical students to our faculty and mission and that it will, by its very nature, permits us to select students who are truly interested and committed to what we can offer as a research-intensive school of medicine.

While these programs offer exciting new possibilities, they also result in clear differences between the new and old curricula. Indeed those students who are not part of the “New Curriculum” might easily feel somewhat disenfranchised – which we certainly hope is not the case. Generations of students have benefited from the prior curricula and we are confident that our more senior students will do the same! At the same time, we do believe that the many changes in the New Curriculum will better enable us to train future students to be excellent clinicians and leaders in an area of medicine or bioscience.

Over the next year we will continue the redesign of clinical rotations. In tandem we are putting in place tools and processes to evaluate the efficacy of the New Curriculum and to translate those findings into additional curricular improvements over time. These will include new technology tools to be developed by our recently established Center for Immersive and Simulation-based Learning.

We are also continuing to seek ways to establish appropriate alignments between medical and graduate students. These are particularly important at Stanford because of the strength and excellence of our graduate programs as well as the fact that we have a nearly comparable number of medical and graduate students. The composition of our student body is quite different from other medical schools but is quite compatible with our position as a research –intensive school of medicine. We are also developing courses and

programs that will enable graduate students to learn more about the challenges and opportunities in translational medicine, and we are anticipating the development of a Masters Program to facilitate these educational opportunities. In addition, we are pursuing efforts to create more interdisciplinary programs. We hope the University-wide Commission on Graduate Education (http://deansnewsletter.stanford.edu/archive/10_04_04.html#4) discussed in the October 4th Deans Newsletter will further these efforts. A question for the future is whether graduate programs in the School of Medicine should become more discipline based as compared to departmentally anchored.

Numerically our Postdoctoral Fellowship programs eclipse both our MD and PhD graduate programs. They serve as a critical interface between the laboratory and clinic as well as a key facet of our research engine. During the past year we have been exploring ways of making our postgraduate programs even stronger and will be introducing a program that will enable selected clinical postdoctoral fellows to pursue concomitant graduate studies if they are committed to a career in research. See http://deansnewsletter.stanford.edu/archive/09_20_04.html#4.

This past year we also launched the self-study phase of our review by the Liaison Committee on Medical Education (LCME), which will formally review the School in October 2005. This is an important review and significant efforts are underway to assure that we truly shine in our written and oral presentations. See also http://deansnewsletter.stanford.edu/archive/09_20_04.html#3.

Research

What distinguishes Stanford from nearly all of its peers is the extraordinary quality and impact of the research performed by faculty, students, postdocs and staff. By nearly any standard, Stanford scientists continue to contribute to a broad array of new discoveries, innovations and insights. Basic undirected research serves as the fundamental underpinning of this excellence and ultimately fuels the ideas that drive opportunities for translating knowledge from the laboratory to the bedside. While we are a small faculty compared to peer schools, the impact of our work is considerable and cannot be reduced to a short summary or even a readable listing. While some highlights appear on our current Stanford Website (<http://med.stanford.edu/spotlight/index.html>) these stories are just a sampling. The recently posted “Community Academic Profiles” of our faculty (<http://med.stanford.edu/research/cap.html>) offer an opportunity to explore the breadth and depth of ongoing faculty research efforts.

Complementing our efforts in basic research are those focusing on clinical and translational investigation. To help facilitate the integration of our research activities we have established our four Stanford Institutes of Medicine. More recently, we have been developing three “strategic centers” that will also help integrate our overall research mission (see http://deansnewsletter.stanford.edu/archive/10_04_04.html.) The Institutes of Medicine are:

1. ***Stanford Institute for Cancer/Stem Cell Biology and Medicine: Dr. Irv Weissman, Director***
2. ***Stanford Cardiovascular Institute: Dr. Bobby Robbins, Director***
3. ***Neuroscience Institute at Stanford: Dr. Bill Mobley, Director***
4. ***Stanford Institute for Immunity, Transplantation and Infection: Dr. Mark Davis, Director***

The Strategic Centers are:

1. ***Center for Clinical Informatics: Dr. Henry Lowe, Director***
2. ***Center for Genomics and Human Genetics: Dr. Rick Myers, Director***
3. ***Center for Imaging: Dr. Gary Glazer, Director***

Together the Institutes and Centers provide an umbrella that engages the interests of nearly all our faculty. They create a virtual bridge between our basic and clinical science communities and between the School and other sectors of the University. They open new venues for research and, importantly, for opportunities to extend findings to patients at our major affiliated hospitals.

Each of our four Stanford Institutes of Medicine is taking shape, both in their own unique ways and in relation to each other. I am confident that considerable additional progress will be made in 2005 to further establish their goals, objectives and early accomplishments. In this regard, the Cardiovascular Institute, under the leadership of Dr. Bobby Robbins and the Institute's Executive Committee, held a retreat on Friday evening January 7th and Saturday morning January 8th. I had the pleasure of attending the Friday night session and witnessing personally that more than 100 members of the Stanford community had demonstrated their interest in participating in one or more work groups that will address important challenges and questions. This work will surely lead to important new initiatives and opportunities for research, education and patient care. Similarly, the Cancer/Stem Cell Institute is planning a retreat for Monday January 31st that will further organize Stanford's role in stem cell research and our relationship to the new California Institute of Regenerative Medicine (and Proposition 71). I know that the Neurosciences Institute and the Immunity, Transplant and Immunology Institutes are also actively planning their future agendas.

During the past year we have made further progress in our march toward applying to become a National Cancer Institute-Designated Comprehensive Cancer Center. Thanks to the efforts of Dr Karl Blume we have been able to configure the nine core research programs and 13cores (a.k.a. "shared services") that we anticipate will be parts of the grant application we hope to submit later this year. In the Fall I appointed Dr. Irv Weissman to serve as the Principal Investigator for our planned Center. We are close to completing the recruitment of a superb Deputy Director, who will work closely with Dr. Weissman as well as Dr. Steve Leibel, Medical Director for the Clinical Cancer, and Dr. Blume to bring the grant proposal to fruition. We benefited from the advice of our External Advisory Board, which met with us in March 2004 (http://deansnewsletter.stanford.edu/archive/03_22_04.html) , and we plan another

critical review by this Board in the late Spring or early Summer of 2005. We have also been fortunate in forging a collaboration with the Northern California Cancer Center (NCCC) that was formalized at the end of 2004 with an Affiliation Agreement. This Agreement, plus the faculty appointment of Dr. Dee West, Professor of Health Research and Policy, and Chief Scientific Officer for the NCCC, will provide the collaborative expertise that will permit the population studies component of our proposal to be robust and exciting. Although we have considerable work to do, we have made terrific progress and there is reason for optimism that Stanford may finally actually apply (and, hopefully, succeed) in achieving NCI-designation as a Comprehensive Cancer Center.

The joint Bioengineering Department between the Schools of Engineering and Medicine got off to a great start during the past year. Specifically, Scott Delp, Department Chair and Paul Yock, Co-Chair, successfully completed three wonderful new faculty recruitments (Drs. Karl Deisseroth, Jennifer Cochran and Steve Quake) to help launch the department and also admitted the first group of graduate students. Plans are proceeding for additional faculty recruitments as well as for offering an undergraduate major in the next couple of years.

Further, BioX continues to evolve under the leadership of Dr. Matt Scott, Professor of Developmental Biology and Genetics and Bioengineering. BioX is one of the major interdisciplinary themes of the University, along with the Institute on the Environment and the International Initiative. As noted in prior Newsletters (http://deansnewsletter.stanford.edu/archive/11_01_04.html) BioX includes a number of important programs, such as the Interdisciplinary Initiatives Program, the Advanced Instrumentation Program, the BioX Teaching Initiatives and the BioX Symposia and Seminars. In a number of important ways BioX serves as a prototype of the university of the future. It brings together disciplines from across the University in ways that not only align the physical and life sciences but also create relationships with ethics, the humanities, education, business, etc. This cross-cutting, broad interdisciplinary activity is just one of the ways in which Stanford is unique, and it is clear that it is also an important part of the future of the School and the University.

Patient Care

In the Fall of 2004, Chris Dawes, CEO of LPCH, Martha Marsh, CEO of SHC, and I prepared a draft report describing the common elements of strategic planning within the three entities of the Stanford University Medical Center (SUMC): the School of Medicine (SoM or School), the Stanford Hospital and Clinics (SHC), and the Lucile Packard Children's Hospital at Stanford (LPCH). This effort began in 2001, when the School and the Hospitals initiated a more integrated, comprehensive strategic planning effort to articulate individual and shared institutional priorities within a unified medical center context. The draft report is a work in progress; nevertheless, I provide some of its key elements in the following paragraphs.

Our overarching goal in this strategic planning effort has been to create an exciting, robust and unique plan that truly differentiates Stanford from other healthcare providers,

as well as other academic medical centers. Key to this plan is the recognition of Stanford's unique attributes. These include great strength in basic research, biosciences graduate education and postdoctoral training, a reputation for clinical innovation and discovery, successes in translating new research findings into healthcare improvements for adults and children, and a commitment to the continued delivery of outstanding patient care and clinical service.

Essential to the success of a strategic plan for SUMC is the development and implementation of a sustainable business model that ensures support for on-going programs as well as opportunities for investment in new programs and facilities. Integral to such a business model is an explicit recognition of the extraordinary advantages, balanced against the increasing costs, of program development within the core Stanford campus. External environment issues that may dramatically impact the future of SUMC include potential changes to MediCal and Medicare programs, increasingly aggressive regional competition from Kaiser and Sutter, and employer resistance to continuing annual increases in healthcare premiums. Therefore, as the SUMC business model is developed, the leadership of all three entities are maintaining focused attention on the changing local and national landscape of healthcare delivery and economics and of academic medicine.

The missions within SUMC are both unique and overlapping. Indeed, the shared visions and essential interdependences of the School of Medicine, the Stanford Hospital and Clinics, and Lucile Packard Children's Hospital at Stanford are clearly expressed in each mission statement.

The School of Medicine's mission is to be a premier research-intensive school of medicine that improves health in the twenty-first century through our discoveries, leadership, and innovations in education, patient care, and biomedical and clinical research. The Hospitals are critically important to this mission. Analogously, the mission of Stanford Hospital and Clinics is "to care, educate, and discover for the benefit of our patients and the larger community." The mission of Lucile Packard Children's Hospital is "to serve our communities as an internationally recognized pediatric and obstetric hospital that advances family-centered care, fosters innovation, translates discoveries, educates healthcare providers and leaders, and advocates on behalf of children and expectant mothers." Driven by these shared missions, the SoM, SHC and LPCH leadership teams have developed, and are continuing to refine, an exciting vision that will strengthen Stanford's reputation as a premier Academic Medical Center (AMC).

The key tenets of the vision are:

- *To create knowledge through research and innovation.*
- *To educate future leaders in medicine and the biosciences.*
- To translate discoveries in medicine into efficacious, efficient, and cost-effective clinical care.
- To improve the health of patients with state-of-the-art diagnosis and treatment.

Within this framework, planning to date has been based on three guiding principles. First, SUMC is uniquely positioned to rapidly translate new research findings into clinical care paradigms. Second, SUMC must deliver outstanding patient care and clinical services. Third, a sustainable financial model and its robust execution are critical to supporting the strategic vision.

SUMC is fundamentally an *academic* medical center, deriving its unifying purpose and distinction from its educational and research/innovation missions. While each entity must acknowledge and address the unique financial and social obligations of their respective “businesses,” the educational and research missions are critically important in that they enable our success as an academic medical center.

The School of Medicine strategic plan, *Translating Discoveries* (<http://medstrategicplan.stanford.edu/>), provides an integrated vision for biomedical science and education in the twenty-first century. It seeks to leverage existing strengths across the spectrum of research (basic to clinical) and of education (biosciences graduate and medical) through the creation of cross-disciplinary teams and curricula. The combination of the School’s strategic plan and the SHC and LPCH strategic service lines allows for the emergence of a true academic medical center, unique in its ability to translate discoveries and to prepare physicians and scientists with the skills and understanding needed to confront the chronic as well as the emerging issues of human health.

To this end, each of the School’s Institutes of Medicine has, in addition to a core mission of translational research and translational education, a clinical strategic service line counterpart. These medical center-wide strategic alignments are:

Stanford University Medical Center					
<i>Institutes and Clinical Centers</i>					
School of Medicine		SHC		LPCH	
Stanford Institute for Cancer and Stem Cell Biology	↔	SHC Cancer Center	↔	LPCH Center for Cancer & Blood Diseases	
Neurosciences Institute at Stanford	↔	SHC Neurosciences Center	↔	LPCH Brain and Behavior Center	
Stanford Cardiovascular Institute	↔	SHC Cardiac Center	↔	LPCH Heart Center	
Stanford Institute for Immunity, Transplantation, and Infection	↔	SHC Liver, Kidney, and Pancreas Transplantation Center	↔	LPCH Transplant and Tissue Engineering Center	

The successful and rapid translation of knowledge from the basic sciences to its application to improve the diagnosis, treatment, and prevention of human disease will be one of the most sustainable differentiators for SUMC. Related clinical initiatives at SHC and LPCH are discussed below.

Cancer

Adult Cancer: Cancer is the second leading cause of death in the United States. Currently, about 500,000 of the 9 million people with cancer in the United States live in the Bay Area. Cancer treatment is becoming increasingly outpatient due to advances in diagnostics, drugs, and radiology-based therapies. A new dedicated, patient-focused cancer center, a nationally renowned medical director, and a strong tradition of combining research and clinical excellence are some of the key strengths of the Stanford cancer program. The School is seeking to enhance its cancer programs by applying to the National Cancer Institute (NCI) to become a designated Comprehensive Cancer Center.

Stanford's competitive advantage is based on its leading edge basic and translational research,¹ its focus on patient support as an integral part of the care program, and its multidisciplinary approach to cancer care. This advantage will be enhanced by the work of the Stanford Institute on Cancer/Stem Cell Biology and designation as an NCI Comprehensive Cancer Center.

Near-term strategies that are critical to the program's success include the development of a formalized clinical trials network to drive volume, the pursuit of joint-venture programs at the outer border of the local market, and the development of Stanford oncology outreach programs in the Bay Area.

Successful execution of the above plans and strategies should result in the growth of Stanford inpatient volumes of between 3% and 5% per year through 2008. Outpatient volumes are expected to grow 3% to 6% over the same horizon.

Pediatric Cancer and Blood Diseases: The Center for Cancer and Blood Diseases at LPCH is the market leader for pediatric hematology and oncology care in the Bay Area. It has experienced 9% growth in inpatient activity over the last five years. Many Center faculty members hold leadership positions in the Children's Oncology Group (an NCI-sponsored clinical trials cooperative group), and the majority of our hematology/oncology patients are enrolled in a clinical trial of some type. Future growth will be facilitated by the completion of the new Pediatric Clinical Cancer Center on the first floor of the hospital in FY06. This comprehensive facility will include 27 inpatient beds and a contiguous day hospital and outpatient clinic. Recent recruitments and investments in Cancer Biology and the Center's clinical trial infrastructure will help ensure that the Center remains on the forefront of new developments in clinical care. The recruitment of a new leader of the stem cell transplant program has been achieved with Dr. Ken Weinberg from USC. Recruitments in stem cell transplantation and the recent

¹ Especially in stem and bone marrow cells research and its applications

arrival of Dr. Michael Edwards in neurosurgery will very likely generate dramatic growth in both transplantation and neuro-oncology. The number of brain tumor patients is expected to more than double, and the number of stem cell transplants may triple.

Neuroscience

Adult Neuroscience: Nationally, the neurosciences market is large and growing. Approximately 12 million Americans are living with a neuroscience disease or disorder. Hospital-based neuroscience disorders decreased slightly in the 1990s primarily due to the shift from inpatient to outpatient-based care. Market analyses predict increased demand for care over the next ten years driven by the growth and aging of the population as well as technological innovation. Stanford Neuroscience has significant clinical distinctions, particularly in the treatment of stroke,² Moyamoya's disease, and CyberKnife radiosurgery.

Stanford's competitive advantage in Neurosciences is based on the strong collaboration among neurologists, neurosurgeons, and neuroradiologists; the integration of the neuroscience research and clinical communities; and expertise in minimally and non-invasive surgical techniques. The new Neurosciences Institute at Stanford enhances this advantage. Near-term strategies critical to the program's success include expanding the scope of clinical trials to drive volume, maintaining a technology edge with investments in radiosurgery techniques, and building partnerships with hospitals with limited neuroscience offerings.

Successful execution of these strategies should result in the growth of Stanford inpatient volumes of 2% per year through 2008.

Pediatric Neurosciences: LPCH's Brain and Behavior Center is focused on becoming a leader in translating neuroscience discoveries to innovative methods for diagnosing, treating, and preventing neurological disorders in children. The Center integrates the clinical care, basic research, clinical research, and community outreach activities of the Departments of Neurosurgery, Neurology, and Psychiatry and Behavioral Sciences and the Neuroscience Institute at Stanford. The principal initiative of the Center this past year has been to recruit a nationally preeminent pediatric neurosurgeon to enhance care available for children with brain tumors – which has been achieved with Dr. Mike Edwards. Other priority initiatives for the next several years include: (a) establishing a program to support clinical care and research for Down Syndrome patients; (b) recruiting a senior leader for the Child Neurology Division; and defining new areas of innovation in translational developmental neuroscience. Growth in patient discharges is projected to be more than 60% over the next decade as the Center evolves further into a regional and national referral center.

Cardiac

Adult Cardiac: Cardiac disease is the leading cause of death in America. The population living with cardiac disease is large and growing – approximately 60 million Americans have some form of cardiac disease. Stanford is able to leverage a series of “firsts,”

² SHC recently achieved national recognition as a certified Stroke Center

including the first heart transplant in the U.S., the first heart/lung transplant in the world, and one of the first left ventricular assist device (LVAD) procedures in the world. Stanford dominates the market in programs involving a high percentage of complex procedures. Several of Stanford's most successful cardiac programs have a broad geographical base, with over 20% of the volume for heart transplants, aorta and valve procedures coming from outside the Bay Area. Stanford also has a strong international cardiac market with cardiac patients representing more than 50% of overall international business.

Stanford's competitive advantage is based on its unique capabilities in treatment of thoracoabdominal aneurysms and Marfan's syndrome, its high volume complex procedures with excellent outcomes, its strong linkages to the various research institutes at the SoM as well as other schools at Stanford³, and our preeminence as a Reynolds Foundation Cardiovascular Research Center. The Stanford Cardiovascular Institute will further shape this agenda. .

Near-term strategies critical for the program's success include sustained excellence in translational medicine and program development, developing "win-win" relationships with referring physicians, and increasing high-end, niche program volume from target markets. This will be further enhanced by the recruitment of additional cardiology faculty and further rejuvenation of the cardiovascular surgery program.

Successful execution of the above should result in the growth of Stanford inpatient volumes of 2% per year through 2008 with stronger growth in certain key areas such as aorta valve and heart transplant procedures.

Pediatric Heart Center: The Children's Heart Center is focused on sustaining its leadership position as one of the world's premier centers for the development of new paradigms in the care of children with heart disease based on advances in the fields of bioengineering and molecular biology, and on delivering these advances to the bedside. In contrast to the adult cardiac service at SHC, the LPCH Heart Center is focused on congenital diseases and defects. The Heart Center integrates the clinical activities of pediatric cardiac surgery, cardiac anesthesiology, cardiac intensive care, cardiology, cardiac catheterization and cardiac imaging into a comprehensive service line. The Heart Center is a regional service; SoM cardiac surgeons serve four additional sites in Oakland, Fresno, Sacramento, and Honolulu. Future investments in innovation will focus on fetal diagnosis and treatment, cardiac tissue engineering, minimally invasive and robotic surgery, and pediatric molecular cardiology/cardi thoracic genetics. With additional OR and ICU bed capacity, the Heart Center volumes are projected to increase approximately 30% over the next decade.

⁴ Some examples of linkages include the Cardiovascular Medicine Institute, the Immunology, Transplantation and Infection Institute, the Reynolds Center for Cardiovascular Genetics, the Cardiovascular Magnetic Imaging Research Center, the Lucas Center for Magnetic Resonance Spectroscopy and Imaging, and the Institute for Cancer/Stem Cell Biology and Medicine.

Transplantation

Adult Transplantation: Transplantation is a growing area with the U.S. Approximately 21,000 transplants across kidney, liver, pancreas, and combined kidney/pancreas procedures are performed annually. A leading challenge for this specialty is an insufficient supply of organs. Several of the key trends in transplantation are focused on addressing this challenge and are completely aligned with the distinctive advantages of the Stanford Transplantation program.⁴ Driven largely by the increase in living donor organs, the number of transplants in the United States is steadily growing.

Stanford's competitive advantage is based on its distinction as the leader in the local market in clinical outcomes, its preeminent position in translational research, especially in tolerance induction techniques, and several prominent innovations in patient care including minimally invasive procedures, steroid minimization and avoidance techniques, and antimicrobial prophylaxis (CMV). The new Stanford Institute for Immunology, Transplantation, and Infection as well by our efforts in stem cell research will further advance these programs.

Near-term strategies critical for the program's success include expanding liver and kidney waiting lists through outreach efforts,⁵ being the first to the regional market with an Intestinal Transplant Program, and developing relationships with pharmaceutical companies to encourage clinical trials.

Successful execution of the above should result in the growth of Stanford transplant volumes of between 2% and 5% per year through 2008. A stronger outreach effort could potentially double this growth rate in two to three years.

Pediatric Transplantation: The transplant programs at LPCH are world renowned for their technical skill and their ability to manage complex cases such as very small infants and patients with primary hyperoxaluria, TPN-induced liver disease and other high-risk conditions. According to the United Network for Organ Sharing (UNOS) and the U.S. Scientific Registry of Transplant Recipients, the liver transplant program ranks second in the nation in pediatric volume (29 in CY2003), while the pediatric kidney transplant program records 100% 1-year graft survival and 100% 3-year patient survival. In addition to kidney and liver transplantation, the Center began performing intestinal transplants in FY01 and is the only Center in northern California and the Pacific Northwest to provide this life-saving treatment for children with intestinal failure. Pioneering research in areas such as steroid-free immunosuppression and dialysis in low birth weight infants provides a solid foundation for the outstanding performance of our clinical programs.

Approximately 20 kidney transplants and 25 liver transplants are performed each year at LPCH. New programs such as intestinal transplantation will provide opportunities for

⁵ These include: (a) Minimally invasive procedures, where Stanford is a leader, (b) Tolerance enhancing drugs, where Stanford is among the leaders in less toxic immunosuppressive regimens, (c) Increase in living donations, where Stanford's share is twice the national average.

⁶ With special focus on East Bay, Central Valley, and Las Vegas regions.

future growth. A new expanded LPCH outpatient dialysis center scheduled to open in the 4th quarter of FY05 will double our capacity to provide dialysis to patients awaiting kidney transplant. In addition, an extensive network of outreach clinics spanning northern and central California, Hawaii, Oregon, Washington, and Alaska facilitates referrals and pre- and post-transplant care for liver and intestinal transplant patients.

Other Areas of Clinical Growth and Integration

SHC Orthopedics: A massive demographic shift is beginning as the leading edge of the baby boomers begins to turn 60 in the next two years. This huge segment of the population, which comprises 77 million individuals, will move from early middle age into a period of maximum healthcare utilization. This change is expected to result in a dramatic increase in the demand for a full array of orthopedic services. Orthopedics is a diverse service line comprising several components: (a) Spine Surgery, (b) Sports Medicine, (c) Joint Replacement (Arthritis), (d) Fracture Care, (e) Cancer, and (f) Hand. National market estimates project a 17% growth in inpatient volumes and a 33% growth in outpatient volumes between 2004 and 2015. The recent recruitment of Dr. William Maloney as Chair of Orthopedic Surgery will enable the formation of a Center for Orthopedic and Sports Medicine. Over the next several years we envision adding ten to fifteen new orthopedic faculty, which will double the size of the department. In addition, contingent on program accreditation, we plan to add four fellowships between FY 2006 and FY 2007. We are also planning the activation of an ambulatory orthopedic facility as a part of an ambulatory services facility.

The LPCH orthopedics strategy will be developed in conjunction with Dr. Maloney over the next 12-24 months.

Pregnant Women and Newborns: The Johnson Center for Pregnancy and Newborn Services at LPCH is a comprehensive clinical service line that integrates obstetrical and neonatal services and provides a full continuum of care for pregnant women and newborns. With over 5,200 deliveries each year, the Johnson Center is the third busiest delivery service in the Bay Area. The neonatal service includes 66 beds on-site at LPCH as well as off-site nurseries in three locations (discussed further below). The regional network supporting this service also includes professional service relationships with three additional hospitals. LPCH is presently exploring options for expanding obstetric services at local community hospitals to reduce capacity constraints at this facility, and no additional growth is planned for the service at LPCH. Neonatal services will continue to grow, in coordination with the expansion of other pediatric services both on-site and at off-site locations.

In addition to these internal program priorities, the success of clinical initiatives has required the development of corresponding clinical care delivery strategies for each of our major market segments. Although existing within a single medical center, SHC and LPCH are distinct providers and occupy distinct positions within markedly different healthcare markets. As a result, SHC and LPCH, in conjunction

with the School, have each approached the development of strategic clinical services plans from the perspectives that are most appropriate to their patient base.

SHC is both a teaching hospital and a community hospital. As such, it must attend to its local (community hospital) market as well as the much larger regional, national, and international markets that are required to support the tertiary and quaternary services associated with its academic missions. In contrast, as a specialty children's hospital, LPCH must serve a much larger population base with a predominant focus on tertiary/quaternary care through partnerships with many different provider networks and healthcare systems

In developing this clinical strategy and supporting tactics, only a portion of which is shown here, it is assumed that: (a) Inpatient Services will become increasingly tertiary, surgical, and intensive-care focused, (b) Ambulatory Services will expand and will include both increasingly high-tech services and care of patients with chronic disorders, and (c) Off-site Services will complement those provided at the Medical Center and also act as a feeder to the Medical Center.

Four sustainable differentiators are critical to the execution of the SUMC strategy:

1. SUMC's unique position to deliver cutting-edge clinical care driven by outstanding faculty and the benefits of translational research.
2. SUMC's focus on service excellence that spans the entire patient experience - from getting an appointment, through the clinical event, and all the way to getting a simple and easy-to-read bill.
3. SUMC's recognition that building and sustaining operational excellence must become a core-competency.
4. SUMC's ability to leverage, aggressively but judiciously, the value of the Stanford brand.

The fundamental challenge of the medical center will be transfer these factors into successful clinical program and market strategies while both sustaining and enhancing the education and research mission that make SUMC unique and world class.

The Professoriate and Workplace

With a defined cap on our faculty size of 900 we are a small school of medicine compared to our peers (we are currently in the 750 range. This small size puts a premium on clarity of functions and career paths within our various faculty groups. Significant efforts have been made to better define faculty development according to functions (Investigator, Clinical Scholar/Investigator, Clinician Educator) and to develop the appropriate guidelines to optimize career development. Having further clarified the role of the Clinician Scholar/Investigator in 2002-2003, we focused on the functions of the Clinician Educator in 2004 (http://deansnewsletter.stanford.edu/archive/07_26_04.html). With these various roles in place we have the necessary career pathways to further optimize our academic medical center. We recognize the important but different roles played by those whose primary focus is research, clinical research and patient care, and patient care, although we expect that all faculty will participate in education.

We have also initiated a formal process to address ways of streamlining the faculty Appointments and Promotions process. For the past several months a committee chaired by Dr. Rob Jackler has been working diligently on this important initiative. The group provided a very thoughtful update just before the holidays, and they plan to have their final report by April 2005. A key recommendation is likely be that the School should develop a web-based system that makes the whole process more seamless and expeditious.

Promoting and assuring a Respectful Workplace has been an ongoing initiative during the past three years and will continue into the future. While we all recognize that a complex workplace like the medical school of an academic medical center evokes many stresses and strains, it is an imperative that a code of respect and dignity be achieved among all who work here. We have a policy of zero tolerance for harassment or abuse within the workplace, which we have acted on in the past years and will continue to in those coming. However no policy can be effective without the continued and ongoing efforts and surveillance of our entire community. Should you have concerns please bring them to the attention of Dr. David Stevenson, Senior Associate Dean for Academic Affairs (david.stevenson@stanford.edu), Ms. Cori Bossenberry, Director of Human Resources (corib@stanford.edu), or Ms. Martha McKee, Ombudsperson (martha.mckee@stanford.edu). We will work closely with you and do our very best to resolve any concerns that are raised.

Among our most significant recent accomplishments has been the creation of a new Senior Associate Deanship for Diversity and Leadership and the appointment of Hannah Valantine, M.D. as our first Dean in this area. (See also http://deansnewsletter.stanford.edu/archive/11_01_04.html#1). In 2005 we will undertake the development of a complete strategic plan for this new office that will help to establish our institutional vision and set our programmatic priorities. This effort will be initiated later this month when we devote a major component of the School's annual strategic leadership retreat to an exploration of the many facets of diversity and leadership in academia.

Information Technology

Thanks to the leadership of Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, and his colleagues, considerable progress has been made in further developing the information systems and technology platforms and applications for the School of Medicine.

Perhaps the most visible evidence of change is the comprehensive new Website for the School of Medicine (see <http://www.med.stanford.edu/>). While this is a work in progress it is already an outstanding accomplishment that has contributed significantly to the image of the School and more importantly to the accessibility to a broad array of information.

In tandem with the improvements on the Website per se, IRT also implemented a Web-based Community Academic Profiles (CAP) system that allows faculty to easily maintain

a publicly accessible profile of their scholarly activities while supporting access to this information from multiple locations on the School's Web site. This resource will have significant impact on promoting interactions and collaborations or in simply helping interested individuals to learn more about the work going on at Stanford.

IRT also recently deployed the first phase of a Web-based system that allows public access to information on clinical trials at Stanford. This is most timely and consonant with the recent interest by important constituencies (e.g., NIH, FDA, medical journals, industry and the government) in this topic.

In addition, the School's wireless network has been extended to cover public areas, including Lane Medical Library and major teaching facilities. This has enabled the replacement of many individual-owned insecure wireless access points, which have been replaced with secure wireless technology managed by IRT. A secure data network for School of Medicine users has also been deployed in the new Clinical Cancer Center. Because of the importance of security and privacy, a HIPAA-compliant data center for the School has been instituted along with state-of-the-art network security technology to protect the School's IT infrastructure.

Recently, the Lane Library web site has been redesigned to support integrated searching across multiple knowledge resources, improved access to full-text materials and more flexible off-campus access.

IRT also coordinated an agreement with Lucile Packard Children's Hospital and Stanford Hospital and Clinics to allow the electronic transfer of clinical data from both hospitals into the School's new STRIDE research data repository. STRIDE (Stanford Translational Research Integrated Database Environment) is a standards-based repository of clinical and research data designed by IRT to support the School's translational research mission.

Another advance has been the recent inauguration of the Strategic Center for Clinical Informatics, a new academic entity at the School focused on applied informatics research and training. Its goal is to contribute to the development of world-class information technology solutions supporting human health.

Finance and Administration

When an administration works well, it should be able to make the work of the school happen without too much fanfare. That said, the complexities of an academic medical center – with its intricate alignments (and sometime misalignments) between faculty, their departments, the School, University and affiliated Hospitals – can pose quite a challenge.

Despite the many challenges we face, the School remains financially healthy with an endowment balance (as of August 31, 2004) of \$1.404 B and consolidated expendable fund reserves of \$360,341,000. While this is encouraging, it is important to note that the majority of these endowment and expendable funds are in restricted pools and most reside in the departments. Thus their availability for new school-wide initiatives is

limited.

Our overall FY05 consolidated budget for the School is \$816M (exclusive of the affiliated hospitals) but the demands we face going forward are considerable, especially if we are to fully realize our strategic initiatives in *Translating Discoveries*. While I have no doubt that we will continue to make progress, we will need to make strategic choices and set our priorities and timelines. As much as we would like to proceed with all the desired faculty recruitments or program developments as rapidly as possible, we will need to plan for these to unfold on a multi-year basis. A number of these recruitments will be focused in the Stanford Institutes of Medicine whereas others will be based in departmental programs.

The not infrequently contentious flow of funds between the School and Affiliated Hospitals has been an important issue (as it is in virtually every academic medical center). While a panacea is unlikely, a joint workgroup represented by School and SHC leaders has spent considerable effort and many dozens of hours since the early Fall by to develop a more effective model for “funds flow”. It is anticipated that an appropriate model will be ready to implement for the FY06 budget process that will commence this Spring. Obviously more will be reported on this important topic.

One of our most significant challenges (indeed one for the entire medical center) is facilities. We have a critical need to replace our education and library facilities as well as to develop additional laboratory research space. As you likely know we have been working on a medical school master plan for some time. Over the past year have coordinated these plans with both Stanford Hospital & Clinics and Lucile Packard Children’s Hospital to construct a medical campus facilities plan. This is still an organic work in progress but it does look forward over the next 10-25 years to address the critical needs that exist to support our missions in education, research and patient care. The School of Medicine has also worked closely with the University in the development of the Science, Engineering and Medicine Campus (SEMC). This plan will result in a new Science and Engineering Quad as well as our School of Medicine Learning and Knowledge Center and the Stanford Institutes of Medicine #1 Research Laboratories. Raising the funds for these facilities is one of our most important current tasks since it remains our hope to have construction completed within the next several years.

Communications, Government Relations and Advocacy

During the past year the School’s communication strategy has become much more refined thanks to the leadership of Paul Costello and his staff. Given the importance of assuring that our message is well conveyed both within the university and to our surrounding communities – locally and globally – it is imperative that we pursue a number of vehicles to best optimize our agenda. While there have been a number of cogent examples during the past year, I believe that the Fall 2004 issue of our magazine *Stanford Medicine*, which focused on “The Science and Politics of Stem Cell Research” (<http://mednews.stanford.edu/stanmed/2004fall/>), best demonstrates an integrated

approach to communication, science education and public policy. Indeed, this issue, which was distributed nationally as well as in California, played an important role in educating policy makers and other leaders about the important issues surrounding the topic of stem cell research. While the passage of Proposition 71 on November 2nd and the subsequent establishment of the California Institute for Regenerative Medicine was due to the efforts of many – and especially the trust of the voting public in California – there is no question that Stanford played an important role in this process. In addition to the publications and communications, the advocacy by Stanford scientists Paul Berg, Irv Weissman and others also played a key role.
(http://deansnewsletter.stanford.edu/archive/11_15_04.html#1).

In tandem with the communication efforts, our efforts in government relations have also focused on the national debate regarding stem cell research as well as a number of key topics involving the National Institutes of Health. These range from serious issues emerging from violations of conflict of interest at the NIH to the NIH budget and, as we move to 2005, the reauthorization of the NIH. Given the central role that the NIH plays in the life and integrity of the biomedical research establishment, and especially for research-intensive schools like Stanford, these issues are of critical importance.

Development and Philanthropy

Medical Schools have a number of missions, most of which require additional financial support to be successful. For example, tuition hardly covers the cost of education and, while Stanford is quite successful in competing for research dollars from the NIH or private foundations and sources, additional institutional support is necessary to cover the cost of carrying out a highly successful research program. While in the past clinical care programs served as a source to help support education and research, this source has become much more constrained in the past 15 years through the pressures of managed care, etc. Accordingly, medical schools (like universities) are highly dependent on the support that comes from private donors and foundations to help fund and support mission critical programs.

Without question we are fortunate to have accrued a significant endowment for the School of Medicine. While the endowment is essential to our financial success, it is not sufficient to allow us to develop the exciting new programs laid out in our Strategic Plan, *Translating Discoveries*. Certainly we must be enormously grateful to all who have provided financial support to Stanford Medicine in the past and who continue to do so today. While the results of our Medical Development Program have been gratifying, we do believe that we can – and must – do better. Accordingly, we are pleased to welcome Mr. Doug Stewart as the Associate Vice President for Medical Development. Mr. Stewart joined Stanford in October and has been working hard on developing a plan that will underpin our Medical Center Capital Plan. Many hundreds of millions of dollars over the next decade will be required to support new facilities for education, research, and patient care and their related programs. Coordinated efforts between the School and Hospitals and between the Medical Center with the University will be essential. Indeed, our very future as a leading research-intensive medical school will depend on the success of these

philanthropic efforts and capital campaign. I certainly pledge to do all that I can to help support this important effort.

Planning for Regenerative Medicine Initiatives

As I mentioned in the December 13, 2004 Dean's Newsletter, we are instituting a number of plans to organize our efforts in stem cell research so that we can be as prepared as possible to contribute to the efforts of the newly established California Institute on Regenerative Medicine (CIRM). As you will recall the CIRM will oversee the implementation of the \$3 Billion approved by the State of California for stem cell research. To assure that our faculty and Stanford community are optimally engaged and informed, several committees and subcommittees are being formed within the Stanford Institute for Cancer/Stem Cell Biology.

These plans will include a ***Program In Regenerative Medicine (PRM) Advisory Committee*** that is charged to initiate and coordinate all Stanford efforts in Regenerative Medicine. The PRM Advisory Committee will be chaired by ***Dr. Michael Longaker, Deane P. and Louise Mitchell Professor***. Among its responsibilities, the PRM Advisory Committee will establish and coordinate PRM subcommittees (see below), advise the CSCI Steering Committee and Director, communicate opportunities in regenerative medicine to all interested Stanford faculty and set priorities and processes for proposals to the CIRM. There will be five subcommittees under the PRM including:

1. ***The Regenerative Medicine Research Subcommittee, chaired by Dr. Roel Nusse***, will coordinate and disseminate information from the CIRM regarding investigator-initiated grants, program-project grants, inter-California collaborative initiatives, etc. This subcommittee will also serve as an internal group to generate new ideas for stem cell research and to facilitate the development of research proposals.
2. ***The Regenerative Medicine Education Subcommittee, chaired by Dr. Minx Fuller***, will establish and oversee a seminar series in stem cell biology and regenerative medicine. In addition, this subcommittee will help develop the proposal for a Scholarly Concentration for medical students in stem cell biology and regenerative medicine and will also develop relevant programs for graduate students and postdoctoral trainees. Further, this subcommittee will coordinate education programs among BioX, Bioengineering, H&S, the School of Medicine and other interested partners at Stanford.
3. ***The Regenerative Medicine Bioethics and Conflict of Interest Subcommittee, chaired by Dr. David Magnus***, will establish, monitor and communicate internal policies and procedures for the conduct of stem cell research and associated clinical practices, within accepted bioethical guidelines. Further, this subcommittee will establish, monitor and communicate internal policies and procedures for identifying and avoiding conflicts of interest in the conduct of stem

cell research. In addition, consult services for bioethical evaluation of stem cell research proposals will be developed.

4. ***The Regenerative Medicine Human Embryonic Stem Cell/Nuclear Transplantation Operations Subcommittee, co-chaired by Drs. Linda Giudice and Julie Baker***, will develop policies and processes to carry out derivation and maintenance of human embryonic stem cell and human nuclear transfer stem cell lines. This subcommittee will also coordinate relevant Stanford IRB and CIRM efforts for developing the processes for submission of proposals involving human embryonic stem cells or nuclear transfer proposals. The subcommittee will also explore the establishment of GMP facilities and develop policies for the distribution and sharing of cell lines, etc (including Material Transfer Agreements).
5. ***The Regenerative Medicine Facilities Committee, chaired by Dr. Michael Longaker***, will take the lead in preparing the facilities grant to the CIRM and will also develop and recommend policies and procedures to ensure compliance with Federal Human Stem Cell restrictions and guidelines.

We expect that the PRM Advisory Committee and its five subcommittees will orchestrate our Stanford wide opportunities for taking a leading role in stem cell research. As noted earlier the Cancer Stem Cell Institute and PRM Advisory Committee are planning a Retreat for Monday January 31st (rescheduled from the one mentioned in the Dean's Newsletter for December 15th). Details regarding this Retreat will be forthcoming. If you have questions feel free to contact Dr. Longaker (longaker@stanford.edu) or Dr. Giudice (giudice@stanford.edu).

Everything in Perspective

I doubt there is anyone not directly affected by the overwhelmingly tragic effects in Asia who did not immediately put their own life issue into a different perspective. I am also certain that many in our community have done whatever they can to reach out in support of the victims of the Tsunami in whatever ways are feasible. The Lucile Packard Children's Hospital has provided help to children impacted by the Tsunami, and I refer you to their article on their homepage at <https://lpchintranet.stanfordmed.org/>. Dr. Yaso Natkunam, a Sri Lankan physician in the Department of Pathology, will be traveling to Sri Lanka as a volunteer for the relief efforts. While some relief agencies, such as Doctors Without Borders, have received sufficient volunteers and funds to carry out their operations, many smaller organizations are still in need of help. Money is the most important thing they need. If you are interested you can make donations to the International Medical Organization at <http://www.thousa.org/index.htm>. Contributions to UNICEF, the WHO or Red Cross are also appreciated. Their websites are listed at <https://lpchintranet.stanfordmed.org/>.

Appointments and Promotions

- **Anna Bruckner** has been appointed Assistant Professor of Dermatology and Pediatrics at the Stanford University Medical Center, effective 12/1/2004.
- **Howard Chang** has been appointed to Assistant Professor of Dermatology at the Stanford University Medical Center, effective 12/1/2004.
- **John Desmond** has been reappointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective 2/1/2005.
- **Gabriel Garcia** has been promoted to Professor of Medicine (Gastroenterology and Hepatology) at the Stanford University Medical Center, effective 12/1/2004.
- **Kenan Garcia** has been promoted to Associate Professor of Microbiology and Immunology and Structural Biology, effective 1/1/2005.
- **Jill Helms** has been appointed to Associate Professor of Surgery at the Stanford University Medical Center effective 1/1/2005.
- **Youn Kim** has been promoted to Professor of Dermatology at the Stanford University Medical Center, effective 12/1/2004.
- **Clete Kushida** has been promoted to Associate Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 12/1/2004.
- **Craig Levin** has been appointed Associate Professor (Research) of Radiology at the Stanford University Medical Center, effective 1/1/2005.
- **Linda Lotspeich** has been promoted to Associate Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 12/1/2004.
- **Tobias Meyer** has been promoted to Professor of Molecular Pharmacology at the Stanford University Medical Center, effective 12/1/2004.
- **Robert Mindelzun** has been reappointed to Professor of Radiology at the Stanford University Medical Center, effective 9/1/2004.
- **Marc Pelletier** has been appointed to Assistant Professor of Cardiothoracic Surgery at the Stanford University Medical Center, effective 12/1/2004.
- **Joseph Presti** has been promoted to Professor of Urology at the Stanford University Medical Center, effective 12/1/2004.
- **Terry Robinson** has been reappointed to Assistant Professor of Pediatrics (Pulmonary) at Lucile Salter Packard Children's Hospital, effective 2/1/2005.
- **David Schneider** has been reappointed to Assistant Professor of Microbiology and Immunology at the Stanford University Medical Center, effective 1/1/2005.
- **Donald Schreiber** has been promoted Associate Professor of Surgery at the Stanford University Medical Center, effective 12/1/2004.

Dean's Newsletter

January 24, 2005

Conflict of Interest

At Universities and Academic Medical Centers faculty have the opportunity to engage in a number of outside activities that can include consulting, advising, and lecturing, to name just a few. These can be enriching and rewarding opportunities. At the same time, among the most important responsibilities we have as members of an academic community is to conduct such activities in a manner free of conflicts of interest or commitment. While strictly avoiding conflicts of interest or commitment is important for every member of the Stanford faculty, it is particularly relevant for the School of Medicine, where engagement in clinical trials and research elevates the importance of assuring the public trust.

During the past year attention to violations of conflict of interest has increased in press and congressional inquiries due to reports about NIH officials or researchers who appear to have violated guidelines for consulting with pharmacy or biotech. These violations are, in part, related to a change in NIH guidelines that date back to 1995. Prior to that time, the NIH had strict prohibitions on consulting and receipt of honoraria, and members of the NIH community were not permitted to own stocks or equity in companies with which they consulted or received honoraria. Further, individuals at the NIH who had oversight over extramural grants and contracts or who held leadership positions (Institute Directors, Scientific Directors, etc.) were not permitted to engage in "outside activities" in which they received a fee for consulting. When more lenient government-wide changes in ethics rules went into place in the early 1990's, the NIH did not pursue a special "supplemental" modification and thus the prior stricter rules went into abeyance.

More specifically, previous limits on consulting arrangements including the ability to assume equity or receive stock options were relaxed. In addition, prior limits on time for consulting or on rank were removed. While the goal was to permit the NIH scientists or officials to have greater flexibility or opportunity (to help both recruitment and retention), the new policies actually went beyond those at most academic institutions. That said, most all NIH members appear to have been careful to seek permission for their activities, and they reported according to the guidelines that were made available. The problem, however, was twofold: First, the relaxation of the guidelines created opportunities for some NIH investigators and Institute directors or leaders to give the perception that they were violating conflicts of interest or commitment. Second, and unfortunately, some members of the NIH community appeared to engage in various consulting arrangements but did not seek permission or report their activities to the NIH ethics offices. Together these created a significant liability for the NIH, as evidenced by the public and congressional scrutiny that has now resulted in a ban on all outside activities for members of the NIH.

Last year NIH Director Elias Zerhouni appointed me to a "Blue Ribbon Panel" whose purpose was to provide guidance on conflict of interest policies and procedures for the

NIH. My colleagues and I worked diligently to provide sensible and sustainable recommendations. While I believe the Panel accomplished those goals, the climate in Bethesda and the Congress changed sufficiently (in part because of unexpected revelations of additional infractions) to result first in even stricter guidelines and, more recently, in a one-year ban on all consulting by NIH scientists and employees. Clearly this outcome reflects a loss of confidence in the current system. It also has had a significant impact on the morale of the NIH community. Perhaps most significantly affected are “intramural investigators”, nearly all of whom have no oversight over extramural grants or contracts and who, for the most part, operate quite comparably to scientists working in academia or private research institutes. The important lesson is that once public confidence and trust have been lost, it is hard to reclaim the high road.

At Stanford we have strict guidelines regarding Conflict of Interest and Commitment. In the recent publication entitled “Code of Conduct,” conflict of interest and conflict of commitment are included among eight key areas that require faculty and staff attention. In this publication it is noted that:

Community members who are Stanford faculty and staff owe their primary professional allegiance to the University and its mission to engage in the highest level of education, patient care, research and scholarship. Outside professional activities, private financial interests or the receipt of benefits from third parties can cause an actual or perceived divergence between the University mission and an individual’s private interests. In order to protect our primary mission, community members with other professional or financial interests shall disclose them in compliance with applicable conflict of interest/conflict of commitment policies, which are available on the following websites:

- ***Faculty Policy on Faculty Conflict of Commitment and Interest:***
<http://www.stanford.edu/dept/DoR/rph/4-1.html>
- ***Staff Policy on Conflict of Commitment and Interest:***
http://adminguide.stanford.edu/15_2.pdf
- ***Academic Staff Policy on Conflict of Commitment and Interest:***
<http://www.stanford.edu/dept/DoR/rph/4-4.html>

On Friday, January 21st, we discussed Conflict of Interest issues at our Executive Committee. Dr. Harry Greenberg, Senior Associate Dean for Research, Graduate Education, and Postdoctoral Affairs, and Ms. Barbara Flynn, Manager of the School of Medicine’s Conflict of Interest Review Program, described the elements of the Program for us.

All faculty must file a Conflict of Commitment and Interest Certification annually. In addition, faculty must disclose, *as they occur*, grants or contracts, human research protocols, licensing activities, gifts, material transfer and collaboration agreements, and purchasing. The School also requires the disclosure of any financial interest or

relationship with a company where: (a) the company's interests are related to the research; (b) the company is sponsoring the research, or (c) the company is a vendor, supplier, or provider of materials, equipment, drugs or devices being used in the research.

Furthermore, significant financial interests must be disclosed. These include financial interests over \$10,000 in monetary value, interests that involve the ownership or promise of stock options over \$10,000 or 0.5% of the total value of the company in a publicly traded company, or interests that involve the ownership or promise of stock or stock options of any amount in a privately held or start-up company. Financial interests above these thresholds will automatically require closer scrutiny and possible elimination, mitigation, and/or management. Research involving human subjects above these thresholds is prohibited unless conflicted investigators provide compelling reasons justifying their involvement in the research and the Conflict of Interest Committee approves their involvement and management of the conflict is in place.

Dr. Greenberg and Ms. Flynn also described the initiatives underway for 2005. These include the development of a required online conflict of interest training module and enacting in written policy the practice of revoking research privileges when annual disclosures are not completed in a timely fashion (6 weeks). They also intend to develop a set of simple and concise set of Q&A describing Stanford's conflict of interest policies and to develop better guidance for faculty on conflict of interest and conflict of commitment, particularly pertaining to the generation of intellectual property during consulting arrangements.

The Conflict of Interest Committee consists of Drs. Harry Greenberg, Chair, Helen Bronte-Stewart, Mildred Cho, Ron Levy, Ed Mocarski, Rich Popp, and David Spiegel. This committee is doing critically important work on behalf of the School, and we greatly appreciate their efforts. Questions about conflict of interest and commitment should be directed to Barbara Flynn, at Barbara.Flynn@stanford.edu.

It should be noted that the guidelines regarding conflict of commitment and interest are just one aspect of Stanford University's Code of Conduct, which defines "the ethical, professional and legal standards we use as the basis for our daily and long-term decisions and actions." These also include standards of integrity and quality, confidentiality and privacy, human resources, financial reporting, compliance with laws, use of University resources, and reporting suspected violations. The Stanford Code of Conduct may be found at <http://codeofconduct.stanford.edu>. Our School of Medicine initiatives on the Respectful Workplace (http://deansnewsletter.stanford.edu/archive/11_01_04.html#4) fit within the context of the Code of Conduct as well. Each of these initiatives has an impact on the overall quality and integrity of our community.

Goals for the Upcoming School of Medicine Leadership Retreat

Beginning later this week (January 27 – 29th) we will hold our annual School of Medicine Leadership Retreat, the fourth since my arrival in April 2001. These events are attended by basic and clinical science department chairs, institute directors, senior deans and

program leaders, representatives of medical students, graduate students, residents, research and clinical fellows, hospital CEOs and strategic planning directors, and members of the University leadership as well as Board of Trustee members. As in past years, this will amount to about 75 individuals, who will be joined by several invited guests.

Our past three Strategic Leadership Retreats have focused on developing, shaping, implementing and assessing our plan *Translating Discoveries* (<http://medstrategicplan.stanford.edu>). While this remains a very important School-wide initiative, I felt it was important to modify the focus and venue of this year's retreat. The central theme will be how we, as a school of medicine, address the critically important issues of diversity and leadership. While these themes are not new, it is our intention to give them a very high visibility and commitment as we move forward. Indeed I believe that one of our most important goals must be to enhance the gender and racial diversity of our school, enrich the career paths for faculty, students and staff, and develop mechanisms to promote leadership skills and opportunities for our members of our community.

To help guide and provoke the discussion, we have invited Anna Deavere Smith, professor at the Tisch School of Arts and the former Ann O'Day Maples Professor of the Arts in the Department of Drama at Stanford, to stage a performance based on her study of Stanford faculty, students and community this past Fall. The goal is to provide a reflection of our current reality as a means for stimulating a dialogue about how we can create a renewed agenda on diversity for the 21st Century. In addition to Professor Deavere Smith, we will also be joined by Dr. David Satcher, Director of the National Center for Primary Care at the Morehouse School of Medicine and former US Surgeon General and by Dr. Freeman Hrabowski, President of the University of Maryland, Baltimore County. Dr. Hrabowski is also Director of the Meyerhoff Program, which has achieved great success in fostering the interest of under-represented minorities in careers in engineering and science and preparing them for graduate education at the best institutions in the country.

In tandem with presentations from our guests, we will have small and large group discussions among the retreat attendees. Through the discussions we will refine and shape our plans for enhancing diversity and leadership among our faculty, students and staff in the School of Medicine.

We will also have the opportunity to learn about the plans underway to develop three Strategic Centers (Informatics, Imaging, and Genomics and Human Genetics) that will complement our four Stanford Institutes of Medicine. In addition, I will reflect on some of the major challenges we face as an academic medical center and how we might address the important question of discerning how we might be best configured to optimize our future in the 21st Century. Finally, at the conclusion of the retreat, we will have an update on the planning underway for both the University Capital Campaign as well as that of the School of Medicine.

Overall, this promises to be an exciting, provocative and important event. As always, I wish that every member of our community could be there to participate but alas, that is not possible. I will, however, do my best to communicate an update on the retreat in the next Dean's Newsletter and, as appropriate and needed, to have "town hall meetings" to permit broader discussion of key initiatives.

A Perspective and Opinion on the Proposed Law School and Graduate Housing Project

By now most members of the Stanford community have heard something about the plans for the Law School and Graduate Housing Project that is possible thanks to a significant gift to the University by Mr. Charles Munger (<http://news.service.stanford.edu/news/2004/december1/munger-1201.html>). For a number of reasons this project has provoked considerable debate, which stems largely from its size and location and the presumed consequences on its immediate neighborhood, which is proximate to the Law School. Indeed, a number of objections have been raised by active and emeritus faculty who are residents in the neighborhood near the planned project, as well as other members of the Stanford community. I respect the concerns that have been expressed and would like to speak to them both as faculty member as well as a resident (I live only a couple of blocks away from the planned project and will travel the affected area a number of times each day).

While changes in university landscape evokes different responses depending on one's personal perspective and biases, it seems clear that in future years there will be an increasing density on the core campus in order to accommodate to the expanding programmatic and residential demands of our Stanford community. Most everyone resonates to large open spaces, bucolic walkways, minimal traffic, etc. However, such an environment doesn't necessarily address the real needs of students and faculty.

Because of our location, the University has made special efforts to accommodate as many students as possible on campus along with a wide array of faculty housing. While there is no question that the planned Law School and Graduate Housing Project is large – it will offer 600 beds – it is also true that it will permit a unique residential environment for Law School students that will help make Stanford's already outstanding Law School even more distinctive and special. This residential environment will be further enriched by providing housing for graduate students from other schools – thus expanding the diversity and quality of life for a broad spectrum of Stanford graduate students. While some argue that the nature of the proposed housing (larger rooms, more amenities) detracts from the project, it is hard for me to believe that quality facilities will not improve the overall life experience of individuals who are working hard and whose home and family life deserve as much dignity as is possible.

But there are additional benefits of this project that are also quite important. Undergraduate students will benefit as more graduate students relocate to the Law and Graduate Housing facility – thus opening spaces in the undergrad dorms. This will permit senior undergraduates to have single rooms and will also decrease the number of

undergraduates who are currently crammed into space designed for fewer students. Hence both undergraduate and graduate students will benefit from this project.

In addition, because the residential housing will fulfill the requirements of the General Use Permit (GUP) it will be possible to proceed with plans for additional academic building developments. Key among these are the Science, Engineering and Medicine Campus (SEMC), which includes the School of Medicine's Learning and Knowledge Center as well as Stanford Institutes of Medicine #1.

Thus, while it is certainly possible to cite the negative features of this large ambitious project, the facts that the Law School will become even more exceptional by creating a residential professional school environment, that all graduate and undergraduate students will benefit from the expanded housing opportunities, and that other key academic building projects will be able to proceed, make this a project worthy of support.

I recognize, along with others, that the increased concentration of students proximate to the Law School and abutting on neighboring faculty homes will increase traffic, density and noise. As mentioned, since I live in the general area, I am certainly cognizant of these challenges. But I actually like the idea of having more students in "the neighborhood." After all, that is one of the reasons for choosing to reside on the campus. And I appreciate the overall benefits that this project will offer to our greater community. Accordingly, I suggest that our School of Medicine community become better informed about the overall benefits of this project and that we offer our support to it.

New School-wide Information Technology Support Model

On Monday January 24, 2005 the Office of Information Resources and Technology (IRT) will inaugurate a new information technology (I.T) user support model for the School of Medicine. This new model will provide desktop computer support for ALL faculty, staff and students at the School.

Beginning January 24, 2005 if you have an I.T. problem, you should first call the IRT Desktop Support Help Desk at 5-8000 (725-8000). The Help Desk operates Monday-Friday from 7 AM until 7 PM. Outside of these hours IRT will provide an emergency help desk service at the same number where messages left will page an on-call technician.

Most problems may actually be solved while you are on the phone. If you currently receive I.T. support from departmental I.T. support staff, that support will continue. However, as of January 24, all School of Medicine departmental I.T. support will be coordinated through the School's new I.T. Help Desk. Call 5-8000 as your first step when seeking I.T. support. Problems that cannot be resolved remotely by the IRT Help Desk will be routed to your local I.T. support personnel, who can provide on-site assistance.

You can also get information on the new Help Desk by visiting the IRT Web Site at: http://med.stanford.edu/irt/desktop_support/

Update on the California Institute for Regenerative Medicine

In the January 10 Dean's Newsletter (<http://deansnewsletter.stanford.edu/#2>) I provided an update on the various program and oversight committees that our Stanford Institute for Cancer/Stem Cell Biology will be providing. The Institute and the Program in Regenerative Medicine Advisory Committee are planning a retreat for Monday, January 31st. If you have questions about this retreat please contact Dr. Michael Longaker (longaker@stanford.edu) or Dr. Linda Giudice (giudice@stanford.edu). We will keep you apprised of the results of the retreat and of other progress at Stanford in this area.

As many of you know, I was appointed by State Controller Steve Westly to serve on the Independent Citizen's Oversight Committee (ICOC), which oversees the California Institute on Regenerative Medicine. This has been an interesting process to date, in part because the press has had a series of critical commentaries on the progress of the Institute and the ICOC. Without question, in light of the commitment of the state and its citizens to this initiative, there is every reason for heightened expectations. It is clearly important to move promptly in developing the infrastructure and policies to enable the awarding of the competitive research and facility awards that are the heart and soul of the initiative. But it is also important to be wary of moving forward before the appropriate policies have actually been put into place. Since the ICOC did not have the authority to hire staff or spend any resources until January 6th, it is essential to measure progress in a reasoned manner. One of the critical next steps is the selection of the President of the Institute. The role of the President is described as follows:

The President's responsibilities are to serve as the chief executive of the institute; to recruit the highest scientific and medical talent in the United States to serve the institute on its working groups; to serve the institute on its working groups; to direct ICOC staff and participate in the process of supporting all working group requirements to develop recommendations on grants, loans, facilities, and standards as well as to direct and support the ICOC process of evaluating and acting on those recommendations, the implementation of all decisions on these and general matters of the ICOC; to hire, direct, and manage the staff of the institute; to develop the budgets and cost control programs of the institute; to manage compliance with all rules and regulations on the ICOC, including the performance of all grant recipients; and to manage and execute all intellectual property agreements and any other contracts pertaining to the institute or research it funds.

We will keep you informed of further developments in the establishment of the Institute.

Some Notable Events

- ***Interventional Cardiology Professorship***: On Monday January 10th, a dinner was held in the Cantor Arts Museum to honor the first incumbent of the Professorship in Interventional Cardiology. This event was particularly meaningful because the

individuals who donated the Professorship, **Dr. Simon Stertzer**, Clinical Professor of Medicine (check this) and his wife Kimberly, were present for the event. The first incumbent of this professorship is **Dr. Alan Yeung**, Co-Director (Clinical) of Cardiology and a leading expert in the field of interventional cardiology. Congratulations and appreciation to Dr. Yeung and to Dr. and Mrs. Stertzer respectively.

- ***Stanford Alumni Events.*** On Saturday January 22nd, the School of Medicine participated in the Stanford in San Francisco Event. We hosted a session on stem cell biology and policy that featured presentations and a panel discussion with Drs. Philip Pizzo, Paul Berg and Irv Weissman. This event afforded an opportunity to inform the broader Stanford community about our important initiatives in the School of Medicine and the important role that stem cells are playing. In addition to reviewing the basics of stem cell biology we also had the opportunity to review a number of the important breakthroughs being made by members of our Stanford faculty in this exciting area of research.
- ***Dance Marathon:*** Over the years, “dance marathons” have become popular on university campuses and have served as a source of charitable contribution from students and their supporters. This year, Stanford students held a 24-hour dance marathon from Saturday January 22nd to Sunday January 23rd. Because the focus of this year’s support was to the Elizabeth Glaser Pediatric AIDS Foundation, an organization promoting research in pediatric AIDS and other diseases impacting children, and because I have been a long-standing member of the Foundation and serve as its Vice Chair, I had the opportunity to participate in the last phase of this remarkable event. Putting aside the fact that I would prefer (truly hands down) to run a marathon rather than to dance one, I extend heartfelt congratulations to those who participated. I am awed by their energy and enthusiasm and deeply appreciative of their kindness and generosity.

Wear Red on February 4th - National Go Red for Women Day.

I have received the following announcement from Women’s [Health@Stanford](#), the Stanford Prevention Research Center, and the Preventive Cardiology Clinic. I urge you to participate in this worthwhile endeavor.

The American Heart Association’s **Go Red For Women** initiative is designed to raise awareness of cardiovascular disease, the No. 1 killer of women in America. Through the **Go Red For Women** campaign, the American Heart Association seeks to improve women’s heart health by providing education and tools about women and heart disease to: the general public (to help women reduce their risk by providing information on healthful eating, exercising, quitting smoking, maintaining a healthy weight, blood pressure and blood cholesterol, and controlling diabetes); to healthcare professionals (to ensure that women are treated according to the American Heart Association’s

guidelines); and to federal, state and local policy makers (to encourage them to support policies to improve women's cardiovascular health).

The American Heart Association also advises learning your family's medical history and visiting your doctor to find out if you are at risk for heart disease or stroke. If a healthy diet and regular exercise aren't enough, ask your doctor about medication and take it as prescribed. Even if women take medication, a healthy diet and exercise are still important. Heart disease, stroke and other cardiovascular diseases claim more women's lives each year than the next five causes of death combined, and nearly twice as many as all forms of cancer, including breast cancer. **Go Red For Women** will raise women's awareness of this major health problem. Call 1-888-MYHEART or visit <http://www.americanheart.org/presenter.jhtml?identifier=3017091> for more information. **Wear Red on February 4th** to show your support.

Appointments and Promotions

- **David Cassarino** has been appointed to Assistant Professor of Pathology and Dermatology at the Stanford University Medical Center effective 2/1/2005.
- **Ching-Pin Chang** has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 2/1/2005.
- **Chang-Zheng Chen**, has been appointed to Assistant Professor of Microbiology and Immunology at the Stanford University Medical Center, effective 2/1/2005.
- **David Clark** has been promoted to Associate Professor of Anesthesia at the Veterans Affairs Palo Alto Health Care System effective 1/01/05.
- **Rochelle Dicker** has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center effective 1/1/2005.
- **Nancy Fischbein** has been appointed to Associate Professor of Radiology at the Stanford University Medical Center effective 1/1/2005.
- **Mary Goldstein** has been promoted to Professor of Medicine (Center for Primary Care and Outcomes Research) at the Veterans Affairs Palo Alto Health Care System effective 1/1/2005.
- **Jason Gotlib** has been appointed to Assistant Professor of Medicine (Hematology) at the Stanford University Medical Center effective 1/1/2005.
- **Christina Kong** has been appointed to Assistant Professor of Pathology at the Stanford University Medical Center effective 3/1/2005.

- **Bassem Safadi** has been appointed to Assistant Professor of Surgery at the Veterans Affairs Palo Alto Health Care System effective 6/1/2005.
- **Julie Theriot** has been promoted to Associate Professor of Biochemistry and of Microbiology and Immunology at the Stanford University Medical Center, effective 2/1/2005.

Dean's Newsletter February 7, 2005

Charting the Future and Pondering Some Important Questions

Our annual Strategic Planning Retreats have permitted us to bring our leadership community together to address key initiatives and challenges and to chart the future course of the School of Medicine for the 21st Century. From January 27-29th a group of 80 leaders from the School, Medical Center and University met to reflect on the current status of the School and to assess the status of our efforts to fulfill our Strategic Plan “*Translating Discoveries*” (see <http://medstrategicplan.stanford.edu/>). This year's retreat also had a special focus on how we will address the important challenge of enhancing the diversity and leadership development of our community. (see below).

I was enormously pleased with the outcome of our discussions and debates at the retreat. I believe we forged a closer alignment among our leaders that will allow us to further Stanford's position as a role model among the nation's leading research-intensive schools of medicine. For that I want to thank and acknowledge the participation and commitment of our basic and clinical science chairs, medical and graduate student as well as resident and fellow leaders, staff representatives and the Dean's leadership group, for their diligence, creativity and vision. Of course it is important to acknowledge that a vision for the future is only one component of the complex equation for change. Equally if not more important is the resolve to implement and carryout proposed change – even when it is associated with a need for individual and institutional evolution – if not revolution.

In my “State of the School” address at the beginning of the retreat and in my reflections on “Charting the Future” that closed the event, I summarized the very significant progress we have made during the last several years. I included in my remarks our missions of medical and graduate education, fellowship and postdoctoral training, basic and translational research, patient care, workforce and professorial development, the deployment of novel information technology, and administrative alignments and financial performance, as well as communication strategy, advocacy and medical development. I think all would agree that the School of Medicine has evolved considerably during the past several years. While we can be proud (and I grateful) for the progress that has been made, we still have much to do in what I am confident will always be an organic, iterative and dynamic process of personal and institutional development. (See also Dean's Newsletter Jan 10th: http://deansnewsletter.stanford.edu/archive/01_10_05.html).

Accordingly, I invited the attendees to reflect on a question that is of fundamental importance to the future of Academic Medical Centers (AMCs). Specifically, I asked, if one were starting from a clean slate in 2005, how would an academic medical center and medical school be organized to serve as a vital resource for education, research and patient care in the decades ahead? In that context, I further asked whether the departmentally based structure that exists at nearly every AMC, including Stanford, which in many ways dates back nearly a century to the origin of AMCs in the post-Flexnerian era, would still be ideal or even appropriate.

While history and tradition shape the present, they can also sometimes constrain and even limit progress and evolution. Professions, disciplines and institutions can become captive to past traditions and may be reluctant to address new challenges and opportunities. Because medical science has changed so dramatically during the past several decades, and since new technical innovations have opened new horizons and breached traditional boundaries, it is reasonable to ask whether even our leading academic medical centers and medical schools are structured in a way that will optimize their futures. I indicated to the School leadership that I intend to have a conversation about this issue with them over the next year and that I hoped they would approach this dialogue with open minds and creative vision. Because these questions are so important I want them to include our broader community of faculty, students and staff in the discussions as well.

While asking questions that force us to reconsider our present organization can be threatening, it seems imprudent and even irresponsible not to raise them simply because we might fear that the challenges they pose are too large or disruptive. Indeed, raising challenging questions does not compel an action or a direction *per se*. However, but as stewards of the future, it is essential that we critically evaluate how we can assure that Stanford is a role model for research-intensive schools of medicine for the 21st century.

As I engage in dialogue with school leaders and others, I am quite interested in getting feedback regarding the implications of revising certain aspects of our current model – or any alternates that might come forward – in relation to our primary missions in education, research and patient care. For example, a strength of the current departmental based approach to the clinical training of undergraduate and graduate medical students, as well as residents and fellows, is the opportunity to develop skills in specific disciplines, or to focus on specific organ systems, technologies, procedures, or special patient populations. But science and medicine have become much more interdisciplinary in the last decades, even though much of the training has remained more linear and discipline specific. Indeed, for a school like Stanford, it is important to query how the educational paradigm can be changed and how we can develop students who will emerge with multiple skills and who will be poised to become future leaders and agents of change.

Novel and broad training opportunities should be accessible to students pursuing either an MD and/or a PhD degree. Further, clinical training should not be limited to the acquisition of one skill set when, in fact, many medical and surgical specialties are merging or blending. Certainly opportunities for cross medical training exist presently,

but the need for these to evolve and develop more rapidly is heralded by the innovations that are changing the skills sets of previously discrete specialties or disciplines.

Further, educational opportunities should reach beyond the traditional department/discipline boundaries. PhD students would seem to benefit from more interdisciplinary training programs that provide an alternative to defined departmental offerings, as evidenced by the impact of BioX and the growth of successful interdisciplinary graduate programs at Stanford. To accomplish this might mean developing different ways of educating students within the current organizational structure. However, it could also mean realigning current departments or their functional units around interdisciplinary models. Whatever changes are made should be done to optimize flexibility and with the recognition that there will be further evolutions of current disciplines in the years ahead. The goal should be to allow programs to evolve and change with them, as compared to being bounded by them.

There is no doubt that basic fundamental research focusing on investigator- identified questions has made American science the strongest in the world. Such fundamental investigation should continue to be fostered and supported as the underpinning of our research enterprise at Stanford. At the same time, a number of important aspects of bioscience are becoming more team based and interdisciplinary. They are opening the door to new ways of thinking about how systems (from molecules and cells to organs, tissues and beyond) are organized and how they function. Thus, is not inappropriate to query whether AMCs are organized to be able to conceptualize and address the big health and big science challenges facing the world. These require variegated skills and knowledge – from basic and clinical science, as well as the physical and engineering sciences – to address. Can we currently pose and successfully address the “grand health and bioscience challenges” of the 21st century – and is this in fact what a medical school of an AMC should be doing? Should the teams addressing major issues arise spontaneously or should they be facilitated by new integrations, cross- talk and shared goals? Obviously we have already taken the lead in these new developments through the establishment of our Stanford Institutes of Medicine and, more recently, our Strategic Centers.

Moving from education and research to patient care, I would point out that many of the ways we currently carry out patient care in academic medical centers defy logic and present a confusing maze to patients and families. Clinical services are discrete, autonomous and sometimes redundant within the same medical center. Unfortunately, they do not always address what is needed from the patient’s perspective, especially when medical conditions are complex and require team-based approaches. While the “cancer center” model has provided the most coordination in many AMCs, even these centers depend on the good will and cooperation of various departmentally based disciplines. The question is whether this model of care would be enhanced if in fact all the disciplines shared the same goals and objectives, and, in fact, further translated this alignment to education, training and translational research.

As a relatively small research-intensive school of medicine with a history of innovation and an entrepreneurial spirit, Stanford can serve as role model for appropriate change among AMCs. I have begun to hold discussions on this large and important topic and will continue to do so in the months ahead. I wanted to let you know that these discussions are going on and also to let you know that I will hold Town Hall meetings to give as many people as possible the opportunity to participate in the dialogue. In the interim, if you have comments to offer, please feel free to do so.

Addressing Diversity

Enhancing diversity in the School of Medicine must be one of our highest priorities. While we have made some progress in the past several years, especially in recruiting enormously talented medical and graduate students, we are not performing as well with other trainees (residents/fellows) or with faculty and staff. To help us focus our efforts, a significant portion of this year's Leadership Retreat addressed diversity. We benefited enormously from the broad and deep perspectives of our guests, the well-known actor Anna Deavere Smith, Dr. David Satcher, 16th Surgeon General of the United States, and Dr. Freeman Hrabowski, President of the University of Maryland, Baltimore County. Their contributions, as well as the lively discussion they provoked, are well covered in the February 2nd issue of the Stanford Report (see <http://news-service.stanford.edu/news/2005/february2/med-retreat-020205.html>) and I encourage you to review this report. These are issues that require bold thinking along with a unified and focused commitment to change both now and over a long time horizon.

Stanford University Minority Medical Alliance

On Saturday February 5th, the 14th Annual Premedical Conference sponsored by the Stanford University Minority Medical Alliance (SUMMA) drew more than 500 college and high school minority students seeking to learn more about medical school, including how to apply and make the transition to medical school. These conferences have been enormously successful because of the extraordinary dedication and commitment of our students, who organize, lead and conduct this important event. While all of the students and staff who participated in this event deserve our appreciation, I want to acknowledge the SUMMA Coordinators: Matt Bucknor, SMSII (Student National Medical Association), Heather Fleharty, SMSII (Stanford American Indigenous Medical Students) and Mike Molina, SMSII (Latino Medical Student Association) for their special efforts.

Among the remarkable facets of this conference were presentations by three of our medical students, who reflected on their own lives and on how they each overcame adversity related to race, socioeconomic status or political oppression. Their stories were inspiring. They offered hope and engendered respect. I thank each of them for their honesty and integrity – and am confident that their reflections provided a beacon of hope for all in attendance.

Thanks to the efforts of many faculty, students, and staff, Stanford has continued to be a national leader in the diversity of its medical student classes. This level of success is now

extending to graduate students as well. But we have a long way to go to show similar progress among postgraduate trainees or fellows. We are committed to making that progress. We clearly need to begin with fostering a pathway that provides opportunities for these talented students to continue their training at Stanford and, hopefully, become members of faculties at research-intensive medical schools, including Stanford.

Transition in Cardiothoracic Surgery

On February 1st, the leadership of the department of Cardiothoracic Surgery changed from Dr. Bruce Reitz to Dr. Bobby Robbins. First, I want to thank Dr. Reitz for his dedicated leadership as department chair for the past 12 years. Dr. Reitz is one of the foremost cardiac surgeons in the world. He has played a major role in keeping Stanford at the forefront of education, research and patient care in cardiac surgery. As the Norman E. Shumway Professor, Dr. Reitz has not only provided departmental leadership but has also had a productive clinical and research career. He focused on mechanisms of allograft rejection for the heart and lung as well as the late chronic effects of rejection and its treatment and prevention. In addition to the respect in which Dr. Reitz is held for his remarkable clinical skills he is much admired as an individual of great integrity who leads by quiet example. I want to thank him on behalf of the School and University and wish him well as he begins a much-deserved sabbatical.

I am also enormously pleased that Dr. Bobby Robbins has agreed to become the next chair of the Department. After more than a yearlong national search chaired by Dr. Ron Pearl, Dr. Robbins emerged as the leader in the field and I am deeply gratified that he has accepted this important position. I have had the privilege of working with Dr. Robbins since he assumed leadership of the Stanford Cardiovascular Institute last April. He has proven himself to be a visionary, dedicated and much admired leader. I am quite confident he will play a major role in further developing the cardiothoracic surgical programs. I also anticipate that he will engage in creative and productive alignments with a broad array of colleagues from both the basic and clinical sciences as well as throughout the University. Dr. Robbins has been highly sought after for leadership positions at a number of major academic medical centers across the USA and I am most pleased that he has elected to remain at Stanford. We are fortunate to have him and I look forward to working with him in the years ahead.

Planning an Agenda for Regenerative Medicine

On Monday January 31st a “Working” Retreat on Regenerative Medicine was held in the Clark Center Auditorium. This retreat, organized by Michael Longaker, Chair of the Program Advisory Committee on Regenerative Medicine (PRM) under the auspices of the Cancer/Stem Cell Institute, along with Drs. Linda Giudice and Julie Baker, Co-Chairs of the Human Embryonic Stem Cell/Nuclear Transplantation Operations Subcommittee. The retreat featured an overview of the Institute by Dr. Irv Weissman and the PRM Subcommittees on Education (Dr. Minx Fuller), Research (Dr. Roel Nusse), Bioethics (Dr. David Magnus), Facilities (Dr. Michael Longaker) and Human Embryonic Stem Cell

Operations (Drs. Linda Giudice and Julie Baker) (see additional background details in the January 10th Dean's Newsletter: http://deansnewsletter.stanford.edu/archive/01_10_05.html#2).

Because there are so many legal, regulatory and political issues surrounding the burgeoning field of human embryonic stem cell research I asked Dr. Ann James, Office of the General Counsel, to offer a summary of the presentation she delivered at the Retreat. I would encourage anyone interested in human stem cells or who is considering working in this area to read Dr. James' thoughtful summary which follows below:

Human embryonic stem cell (hESC) research would likely be only another, albeit exciting and promising, avenue for research, were it not for the dramatic step taken by President Bush on August 9, 2001. In his presidential directive, Mr. Bush made a political determination on a scientific avenue of research, and strictly defined the stem cell research that can be funded by federal funds. Federal policy, as defined by Presidential order, is: "No federal funds will be used for: (1) the derivation or use of stem cell lines derived from newly destroyed embryos; (2) the creation of any human embryos for research purposes; or (3) the cloning of human embryos for any purpose. Today's decision relates only to the use of federal funds for research on existing stem cell lines derived in accordance with the criteria set forth above."

The hESC lines then derived were relatively few, fewer than the Administration had announced, and were all grown on murine feeder cells, offering the possibility (now established) that all could be infected with animal viruses. The scientific community, along with the families of those for whom stem cell research offered the possibility of therapies and even cures, aligned in California to produce Proposition 71, providing 3 billion dollars for research in this area. The purpose of this initiative is to fund research to "develop life-saving regenerative medical treatments and cures", placing the focus on translational medicine.

As Proposition 71 became law, the scientific community in its various academic homes began to consider what the federal ban on funding for research on "non-approved" hESC lines would mean. California, by statute, permits such research, and provides relatively few statutory requirements. However, the ban on direct and indirect use of funds requires a "clear policy" for investigators, as the NIH has indicated.

NIH has provided some guidance on how to handle such costs, and there is precedent for such allocation. Privately funded research such as that done by Howard Hughes Medical Institute fellows is carved out from the University's indirect cost calculations, and the equipment and supplies funded separately, so this process is not new for Stanford. OMB Circular A-21, Cost Allocation Standards, is the principal guidance for calculation of indirect costs.

The NIH provides answers to some, but far from all, frequently asked questions (FAQs) on its web site (<http://stemcells.nih.gov>). Strict compliance with A-21 is required. For example, there is no requirement that hESC research or research costs be physically segregated if cost allocations are appropriate. As the FAQs remind us: “If direct costs of ineligible hESC line research are properly allocated and negotiated, and negotiated F&A rates properly applied, then the F&A costs of hESC research will be deemed to have been allocated properly, and no federal F&A funds will be deemed to have supported such research.”

An NIH-funded investigator also may be engaged in ineligible hESC line research “so long as his or her salary is allocated between the two activities in accord with his or her effort.” This places even greater focus on the importance of allocation of effort, and the proper documentation of any reallocation required when beginning research in such research.

To assure that these requirements are met, Stanford is developing a policy that will address four key areas: tracking all such research done at Stanford, special training for anyone doing work with stem cells, special operating procedures, and compliance. To assure that such research is done, as California requires, with “full consideration of ethical and medical implications”, a special research panel will be charged with such oversight. This policy, as approved by the Deans of Medicine and Research and reviewed by key faculty members, will be presented to the Committee on Research on February 16, and then be processed through approval by the Senate of the Academic Council. In addition to the adoption of this policy, detailed procedures will be developed to provide more concrete guidance for investigators, likely supplemented by our own set of FAQs to address specific questions and give more guidance as the interpretation of the ban is better understood.

Our goal is to collaborate with other institutions, both in California and across the county, to share, as much as possible, our analysis of the requirements for proper management of such research. NIH is now reviewing its guidance in response to specific questions received as the focus on hESC work has increased. However, such guidance is unlikely to be provided for some time, given that the Department of Health and Human Services has a new Secretary, who has strong views on such research and will likely become involved in any guidance issued.

Counsel and advice is available. Questions can be directed to a variety of knowledgeable faculty and staff at Stanford: for scientific issues, Linda Giudice, Julie Baker, Roel Nusse, Michael Longaker, and Irv Weissman; for overall issues under the University policy, Ann Arvin, Assistant Dean of Research; for legal questions, Ann N. James in the Office of General Counsel. None of these individuals will have all the answers, but are committed to assisting the Stanford community by finding answers. General information will be provided through a web site, and updated as more questions are asked and answered. The critical requirement is to ask the questions, not hope for forgiveness for errors; in return,

Stanford is committed to responding to its scientific community as quickly and effectively as possible in this time of uncertainty.

While we can take the position that management of hESC under the ban is a cost issue, it has far greater implications for adverse publicity, investigation, and even effect on the Proposition 71 funding opportunity. There is no room for error.

Proposition 71 itself effectively creates an organization intended to respond to the purposes of funding otherwise unfunded research and to seek both therapies and cures. The Independent Citizens' Oversight Committee (ICOC) governs the California Institute for Regenerative Medicine (CIRM). This 29 member body was appointed by the Governor, other designated State officers, and by the Chancellors of the UC System. The statute was guided by the goal of funding great science, but written with a keen political sensitivity to the fact that the citizens of California are entrusting this body with oversight of three billion dollars in public money, and accountability is high.

The ICOC includes the designees/appointees from academic medical and research institutions, from one life science commercial institute, and from ten advocacy groups. Both the chair and vice-chair, chosen from among the ICOC members, were required to have had experience with stem cell research advocacy. A staff and a President, for which position the ICOC is now recruiting, will manage the day-to-day operations of the CIRM.

The ICOC is subject to the Bagley-Keene Act, California's open meeting act, to assure transparency in decision-making. All the usual functions of a board of directors are assigned to the ICOC, which will report at least annually to the State on its work in a prescribed format. The ICOC will oversee operations, set plans for research and management of financial issues, determine research standards and grant awards, name working groups and set guidelines, request issuance of bonds and borrow from the Pooled Money Investment Board. Conflict of interest issues must be resolved or managed under the direction given by the statute. The ICOC will determine how intellectual property is to be handled, based on the statutory requirement to balance the State's interest in sharing in revenues that might come from such research with the need to avoid hindering essential medical research. This required balancing will likely result in an arrangement similar to that now in place between academic medical centers and the VA system, but there is no determination on this issue yet.

The Medical and Scientific Accountability Standards defined by the Statute address such issues as informed consent, payments (no compensation for donors, but expenses can be covered), patient privacy, and a time limit on what cells can be used (8 to 12 days, excluding time frozen). Such standards will be expanded by the ICOC, as guided by the recommendations of its working group on accountability. Central to the ICOC's role is appointment of the three Scientific

and Medical Working Groups. These include Research Funding, Accountability Standards and Research Facilities.

The conflict of interest standards for the groups will be based on those for NIH scientific review committees, and overseen by an ethics officer from the ICOC. The working groups are not public officials and not subject to open meetings/records requirements, but recommendations to the ICOC are subject to the open records requirement. A group will report to the ICOC if a majority of a quorum approve, but also may issue a minority report if 35% of the members so choose.

The accountability standards group will recommend scientific, medical and ethical standards, and advise all other Groups on ethical and regulatory issues. This group will have 19 members, of which 5 will be ICOC members from advocacy groups, 9 will be nationally recognized stem cell scientists/clinicians, 4 medical ethicists, and the ICOC chair.

The research funding group will have 23 members, of which 7 will be ICOC members from advocacy groups, 15 will be scientists nationally recognized in stem cell research, and the Chair of the ICOC. This group will recommend criteria, standards, and requirements for funding applications and awarding grants. The group will also recommend awards for research, therapy development, and clinical trial grants and loans, as well as set the standards for evaluation of grantees, and conduct peer group progress oversight reviews of grantees. The 15 scientists will score for scientific merit, using such criteria as the quality of the proposal, potential for significant results, timetable, importance of objectives and innovativeness of research. While the group and the ICOC will give high priority to research not otherwise funded, research that represents a vital research opportunity may be funded if 2/3 of a quorum recommends approval. The questions on what will be funded, when and in what format are not yet answered (and neither this or other groups have yet been appointed).

The facilities group will have 11 members, including the Chair of the ICOC, 6 members of the funding group, and 4 real estate specialists. This group will recommend criteria, requirements and standards for funding of facilities. Milestones and timetables must be established, and priority will be given to those that can be completed in two years. Renovation as well as new construction may be funded. Only non-profit organizations can apply for facilities funding. Matching funds (at least 20% of the award) are required, and there will be priority for those applications that have higher matching fund amounts.

Proposition 71 created the ICOC with the purpose of finding therapies and cures, of understanding hESC capabilities as a primary focus (since this research cannot be funded through any federal program), but, as the name suggests, is intended to focus effort and scientific talent on regenerative medicine. The Stanford Program

on Regenerative Medicine serves as the locus for this research at Stanford, to provide information, to encourage collaboration, and to assist the University to give clear direction for conduct of hESC research to its community through policies and procedures.

I want to thank Dr. James for her contribution as well as all who organized and participated in the retreat. It was highly informative. A subsequent retreat will be planned to highlight scientific accomplishments and opportunities, and I will let you know further details about this as they become available.

Conflict of Interest Reporting

You likely know that over the past weeks the NIH Director's decision to ban virtually all industry related or sponsored outside activities for NIH employees has attracted wide attention. A number of factors contributed to this severe restriction, including the failure of some individuals to disclose potential conflicts of interest. At Stanford we have clear policies governing conflict of interest (see recent update in the January 24th Dean's Newsletter: <http://deansnewsletter.stanford.edu/>). In the next couple of weeks all faculty will be asked to complete their annual disclosure – which is mandatory. Please attend to this as soon as it arrives. Failure to comply will have serious consequences. If you have any questions please check with Barbara Flynn, Manager of the Conflict of Interest Review Program (barbara.flynn@stanford.edu). Thank you in advance for your cooperation.

Upcoming Research Opportunities for Residents and Fellows

At the February 4th meeting of the Executive Committee, Dr. Harry Greenberg, Senior Associate Dean for Research, Graduate Education and Postdoctoral Affairs and Dr. Sam Gambhir, Professor of Radiology, presented the current planning to institute a program in which a selected number of residents and fellows would, in addition to completing their clinical programs, also complete a doctoral degree in a basic science discipline. The model for this program is the Specialty Training and Advanced Research program at UCLA.

The motivation for developing this type of program is that new strategies are needed at Stanford for better linking residency/fellowship training programs with basic science and translational research. Further, residents and fellows may benefit tremendously from having sustained research experiences while completing their clinical training, including the ability to get a Ph.D. Issues that would need to be resolved include funding sources for such a program, tuition issues at Stanford, and the establishment of links beyond the School of Medicine.

The Executive Committee was enthusiastic about pursuing the development of such a program. We will keep you apprised of further progress. In the meantime, if you have comments or suggestions about this idea, please be in touch with Dr. Greenberg at Harry.Greenberg@stanford.edu.

Electronic Health Records

On Friday February 4th Dr. David Brailer, National Coordinator for Health Information Technology, US Department of Health and Human Services, gave the inaugural lecture for the Center for Clinical Informatics Seminar Series on the topic “Towards a National Model of the Electronic Health Record”. In addition to presenting a thoughtful overview of this topic, Dr. Brailer had an engaging conversation with interested members of the Stanford community. The video of Dr. Brailer’s lecture is available at: http://clinicalinformatics.stanford.edu/scci_seminars/02_04_05.html

2005 Health Care Symposium

On Wednesday January 26th, students from the School of Medicine and the Graduate School of Business collaborated on the 2005 Stanford Health Care Symposium entitled “Five by Twenty: Five Ideas That Will Revolutionize Health Care by 2020.” The Symposium featured a number of exciting plenary addresses and panels. I had the opportunity to chair an interesting panel entitled “Better, Faster, Cheaper? Process Innovation in Drug Design and Development”. This was an impressive event and I want to acknowledge the important role that Farzad Soleimani, SMSII played in its organization and coordination.

Stanford Medicine Focuses on the Nation’s Health Care System

The Winter 2005 issue of Stanford Medicine is hot off the presses and on-line at <http://mednews.stanford.edu/stanmed/2005winter/>. This issue has a special focus on “*The Nation’s Health Care System: A Ticking Time Bomb?*” It provides a thoughtful overview of the current status and challenges of our health care system and offers valuable perspectives from Jan Van Lohuizen, the President’s pollster, and by Dr. Mark McClellan, chief administrator of Medicare/Medicaid. It is an issue definitely worth reading. I want to offer my compliments and appreciation to the editorial board of Stanford Medicine and to its editor Roseanne Spector. Thanks also to the leadership of Paul Costello, Executive Director of Communications and Public Affairs.

Living Better, Living Longer

As part of our ongoing educational programs for the community, an evening session entitled “Living Longer, Living Better” was held on Monday January 24th in the Arrillaga Alumni Center. This informative seminar included a panel discussion on longevity that featured Drs. Laura Carstensen, Tom Rando, Bill Mobley and Peter Pompey. In addition small group discussions were held on a number of interesting topics, including:

<i>Incontinence/Sexuality</i>	Dr Bertha Chen, Assistant Professor of Obstetrics/Gynecology
<i>Managing Chronic Pain</i>	Dr. Sean Mackey, Assistant Professor of Anesthesia
<i>Vision and the Aging Eye</i>	Dr. Mark Blumenkranz, Professor and Chair of Ophthalmology

<i>Memory Loss and Again</i>	Dr. Jerry Yesavage, Director, Alzheimer's Disease Center
<i>Preserving Cognition/Mental Health</i>	Dr. Barbara Sommer, Director, Stanford Geriatric Psychiatry Program
<i>Joint Replacement</i>	Dr. Stuart Goodman, Professor of Orthopedic Surgery

I want to thank the speakers and organizer for this very successful program.

Community Lecture Series Addresses Skin Cancer and Other Disorders

On Wednesday evening February 2nd, our community lecture series focused on skin diseases – from basic science to clinical problems including melanomas, non-melanoma skin cancers to wrinkling and aging. I want to thank our three speakers (Drs. Hayes Gladestone, Tony Oro, and Susan Swetter) for their excellent presentations and for the time they spent lecturing and answering questions raised by community guests.

Awards and Honors

- ***Sarah S. Donaldson***, Catharine and Howard Avery Professor of Radiation Oncology received the Elizabeth Blackwell Award from the American Medical Women's Association (AMWA), at their 2005 annual meeting in Washington DC. This award memorializes Elizabeth Blackwell, the first woman to earn a doctor of medicine degree. The Blackwell medal is the AMWA's highest award identifying a female physician who has made an outstanding contribution to the cause of women in medicine. In receiving this award, Dr. Donaldson is recognized for her numerous accomplishments as a physician, researcher, and author, demonstrating exceptional achievements and commitment to medicine. Congratulations to Dr. Donaldson.
- ***Dr. Willard Fee*** was honored by faculty, alumni and friends of the department of Head & Neck Surgery on Tuesday January 25th by the dedicated the Department's Library to him. Dr. Fee has had a highly respected career on the faculty of Stanford and played a major role in shaping the current department and numerous trainees. Dr. Michael Johns, Executive Vice President for Health Affairs and Director of the Robert W. Woodruff Health Sciences Center, offered serious as well as humorous reflections of Dr. Fee's remarkable career based on their long personal and professional relationship. Congratulations to Dr. Fee.

Dr. Lucy Shapiro, Virginia and D. K. Ludwig Professor and Senior Fellow, by courtesy, at the Stanford Institute for International Studies and Director of the Beckman Center, has been named the 2005 recipient of the National Academy of Science's Selman A. Waksman Award in Microbiology "*for her pioneering work revealing the bacterial cell as an integrated system with transcriptional circuitry interwoven with the 3-D deployment of regulatory and morphological proteins*". Of note, Dr. Shapiro is the first

woman scientist to receive this award since it was first given in 1968. One might say that it is about time! Congratulations to Dr. Shapiro for another wonderful honor.

Appointments and Promotions

- **Jeffrey Axelrod** has been appointed Associate Professor of Pathology, effective 2/01/2005.
- **Jeffrey Glenn** has been reappointed Assistant Professor of Medicine (Gastroenterology), effective 9/01/2005.
- **Miriam Goodman** has been reappointed to Assistant Professor of Molecular and Cellular Physiology, effective 2/01/2005.
- **Albert Koong** has been reappointed to Assistant Professor of Radiation Oncology, effective 9/01/2005.
- **Philip Lavori** has been appointed Professor of Health Research and Policy, effective 2/01/2005.

Dean's Newsletter February 22, 2005

The Matter of Funds Flow

I have previously described some of the challenges involved in the frequently contentious matter of funds flow between hospitals and schools of medicine, both here at Stanford and at other academic medical centers.

(http://deansnewsletter.stanford.edu/archive/04_14_03.html#5). I have also described how we have attempted to deal with this issue. Most of the solutions, at least during my tenure, have been modifications and compromises, and they have often been short-lived. For that reason Martha Marsh, CEO of Stanford Hospital and Clinics, and I determined that it was in our mutual interest to overhaul the “matter of funds flow” more dramatically. We charged a small working group to help accomplish this in time for the FY06 fiscal year. The Funds Flow Working Group has included Dr. Norman Rizk, Senior Associate Dean for Clinical Affairs, Dr. Gerald Shefren, Vice President for Ambulatory Care), Michael Hindery, Senior Associate Dean for Finance and Administration, David Kiehn Vice President for Financial Operations, Marcia Cohen Assistant Dean for Fiscal Affairs, and Dr. Robert Jackler, Professor and Chair of Head & Neck Surgery.

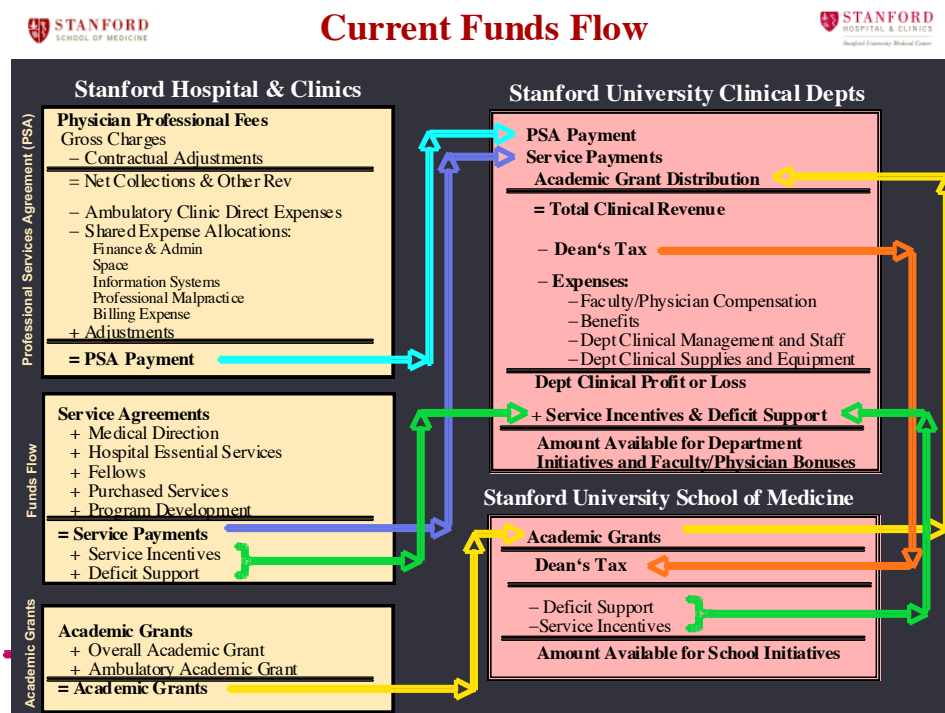
The Funds Flow Working Group commenced in September 2004 and has spent an extraordinary number of hours testing concepts, options, models and proposals. The group has operated with wonderful collegiality and cooperation, and has now developed a model that is being intensively refined so that it can be optimized and so that its potential pitfalls can be understood. To benefit from additional input and perspectives, the original working group was augmented by four department chairs (Drs. Tom Krummel (Surgery), Al Lane (Dermatology), Bill Maloney (Orthopedics) and Ron Pearl (Anesthesiology)) in January 2005. The group has also had the opportunity to present their work-in-progress proposal for a new funds flow model to the Joint Planning Committee (a group of School

and SHC senior leaders and managers), the SHC Board of Directors Finance Committee, the Council of Clinical Chairs, and Department Finance Administrators of the clinical departments. While everyone who has participated recognizes that considerable work remains to be done, virtually all have praised what has been accomplished to date and have strongly endorsed the completion of this important project for FY06, which begins September 1, 2005.

The Funds Flow Work Group began with a bold goal -- “to reinvent the funds flow to better align SHC and the School of Medicine into a more integrated and functional relationship.” In doing so, the group defined the components that comprise the current funds flow between SHC and SoM. In FY 04 these included:

1. The Professional Services Agreement (or PSA), which includes collections from billings net of direct operating expenses and allocated “shared expenses.” For FY04 this totaled approximately \$90M.
2. Other payments for services rendered (approximately \$27M in FY04). These included:
 - a. Medical direction
 - b. Essential services
 - c. Program development
 - d. Reimbursement for School of Medicine clinical staff for services provided to SHC
3. Service incentives and support for clinical practice deficits (\$3.5M in FY04)
4. “Grants,” which amounted to approximately \$13M in FY04.

Marcia Cohen developed the following schematic of the current funds flow schedule:



This schematic illustrates why a dramatic change in the funds flow model is needed. In group practices that operate their own ancillaries (such as PAMF), the ancillary revenues, which may account for as much as 45% of the practice revenue, are a major component of the funds available for physician compensation. The structure of the Stanford faculty does not allow for the ancillary revenues to supplement the professional revenues. Without a major realignment, the professional revenue (or PSA) cannot support the practice expenses and compensation for clinicians that reflects that real market values. For these and other reasons, the current funds flow model does not incentivize the growth of clinical services. In fact it has almost the opposite effect. Departments attempt to make favorable arrangements with the hospital in order to make up for the deficits inherent in the current PSA. This has the consequence of creating tensions between departments, the School and hospital. Although the end-of-the-year grant has been a way to address some of these problems, it has inherent unpredictability and, at the end of the day, does not foster a more productivity based model or one that includes innovation and quality.

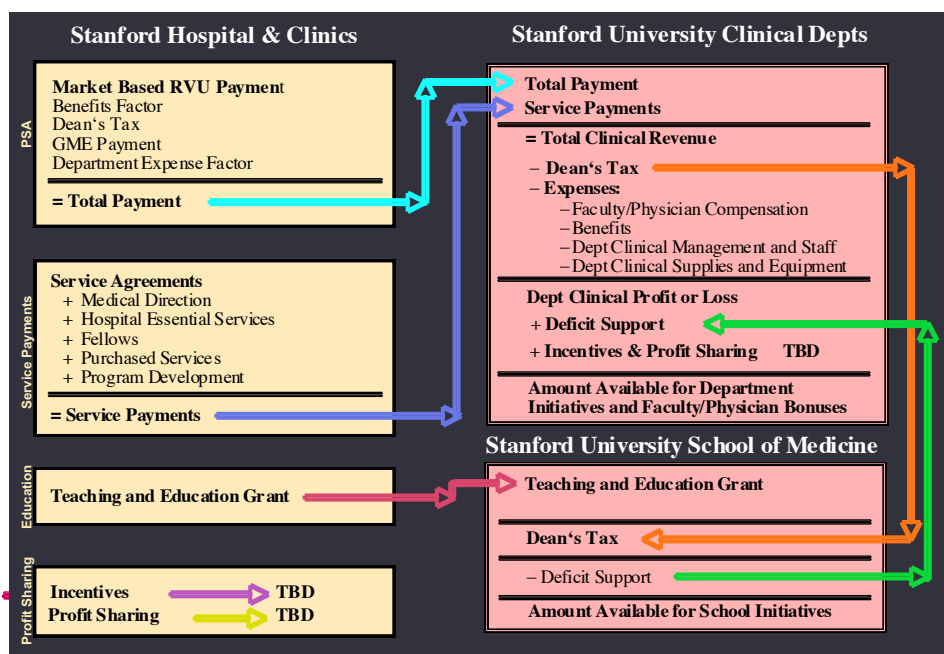
Accordingly, the Work Group concurred that a new funds flow model should:

- ♣ Align incentives, be simple, formula driven, stable, predictable and transparent
- ♣ Be inclusive of medical direction, essential services, program development, graduate medical education, profit sharing, and mission based funding
- ♣ Support productivity and market-based compensation for physicians
- ♣ Support financial sustainability for both SHC and the School of Medicine

Based on these guiding principles, a new funds flow methodology has been developed that utilizes an RVU payment-based methodology and that better codifies the responsibility for allocated expenses, particularly in the ambulatory clinics. In the new model, SHC would operate the inpatient and outpatient facilities, manage the revenue cycle, and pay the School (and hence faculty) for the professional services being delivered. In this methodology, payment would be based on US private practice compensation by specialty and clinical service according to the RVU schedule from the MGMA (define) database. Although academic practice RVUs are available, the Working Group concluded that they were too confounded and that the private practice RVUs better reflected a compensation level that reflects fair market value.

In the new methodology, the RVU payments would replace the previous PSA model and would also include all expenses, including benefits, departmental overhead, graduate medical education and the Dean's tax. In this new methodology, the payments for defined clinical services (e.g., medical direction, program development, essential service) would still exist but would almost certainly be less. An appropriate gain-sharing methodology will be developed. And, importantly, a grant for education and training would appropriately recognize these as important missions for the medical center.

Using the same graphic format shown above for the current model, the new funds flow model would be as follows:



There are a number of perceived benefits to the new RVU based methodology, including especially the fact that this payment schedule is based more on clinical productivity than ad hoc negotiated “special deals” between clinical chairs, faculty and hospital leaders. Further, it better aligns the incentives of the hospital and faculty physicians, provides better financial predictability and stability, and improves the prospect for outpatient practices to achieve financial viability. Importantly, because this methodology helps to standardize funds flow, it will help facilitate the success of service lines, centers and the Institutes, including programs between and among different departments. In addition, this new funds flow model provides funding for clinical administrative overhead and also allocates support for teaching and education missions.

While there has been considerable interest and enthusiasm for this new model from the Working Group and the various faculty and hospital groups that have heard about it, it must be noted that a similar model is not currently being used in an academic medical center, although similar methodologies are employed in other practice settings. Moreover, there are many details to be worked out and a number of issues that require further study, including legal review and assurance of compliance with all applicable laws and regulations. That said, the goal is to refine the fundamental components of the model by the end of April so that it can be employed in the budget planning for FY06. To accomplish this goal, however, and to resolve the understandable uncertainties that still exist, a 2-3 year transition plan will be configured. This plan will avoid major immediate dislocations and permit appropriate accommodations while guarding against “special deals” that would render the new model suspect or useless.

Overall, I am very encouraged by the progress to date but I am also cognizant of the work that remains to be done in the weeks ahead. I must again thank the Working Group,

including its expanded membership, for the tremendous work they have done, and, equally, for the very cooperative manner in which they have worked to assure the integrity and well being of both SHC and the School of Medicine. Indeed, the proposed funds flow model signals a major change by paying faculty for productivity and by simplifying what has been a confusing and often contentious process. Among the most important consequences of the new funds flow model is that it will permit us to achieve more fully our integrated clinical plan with SHC while limiting the wasted time and effort that has so confounded the matter of funds flow. I truly believe we now have hope for the future.

Evolving Issues Regarding Conflict of Interest

I have had several recent communications with you about Conflict of Interest matters (http://deansnewsletter.stanford.edu/archive/01_24_05.html and http://deansnewsletter.stanford.edu/archive/02_07_05.html). In that same time period, news articles have continued to appear. These have mostly been about the specific problems that emerged at NIH and the resultant one-year ban on the ability of NIH employees to perform any compensated consulting with industry. However, several more recent articles and editorials (e.g., LA Times, Washington Post) have promulgated the view that similar limitations should apply to NIH funded investigators at academic medical centers. As recently as Saturday February 12th, NIH Director Elias Zerhouni was cited as pondering the merits of a “summit” to examine this matter more fully.

There are of course very significant differences between NIH employees, who are truly carrying out their work as public servants, and faculty or investigators, who are doing research at medical schools, universities or research institutes. Of course they share in common the fact that, irrespective of the place of work or method of compensation, the rules and regulations surrounding the management of potential conflicts of interest must be closely adhered to, fully reported, and, where necessary, managed. The Stanford policies regarding conflict of interest can be found at (<http://med.stanford.edu/conflict>).

I had the opportunity to review the NIIH events and their potential impact on academic medical centers at the Council of Deans Board meeting on Thursday February 17th. There was common agreement among the deans that we all need to adhere to our institutional conflict of interest policies but that we also want to continue to promote appropriate interactions with industry as stimulated by the Bayh-Dole Act. In addition, we all recognized the importance of keeping our faculties fully informed about this important topic. Accordingly, upon my return to Stanford on February 18th, we had another discussion about conflict of interest at the Executive Committee meeting. At this meeting I underscored the need for school leaders to be informed and engaged in overseeing their faculty on conflict of interest matters. To further help educate and inform faculty, Dr. Harry Greenberg, Senior Associate Dean for Research, Graduate Education, and Postdoctoral Affairs, along with Ms. Barbara Flynn, Manager of the Conflict of Interest Review Program, Ann Arvin, Associate Dean for Research, and the School’s Conflict of Interest Committee have prepared a very helpful fact sheet on this topic. This fact sheet as well as other points of interest will be available on the website

(<http://med.stanford.edu/conflict/tips.html>). I am also taking the liberty of posting the fact sheet here. I strongly encourage you to read it carefully.

TIPS FOR MANAGING YOUR OUTSIDE PROFESSIONAL RELATIONSHIPS IN ORDER TO AVOID CONFLICTS OF COMMITMENT AND INTEREST

Stanford faculty members owe their primary professional allegiance to the University, and their primary commitment of time and intellectual energies should be to the education, research, and scholarship programs of the institution. Outside professional relationships, can result in conflicts regarding time and energies which represent conflicts of commitment. In addition, these activities can result in conflicts of interest when there is a divergence between an individual's private interests and his or her University obligations such that an independent observer might reasonably question whether the individual's professional actions or decisions are determined by considerations of personal gain, financial or otherwise. A conflict of interest depends on the situation, and not on the character or actions of the individual.

Faculty members should conduct their affairs so as to avoid conflicts of commitment and avoid or minimize conflicts of interest, and must respond appropriately when conflicts of interest arise. Disclosure of such interests is required under University, as well as School of Medicine policy. The complete set of University policies concerning conflicts of interest and commitment and related areas can be found at the following web sites:

<http://www.stanford.edu/dept/DoR/rph/Chpt4.html>
<http://www.stanford.edu/dept/DoR/rph/4-3.html>
<http://med.stanford.edu/rmg/conflict.html>

These tips are meant to serve as a brief guide to faculty about issues that need to be considered when engaging in outside professional activities.

If you CONSULT for a company

- Your primary commitment is to the University and your consulting agreement should not conflict with that obligation or conflict with any other university rules or regulations.
- You need to ensure that your consulting agreement recognizes that title to all potentially patentable inventions conceived, or first reduced to practice, in whole or in part, in the course of your University responsibilities, or with more than incidental use of University resources, must be assigned to the University. This means that your consulting agreement does not grant the company access to any ideas that do not arise as a result of your consulting activities or would be deemed an extension of your University activities.

- You must not provide the company with early or exclusive access to results of your Stanford research, unless those results come from a sponsored research project with the company.
- Your consulting activities need to be as separate from your research as possible, so that these activities are not seen as an extension of your sponsored research at Stanford.
- Your consulting agreement must not delay or prohibit publications resulting from your Stanford research.
- The scope of your consulting responsibilities needs to be very specific so that it does not grant the company access to work not done under the consulting agreement or interfere with intellectual property disclosure, or publications resulting from your academic work.
- Remember that your consulting agreement is a legal agreement drawn up by the company's lawyers. Who is your advocate? You may wish to have your attorney review any legal agreements you sign.
- It might be helpful for you to provide the company with a copy of the Patent and Copyright Agreement for Stanford Personnel
<http://www.stanford.edu/dept/DoR/rph/su18.html>
- You must disclose this relationship with the company in publications and public discussions of any of your research that is sponsored by the company or related to the company.

If you serve on a SCIENTIFIC OR MEDICAL ADVISORY BOARD

- You are permitted to sit on scientific or medical advisory boards because such positions do not carry, nor are they perceived to carry, management responsibility. However, your primary commitment is to the University and your service on a Scientific or Medical Advisory Board should not conflict with that obligation or conflict with any other university rules or regulations.
- You can serve on a Scientific Advisory Board (SAB) or Medical Advisory Board (MAB), however it is advisable to have a formal consulting agreement in those situations. (see CONSULT)
- Often service on an advisory board is rewarded with stock or stock options—such equity can raise the issue of such incentives compromising objectivity, particularly where human subjects are involved in studies of the company's products.
- You must not provide the company with early or exclusive access to the results of your research, unless those results come from a sponsored research project with the company.
- You must keep your financial interests arising from service on advisory boards separate from your research and University obligations in order to:
 - * protect your students, trainees, and others whom you are responsible for directing, from undue influences or the compromise of academic freedoms;
 - * preserve the integrity of the research;
 - * cause no harm to human subjects used in your research; and

- * see that any creations or discoveries that arise during the course of your research or scholarly activities at Stanford are not pipelined to the company, and are disclosed in a timely fashion to the Office of Technology Licensing; and
- * not allow your relationship to compromise the free exchange of ideas or delay or prohibit publications arising from your University activities.
- You must disclose this relationship in publications and public discussion of any of your research that is sponsored by the company or related to the company.

If you serve on a BOARD OF DIRECTORS

- Service on a board of directors carries with it legal fiduciary responsibility but generally not line management responsibility (which is prohibited under Stanford policy) and hence, is generally permissible. However, your primary commitment is to the University and your service on a Board of Directors should not conflict with that obligation or conflict with any other university rules or regulations.
- You are not allowed to serve in various ‘director’ roles in a company, for example, Director of Research, Chief Scientific Officer, Director of Clinical Labs, and the like. Such titles imply management responsibilities and are perceived as such, irrespective of actual job description.
- If you are also the principal investigator of a research project you have fiduciary responsibility for the grant or contract. If you have fiduciary responsibility as the Principal Investigator (PI) on Stanford research and have fiduciary responsibility as a Member of the Board—how do you plan to separate these two obligations?
- Your relationship to the company should not interfere with your primary obligations as a faculty member or University employee.
- You must avoid any conflict of commitment between your University responsibilities and your relationship with a company.
- You must keep your financial interests as separate from your research and University obligations in order to:
 - * protect your students, trainees, and others whom you are responsible for directing from undue influences or the compromise of academic freedoms;
 - * preserve the integrity of the research;
 - * cause no harm to human subjects used in your research; and
 - * see that any creations or discoveries that arise during the course of your research or scholarly activities are not pipelined to the company, and are disclosed in a timely fashion to the Office of Technology Licensing.
- If you also have a formal consulting agreement, see CONSULT.
- You must disclose this relationship in publications and public discussions of any of your research that is sponsored by the company or related to the company.

If you have STOCK OR STOCK OPTIONS in a company whose interests are related to your research, and/or you consult for the company

- Pay attention to what the value of the stock or stock options are so that you report this accurately on your Annual Conflict of Interest and Commitment Disclosure and on any ad hoc or transactional disclosures you make.
- Equity can raise the issue of such incentives compromising objectivity, particularly where human subjects are involved.
 - * if you are conducting, or planning to conduct, a clinical trial, do you really want to accept stock or stock options from the company sponsoring the trial, as you will likely be prohibited from participation in all or part of the research?
- The more significant the equity is financially, or the more likely the research may benefit the company (and thus your equity—particularly in the case of stock options), the greater the risk of biasing the research or research results.
- You must disclose this financial interest in publications and public discussions of any of your research that is sponsored by the company or related to the company.

If you have a LICENSING ARRANGEMENT with the company through the Stanford Office of Technology Licensing

- As a University employee title to all potentially patentable inventions conceived, or first reduced to practice, in whole or in part, by you in the course of your University responsibilities, or with more than incidental use of University resources, must be assigned to the University.
<http://www.stanford.edu/dept/DoR/rph/Chpt5.html>
- The University must avoid conflicts of interest in licensing technology to a company in which the inventor has a financial interest, thus it is in everyone's best interest if the inventor maintains a cordial and willing attitude in working with whatever company ends up licensing the technology or discovery. Faculty may help the Office of Technology Licensing (OTL) to evaluate potential licensees, but the selection of the licensee rests with OTL.
- New developments relating to this intellectual property must also be fairly licensed and you must not pipeline or funnel intellectual property to a company in which you have a financial or founding interest.
- Is the company licensing your technology sponsoring further research in the area of the intellectual property?
- Do you have PHS or NSF funds for research related to this intellectual property? The results of this research or creations or discoveries arising from this research must not be pipelined or funneled to the company that has a license.
- You must disclose this financial interest in publications and public discussions of any of your research that is sponsored by the company or related to the company.

If you are a FOUNDER of a company

- It is assumed that you have both an intellectual and financial commitment to the company, however, your primary commitment is to the University and your

commitment to the company should not conflict with that obligation or conflict with any other university rules or regulations.

- You cannot serve in a management capacity for the company while a Stanford employee.
- You must not provide the company with early or exclusive access to the results of your research, unless those results come from a sponsored research project with the company.
- Your relationship to the company should not interfere with your primary obligations as a faculty member or University employee or conflict with any other university rules or regulations.
- You must keep your financial interests separate from your research and University obligations in order to:
 - * protect your students, trainees, and others whom you are responsible for directing, from undue influences or the compromise of academic freedoms;
 - * preserve the integrity of the research;
 - * cause no harm to human subjects used in your research; and
 - * see that any creations or discoveries that arise during the course of your research or scholarly activities are not pipelined to the company, and are disclosed in a timely fashion to the Office of Technology Licensing; and
 - * not allow your relationship to compromise the free exchange of ideas or delay or prohibit publications arising from your University activities.
- You must disclose this relationship in publications and public discussions of any of your research that is sponsored by the company or related to the company.

If you have a LOAN with the company

- Indebtedness from a loan might compromise or be perceived as compromising your objectivity.
- You must disclose this relationship in publications and public discussions of any of your research that is sponsored by the company or related to the company.

If you give TALKS for the company

- Don't become a spokesperson for the company or its product.
- Honoraria can be used as incentives and incentives can compromise objectivity.
- Keep your talks fair and balanced, i.e. don't just talk about a company's product.
- If you are paid to give a talk, you need to disclose this to the audience during your talk, as well as disclose this in publications and public discussions of any of your research that is sponsored by the company or related to the company.

HOW DO WE ASSESS CONFLICTS OF INTEREST?

One way to personally assess your own conflict of interest is to ask yourself 'how would this look on the 6:00 news'. We often call that the 'smell test'. While you

might not consider your relationship with, or financial interest in, a company to pose a risk to the objectivity of the design, conduct or reporting of your research, it can create that perception. Perception of bias, or the perception that harm came to a human subject in research as a result of bias, can be just as damaging as actual bias or harm. Thus, we must, and you should, ask the following questions:

- Are basic academic values upheld?
 - * an open academic environment is maintained.
 - * there are no restrictions on publications or dissemination of research results.
 - * fair licensing practices are ensured.
 - * the use of University resources and facilities is appropriate.
- * students are not exploited for the private gain of their mentors, and they are free to choose and pursue research
 - * the research is appropriate to the mission of the University.
- What is the scientific direction of the University research and what is the scientific or business direction of the company? Is it the same? Where does it overlap?
- Could these personal financial interests have a direct and significant affect on the research?
 - * how much income or equity is involved?
 - * from how many sources does it derive?
- * could these financial interests be a significant incentive for the individual with the conflict?
- * could this financial interest pose a direct conflict with the research?
- * could this conflict compromise the objectivity of the research results or their evaluation and presentation?
- Could human subjects involved in the research be harmed by the conflict?
- Could potential incentives to show that products are effective affect future patients negatively if the products are actually not as effective as indicated in the clinical study?

HOW DO WE MANAGE SIGNIFICANT CONFLICTS OF INTEREST?

All financial interests or relationships related to your research must be disclosed in accordance with University and/or School policy. PLEASE NOTE THAT THE SCHOOL OF MEDICINE REQUIRES DISCLOSURE OF ANY FINANCIAL INTEREST OR RELATIONSHIP, REGARDLESS OF THE DOLLAR AMOUNT, WHICH IS DIFFERENT THAN THE UNIVERSITY POLICY FOLLOWED BY OTHER SCHOOLS. Any income over \$10,000, or stock or stock options valued at over \$10,000 or 0.5% of the total value of a publicly traded company, or stock options or promises of stock in any amount in a private company, are deemed a significant financial interest. These must be evaluated in light of the research, the financial relationships and eliminated, mitigated or managed. Strategies for doing this include:

- require disclosure of the financial interest in publications and public discussions of the research;
- modify the research plan;
- disqualify a participant from all or a portion of the project;
- require severance of a relationship;
- require divestiture of a financial interest;
- exclude intellectual property from being licensed to a company in which there is a financial interest;
- manage the conflict through an oversight committee; and/or
- other strategies, as deemed appropriate

Again, I would strongly encourage you to review this fact sheet and if you have any questions please check with Barbara Flynn (Barbara.Flynn@stanford.edu) or Dr. Harry Greenberg (Harry.Greenberg@stanford.edu).

NIH Public Access Policy

Over the past several years a number of leading scientists, including Dr. Pat Brown, Professor of Biochemistry, have advocated for a public library of science. Their position has been sound and well reasoned. On February 3, 2005 it was supported by an official directive from NIH Director Elias Zerhouni entitled "NIH Policy on Enhancing Public Access to Archived Publications Resulting from NIH-Funded Research." While this policy is voluntary I firmly believe that all members of our Stanford community and those in academic centers and universities across the country should actively embrace it. Below is an excerpt from Dr. Zerhouni's February 3rd letter to the biomedical research community. Please lend your support.

This Policy applies to all research grant and career development award mechanisms, cooperative agreements, contracts, and institutional and individual Ruth L. Kirschstein National Research Service Awards, as well as NIH intramural research studies.

This Policy requests that beginning May 2, 2005, NIH-funded investigators submit to the NIH National Library of Medicine's PubMed Central (PMC) an electronic version of the author's final manuscript, upon acceptance for publication, resulting from research supported in part or in whole with direct costs from NIH. The author's final manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process. These manuscripts will be preserved permanently in the PMC archive for use by the public, health service providers, educators, scientists, and NIH.

Again, please review these important policies. I strongly recommend that they be embraced and followed by our Stanford community. In closing, I would like to thank Dr. Brown for his important leadership and advocacy on this very important issue.

More About New Graduate Housing

On Monday evening, February 14th, Provost John Etchemendy held a town hall meeting to update faculty and other interested individuals about the proposed graduate student

housing proximate to the School of Law and to provide a forum for discussion. Having informed you of the array of issues concerning this topic in the January 24th Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/01_24_05.html), I attended this meeting as a resident of the neighborhood most immediately impacted by the project and as a faculty member and University official. In my opinion, the Provost did an excellent job in presenting (or more accurately re-presenting) the reasons for this project. He explained, again, why it is so essential to the Law School and to the University more broadly, in the areas of graduate housing, undergraduate housing and, importantly, the initiation and completion of the Science, Engineering and Medicine Campus facilities.

There is no doubt that the size and density of the proposed graduate housing project, as well as its location, have engendered concerns and some consternation by faculty residents, students and others. I felt that the Provost was quite balanced in his presentation. He offered clear evidence of how the University administration and building design group have listened to the previously expressed concerns and have significantly modified the project to address them. Indeed, additional modifications are still underway. At the same time the Provost made it clear that the space limitations of the University and the impact of the constraints of the General Use Permit (GUP) have made it essential to design buildings with a higher density (expressed as "floor to area ratio" or "FAR"). He also said that, whether this site is used for this project or a different one, it will be used in the future for a higher FAR project than exists presently.

Knowing that virtually every building project will have its detractors, especially when it is larger than desired by its surrounding community, I felt the Provost provided explanations that made all but a few feel more comfortable with the evolving plan and appreciative that their voices and concerns were being addressed. Even though the town hall meeting lasted well over two hours, I am sure that lingering concerns and dissatisfactions remain. However, I do believe that the University has made a valid and compelling case for why this project is so important. As both a resident and faculty member I support it and call on all others in our community to do so as well.

Upcoming Sessions on the Respectful Workplace: Please Attend if You Haven't Already Participated

As many of you may recall, I have written about the Respectful Workplace Initiative on several other occasions. I wholeheartedly support this effort and hope to see the culture at the school improve as we all strive to foster respectful interactions at work. For the past few years, we have conducted briefings for all members of the faculty and staff. Students and Postdoctoral scholars will receive briefings next. The hope is to involve all members of the School community in an understanding of what are the elements of a respectful workplace and what are the resources available to all to ensure that the workplace is characterized by civility and decency.

I recently been informed that the staff briefings, in particular, have been occasions for fruitful discussion the nature of a respectful environment and suggestions for solving difficult work situations. Some of the comments from the staff include providing a constructive and open environment for communication, encouraging discussion of

problems in a non-blaming manner, apologizing when you boil over on a bad day, learning to listen and giving your coworkers and others the benefit of the doubt. Almost every single session included the request that people use the words "please" and "thank you" and acknowledge work well done. Sadly, many reported that oftentimes, everyone is so busy, people do not even greet each other in the morning or say good-bye at night. I am told that many of the plans for addressing various scenarios given to the audience to work on in small groups were thoughtful and creative. The presenters are planning to provide highlights of the sessions in a later Stanford Report story and online. While I have only touched on several aspects of the training, **I urge those of you who haven't yet attended to go the two make up sessions this week at Fairchild Auditorium (Tuesday, February 22nd at 3 pm and Wednesday, February 23rd at 1 pm) and participate in changing the culture of the Medical School.**

Celebration for Dr. Leonore Herzenberg

On February 11-12th, past and present faculty, students, staff, collaborators and friends gathered to celebrate the 70th birthday of Dr. Lenore Herzenberg and to honor her with a wonderful symposium on B-Cell Development, Function and Neoplasia. The Herzenberg Laboratory (or Lee and Len) has had a transforming effect on science and medicine through the development of novel and important technologies (most notably of course FACS) as well as many other innovations and scientific insights. It is hard to imagine how we would understand or have even approached such serious disorders as AIDS and cancer, or basic phenomena such as stem cell biology, among many other areas, without FACS! As scientists, mentors, advocates and leaders the Herzenberg Laboratory has been part of the fabric of the Stanford School of Medicine since 1959, when the school first moved to Palo Alto from San Francisco. Their collaborations and contributions are legendary, and this was certainly well evidenced by the international community who came to honor Lee and wish her a Happy Birthday – and many more to come.

Honors and Awards

- **Dr. Sherry M. Wren**, Associate Professor of Surgery, has been selected to receive an Outstanding Teacher Award from the Association for Surgical Education. This award is presented annually to recognize the dedication of surgical educators. It is meant to reward teaching excellence and to further emphasize teaching as an important area of expertise. Congratulations to Dr. Wren!

Appointments and Promotions

- **Steven Artandi** has been reappointed Assistant Professor of Medicine, effective 11/01/2005.
- **Mary Kate Bundorf** has been reappointed Assistant Professor of Health Research and Policy, effective 3/01/2005.
- **Manuel Garcia** has been reappointed Assistant Professor of Comparative Medicine, effective 9/01/2005.

- **James Hallenbeck** has been reappointed Assistant Professor of Medicine (General Internal Medicine) at the Palo Alto Veterans Affairs, effective 7/01/2005.
- **Susan Hintz** has been reappointed Assistant Professor of Pediatrics at Lucile Packard Children's Hospital, effective 7/01/2005.
- **Steven Howard** has been reappointed Associate Professor of Anesthesia at the Palo Alto Veterans Affairs Health Care System, effective 10/01/2005.
- **Ginna Laport** has been reappointed Assistant Professor of Medicine (Bone Marrow Transplant), effective 10/01/2005.
- **Sean Mackey** has been reappointed Assistant Professor of Anesthesia, effective 8/01/2005.
- **Michael Marks** has been promoted to Professor of Radiology, effective 3/01/2005.
- **Rebecca Smith-Coggins** has been reappointed to Associate Professor of Emergency Medicine, effective 9/01/2005.

Dean's Newsletter

March 7, 2005

Continued Progress Toward Our Application to Become an NCI-Designated Comprehensive Cancer Center

On Saturday morning February 26th, faculty gathered in the Clark Center for a Scientific Retreat that updated plans for our application to the National Cancer Center to become a designated Comprehensive Cancer Center. At this time we hope to submit our application in October of 2005. During the past year we accomplished a number of key elements that will enable our ultimate success. These included:

- **Leadership**
 - The appointment of Dr. Irv Weissman as the Principal Investigator of the proposed Comprehensive Cancer Center.
 - The decision to search for a Deputy Director of the Comprehensive Cancer Center who will work with Dr. Weissman to direct the program operationally and provide scientific oversight. A search has been carried out for this position and we hope to name the successful candidate shortly.
 - The appointment of key Associate Directors including:
 - Dr. Mike Cleary as Associate Director for Basic Science
 - Dr. Ron Levy as Associate Director for Translational Science
 - Dr. Steve Leibel as Associate Director for Clinical Research and Care
 - Dr. Dee West as Associate Director for Population Sciences
 - Ms. Joanne Murphy as Associate Director for Administration and Planning (Ms. Murphy began officially on March 1st)
 - Still to be named is the Associate Director for Shared Resources.
- **Program Development**

- Since the last External Advisory Committee meeting in March 2004, continued development has taken place regarding the scientific programs that will comprise the Comprehensive Cancer Center application. Going in to the Scientific Retreat on Saturday there were nine proposed projects (4 basic, 4 clinical and one population sciences). As a result of the discussion, it is likely that two of the programs will be combined and one expanded. Accordingly the current iteration of proposed projects is as follows:

- **Basic Science Programs**

<i>Program</i>	<i>Principal Investigators</i>
Cancer/Stem Cell Biology	Drs. Irv Weissman & Roel Nusse
Radiation Biology	Drs. Amato Giaccia & Quynh Le
Cancer Biology	Drs. Mike Cleary & Linda Boxer
Cancer Imaging	Drs. Sam Gambhir & Chris Contag

- **Clinical Sciences Programs**

<i>Program</i>	<i>Principal Investigators</i>
Systematic Molecular Profiling of Cancer	Drs. Pat Brown and Stephanie Jeffries
Program in Lymphoma	Drs. Ron Levy and Sandra Horning
Cancer Immunology	Dr. Edgar Engleman and Mark Davis
Hematopoietic Cell Transplantation and Immune Reconstitution	Drs. Robert Negrin and Kenneth Weinberg

- **Population Science Program**

<i>Program</i>	<i>Principal Investigators</i>
Cancer Epidemiology, Prevention, Outcomes, & Education	Drs. Dee West and Alice Whittemore

We heard updated progress reports for these program areas, and they were superb. Significant progress has been made in each area, and we now have a greater understanding of how the Comprehensive Cancer Center would enable each to engage a wider community. We had the benefit of two external consultants (Dr. Beverly Mitchell, Professor of Medicine at UNC, and Dr. Michael Clarke from U. Michigan), who offered an important perspective on the individual projects and how they might fare within our proposal. The next steps are to gather comments from those who attended

the retreat and to further refine the program proposals for presentation to our External Advisory Group on May 26th.

An additional notable programmatic accomplishment was the finalization of our Stanford-Northern California Cancer Center (NCCC) affiliation agreement in December 2004.

In addition to the program project proposals, the application we plan to submit to the NCI on October 1st will contain 13 shared resource proposals, as follows:

<i>Share Resources/ Cores</i>	<i>Principal Investigators</i>
Cancer Biostatistics	Drs P. Lavori and T. Lai
Clinical Trials Support	Drs. G. Fisher & M. Bischoff
Protocol Review & Monitoring Systems	Drs. S. Knox, S. Horning, R. Carlson, S. Srinivas
Informatics Core	Dr. H. Lowe
Animal Colonies	Drs. R. Tolwani & M. Garcia
Transgenic & Knock-Out Mice	Drs. M. Cleary, D. Felsher, Y. Chen Tsai
Cell & Tissue Procurement	Drs. J. Pollack & J. Norton
Cancer Imaging Core	Drs. C. Contag, S. Gambir, B. Daniel
Confocal & Immunoelectron Microscopy	Drs. S. Smith & J. Mulholland
Flow Cytometry	Drs. G. Nolan & L. Herzenberg
DNA Microarrays	Dr. G. Sherlock, M. Fero, C. Ball
High Throughput Genomics	Drs. R. Davis, M. Mindrinos, W. Xiao, H. Li
Proteomics	Dr. P. Jackson

- **Facilities**

One of the major limitations we currently face is research space. To help during the immediate period ahead, the School has leased off-campus space on Arastradero Road to provide an interim home for our Cancer/Stem Cell Institute and cancer related programs. While we certainly recognize the limitations associated with research space that is remote from the central campus, it is our hope that this off-site space will enable us to launch key programs and recruitments while we are working on the planning and development of the Stanford Institutes of Medicine #1 facility that will be just south of the CCSR building.

Overall, we are continuing to make important progress in our quest to become an NCI-designated Comprehensive Cancer Center. While we still have much work to do, I am very encouraged by what has been accomplished to date and believe that if we stay on the current trajectory, we will be successful in submitting our proposal this October. Continuing appreciation to Dr. Karl Blume for all that he has done to get us to this point.

Launch of the Protocol Review and Monitoring System

In April 2005 we will take another significant step towards Stanford's proposed Comprehensive Cancer Center with the launch of the Protocol Review and Monitoring System (PRMS) Core under the direction of Susan Knox, Ph.D., M.D. This core will operate two important committees required for a Comprehensive Cancer Center: the *Scientific Review Committee* and the *Data and Safety Monitoring Committee*.

The *Scientific Review Committee (SRC)* will review for scientific merit all cancer-related clinical research protocols involving human subjects, including prevention, translational, and psychosocial studies. Cancer studies can be submitted in parallel to Stanford's Administrative Panels on Human Subjects in Medical Research (IRBs). Both the Scientific Review Committee and the IRB must approve each cancer-related clinical research study before it can be opened to accrual. The Scientific Review Committee is being led by Sandra Horning, M.D. and Robert Carlson, M.D.

The *Data and Safety Monitoring Committee (DSMC)* will monitor all cancer-related investigator-initiated trials and will monitor safety reports for all cancer-related studies. The Data and Safety Monitoring Committee is being led by Susan Knox, Ph.D., M.D., and Sandy Srinivas, M.D.

In order to support these efforts, the Biostatistics Core, led by Philip Lavori, Ph.D., and the Cancer Clinical Trials Office (CCTO), led by George Fisher, M.D., Ph.D. and Miriam Bischoff, M.S., M.B.A., are available to support clinical investigators' efforts to initiate their trials. There will be a presentation on Tuesday March 29, 2005 at 8AM in the Cancer Center Conference Rooms to discuss the three cores (Biostatistics, CCTO, and PRMS), the new committees (SRC and DSMC), and the new standard operating procedures. All cancer center faculty involved in clinical research are encouraged to attend since the committees' activities will officially begin on Monday April 4, 2005.

Stanford Hosts the ICOC

On Tuesday, March 1st Stanford hosted the 3rd (official) meeting of the Independent Citizen's Oversight Committee (ICOC) in the Fairchild Auditorium. The ICOC serves as the equivalent of a Board of Trustees for the California Institute for Regenerative Medicine (CIRM), which came into being following the passage of Proposition 71 by the citizens of California on November 2nd 2004. Because all meetings of the ICOC are public, the 29-member committee carried out its work in an open forum, with opportunities for public comment throughout the meeting. As you may know, State Controller Steve Westly appointed me to the ICOC on November 4 2004.

While the goal of the CIRM is to fund research proposals and facilities, its first steps have necessarily been focused on building the infrastructure to support its activities and establishing the standards that will guide them. Accordingly, special attention has been given to the best practices in such areas as grant making and conflict of interest at organizations including the National Academy of Sciences, NIH, NSF and non-profit foundations like the Juvenile Diabetes Foundation and the Gates Foundation. Some of the best practice guidelines are generic, whereas others are specific to stem cell research.

In this context, the National Academic of Sciences is expected to issue a report this April on guidelines that might be used to regulate stem cell research, including embryonic stem cell research and somatic cell nuclear transfer. This report, which we are eagerly anticipating, is being prepared by the Life Sciences Board of NAS and is co-chaired by Richard Hynes from MIT and Jonathan Moreno from UVA. The stimulus for this report came from the Health Science Policy Board of the Institute of Medicine (which I chair) and from very important insights from individuals, including Drs. Paul Berg and Irv Weissman. It is hoped that these guidelines will provide the same safeguards for assuring the highest quality stem cell research along with the highest ethical and safety standards as the guidelines developed a quarter of a century ago for recombinant DNA technology.

Despite the fact that nearly 60% of the citizens of California voted for Proposition 71, stem cell research remains controversial throughout the nation and indeed the world. In just the past couple of weeks, selected countries in the United Nations (including the US) increased their efforts to have the UN take an international stance against cloning that would include somatic cell nuclear transfer (sometimes inappropriately referred to as “therapeutic cloning”). Of course there is concurrence that reproductive cloning should be banned. But there is considerable support and scientific interest in somatic cell nuclear transfer, which most do not view as a form of cloning per se.

In addition to the actions being sought at the UN, efforts are underway to ban embryonic stem cell research (and somatic cell nuclear transfer) in a number of states, including, most recently, Missouri, Texas, and Massachusetts. Moreover, the debate continues in the Congress and especially in the Senate. Some senators (e.g., Brownback) are seeking to ban and even criminalize embryonic stem cell research whereas others (e.g., Orrin Hatch) continue to offer their support for this research. This is occurring at the same time that several other states (e.g., Wisconsin, New Jersey, Connecticut, Maryland) are in the process of passing or have passed funding mechanisms to support embryonic stem cell research. Clearly this issue continues to divide communities, political leaders and religious organizations. While recognizing the rights of individuals to have different points of view, I personally believe that this research can and should be conducted with the highest ethical standards, that it will foster new knowledge, and that it has the potential to result in new therapies for an array of serious medical disorders. This is what the citizens of California wanted as well when they voted on Proposition 71. Nevertheless, it is notable that in the past days two lawsuits questioning the authority of the CIRM to fulfill its mandate have been filed.

Of course all of this makes it incredibly important that the California Institute for Regenerative Medicine be as successful as possible. I have been quite encouraged by the efforts and commitments of my co-members on the ICOC. Whether disease advocates, academic leaders or industry leaders, everyone has been working diligently to help fully initiate and support the CIRM. An important step occurred at the March 1st meeting when Dr. Zach Hall was named Interim President/CEO and Senior Science Policy Advisor for the CIRM. As a number of you likely know, Dr. Hall has had a stellar career in science and administration. An internationally recognized neuroscientist with a long career at UCSF, Dr. Hall also served as the Director of the National Institute of Neurological Diseases and Stroke and subsequently as a vice provost for research, first at UCSF and more recently at USC. His appointment will be for one year. During that time he will play a key role in establishing the infrastructure and the policies that will guide the CIRM. Having Zach as Interim President and CEO is enormously valuable. Among many other benefits, his presence will permit the search for the permanent president for the CIRM, which is now underway, to proceed with resolve.

Of course the primary and critical purpose of the CIRM is to award grants to scientists conducting research in stem cell biology and regenerative medicine in California. Naturally we would all like that process to commence as soon as possible. But it is imperative that the ICOC assures that funding, when it begins, supports the highest quality research proposals with the highest ethical standards. With the appointment of an Interim President, more rapid progress can now be made to make this happen – hopefully by summer. More details will follow in future Newsletters.

A Lesson in Bicycle Safety

It has been a while since I have written about bicycle safety on campus, even though I worry about it every day- especially when I drive home at night and see many individuals riding bicycles without helmets or any forms of lighting or reflections. But my concerns were rekindled this past week when I was walking to the Campus Drive/Roth Way garage across from the medical school. It was about 8 PM, and it had begun raining just a short time prior. As I entered the garage I heard squealing brakes at the Campus Drive crosswalk and then a shout of “Oh my God!” Rushing to the scene I saw a bicycle trapped under the front wheels and hood of a BMW. Amazingly, the rider – who had been thrown off the bike – had already risen from the ground and was alert, although with arm and shoulder discomfort. Thankfully the rider had been wearing a bike helmet, which, as it turned out, was cracked at the point of contact where he had hit the ground. He did not sustain a serious injury and it is clear that the helmet was most important in preventing that. But, as I looked at his bike under the car’s tires I did not see any visible headlight! Given the fact that much of the campus is dark at night, this incident only further emphasizes how important it is to for all bikers to wear a helmet and to have a head and tail light. That the injured biker turned out to be one of our medical students made this lesson all the more real and personal to me.

Bottom line: If you are a bike rider please make sure to wear a helmet and use head and tail lights. Prevention is key and these simple measures can prevent disasters.

Biosciences Interview Weekend

This past weekend was the Biosciences Interview Weekend. This year the Stanford Biosciences program received some 1015 applicants, of whom 239 were invited for interviews. During their visit, approximately 6 faculty members interviewed each of the applicants. In addition to these one-on-one interviews, applicants also met informally with faculty to discuss scientific projects and had informal time at lunches and dinners to meet with faculty and other students. Students who are accepted to the program will need to make their final decision by April 15th.

In addition, on Saturday morning, March 5th, applicants who self-identified as under-represented minority students joined current Stanford students and faculty for a breakfast meeting that highlighted Stanford's commitment to enhancing diversity. I want to thank Anika Green, who joined Stanford this past year as the Assistant Dean for Graduate Education and the Director of the Biosciences Diversity Program, for the exceptional work she and her colleagues have done to share the excellence of our bioscience program and to further our efforts to enhance diversity among our students, faculty and staff.

Many faculty, students and staff worked diligently to make the interview weekend successful. I want to particularly thank John Bray, Interim Director of Biosciences Admissions, who has played an important role in make this year's admissions process successful. I also want to thank Velessa Peairs, Shannon Monahan, Julia Tussing and Ellen Porzig for all of their contributions.

Upcoming Medicine and the Muse Symposium

Dr. Audrey Shafer has informed me that this year's Medicine and the Muse Symposium will be held on Thursday, April 21st, at 5:00 p.m. at the Cantor Arts Center Auditorium. The program will include, in addition to presentations, music, and an art exhibit by Stanford medical students, a keynote address by David B. Morris, PhD entitled "Pain and Narrative: Where Does It Hurt?" Dr. Morris is University Professor at the University of Virginia and the author of *The Culture of Pain; Illness and Culture in the Postmodern Age.* The Symposium is free and open to the public, and a reception will follow the symposium. For further information, contact Dr. Shafer at ashafer@stanford.edu.

Events

- **Working Group on Parkinson's Disease at Stanford:** On Saturday morning, March 5th, the Neuroscience Institute at Stanford (NIS) and its Work Group on Parkinson's Disease conducted an educational dialogue with interested community members, including patients, that addressed new research breakthroughs on the use of stem cell research, the use of growth factors, and other novel interventions. Drs. Clive Svendsen and Olle Lindvall gave presentations, and Drs. Theo Palmer and Jamie Henderson served as hosts. I had the opportunity to address the group and to share our vision both for the

Neuroscience Institute of Stanford and for the important opportunities emanating from the California Institute on Regenerative Medicine (see above). I want to thank Drs. Palmer, Assistant Professor of Neurosurgery, and Henderson, Assistant Professor of Neurosurgery, for organizing and leading this program. It was clearly very much appreciated by all who attended, and it represents an additional way in which Stanford is helping to engage our community to advance *Translating Discoveries*.

- **Community Lecture Series:** On Wednesday evening March 2nd, Dr. Steve Galli, Mary Hewitt Loveless Professor of Pathology and of Microbiology and Immunology and Chair of Pathology, gave an excellent presentation on "Individualized Medicine: Revolutionary Developments in the Understanding, Classification, Diagnosis and Prevention or Treatment of Disease". This was one of our ongoing series of community lectures, which continue to draw large audiences and receive outstanding praise for our community.

In Memoriam

I have recently learned that Dr. John Luetscher, who came to Stanford University School of Medicine some five decades ago, recently expired. Dr. Luetscher was an outstanding clinical scientist who carried out seminal studies on the hormonal regulation of salt and water metabolism. He was an individual of enormous intellectual rigor, which he effectively incorporated in his activities as teacher, clinician and investigator, and he played an important role in helping to make Stanford a great School of Medicine.

Awards and Honors

- **Dr. Marilyn Winkelby**, Professor of Medicine, has been named the recipient of the Roland Volunteer Service Prize from the Haas Center this year. The award will be presented in a ceremony on May 3. The Miriam Aaron Roland Volunteer Service Prize provides "an award to Stanford faculty who--over and above their normal academic duties--engage and involve students in integrating academic scholarship with significant volunteer service to society." The prize was established by alumna Miriam Roland ('51, International Relations) of Montreal, Canada, as an endowment at the Haas Center for Public Service. The inaugural prize was presented on March 31, 2004. Congratulations to Dr. Winkelby.
- **Dr. Mary Lake Polan** has been selected as one of Women's eNews 21 Leaders for the 21st Century. Profiles of all the honorees can be found at www.womensenews.org/21leaders2005.cfm. Dr. Polan, along with 20 others women was selected from more than 200 nominees. She will be honored at a gala on May 17th at the Tavern on the Green in New York City. Congratulations to Dr. Polan.

Appointments and Promotions

- **Sally Arai** has been appointed to Assistant Professor of Medicine (Bone Marrow Transplantation), effective 3/01/2005.
- **Andrew Connolly** has been appointed to Assistant Professor of Pathology, effective 3/01/2005.
- **Gary Luxton** has been reappointed to Associate Professor of Radiation Oncology, effective 9/01/2005.
- **Ellen Porzig** has been reappointed Associate Professor of Developmental Biology, effective 9/01/2005.
- **Yuen Tat So** has been promoted to Professor of Neurology and Neurological Sciences, effective 3/01/2005.

Dean's Newsletter March 21, 2005

The Match 2005

Until recently it seemed that the annual Internship Match was in jeopardy due to a lawsuit regarding the anti-trust nature of the Match. I am happy to say this is no longer an issue. On Thursday March 17th, at 10 AM Pacific Coast time – and synchronized by time zone - letters were delivered to the 14,700 graduating medical students across the nation who participated in this year's National Resident Matching Program. The letters informed them of where they "matched." Notably, there were 24,012 positions available this year, of which 22,221 were filled by graduating seniors as well as graduates of osteopathic medical schools, foreign medical graduates, and individuals who had taken time off after medical school or who are changing to a different specialty. Approximately 25,300 individuals participated in the match.

At Stanford some 65 students participated in the 2005 Match - a relatively smaller number of students than usual. Of note, current forecasts suggest that next year's graduating class could be nearly twice that number! Our 2005 graduating medical students chose a broad range of specialty programs. Eight will pursue training in Internal Medicine and seven in Pediatrics. The next most common selections by Stanford students include: Dermatology (6 students), Psychiatry (6), Radiology (6), General Surgery (5), Anesthesia (4), Emergency Medicine (4), Family Practice (4), Orthopedic Surgery (4), Obstetrics/Gynecology (3), Ophthalmology (2), Radiation Oncology (2), Otolaryngology (1), Neurology (1), Neurosurgery (1), and Physical Medicine/Rehabilitation (1). In a number of specialties (e.g., anesthesia, radiology, surgical subspecialties), students must do a transitional year in medicine or surgery before beginning their destination specialty program.

On a national basis, certain trends in specialty selection continued this year. Some of these mirror our student selections. For example, the increase in students applying in psychiatry has continued for the past several years. So too have student interests in dermatology, emergency medicine, and orthopedic surgery. Interestingly, approximately 20% of students nationally choose Internal Medicine.

Also of interest is the fact that nearly a third of our graduating medical students will remain at Stanford programs for the residency – an affirmation of the excellence of our graduate medical training programs as well as our students. Thanks to the Stanford Medical Alumni Association, students, family and friends celebrated this important milestone at the Tenth Annual Match Day Celebration on Thursday evening at the Stanford Faculty Club. As always it was a special event and I want to thank the SMAA for hosting it.

I also want to thank the graduating class for their wonderful participation in this year's Medical Student Gift Challenge. Remarkably, more than 93% of students participated in this gift. This level of support is truly outstanding, and. I want to express my deep appreciation and admiration to everyone in the graduating class.

Following is the list of our graduating students and the programs to which they "Matched." Please join me in extending our congratulations and best wishes to this year's graduating medical school class.

2005 Match Results for Graduating Students

Agredano, Yolanda Zamora	Stanford Univ Progs-CA	Psychiatry
Ali, Unzila A.	Yale-New Haven Hosp-CT	Obstetrics-Gynecology
Alvarado, Rosalinda	Rush University Medical Center-IL	General Surgery
Anandasabapathy, Niroshana	Mt Sinai Hospital-NY NYU School Of Medicine-NY	Medicine-Preliminary Dermatology
Austin, Jennifer Maria	Brigham & Womens Hosp-MA	Internal Medicine
Bein, Sarah Ruth	UCLA Neuropsych Inst-CA	Psychiatry
Bermudez, Dustin Miguel	Hosp of the Univ of PA	General Surgery
Cano, Richard Paul	Stanford Univ Progs-CA Stanford Univ Progs-CA	Surgery-Preliminary
Chang, Johanna Chi	UC San Diego -CA	Pediatrics
Chevez, Shari Garcia	Stanford Univ Progs-CA	Pediatrics
Cho, Raymond Jaihyun	Santa Clara Valley MC-CA UC San Francisco-CA	Transitional Dermatology
Coon, Valerie Catherine	U Utah Affil Hospitals-UT	Neurological Surgery
Cotter, Brooke Megan	Stanford Univ Progs-CA	Internal Medicine

Czaban, Brenda Lora	U Colorado SOM-Denver-CO	Psychiatry
Fleischman, Ross Joseph	Oregon Health & Science Univ-OR	Emergency Medicine
Ghanouni, Pejman	Santa Clara Valley MC-CA Stanford Univ Progs-CA	Transitional Radiology-Diagnostic
Gubens, Matthew Alfred	UC San Francisco-CA	Internal Medicine
Haus, Brian Michael	Massachusetts Gen Hosp-MA	Harvard Combined Ortho
Hiroshima, David	O'Connor Hospital-CA	Fam Practice/San Jose
Hsu, Christopher Posien	Santa Clara Valley MC-CA UCLA Medical Center-CA	Transitional Radiology-Diagnostic
Hsu, Gloria Pu-Ye	Rhode Island Hosp/Brown U-RI	General Surgery
Hsu, Phillip TzuKang	U Wisconsin Hosp/Clinics-WI	Medicine/Dermatology
Huang, Kathie Pei	Stanford Univ Progs-CA Stanford Univ Progs-CA	Medicine-Preliminary Dermatology
Jun, Peter	Santa Clara Valley MC-CA UC San Francisco-CA	Transitional Radiology-Diagnostic
Karanjia, Navaz P.	Stanford Univ Progs-CA UC Los Angeles-CA	Medicine-Preliminary Neurology
Kim, Karen Chunguhn	Case Western/U Hosps Cleveland-OH	Internal Medicine
King, Angela Goffredo	Oregon Health & Science Univ-OR	Internal Medicine
Kirilcuk, Natalie Nina	Stanford Univ Progs-CA	General Surgery
Kohrt, Holbrook Edwin	Stanford Univ Progs-CA	Internal Medicine
Kulkarni, Vedant Ashok	UC San Diego Med Ctr-CA	Orthopaedic Surgery
Kwan, Sharon Wing-Yi	Santa Clara Valley MC-CA UC San Francisco-CA	Transitional Radiology-Diagnostic
Langen, Elizabeth Suzanne	Stanford Univ Progs-CA	Obstetrics-Gynecology
Lau, Gary Kaman	UC San Diego Med Ctr-CA Stanford Univ Progs-CA	Medicine-Preliminary Anesthesiology
Lebl, Darren Richard	Massachusetts Gen Hosp-MA	Harvard Combined Ortho
Lee, Arthur Ta-Tzu	Stanford Univ Progs-CA	Orthopaedic Surgery
Lehman, Trang Diem	Vanderbilt Univ Med-TN	Anesthesiology
Leng, Theodore	Huntington Memorial-CA U Miami/Bascom Palmer-FL	Medicine-Preliminary Ophthalmology
Levin, Cheryl Lynn	Alameda Co Med Ctr-CA U Minnesota Med School-MN	Transitional Dermatology

Lombardi, Lorinna Hiu-Leong	Alameda Co Med Ctr-CA Oregon HSU-OR	Transitional Ophthalmology
Long, Eliza Eugenie	Stanford Univ Progs-CA	General Surgery
Marsico, Nicole Denise	Stanford Univ Progs-CA	Pediatrics
Matin, Mina	UC San Francisco-CA	Family Practice
McAllister, Josephine Chu	St Barnabas Med Ctr-NJ Massachusetts Gen Hosp-MA	Transitional Dermatology
McIntire, Jennifer Jones	Stanford Univ Progs-CA Stanford Univ Progs-CA	Medicine-Preliminary Radiation-Oncology
Meites, Elissa May	UC San Francisco-CA	Family Practice
Ngo, Jessica Dong-Shen	Stanford Univ Progs-CA	Emergency Medicine
Nguyen, John Hanh	Stanford Univ Progs-CA Stanford Univ Progs-CA	Trans/Anes Santa Clara Anesthesiology
Nguyen, Rosalyn Thuyhong	Scripps Mercy Hosp-CA Harvard/Spaulding-MA	Transitional Phys Medicine & Rehab
Ochoa, Ruth Irene	Alameda Co Med Ctr-CA	Emergency Medicine
Philp, Julie Christine	LSU SOM-New Orleans-LA	Pediatrics
Po, Julia	Memorial Sloan-Kettering-NY NYU School Of Medicine-NY	Transitional Radiology-Diagnostic
Pomrehn, Andrea S.	Massachusetts Gen Hosp-MA	Internal Medicine
Ratanasopa, Sarah Queen	Oregon Health & Science Univ-OR	Pediatrics
Rohan, Felisha Christine	U New Mexico SOM-NM	Family Practice
Ryan, William Russell	Stanford Univ Progs-CA Stanford Univ Progs-CA	Surg-Prelim/Otolaryn Otolaryngology
Schultz, Miriam Naomi	NYU School Of Medicine-NY	Psychiatry
Siedhoff, Matthew Thomas	NYU School Of Medicine-NY	Obstetrics-Gynecology
Sohal, Vikaas Singh	Stanford Univ Progs-CA	Psychiatry/Research
Sohoni, Aparajita	Alameda Co Med Ctr-CA	Emergency Medicine
Taira, Al Vincent	St Marys Medical Ctr-CA U Washington Affil Hosps-WA	Medicine-Preliminary Radiation-Oncology
Wang, Cynthia S.	U Colorado SOM-Denver-CO	Psychiatry
Wang, David Stephen	Scripps Mercy Hosp-CA Stanford Univ Progs-CA	Transitional Radiology-Diagnostic
Yu, Grace Peace	Childrens Hosp-Phila-PA	Pediatrics

Yu, Margaret Katie

Northwestern McGaw/NMH/VA-IL

Internal Medicine

Zambrano, Adriana Edith

Childrens Hosp-Oakland-CA

Pediatrics

In addition to the Match for our graduating Stanford Medical students, Match Day is equally important for our post-graduate training programs at Stanford Hospital and at Lucile Packard Children's Hospital. Our various specialty disciplines offer some 151 internship slots that attract students from Stanford as well as other leading programs. As with our medical students, each of these discipline-based residencies also had wonderful success in recruiting their top choices. The diversity of offerings and number of programs is listed below:

Program	Number Accepted	Number of Stanford Students
<i>Anesthesia</i>	17	3
<i>Dermatology</i>	5	2
<i>Emergency Medicine</i>	10	1
<i>Internal Medicine</i>	28	2
<i>Medicine (Preliminary)</i>	9	3
<i>Neurology</i>	5	1
<i>Neurological Surgery</i>	2	0
<i>Obstetrics-Gynecology</i>	4	1
<i>Orthopedic Surgery</i>	4	1
<i>Pathology</i>	6	0
<i>Clinical Pathology</i>	1	0
<i>Pediatrics</i>	20	2
<i>Physical Medicine & Rehabilitation</i>	5	0
<i>Plastic Surgery</i>	3	0
<i>Psychiatry</i>	8	1
<i>Psychiatry/Research</i>	1	1
<i>Radiology-Diagnostic</i>	7	2
<i>Radiation Oncology</i>	3	1
<i>General Surgery</i>	6	2
<i>Surgery (Preliminary)</i>	4	1
<i>Surgery Preliminary/ORL</i>	3	1
<i>Urology</i>	3	0
<i>Transitional/Anesthesia at SCVMC</i>	2	1
Totals	151	25

Congratulations to our various Program Directors and Training Programs for an excellent match – and also to the many students who will be joining the Stanford family in June/July from around the nation for graduate medical education.

A Need to Engage and Improve

Even as we extol the accomplishments of our students and graduate medical training programs it is important also to acknowledge more sobering data that was presented to the Medical School Faculty Senate on Wednesday March 16th. These data were regarding the performance of our students in the Clinical Performance Examination and on the evaluation of our first and fourth quarter course evaluations. More specifically, I am not pleased with the Clinical Performance results that evaluate the history taking and physical examination skills of our students. It seems clear that we need to improve both as an institution in emphasizing these skills. A problem that has been clearly identified is the difficulty in getting faculty to engage and teach physical exam and history taking skills. Certainly I recognize that identifying experienced faculty to teach has become more challenging due to the time constraints on faculty. But the consequences are too serious to ignore. We must do better. I want to call this matter to the attention our faculty and implore each person to participate more fully in bedside teaching. We will be talking about this issue more broadly and identifying a remediation plan that will be discussed in the near future.

Also at the March 16th Senate meeting, Dr. David Fetterman described a new evaluation system that provides a helpful way to review the positive and negative evaluation of courses – remediation plans to be put in place rapidly. Overall, courses in the new curriculum are receiving excellent reviews, with a few exceptions that are being addressed by the Committee on Courses and Curriculum, the Office of Medical Education and the relevant departments. Importantly the evaluation system provides a more analytic assessment of why a course is doing well or not and thus permits the ability to develop plans for improvement. While it is important to acknowledge that a number of the evaluated courses were well received, it is equally important to note that all the course leaders are eager to find ways to improve their offerings. Feedback is enormously important in guiding change and improvement, and we are certainly committed to both.

Commonwealth Reflections

On March 9th I had the opportunity to speak at the Commonwealth Club in San Francisco, where I addressed an array of challenges facing American Medicine in the 21st Century. One of the ironies in our current situation is that, at the same time as scientific insights and innovations are becoming increasingly abundant and promising, our health care system is becoming increasingly dysfunctional. Some of my comments were reported in the latest issue of the Stanford Report (<http://news-service.stanford.edu/news/2005/march16/med-pizzo-031605.html>) and I will not repeat them here. However, I did want to note that, while I have commented in various settings on my view that a radical change, such as a single payer system, is needed, I am also intrigued by a proposal developed by Ezekiel Emmanuel and Victor Fuchs that is built on health care vouchers. Their proposal will be published as a Sounding Board article in the March 24th issue of the New England Journal of Medicine, which that will be available later this week. I would certainly encourage you to review their article.

Events

- ***Appreciation to Dr. Bruce Reitz:*** On March 8th we had the opportunity to honor and thank Dr. Bruce Reitz, Norman E. Shumway Professor of Cardiothoracic Surgery, for his extraordinary contributions as a surgeon, innovator, faculty leader and, for the past 12 years, Chair of the Department of Cardiothoracic Surgery. Dr. Reitz has established a remarkable record of accomplishment and excellence and has done so with humility and dignity that is nonpareil. I want to thank Dr. Reitz again for all that he has done for Stanford to date and to wish him well on his well deserved sabbatical. We certainly will look forward to welcoming him back to the Stanford community when he returns both renewed and ready to take on new challenges!
- ***A New Era of Psychiatry:*** On Monday evening March 7th, Dr. Alan Schatzberg, Kenneth T Norris, Jr. Professor and Chair of the Department of Psychiatry and Behavioral Science, and his colleagues hosted an exciting program on the new breakthroughs occurring in the diagnosis, treatment and prevention of psychiatric disorders. Important topics included bi-polar disorders; depression; schizophrenia; stress, health and integrative medicine; and women's wellness, menopause and hormones. The evening consisted of faculty presentations as well as informal discussion groups with members of the community. It was enormously well received. I want to also thank the faculty who helped to make this event so successful.

Dean's Newsletter April 4, 2005

National Advisory Council Reviews School

On Monday March 21st, the School of Medicine's National Advisory Council (NAC) made their second annual visit to assess our progress in achieving our strategic and mission-specific initiatives. Their first visit was exactly a year ago, in March 2004.

The NAC is chaired by Dr. Ed Benz, President of the Dana Farber Cancer Institute and Professor of Medicine at Harvard Medical School. Council members also include Dr. Elizabeth Blackburn, Professor of Biochemistry & Biophysics at UCSF, Dr. Tom Boat, Professor and Chair of Pediatrics at the University of Cincinnati and Pediatrician-in-Chief of Cincinnati Children's Hospital, Mr. William Halter, Stanford University Board of Trustees Emeritus, Dr. Daniel Lowenstein, Professor of Neurology, UCSF, Dr. Bil Acting President of Morehouse University, Dr. Carla Shatz, Professor and Chair, Department of Neurobiology at Harvard Medical School, and Dr. Sam Wells, Professor Emeritus, Duke University School of Medicine. Drs Satcher and Shatz were unable to attend this meeting but have been engaged in our progress via other communications.

This year's NAC began with a presentation I gave on "The Year in Review and Paving a New Future". I reviewed the progress we have made in achieving our Strategic Plan Translating Discoveries as outlined in the January 10th Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/01_10_05.html) and highlighted the major challenges we face over the coming months and year:

Education: Further refining the New Stanford Curriculum, including improving the didactic courses and scholarly concentrations; addressing the clinical rotations and experiences including improving the evaluation system; continued preparation for the upcoming LCME review this October; further development of clinical courses for bioscience students; working with the University on the Graduate Education Initiative; initiating a program for graduate education opportunities for clinical fellows; rebasing the program for continuing medical education.

Research: Continuing to support and advocate for basic science research throughout the school, recognizing this as our true core strength; further developing the infrastructure to support translational research through SPCTRM (Stanford/Packard Clinical-Translational Research Medicine) and STRIDE (Stanford Translational Research Database Environment) programs; continued development of the Stanford Institutes of Medicine, including the specific goal of further developing the stem cell and regenerative biology research programs in preparation of funding from the California Institute of Regenerative Medicine (CIRM). This work is being done in conjunction with our Stanford Program in Regenerative Medicine under the banner of the Stanford Cancer and Stem Cell Institute. In tandem, we are making progress in our application to become an NCI-designated Comprehensive Cancer Center and plan to submit it in October 2005. Progress is also being made in the organization of the Neuroscience and Cardiovascular Institutes and in the initiation of the Immunity, Transplantation and Infection Institute. We are also further developing the Strategic Centers and defining the School's connection to BioX and related University initiatives. In conjunction the School of Engineering, we continue to develop the new Department of Bioengineering, which is already off to a great start, and we are collaborating with University leaders in the broad programs on the Environment and on International Initiatives.

Patient Care: One of the most important tasks is to stay engaged with integrated clinical planning with both Stanford Hospital & Clinics (SHC) and Lucile Packard Children's Hospital (LPCH), both programmatically and for facility utilization. That said, the single most critical task is to complete the process of "funds flow" and begin implementation, albeit with a transition plan, in the FY06 budget. Also key will be the planning for the North Campus and, in tandem, the refinement of the long-range capital plan for both SHC and LPCH.

Professoriate: Of course one of our most important new initiatives is improving diversity throughout the School and in developing a broad ranging program for

leadership training and development, both under the guidance of newly appointed Senior Associate Dean Dr. Hannah Valantine. In addition, continued efforts are underway to better manage our available billets and, importantly, to improve, based on forthcoming recommendations from the Task Force led by Dr. Rob Jackler, the processes and procedures involved in academic appointments and promotions. Also important to our future is the further refinement of our programs to support Clinician-Educators.

Finance and Administration: One of our most important goals is the continued refinement and planning of space to support our research and education missions. We are in the process of completing the “Master Site Plan” for the Medical School Campus, which defines space options and opportunities for the next two decades. First and foremost is the program planning for the Learning and Knowledge Center, which will be located on the site of the Fairchild Auditorium, and Stanford Institutes of Medicine #1, which will be located on the parking lot south of CCSR. The infrastructure plans to support the entire medical site development (including future SIM’s 2-4) will be completed and the future of the original ED Stone Complex will be reassessed, in conjunction with the site development plans underway at SHC. Key to this planning is further refining both the costs of the new building projects, renovation and infrastructure support and, perhaps most importantly, the plans for funding these projects. We hope to have this planning completed in the next two months. In addition to planning for on-sight research space, we are also working actively on the off-site facilities. These include the Arastradero site, which will provide interim space for investigators in the Cancer and Stem Cell Institute and the Neuroscience Institute, as well as the renovations at California Avenue, where the genome centers are located, and the utilization of animal space on Porter Avenue. Given our significant needs for laboratory space we are also looking at the prospect for additional off-site rentals.

Communications/Advocacy/Government Relations: With the continued program development by Paul Costello, Executive Director of Communications and Public Affairs, and Ryan Adesnik, Director of Federal Relations, we have assumed a more vibrant and proactive stance on a number of important issues. Our ongoing agenda of course includes stem cell research, but I have also engaged in a number of issues, including funding support for the NIH, the challenges of conflict of interest, alignment of medical school deans around the upcoming reauthorization of the NIH, the recent issues of clinical trial challenges and the need to develop a clinical trial registry, and our failing health care “system,” among others. I hope you are pleased with the recent issues of *Stanford Medicine*. I anticipate continuing exciting editions in the future.

Development/Philanthropy: Our Office of Medical Development (OMD) is undergoing a needed transformation, thanks to the recruitment of Doug Stewart last October as the Associate Vice President for OMD. Doug has recruited a number of new staff and has reorganized operations. He is now focusing on fundraising plans, which include our key initiatives – the Stanford Institutes of

Medicine, Education and related hospital initiatives. Clearly this is a work in progress, but evidence of improvement is already evident. At the time of this writing, our medical development is \$20 M ahead of this same time last year. But we have some major needs to fill in both capital and program development through the School, Medical Center and University campaigns, as well as a specific need to more than double our annual cash from development. While this will require enormous commitment by our faculty, leaders and of course our OMD staff, I am confident that we will achieve the goals we are setting. I am certainly personally committed to doing all that I can to make this happen.

Planning for the Future: I also discussed with the NAC the important challenge that I believe we – and virtually all – academic medical centers will face in the years ahead. As I discussed in my February 7th Dean’s Newsletter commentary on “Charting the Future and Pondering Some Important Questions” (see http://deansnewsletter.stanford.edu/archive/02_07_05.html#1) I do believe that education and research and their relevance to patient care will undergo transformation as a consequence of new innovations, discoveries and opportunities. Important questions are the rate and pace of change and the ways Stanford can serve as a leader. This potential relevance to Stanford is one of the reasons I posed the broad question of how an academic medical center might be organized in 2005 if we were starting anew and planning to optimize our missions for the next 2-3 decades. Because aspects of this question could have immediate relevance to some of our current department chair recruitments, I also offered some advice to the search committee beginning their work on behalf of the Department of Medicine (see below). Obviously this is an issue we will be discussing and working on in the years ahead.

My presentation was followed by a update on the School’s diversity and leadership initiatives by Dr. Hannah Valentine along with contributions from Chequeta Allen, Assistant Dean for Postdoctoral Affairs, Dr. Gabe Garcia, Associate Dean for Admissions, Anika Green, Assistant Dean for Graduate Studies and Director of the Biosciences Diversity Programs, Dr. Fernando Mendoza, Associate Dean for Minority Advising and Programs, Julie Moseley, Manager of Organizational Development, Dr. Ellen Porzig, Associate Dean for Graduate Studies, and Ellen Waxman, Director of Faculty Relations. Dr. Valentine reviewed the plans she proposed at the School’s Retreat in January (see <http://news-service.stanford.edu/news/2005/february2/med-retreat-020205.html>) and received considerable praise from the NAC for the initiatives being taken and for the broad engagement through the School

The NAC also heard updates on two of the Stanford Institutes of Medicine (Dr. Bobby Robbins, Director of the Cardiovascular Institute, and Drs. Bill Mobley, Director of the Neuroscience Institute, and Karoly Nikolich, Chair of this Institute’s Advisory Council) and two Strategic Centers (Dr. Rick Myers for the Genome and Human Genetics Center and Dr. Henry Lowe for the Center for Clinical Informatics). Some of the materials related to these Institutes and Strategic Centers can be found on our Strategic Planning Website at <http://medstrategicplan.stanford.edu/retreat05/>.

We also discussed the Neuroscience Institute at Stanford (NIS) at our Executive Committee on Friday April 1st. Dr. Mobley reviewed the rationale for the Institute. The key elements of this rationale are that disorders of the nervous system are devastating and increasingly common; that we are learning to decipher disease mechanisms, encouraging prospects for effective new treatments; but that a variety of factors combine to slow the pace of applying the benefits of research to patient care. As a result, a new model is needed to accelerate research leading to treatments. This rationale gives rise to the vision and mission of the NIS: to relieve human suffering that arises from the dysfunction of the nervous system and to create a new culture to realize a bold vision for research, treatment, and teaching that arises from the synergy of diverse disciplines focused on the nervous system.

Dr. Mobley updated the Executive Committee on the progress he and his colleagues have made over the past year in the development of the Institute. They have made major strides in building the NIS community, identifying internal leaders, initiating fundraising efforts, securing external support, planning for meeting the Institute's space needs, and starting new scientific collaborations. He concluded by describing a few of the exciting recent research outcomes in laboratories associated with the Institute. The Executive Committee shared Dr. Mobley's enthusiasm for the scientific advances coming out of the Institute and applauded the progress that has been made to date.

Message to the Search Committee for the Next Chair of Medicine and Further Thoughts on "Charting the Future"

In my February 7th Dean's Newsletter I raised questions about the current and future organization of academic medical centers and schools of medicine. In doing so, I asked our school leaders and faculty to consider how they might construct an academic medical center if they were starting from a clean slate in 2005 and wanted to develop programs that would foster the future of medical education, research and patient care. I raised these questions in part because I believe it is incumbent on us, as the current stewards of Stanford, to reflect on how we can assure that our medical school and medical center continue to achieve excellence in the years ahead and serve as a role model for research-intensive schools of medicine in the 21st century.

In raising these questions— and in being purposefully provocative — I knew, and indeed hoped, that my comments would provoke discussion and creative thinking among our faculty and department chairs. To further the discussion, over the past several weeks I met in smaller groups with our basic and clinical science department chairs and I received correspondence from a number of faculty offering their input and recommendations. A number of opinions were expressed — some strongly — that offered different perspectives, points of view and biases. It is notable that even those who protested the prospect of changes in our current organization did acknowledge that some aspects of our current organization are not optimal and will likely change in the years, or decades, ahead. The question is when and how Stanford should participate in — or lead - that change.

Among the reasons for raising this topic at this time is the fact that we have several department chair searches that are ongoing or are being initiated. I felt it particularly important to set some definitions and boundaries now, so that we could more optimally define the scope of responsibilities and qualities that should characterize future leaders.

On Friday, March 25th, I met with the newly appointed Search Committee for the next Chair of the Department of Medicine and took the opportunity to offer some additional perspective and conclusions emanating from my discussions and thinking. The Search Committee is co-chaired by Drs Harvey Cohen and Gary Glazer and includes as members Dr. Mark Davis, Mr. John De Caro, Drs Scott Delp, Carlos Esquivel, Michael Jacobs, Michael Longaker, Bill Mobley, Daria Mochly-Rosen, Rick Meyers, Mike Peterson, Robbie Robbins, Alan Schatzberg, Matt Scott, Lucy Shapiro, and Irv Weissman. Ms Dee Morris and Ms Rebecca Trumbull are staffing this committee.

In charging the Committee, I began by providing a brief summary of the history of academic medical centers and schools of medicine. This is a relatively brief history, since the earliest academic medical center embracing basic and clinical science, Johns Hopkins, was established in 1893. Throughout the subsequent decades, there have been numerous organizational structures that have varied in as many, or more, ways as they have been similar. Some characteristics have remained consistent; for example, the split between basic and clinical departments has been a common thread throughout most centers. About 40 years ago significant changes in the size and scope of academic medical centers and their full time faculty occurred with the introduction of Medicare and the expansion of the National Institutes of Health. Today, academic medical centers and schools have many differences, but they also share some common features, one of which is the Department of Medicine.

Departments of Medicine have historically been and are often today loose amalgamations of a wide variety of disciplines. Differing cultures and changing dynamics both within medicine and within individual institutions have led to a variety of structures for departments of medicine, with inclusion of some disciplines, exclusion of others, and varying sizes, focus and scope. For example, some institutions have departments of medicine as large as 800-1000 faculty, which is larger than the entire school of medicine at Stanford. In one institution, neurology or dermatology might be a part of the department while oncology is not; in another institution it could just as easily be the other way around. Ultimately, each department of medicine is distinctive and is often the result of institution-specific changes and evolution, including, not infrequently, past leadership and institutional culture and mission.

While departments of medicine were often formed as an aggregate of distinct disciplines and subspecialties that became organized around divisions, surgery followed a different pathway. It disaggregated based on the argument that this fostered a more successful focus and development of specific surgical specialties (e.g., urology, neurosurgery, orthopedic surgery, otolaryngology, etc). Basic science departments have also evolved. Some schools have large departments and others smaller groupings, with the names of the

departments changing as new scientific disciplines arose but also with considerable overlap in the type of research being conducted despite differences in name.

Against this backdrop of the fluidity of the form and shape of medical schools and of departments of medicine in particular, I also focused in my remarks on Stanford's recent history. Prior to Stanford's move to Palo Alto in 1959, the preclinical activity of the medical school was located on the Palo Alto campus but the clinical programs and training took place in San Francisco. When the decision was made to bring the basic and clinical sciences together on the Stanford campus, many of the most senior and experienced clinical faculty stayed in San Francisco, resulting in an initially unbalanced configuration of the school. The historical emphasis and strength in the basic sciences at Stanford have led to one of the very best basic science programs in the world. This achievement, however, has been accompanied by clinical programs that initially lagged in their growth and development. It also resulted in the perception that clinical medicine was undervalued and, to an extent, less important to the school and university.

While underscoring the fundamental importance of the departmental structure as the foundation of the School, I shared some of my views about the future and about the opportunities for a new kind of interrelationship between the basic sciences and clinical care. A change is in the air throughout medicine and the delivery of health care, and Stanford could be at the forefront of how an institution reshapes itself to meet those new challenges. New paradigms for both MD and PhD education are unfolding, and Stanford could be the leader in developing those, just as we have begun to do with our new curriculum and the unfolding plans for graduate education. While maintaining the current strong basic science research departmental structure, I would like to encourage further connections and collaborations between the basic and clinical sciences.

I believe that Stanford should be at the forefront of crafting this new agenda, rather than passively watching it unfold elsewhere. Moreover I believe that as a small research-intensive school of medicine on a single campus, Stanford has a unique opportunity to craft the future of academic medicine. For example, the newly created Stanford Institutes of Medicine begin to provide the fundamental building blocks of this new structure, which will promote a greater interdisciplinary approach across all missions within the School of Medicine. The new strategic centers will serve as additional connecting points to these greater interdisciplinary endeavors. As the institutes and strategic centers grow and develop, the basic and clinical departments will have a key role in interacting and working collaboratively with them to achieve these goals.

In order to foster and provoke discussion about how we should approach the future, I specifically challenged our community to reflect on how we should change or re-invent ourselves. Not surprisingly, reactions to this challenge have varied, depending on a number of factors, including whether the individual is a junior or senior faculty member and whether the person is a chair or not.

Having said that, I also acknowledge that the school has undergone a tremendous amount of change in the past four years during which I have been dean, which themselves

followed the tremendous upheavals that took place in the antecedent merger and demerger with UCSF. In light of this recent history, I have been reflecting further on the desirability of increasing the pace of new change versus continuing the rate of change already underway following the introduction of our new models for education and the development of the Stanford Institutes of Medicine. Based on the feedback I have received I have come to the conclusion that a longer, visionary view of the future is more appropriate than more immediate organizational changes within the clinical departments. Accordingly, and specific to the department of medicine or pediatrics, I do not envision moves of clinical divisions outside the current home department. Nor do I plan other alignments of extant departments (e.g., neurology and neurosurgery).

That said, I do believe that much greater and more collaborative and cooperative interdisciplinary and interdepartmental program development is essential. It is my hope that the new funds flow model will help to foster that (see http://deansnewsletter.stanford.edu/archive/02_22_05.html) by breaking down some of the financial disincentives to joint program planning. At the same time, I do want to challenge each of our departments and divisions to critically examine how they are currently working and how new alignments might foster novel models for education, research and patient care. Even without moving divisions or departments together into new departments (e.g., cardiology, cardiovascular surgery, vascular surgery, interventional radiology) I want to charge those same divisions and departments to develop new virtual connections that enhance opportunities for education, research and patient care.

These expectations help shape the important characteristics I asked the Search Committee to consider as they begin evaluating candidates for the chair of the Department of Medicine. Among the characteristics I underscored as important to me are the following, which will be provided to each candidate:

1. Leadership skills and the *vision to shape the future rather than recreate the past*; unusual and unique leadership, creative thinker, forward-thinking;
2. Understands complexity of the world of academic medicine;
3. Stellar communication skills with range of constituencies, including basic scientists, clinicians, educators, the hospitals, broader university community, and the broader community beyond Stanford;
4. A known record of accomplishment as a scholar and investigator;
5. Dedication to clinical excellence that is placed on par with that of research excellence;
6. Willingness to engage in discourse about the future of medicine;
7. Willingness to have department work collaboratively with and be supportive of the Stanford Institutes of Medicine;
8. Willingness to work constructively and collaboratively with basic and clinical department leaders and faculty;
9. Ability to foster a sense of community within the department;
10. Ability to bring a sense of value and self-esteem to the department in difficult times and to bring value to the community.

In response to a question about how the departments and institutes might work together, I indicated that I envision the departments as the foundation of the school with institutes providing opportunities for broad interdepartmental and cross-school collaboration around key disciplines that are closely aligned to clinical centers of excellence within each of our affiliated hospitals. Both department chairs and institute directors need to be visionary leaders willing to make Stanford much greater than the sum of its parts.

It is my hope and intention that we should continue to challenge who we are and how we can foster the greatest level of excellence, innovation and discovery. While this can sometimes be unsettling, in the long run it will help Stanford to remain fresh, exciting and outstanding.

US News & World Report Rankings: Advocacy But...

During my time at Stanford (which reached four years on April 2nd!) I have been having an ongoing debate with US News & World Reports regarding the methodology they have employed to rank medical schools. I have been addressing the professional and not the graduate programs. Indeed, the graduate programs within the School of Medicine rank at the top of the list.

One of the major concerns that I have expressed to USNWR (and which I have discussed in this Newsletter) is that the ranking used for medical schools is unduly influenced by the size of the school rather than its quality. That is because one of the most important factors USNWR has employed in its ranking score is the total amount of NIH funding. Because Stanford is among the smallest of the research-intensive schools of medicine it really can't compete in total NIH funding compared to schools like Harvard, Hopkins, Penn and even UCSF, which are all considerably larger in their number of full-time faculty. So, my argument has been that USNWR should also include the amount of NIH dollars per fulltime faculty member as a better measure of faculty quality, rather than just size. After three years of annual visits to the editors at USNWR and many letters and communications, I was successful some months ago in getting agreement that this year's ranking data would include NIH research grant dollars per full-time faculty member. And indeed, in the rankings of medical schools that USNWR published on Friday April 1st (and here I am not fooling), they did include – for the first time – a column reflecting the per faculty NIH research dollars. Stanford is #1 on that score – nearly twice as high as Harvard (amazing how loyalties shift). So, in that regard, my advocacy worked and I do thank the editors at USNWR for their willingness to make this adaptation. That is the good news.

More disappointing is that despite the inclusion of per faculty NIH funding, our rank remained #8 in this years USNWR ranking. The reason still seems to be the size factor. While the editors did include the per faculty NIH funding, it was only 2/3 of the overall NIH score. Clearly the total NIH score impacts the outcome in favor of those larger schools that have significantly higher total NIH funding. But at least the data is clearer and the inclusion of the funding per faculty member offers a beginning counter to the size factor.

Clearly there is more advocacy work to be done, but at least the methodology is a bit more reflective of quality rather than simply size.

Seeing and Experiencing the Future of Medical Education

On Thursday evening March 31st the School of Medicine co-hosted a special event with Jerry Yang, Co-Founder and Chief Yahoo, Akiko Yamazaki, and Robert Bishop, Chairman and CEO of Silicon Graphics, Inc., entitled “The Future of Virtual Reality in Medicine”. The goal of this event was to highlight the way information technology and virtual reality are transforming the way we think about education and how they will impact on both how and where we educate and train students. We had the opportunity to witness the remarkable developments at SGI in virtual reality and to showcase some of the school’s ventures including “Anatomy Imaging of the Future” by Drs. Amy Ladd and Robert Chase and “High Tech Healing: Predicting Outcomes of Cardiovascular Interventions” by Drs. Charlie Taylor and Jeff Feinstein. Dr. Tom Krummel served as the host for the exhibitions. It was an incredible experience, and it offered a glimpse about how education, training and knowledge acquisition and dissemination will unfold during the 21st Century.

During this event we showcased out plans for the future Learning and Knowledge Center (LKC). This new facility will help transform the School of Medicine by providing state-of-the-art facilities for simulation and virtual reality in tandem with interactive small and large class rooms, a conference center and the digital library of the future that will become the School’s knowledge center. We envision that the LKC will provide the education home and hub for medical and graduate students, residents and fellows, faculty, continuing medical education and community events. When the 120,000 sq ft LKC is completed on the current site of the Fairchild Auditorium, it will open a new door for the Medical School to the University and especially to the Science and Engineering Quads. The LKC will be a showpiece for the School and University as well as a gateway to our community, locally and globally. This extraordinarily exciting facility will offer the opportunity for continuing collaboration with SGI, Yahoo and many other programs that have made Silicon Valley the center of the country and even the world for novel information technology development.

Considerable progress has been made on the detailed programming of the LKC, and we are now beginning presentations to the community to help raise the funds to bring it to life. We received wonderful endorsements from the attendees at The Future of Virtual Reality in Medicine event, which allows us to feel some optimism for our success. In addition to the wonderful presentations that were given by our faculty and the exceptional co-hosting by Bob Bishop, Jerry Yang and Akiko Yamazaki, I also want to thank Bruce Bingham, Michael Welsh, Dolly Patterson and our OMD colleagues who helped to make this program so successful. Our goal is to have the LKC completed by 2008. Accomplishing this important goal will require considerable work and effort, which I am absolutely committed to help lead.

Plans for a Visit with His Holiness the Dalai Lama

I am very pleased to announce that Tenzin Gyatso, the 14th Dalai Lama, Tibet's exiled leader and the spiritual leader of Tibetan Buddhism, will visit Stanford Nov. 4-5, 2005. He will make public appearances including a large-scale meditation and teaching event, a conversation about nonviolence and, most notable from my point of view, participation in a conference sponsored by the School of Medicine.

The conference will be a dialogue between the Dalai Lama and a group of distinguished scientists from Stanford and other major universities on the topic of "Craving, Suffering and Choice: Spiritual and Scientific Explorations of Human Experience." Participants will seek to identify common ground between Tibetan Buddhism and neuroscience, disciplines that use very different methods to understand how the mind works and how to treat its disorders. The Buddhists, with their 2,500-year-old tradition of introspective inquiry into the nature of the mind, are thought to have much to offer to neuroscience. Conversely, Western research tools and concepts may help to test the insights that come from Buddhist practice and better understand the mental states achieved through meditation. The goal for the conference is to establish a rich dialogue focused on problems that all of us experience.

A limited number of tickets will be available for the Dalai Lama's public appearances. One group of tickets will be available to Stanford faculty, staff and students between May 30 and June 12. Another will become available to the public beginning June 13. Complete information about ordering tickets, event times and other details about the Dalai Lama's visit, including descriptions of individual events, can be found online beginning April 4 on a website created for the Dalai Lama's visit at <http://dalailama.stanford.edu>. Because demand for tickets is expected to far exceed the supply, all public appearances by the Dalai Lama will be broadcast live on the website.

Other sponsors and co-sponsors of the visit of the Dalai Lama, in addition to the School of Medicine, are the Office for Religious Life, the Aurora Forum, and the Stanford Center for Buddhist Studies - Asian Religions & Cultures (ARC) Initiative. This will be a wonderful opportunity for the Stanford community, and I want to thank everyone who is working to make it a success.

End of Life Discussion

On March 31st, the day of Terry Schiavo's death, the medical school, in conjunction with the Stanford Center on Ethics, held a forum on the ethical and legal issues raised by her case. David Magnus, Professor of Pediatrics, Medicine, and Philosophy and Director of the Stanford Center for Biomedical Ethics, and Debra Rhode, Ernest W. McFarland Professor of Law and Director of the Stanford Center on Ethics, presented their views. They then fielded questions from the audience. The room was overflowing with participants, including members of the media, illustrating how much the Schiavo case has concerned both the medical community and the population more generally. In their presentations, both Professors Magnus and Rhode felt the ethical and legal issues had

been handled appropriately by the judicial system. In conformation with Florida law, the key factor in the judicial decisions was the patient's wishes, as represented by her husband and other witnesses. The principal of patient autonomy in decision-making was considered paramount. However, both Professors Magnus and Rhode acknowledged the "ambiguity" in the boundaries between individual decision-making and government intervention. Questions from the audience were provocative; they challenged the physicians and politicians who participated in the case, as well as the judicial decision itself. On the issue of written directives, both professors maintained that no piece of paper could replace frank, thorough discussions of one's wishes with loved ones.

The forum stimulated important discussion. We plan to work with the Stanford Center on Ethics to present further such forums to the medical community in the future on other ethical topics.

Continuing Stem Cell Debate: Update from Ryan Adesnik

During the past weeks there has been considerable debate and discussion about stem cell research. Accordingly I asked Ryan Adesnik, Stanford Director of Federal Relations, to offer comments on some of the issues unfolding at both the federal and state level regarding stem cell research. His comments follow:

“In the last few weeks you may have read about new developments impacting stem cell research policy in Washington, DC, and Sacramento.

Last week in Washington, the House Republican Leadership agreed to allow a vote on legislation that would loosen Bush Administration restrictions that limit federal funding to research on stem cell lines in existence prior to August 9, 2001. As many of you know, this issue is extremely important since the vast majority of the approved cell lines have proven to be unsuitable for scientific research. Last year, after a vigorous advocacy effort, 206 members of the House and 58 Senators signed a letter to the President requesting that he broaden this funding policy.

The new bill, introduced by Rep. Mike Castle (R-De) and Rep. Diane DeGette (D-CO), would specifically allow federal funding for research performed on stem cells derived from leftover human embryos from fertility clinics. Senators Arlen Specter (R-PA), and Tom Harkin (D-IA) have introduced similar legislation in the Senate. We will work closely with our peer institutions and patient advocacy groups as part of a comprehensive advocacy effort to gain passage of the bill. While this movement is a positive initial step, the legislation is a long way from being signed into law. The House leadership has agreed to a vote in the coming months, so people who follow this issue should expect a lot of twists and turns before this legislation is debated on the House floor.

It is important to note that the Castle/DeGette legislation is silent on the more contentious issue of using somatic cell nuclear transfer (SCNT) to develop additional stem cell lines. While the scientific community is united in its opposition to reproductive cloning, it is vital to protect the ability to perform

SCNT since this technique has so much promise to help us understand and treat disease. Unfortunately, Rep. David Weldon (R-FL) and Senator Sam Brownback (R-KS) have again introduced legislation that would impose significant criminal penalties on scientists who perform research that involves SCNT. It is important to recall that in the last Congress, the House passed the Weldon bill. However, stem cell supporters, including Specter and Senator Orrin Hatch (R-UT), have consistently blocked the Brownback bill in the Senate.

Congressional leaders who support stem cell research have chosen to address the issues of SCNT and expanded funding in two separate pieces of legislation. Legislation that would outlaw reproductive cloning, but specifically allow SCNT has been introduced in the House. Senator Dianne Feinstein (D-CA) and Senator Hatch will soon introduce a similar bill in the Senate. We will be active in support of the Hatch/Feinstein bill and will continue to provide updates as things progress.

In addition to all the activity in Washington regarding stem research, there has also been a lot of action in Sacramento with regard to Proposition 71. State Senator Deborah Ortiz, has joined with conservative Senator George Runner to introduce a Constitutional Amendment that would require: 1) that grant review meetings be subject to the state's open meeting laws; 2) that members of the Independent Citizen's Oversight Committee (ICOC) adhere to NIH conflict of interest standards; and 3) that the state receive revenues from IP agreement generated from Prop 71 funded grants in an amount that would repay the costs the state incurred by issuing the bonds. This proposed Constitutional Amendment requires a 2/3 vote of the California State Assembly and Senate, followed by approval at the ballot box.

Senators Ortiz and Runner have also drafted legislation that proposes a three-year moratorium on the use of hormones utilized to produce multiple eggs for research purposes.

We will be following these issues as they progress. If you have any questions in the interim please feel free to contact Ryan Adesnik in Government Relations at 5-3322; radesnik@stanford.edu.

Upcoming Program in Music and Medicine

Dr. Audrey Shafer has informed me that on May 2 at 5:00 pm at Fairchild Auditorium there will be an interactive concert and lecture sponsored by the Arts, Humanities and Medicine Program and by the Stanford Center for Biomedical Ethics. The program is called "Music and Medicine: The Art of Listening" and will feature well known music commentator and composer Robert Kapilow and the renowned ensemble-in-residence at Stanford, the St. Lawrence String Quartet. For further information, contact Dr. Shafer at ashafer@stanford.edu.

Honors and Awards

HHMI Investigators: On March 21st the Howard Hughes Medical Institute announced the selection of 43 “of the nation’s most promising biomedical scientists as new HHMI investigators.” The 43 new HHMI Investigators were selected from an applicant pool of more than 300 nominees and include 32 men and 11 women from 31 institutions. Stanford University had the opportunity to nominate 3 scientists and of note, all three were selected – the highest proportion from any university or biomedical research institute. The three new HHMI Investigators from Stanford include:

- **K. Chris Garcia**, Department of Microbiology and Immunology, School of Medicine
- **Liqun Luo**, Department of Biological Sciences, School of Humanities & Sciences
- **Steve Quake**, Department of Bioengineering, Schools of Engineering and Medicine

Congratulations to all – and to Stanford!

HHMI Student Training Fellowships: In addition to the HHMI Investigator Awards, several of our medical students have received notification of HHMI Student Training Fellowships. We are very pleased about this as well. To date the selected students are:

- Simon Hanft, SMS 4
- Tyler Hillman, SMS 1
- Yashar Kalani, SMS 1

Congratulations to all.

Burroughs Wellcome Fund (BWF) Clinical Scientist Awards in Translational Research: This award is one of the most prestigious and important awards for clinical and translational investigation. Per the BWF, “the program is intended to help reduce award recipients’ general clinical responsibilities, freeing more time for them to pursue the vital link between basic and clinical research. Most importantly, the program aims to identify and reward proven mentors and to increase their capacity to train the next generation of investigators skilled in translational research. In this way, BWF hopes to catalyze the development of a cadre of experienced physician-scientists critically positioned to bridge the gap between bench and bedside.” To do this, the BWF Clinical Scientist Award in Translational Research provides \$750,000 over a period of five years (\$150,000 per year). According to BWF, “the awards are intended to give recipients the freedom and flexibility to explore fundamental scientific questions, to apply the resulting knowledge at the bedside, and to bring insights from the clinical setting back to the laboratory for further exploration. BWF hopes these efforts will lead to better understanding of the mechanisms of disease as well as to new methods of diagnosing, treating, and preventing disease.” This year BWF made 7 awards –

and quite wonderfully, two of them were to Stanford faculty – both in the Department of Medicine. These two awardees are:

- **Dr. Jeffrey Glenn**, Assistant Professor of Medicine (Gastroenterology and Hepatology)
Project: *Hepatitis C virus: from molecular virology to effective pharmacologic eradication*
- **Dr. Dean Felsher**, Assistant Professor of Medicine (Oncology) and of Pathology.
Project: Pre-clinical validation of g-quadruplex drugs that target MYC to treat cancer

Please join me in congratulating Drs. Glenn and Felsher.

Dr. Paul Berg, Cahill Professor in Cancer Research, Emeritus will receive the 2005 Biotechnology Heritage Award from the Chemical Heritage Foundation and Biotechnology Industry Organization in June at the BIO 2005 meeting in Philadelphia. In announcing this award, Arnold Thackray, president of CHF noted, “Paul Berg’s scientific creativity underlies our knowledge of the genetics of all living things, and our ability to understand the functioning of cells from any species. His work was instrumental in setting the stage for today’s and tomorrow’s exciting advances in biotechnology.”

Congratulations – once again – to Dr. Berg.

Dr. Michael Link, Lydia J. Lee Professor in Pediatric Cancer, was honored on Tuesday March 22nd at a dinner celebrating his being named the first incumbent of the Lydia J. Lee Professor in Pediatric Oncology. This professorship is particularly special in that it is named in honor of a child who is now a long-term survivor of childhood cancer – and who was also a patient who Dr. Link cared for as her physician. During the past several decades there has been incredible progress in the treatment of pediatric malignancies – to the point where survival is now observed in the vast majority of children diagnosed with cancer. This is a testament to research as well as the compassionate and sensitive care that is conducted by physicians like Dr. Link.

Dr. Tony Wyss-Coray, Assistant Professor of Neurology and Neurological Sciences, has been named the first recipient of the John Douglas French Alzheimer's Foundation Distinguished Research Scholar Award. This Foundation is a non-profit public charity that provides funding to outstanding investigators in Alzheimer's disease. This award is considered to be among the most prestigious in this field. Congratulations to Dr. Wyss-Coray.

Appointments and Promotions

- **Christopher Contag** has been appointed to Associate Professor of Pediatrics and of Microbiology and Immunology, effective 4/01/2005.
- **Robert Robbins** has been promoted to Professor of Cardiothoracic Surgery, effective 4/01/2005.
- **Theodore Sectish** has been appointed to Associate Professor of Pediatrics, effective 4/01/2005.

Dean's Newsletter

April 18, 2005

Further Discussions with Departmental Leaders and Faculty Regarding the Future

Since my comments in the April 4th Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/04_04_05.html#2) regarding the future of academic medicine I have met with the faculty and staff leaders of the Department of Medicine and the faculty of the Departments of Neurology and Neurosurgery. We continued discussions about the future of departments and Institutes at Stanford, and most importantly, I listened to the views, concerns and suggestions of faculty and staff. At both meetings I reiterated my perspective that the future will require greater interdisciplinary and more interdepartmental alignments and collaborations in order to create new and exciting opportunities. I also affirmed that this was an opportunity for Stanford to be a national leader and to set and create new standards and expectations. That said, I also confirmed that we will work to achieve this by sustaining, and wherever possible strengthening, departmental functions and value. However, I added that I will expect that departments will seek to re-invent themselves from within, and, equally importantly, to foster more interactions and collaborations to enhance our missions in education, research and patient care. I further affirmed that we will seek to do this without major reorganizations within or among departments and that we will also look for strong and visionary leaders to help shape our broader institutional agenda for the future.

Based on discussions at and outside of these meetings, I am satisfied that our recent discussions about the future of academic medical centers have heightened interest, awareness and thoughtfulness about how we can work collaboratively to make Stanford an even better role model among research-intensive schools of medicine.

Update on the California Institute for Regenerative Medicine (CIRM)

Progress continues in establishing the California Institute for Regenerative Medicine. While the lay press has frequently commented on the problems and deficits of the CIRM and its Independent Citizens Oversight Committee, on which I serve, I am strongly persuaded that considerable progress is in fact being made. Indeed, the 29 member ICOC has been working quite hard to create the infrastructure that will enable the CIRM to begin funding, at least fellowship training grants, by late summer to early fall, 2005.

In the past couple of months, the ICOC has appointed an Interim President, Dr. Zach Hall, who is also working diligently to develop the infrastructure to support the grant making and policy programs of the CIRM. He is recruiting terrific leaders from around the state and country to help launch this effort and I am encouraged by the progress to date.

In the next months a number of ICOC committees will be completing important activities that will have a further impact on the CIRM. The Search Committee for the permanent president of the CIRM (on which I serve) is working intensely and on a remarkably accelerated timeline. In conjunction with the selected search firm, Spencer Stuart, more than 600 inquiries were sent to leading scientists and institutions across the country. The response has been exceptional and the Search Committee is already developing a short list of candidates for further evaluation. While this process must of course be highly confidential, I can say that I am extremely encouraged by the quality of the candidates who are being considered.

The ICOC is also identifying leading scientists and investigators, almost exclusively outside of California, who will serve on the scientific grant review boards. Again, a remarkable list of individuals has been compiled from recommendations received from both the scientific and public communities. This list has been vetted further and the Grants Committee (on which I also serve) is making contact with individuals to determine their willingness to serve. Once again I can say that the quality of the individuals being considered – and who have in turn expressed interest – is outstanding.

In addition, the ICOC Standards Committee is addressing the policies and procedures that will govern stem cell research. A National Academy of Sciences report due in April or May proposing guidelines for stem cell research will be an important resource for this committee. In addition, the Site Selection Committee will issue its report in early May regarding the headquarters for the CIRM. Clearly these are all positive advances.

At the same time there are a number of challenging issues facing the CIRM. Among these are various law suits and legislative bills challenging the ability of the CIRM to carry out its work on numerous fronts (intellectual property, conflict of interest, ability to fund research, and egg procurement among others). While it is understandable that different points of view are being expressed, it would be most unfortunate if these activities deterred the CIRM from its mandate to conduct important research in stem cell biology and regenerative medicine.

One of the issues continuing to receive attention is the perceived need for all of CIRM activities to take place in a completely open and public setting. Certainly the Bagley-Keene Act requires that all meetings (including conference calls) occur in an open and public setting. The ICOC supports that. However, some of the public continues to argue (as do editorials in newspapers like the Sacramento Bee) that grant reviews and even the presidential search committee take place in open settings. We have tried to be clear on why this would violate the process of peer review and, in the case of a high level search, almost surely mean that candidates would be unwilling to be considered, but to no real

avail. I am fully convinced that successful grant reviews require confidentiality, both for the investigator submitting a proposal and for the scientists carrying out the review. Despite considerable effort to explain why this is so important, including discussions with editorial boards in which I have personally participated, the counter view remains. While I certainly respect the right of individuals – and newspaper editorial boards – to disagree, I have full confidence in the peer review process as carried out by the NIH and virtually every non-profit foundation, and I believe that the CIRM should follow a similar confidential peer review process.

Challenges for the NIH and Academia

I have previously commented on some of the very significant issues impacting the NIH and, as a consequence, our academic medical centers. Of course one of the most disturbing is the deteriorating NIH budget, which, after several years of significant increases, is now facing funding shortfalls. This is due to the need to support multiyear grants and contracts and, most disturbingly, the significant decreases in the NIH budget appropriations during the past two years. The worrisome consequence of this is less funding for new and competing grants. I am very confident that our outstanding faculty will continue to compete well for whatever grant funds are available (Stanford is the top-ranked school in the nation in competitive NIH dollars per faculty member – see April 4th Dean's Newsletter – http://deansnewsletter.stanford.edu/archive/04_04_05.html#3). However, the difficulty for new young investigators to receive their initial RO1s and similar grants is a source of significant concern. Clearly we will need to monitor this carefully and do all we can to minimize the negative impact.

In tandem with the concerns about NIH funding is the fact that this once hallowed institution is under siege because of the conflict of interest infractions during the past year and, equally importantly, the rather dramatic over-reaction that the NIH imposed in response. I have also addressed this in recent Newsletters (see February 22 2005 edition - http://deansnewsletter.stanford.edu/archive/02_22_05.html#2). There is no question that clearly defined and universally followed conflict of interest regulations are essential to protect the integrity of investigators, institutions and the public trust. And, there is no question that some of the violations at the NIH reported in print media during the past year appear to have been egregious, they required swift and clear action. Indeed, I am quite sensitive to this matter, both because of the many years I spent as an intramural NIH investigator and because of my participation on the Blue Ribbon Panel that developed new guidelines for conflict of interest for the NIH just a year ago. Unfortunately, while my colleagues and I on the panel felt that we came forward with highly credible and manageable guidelines, the process rapidly become politicized. As a result, the NIH decided to develop more stringent restrictions on outside activities. These were followed just months ago by a one-year ban on all outside activities for NIH scientists.

This ban is creating considerable harm to the NIH, including the decision of a number of senior leaders and investigators to leave – and others not to come. Hopefully the NIH leadership will modify the very stringent restrictions that have been imposed, perhaps to

something closer to those of the Blue Ribbon Panel. The possibility that the current total ban might be modified is suggested from recent comments by the NIH leadership in the Washington Post and other public media. While the situation at the NIH is clearly different from that of academic medical centers, the unfolding events serve to remind all of us of the importance of exercising care and scrutiny in the surveillance and management of conflict of interest. I concur with the editorial comments by Drs. Richard Popp and Paul Yock in the April 6th issue of the Stanford Report (see also <http://med.stanford.edu/spotlight/index.html>). I also wish to underscore that it is incumbent on each faculty member to assure that she or he exercises full and complete disclosure and complies fully with any recommended oversight over potential or real conflicts of interest.

Conflict of interest issues also have relevance to the future organization of the NIH because of the “reauthorization” process slated to take place over the next year. While reauthorization in the past has not had major consequences, in this more politicized environment, and especially with the current shadow over the NIH, it is not beyond the realm of possibility that serious consequences could unfold, either inadvertently or directly. To help prepare for any exigencies that might result, Ryan Adesnik, Director of Federal Relations, and I asked the AAMC (Association of American Medical Colleges) to begin considering how we could work toward the most favorable outcomes of the reauthorization process. As a result, an Ad Hoc Work Group has been established through the AAMC that I am co-chairing with Dr. Bob Kelch from the University of Michigan. Last week we had our first conference call with a number of deans around the country. We alerted them to the risks at hand and the events that might unfold, and we defined steps we might take to do all we can to assure the future integrity of the NIH. I will share more about this with you in the months ahead.

On a more positive note, it appears that several NIH leaders are beginning to speak more openly about the current NIH limitations on funding embryonic stem cell research. Even NIH Director Elias Zerhouni has implied in recent testimony before Senators Harkin and Specter that he may advocate for a more engaged NIH position on stem cell research. I hope this is the beginning of a more enlightened NIH position. While we are fortunate in California to have future funding opportunities through the California Institute for Regenerative Medicine, I worry about the potential erosion of NIH funding if future research investments shift from the federal to the state sector. It is the NIH that has made the United States the unique and worldwide leader in biomedical research, so I hope it will continue to stand as the dominant supporter and funder of all biomedical research in the future.

Enhancing Clinical Research

I am pleased to report that the Stanford/Packard Clinical and Translational Research in Medicine (SPCTRM) will be formally launched in the near future, thanks to the efforts of Drs. Steve Alexander, Professor of Pediatrics and Director of the ACCESS Program, and Harry Greenberg, Senior Associate Dean for Research & Training, and Acting Co-chair, Department of Medicine. Considerable progress has been made during the past two years

in developing the key infrastructure components to help foster a robust clinical and translational program to support our faculty and help Stanford achieve its mission in *Translating Discoveries*. In addition, the innovative programs being developed by the Strategic Center for Clinical Informatics under the leadership of Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, and his colleagues will enhance SPCTRM.

Given the emphasis of the NIH Roadmap on translational research, such developments at Stanford are timely. The importance of clinical research and especially of training the next generation of students and postdoctoral trainees to understand and engage in clinical research was a topic for discussion at the recent Council of Dean's meeting that I attended on Sunday April 10th. It was noted that several task forces have addressed the importance of clinical research, including one sponsored by the AAMC (Association of American Medical Colleges) in 1999 as well as one initiated in the Fall of 2004. While the 1999 task force laid out a number of important goals for the education and training of clinical investigators as well as for the development and support of the infrastructure for conducting clinical research, it is not clear how well these recommendations were implemented.

A similar deficit appears to apply to a report produced in 2001 by a diverse group that included Stanford's Dr. Phyllis Gardner. This report offered strong recommendations for educating medical students about the scientific method underpinning traditional and non-traditional therapies and the ethics guiding clinical practice. Further, this committee recommended that students have a working knowledge of seminal clinical research findings and their application to patient care. In addition, they recommended that students be able to assess and critique the research findings published in major medical journals and know how to assess medical information. Although these and related goals are important and should be part of every student's learning repertoire, it has been widely acknowledged that most schools fall short of a formal didactic program of these important principles. At Stanford the principles governing clinical research are incorporated into a number of courses and there is a Scholarly Concentration devoted to clinical research – but it is clear that we can and should do more to foster knowledge and interest in this important area of medicine.

The need for additional emphasis on clinical research is highlighted by two important facts. First, there is a shrinking number of graduates pursuing careers in clinical research and second, a number of recent events have impacted the public trust regarding clinical research. With regard to the pipeline for clinical research, it has been estimated (albeit based on limited data) that only about 15% of the individuals who receive a K grant in clinical research actually make it to the point where they have two RO1 grants (a reasonable gold standard for career success). At the same time, data presented at the Council of Deans meeting underscored that individuals who enter clinical research have a high satisfaction with a career that combines patient care with the opportunity to generate knowledge that improves that care. However, it was acknowledged that the pressures and demands on such individuals are enormous. Further, in most academic centers, insufficient protected time is made available to carry out the expected clinical research,

and there are an inadequate number of truly knowledgeable mentors to guide the career development of junior faculty who seek a career in clinical research.

Dr. Bernard Schwetz, the Director of the Office for Human Research Protections, underscored to the Council of Deans the importance of learning how to conduct clinical research in a scientifically sound and valid matter. He noted that, particularly recently, the public trust in clinical research has been eroded. Surely a number of tragedies have contributed to this loss of trust (e.g., the gene therapy death at U Penn, the normal volunteer who died in a clinical trial on asthma at Johns Hopkins and, of course, the recent and widely reported cardiac deaths due to NSAIDs). The effects of these events has been compounded by assertions and perceptions of conflict of interest by physicians and investigators involved in carrying out the clinical trials. Of course this underscores the importance of conducting clinical studies with honesty, integrity, transparency and the highest ethical standards. It also underscores the importance of assuring that individuals involved in designing, conducting and reporting clinical trials have been well trained to carry out these tasks. Indeed it is incumbent on institutions to assure that these standards are met – both for investigators and for institutions.

One recent issue that is attracting considerable attention and debate relates to the question of clinical trial registries. The genesis for this comes from the concern by the public, regulatory agencies (including the FDA) and journal editors, that clinical research reports contain selected information and do not offer the full context of data to assure that therapeutic claims are justified. I have commented on this topic previously and have been working with the Institute of Medicine to craft a plan that will better align the various constituents involved in clinical research and that, most importantly will earn the public trust. We are planning a public meeting on this issue at the Health Science Policy Board of the IOM at the end of June to further address this important topic. I will keep you apprised of the outcome of these proceedings.

Progress in Bio-X and Bioengineering

On April 14-15th, the Stanford Advisory Council on Interdisciplinary Biosciences, which is comprised of leading figures from industry (including biotechnology and information technology) as well as venture capitalists, heard updates on the progress being made in Bio-X and Bioengineering. Dr. Scott Delp, Chair of the Department of Bioengineering, noted that some 55 departments and more than 280 faculty from at least four schools at Stanford participate in BioX. Since its faculty-initiated inception and the opening of the Clark Center in the summer of 2003, a series of themes have emerged that organize faculty into various networks. These include biocomputation, genomics/proteomics, biophysics, chemical biology, brain/behavior, regenerative medicine, imaging and biodesign. The Bio-X Graduate Student Fellowships, Postdoctoral Fellowships, Innovation Awards and a number of educational programs have complemented these efforts. Notably, on March 25th an exciting symposium, “Watching Life” was held in the Fairchild Auditorium (see below) and in tandem, another program entitled “Talks in English” extend the reach of Bio-X to a broad and very interested community.

Important progress is also being made in the new Bioengineering Department, which is unique by its joint placement in the Schools of Engineering and Medicine. The department is now admitting its second class of graduate students. More than 360 highly qualified students applied for less than 20 positions. Equally notable, approximately 80% of the students offered acceptance are choosing Stanford over peer institutions like UC-Berkeley, Cal Tech, MIT, Michigan, etc. This surely reflects the exciting community of excellence that is beginning to emerge in the department – evidenced also by the outstanding faculty recruitments, new core curriculum, and nascent evidence of successful faculty competition for major center grants. The latter include a training grant in regenerative medicine (Dr. Michael Longaker, PI), a training grant in biomedical computation (Dr. Russ Altman, PI) and the successful competition to be a Center for Biomedical Computation (Drs. Russ Altman and Scott Delp, Co-PIs), the latter being one of only four such centers in the nation. These early achievements provide some assurance that the department will achieve its goal of being a “top 5 department in 5 years and the number 1 department of bioengineering in 10 years.” With the leadership of Drs Delp and Yock, the excellent faculty joining the department and the superb students and fellows being selected, this goal surely seems achievable.

Dr. Paul Yock, Co-Chair of the Department of Bioengineering, described how the programs in BioX relate to the four Stanford Institutes of Medicine. These relationships provide a unique opportunity to engage a broad array of faculty and students into both thematic areas (see above) and important diseases and medical disciplines. The resulting interactions will further promote innovations, technology development and the opportunity to translate discoveries to improve the health of adults and children locally, nationally and globally.

We are clearly at the early days of interdisciplinary research and education , but there is little doubt that the efforts underway at Stanford will make us the leader in this important field. In addition to our institutional efforts, you may also be interested in reading more about the emerging experiences in interdisciplinary research. I would recommend the recent report published by the National Academy of Sciences entitled, Facilitating Interdisciplinary Research (<http://www.nap.edu/catalog/11153.html>).

Watching Life

On March 25th and 26th Stanford’s Bio-X Program celebrated the culmination of 400 years of imaging at their first large annual symposium, “Watching Life.” The Symposium was organized by Drs. Matthew Scott, Professor of Developmental Biology and Genetics and Chair of the BioX Leadership Council and Sam Gambhir, Director, Molecular Imaging Program at Stanford (MIPS) and Professor of Radiology, and was sponsored by the Bio-X Program, the Stanford Molecular Imaging Program, and the Stanford Beckman Center for Molecular and Genetic Medicine.

The symposium, held at Fairchild Auditorium and the James H. Clark Center, brought together nine of the world’s leading scientists in the field of imaging to present and discuss imaging at different scales of life. Over 420 attendees listened to presentations ranging from imaging intact cells to imaging cells in small organisms to human clinical

studies. The presenters covered new types of microscopy, diagnostic imaging, engineering, chemistry, medical bioethics and clinical imaging of human brain addiction. Learning about all scales of imaging is important in bridging the different ways scientists observe biological processes.

Following the scientific presentations, 49 posters exhibited some of the tremendously exciting research being conducted at Stanford. The poster session provided great opportunity for Stanford students and postdoctoral fellows to meet each other, the symposium's world leading speakers, and the attendees from industry. The workshop on Saturday at the Clark Auditorium was attended by over 120 of Stanford's faculty, students and postdoctoral fellows and concentrated on the technical aspects of imaging.

The symposium, the poster session and the workshop were all open to the public. The events were very well attended. The Speakers Dinner was attended by about thirty of Stanford's imaging specialists, and provided a fantastic environment for exchanging ideas. Bio-X will continue to sponsor annual symposia on topics in multi-disciplinary biosciences for the benefit of both the Stanford community and visitors from elsewhere.

Stanford in New York

During the last several months members of the School of Medicine have been participating in major Stanford University events around the country. These have included appearances in San Diego, San Francisco, and London and, on April 16th, New York. Our specific charge was to host a plenary panel on stem cell research and medicine and I was pleased to be joined by an outstanding group of panelists including Drs Paul Berg, Irv Weissman, Mary Lake Polan and Hank Greeley. We had a far-ranging discussion that began with the fundamentals of stem cell biology and regenerative medicine. We addressed the extraordinary opportunities we believe will flow from research in this area and how Stanford will help lead that effort. The discussion included the controversies surrounding stem cell research and egg procurement as well as some of the legal and moral issues that impact this important new area. Our panel had the opportunity to address important and challenging issues. It is incredibly important that we provide as much public information and education about this extremely important area of bioscience and medicine as possible, and I am very appreciative that the University leadership given us the opportunity to do so.

Stanford Postdoctoral Fellows Meeting

On Thursday April 14th the Stanford University Postdoctoral Fellows Organization, led this year by Drs. Adriana Parra and Joyce Furfaro, met to review areas of progress and challenge. I am pleased to say that Stanford Postdocs have played a key role in helping to foster and develop support programs at Stanford and have taken a leadership role nationally as part of the National Postdoctoral Association. During the past year the SUPD has continued to make progress in working with the university leadership to improve the health and dental benefits for postdoctoral fellows, including access to Stanford faculty physicians. Other advances have been the initiation of the Career Center

led by Michael Alvarez and the appointment of Chequeta Allen as the Assistant Dean for Postdoctoral Fellows.

Without question postdoctoral fellows represent one of the most important and significant assets at Stanford, and I am pleased to note the continued progress being made in providing support that improves their Stanford experience.

Call for Nominations

The Albion Walter Hewlett Award was developed by the Department of Medicine as a recurring award to honor an extraordinary physician with ties to Stanford. Nominees are welcome from all departments and are not confined to the Department of Medicine. The award committee invites your nomination for a possible award presentation in 2005. Nominees should be from among those living who have made a substantial investment in Stanford (past or present students, house officers, fellows or faculty) and who have consistently, over decades, demonstrated the exemplary combination of a scientific approach to medicine and sensitivity to patients. They should be consummate physicians and role models for future academicians in medicine. Their work should be well known at least at Stanford and, optimally, nationally. Deadline for nominations is due on May 1st. For more information please check out the website at <http://medicine.stanford.edu/hewlett/>.

Upcoming Events of Interest

I want to call your attention to two upcoming events that promise to be of great interest to our community.

MEDICINE and the MUSE: An Arts, Humanities and Medicine Symposium, Thursday April 21, 2005, 5 pm Cantor Arts Center Auditorium, Stanford University. All are welcome. This event is free and open to the public and will include presentations, music and an art exhibit by Stanford medical students. The keynote speaker will be David B. Morris, PhD. He will speak on "Pain & Narrative: Where does it hurt?" Dr. Morris is University Professor, University of Virginia, and author of *The Culture of Pain; Illness and Culture in the Postmodern Age*. A reception will follow at 7 pm. This event is supported by The Osher Foundation, The Vera M. Wall Center at Stanford, and Helen and Peter Bing. Sponsors include the Biomedical Ethics and Medical Humanities Scholarly Concentration Arts, the Humanities and Medicine Program, the Stanford Center for Biomedical Ethics, and the Iris & B. Gerald Cantor Center for Visual Arts at Stanford University

MUSIC & MEDICINE: The Art of Listening, An Interactive Concert and Lecture by Robert Kapilow and the St. Lawrence String Quartet, Monday May 2, 2005, 5pm Fairchild Auditorium. This event is about using music to explore the practice of medicine: communication, teamwork, focus & the human condition. It is free and open to the public, and a reception will follow at 6 p.m. Composer Robert Kapilow is music commentator for NPR and host for Lincoln Center's 'Great Performers' concert series.

The St. Lawrence String Quartet is an internationally-renowned ensemble-in-residence at Stanford. This event is supported by The William and Flora Hewlett Foundation; The Office of the Dean, School of Medicine; Office of the Dean, School of Humanities & Sciences; The Office of the President; Stanford Music Department; and The Vera M. Wall Center at Stanford. It is sponsored by the Arts, Humanities and Medicine Program and the Stanford Center for Biomedical Ethics.

If you have questions about these events, please be in touch with Dr. Audrey Shafer at ashafer@stanford.edu.

Events

- ***Thanks to Dr. Judy Swain:*** On Tuesday afternoon April 5th, faculty gathered to thank Dr. Judy Swain for her eight years of leadership in the Department of Medicine. During that time important accomplishments were achieved including significant improvements in the quality of residents admitted to the internal medicine residence program and the increased interest of these residents in careers as physician scientists; the recruitment of outstanding junior faculty, a number of whom are already being acknowledged for their accomplishments as physician-scientists; growth in a number of clinical programs; and a dramatic improvement in performance based clinical activity and the financial solvency and success of the department. In addition to her leadership of the department, Dr. Swain assumed a number of important leadership roles in the university including serving as chair of the Advisory Board and most recently a committee on the professoriate.
- ***Community Lecture Series Continues:*** Our extremely popular evening series that provides opportunities for faculty leaders to present exciting new areas of Stanford Medicine to our neighboring communities continues. On April 6th, Dr. Gary Glazer, Professor and Chair of the Department of Radiology, spoke about the fascinating changes that have occurred in the field of imaging, from its inception, to its current and future states. It is remarkable to witness the progress that has taken place and to anticipate the further evolution of this field, due to computer simulation, processing of large data bases, and the burgeoning field of molecular imaging.. This has been an area where Stanford has excelled. Thanks to Dr. Glazer's leadership, we have assembled one of the very best faculty in the world, and they are contributing significantly to new discoveries and innovations.
- ***Nobel Lecture Week:*** The Stanford community had the unique opportunity to hear presentations by two of the most significant figures in biomedical research, both of whose extraordinary contributions have been recognized by the Nobel Prize. On Thursday April, the Second Edward Rubenstein Lecture was presented by Dr. Sidney Brenner to a standing room audience in the Fairchild Auditorium. And then on Friday April 15th Stanford's own Dr. Arthur Kornberg gave the Annual Robert A. Chase Lecture entitled, "Reflections on Science and Medicine." Quite a week!

Awards and Honors

- **Dr. Stuart Goodman**, Professor of Orthopedic Surgery, along with five others from around the world in the fields of Biology, Medicine and Dentistry, has been named Adjunct Professor at the University of Helsinki, Finland for the year 2005-06. Dr. Goodman will teach and do research there for short periods of time in the fields of Orthopedic Surgery and Bioengineering. Congratulations to Dr. Goodman.

Appointments and Promotions

- **Richard Lewis** has been promoted to Professor of Molecular and Cellular Physiology, effective 4/01/05.
- **Liqun Luo** has been promoted to Professor of Biological Sciences, effective 4/01/05.
- **Julie Parsonnet** has been promoted to Professor of Medicine and of Health Research and Policy, effective 4/01/05.
- **Paul Wise** has been appointed to Professor of Pediatrics, effective 4/01/05.

Dean's Newsletter May 2, 2005

NAS Issues Guidelines for Stem Cell Research and the CIRM

On April 26th the National Academy of Sciences and its Institute of Medicine jointly issued the highly anticipated "*Guidelines for Embryonic Stem Cell Research*" (see <http://www.iom.edu/report.asp?id=26661>). Prior to this report, there were no clearly defined national guidelines for embryonic stem cell research, in part because the NIH has not been engaged in human embryonic stem cell research with the exception of the restricted stem cell lines allowed under the ruling imposed by President Bush in April, 2001. Even so, the NAS guidelines are timely because of ongoing stem cell research being funded by private philanthropy and publicly, at the state level. Perhaps the most notable source of public support is the California Institute for Regenerative Medicine (CIRM) created by the passage of Proposition 71, which will award nearly \$3 billion over ten years for stem cell and regenerative medicine research in California.

The NAS Guidelines offer 23 recommendations including the establishment of institutional Embryonic Stem Cell Oversight (ESCRO) Committees. These committees would work with Institutional Review Boards to provide the additional review and scrutiny warranted by the complexity of Human Embryonic Stem (hES) cell research. The ESCRO would assure that procurement processes were reviewed and approved in tandem with adherence to ethical and legal principles of informed consent and protection of confidentiality. The guidelines address the types of research that are acceptable (which include somatic cell nuclear transfer [SCNT]) and also address research that should not

be permitted (i.e., in vitro culture of intact human embryos longer than 14 days or until the formation of the primitive streak; research in which hES cells are introduced into nonhuman primate blastocysts or in which ES cells are introduced into human blastocysts; and the committee notes that “no animal in which hES cells have been introduced at any stage of development should be allowed to breed”). The Committee also offers recommendations on the procurement of gametes, blastocysts and somatic cells “for the purpose of generating new hES cell lines” and also addresses the informed consent of donors, adherence to standards of clinical care, compliance with HIPPA and guidelines governing other related areas of research (e.g., recombinant DNA research, animal care, gene therapy, etc). In addition, the Committee addresses the banking of hES cell lines and recommends the establishment of a National Policy Review Board.

The decision about how these guidelines will impact the work supported by the California Institute for Regenerative Medicine will be determined in the near future. There is every reason to believe that the NAS guidelines will underpin the CIRM standards, which are currently being developed by a Standards Committee. CIRM guidelines should be available in the next couple of months.

Also of note, the CIRM is making progress in getting its research management infrastructure in place. This past week, the committee assigned to select scientific grant reviewers met to consider potential reviewers, who had been distilled from a list that initially exceeded well over 1,000 names. The committee, on which I serve, vetted the list and selected as finalists the most promising and experienced individuals. All of the potential reviewers are from outside California, and some are even from outside the USA. Each of the finalists, who will be presented at the May 6th meeting of the ICOC (Independent Citizen’s Oversight Committee), was interviewed by committee members and the Acting President and was discussed extensively by the search committee. I have been enormously pleased and impressed by the quality of the scientific credentials of the scholars who have agreed to serve if selected. Clearly, proposals to the ICOC will benefit from extremely experienced and high quality scientific reviews.

In addition, progress is also being made on the selection of the President of the CIRM. I also serve on this committee, which has identified some wonderful candidates. We will be interviewing finalists in the weeks ahead. These discussions are occurring in executive sessions so I can only report my enthusiasm for the process at this point. Of course I don’t need to offer an update on the selection of the site where the CIRM will be located in California. I am not serving on that committee but the debate around this topic is being extensively covered in the press. Lots of progress is being made.

Faculty Counts and Challenges

At the Academic Senate on April 27th, Dr. Patricia Jones, Professor of Biological Sciences and Vice Provost for Faculty Development, presented the annual report on faculty “Gains and Losses”. The data presented included annual trends as well as 5 and 10-year comparisons. In the aggregate, the overall number of full-time faculty throughout the university increased from 1,431 on September 1, 1994 to 1,785 on September 1,

2004. Included in these numbers are tenure line faculty, non-tenure line (e.g., research and education) and medical center line faculty (The School of Medicine's Clinician-Educator faculty are not counted in this survey).

As of September 1, 2004, medical school faculty comprised 42% of the Stanford faculty. Further, medical center faculty accounted for 66% of the overall increment in faculty size during the past decade. To provide some additional perspective and context, I made several comments regarding our faculty size and composition. First, while the size of the medical school faculty (i.e., 750 as of 9/1/04) is larger than any other school at Stanford (e.g. Earth Sciences (47), Education (46), Engineering (227), Graduate School of Business (94), Humanities & Sciences (530), Law (43) and SLAC/Research (48) as of 9/1/04), I made it clear that the Stanford School of Medicine is still among the smallest in full-time faculty size for peer research-intensive medical schools in the nation. In fact, we are only approximately 60% the size of UCSF, a third as large as Johns Hopkins and less than 10% the size of Harvard Medical School. While I believe there are numerous advantages to being a small medical school, our size does pose some challenges. I have previously pointed out how it negatively impacts our ranking by magazines like US News & World Reports (http://deansnewsletter.stanford.edu/archive/04_04_05.html#3) and also challenges us in developing or providing a critical mass of expertise in various programmatic areas of research, education or patient care.

As you likely know, while there has been faculty growth during the past decade, we have been carefully regulating and, where possible, prioritizing our growth in light of the overall faculty cap of 900 that was determined by the Provost in 2003. Indeed, in a number of areas the historic incremental growth of approximately 30 faculty per year has slowed somewhat and is being carefully monitored by the Offices of Academic Affairs and Institutional Planning. For example, the faculty number as of 4/27/05 was actually lower (739) compared to the 750 recorded on 9/1/04.

In addition to supporting important departmental needs, our goals are to assure the optimal balance of faculty (including basic and clinical) and, in addition, to allow our Stanford Institutes of Medicine, related clinical centers of excellence and strategic centers to help define and regulate the areas of faculty growth. However, a number of drivers impact this. For example, clinical program development can necessitate growth in certain areas. I would argue that our investments in clinical faculty during the past several years have contributed significantly to enabling both Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH) to achieve their programmatic and financial successes during the past several years. While additional programmatic growth in clinical programs will surely occur in the years ahead, it is also imperative that we support necessary and appropriate growth in our basic and clinical research programs. One of the major rate-limiting steps we now face is laboratory space for new faculty. While our long-term facilities plans will address this over time, the current limitations are stifling. I hope that our plans to lease research space off-site will help alleviate some of the bottleneck. However, I think the only realistic solution will come from the construction of our Stanford Institutes of Medicine research buildings on campus, which will hopefully take place over the next several years.

While there has been an increase in the overall number of women faculty at the University (from 17.1% in 1994 to 23% in 2004), the percentage increases in minority faculty has been less than desired (for men the change was from 9.8% of the faculty in 1994 to 12.3% in 2004 and for women it was from 3.3% in 1994 to 4.9% in 2004). Within the School of Medicine, the percentage of women faculty grew from 19.2% in 1994 to 25.2% in 2004. The overall percentage of minority faculty in the medical school rose from 13.3% in 1994 to 19.6% in 2004. However, we still have much to do in this area – especially among Black, Native American and Hispanic faculty. We are committed to making improvements in this important area since we believe it will enrich our school and community. Clearly there will be reports on our progress in the years ahead.

Enhancing Career Development for Women

As noted above, one of our continuing and most important goals is enhancing the career development for women and minority students, staff and faculty. In discussions following our most recent Strategic Leadership Retreat in January 2005 (see the coverage in the Stanford Report: <http://news-service.stanford.edu/news/2005/february2/med-retreat-020205.html>), I have focused on the challenges we face and underscored the importance of a serious commitment to improving our recruitment and retention of talented individuals who can further expand diversity within the School. A process to address this is being led by our recently appointed Senior Associate Dean for Diversity and Leadership, Dr. Hannah Valentine, and reports of the progress of her initiatives will be presented in future Dean's Newsletters.

While our local efforts are essential, various national organizations are also committed to leadership training. On April 20-21 I attended the annual meeting of ELAM (Executive Leadership in Academic Medicine), which focuses on leadership development of women faculty. I was impressed by the high quality of this program and do believe that it can play an important role in nurturing, developing, and networking future women leaders in academic medicine. Dr. Julie Barr, Associate Professor of Anesthesia, was in this year's ELAM class, and she shares some of her observations and experiences below.

Comments by Juliana Barr, MD, Staff Intensivist and Anesthesiologist,
VAPAHCS and Associate Professor of Anesthesia, Stanford University

Good leadership is hard to come by these days, particularly in Academic Medicine. Few individuals applying for and promoted to positions of responsibility, be it a Department Chair, Institute Director, Senior Associate Dean or even a Medical School Dean have had any formal leadership training. Traditionally, the criteria for promotion to these positions in academic health care have been primarily based upon seniority and research productivity in terms of peer reviewed funding and publications. In the past, if you could "run a successful and productive lab", you could run a Department, an Institute, or even a Medical School. Today's leaders in Academic Medicine face many new challenges that call for a broader set of leadership skills. Having a fundamental understanding of

accounting principles, development and fund raising, strategic planning, interpersonal and communication skills, curriculum development, and understanding organizational systems, dynamics, and the influence of change are all necessary in order to be a successful leader these days in an Academic Health Center.

Leaders must also reflect their constituencies. Over half of the students entering medical school, including Stanford, are now women. Yet women currently make up only 10% of the Deans of US Medical Schools, with even fewer minorities being represented. Most female physicians, who initially pursue an academic career in medicine, leave before being ever being promoted above the rank of Assistant Professor, with the attrition continuing exponentially above that level. For many years, the American Association of Medical Colleges (AAMC) has offered several multi-day seminars focusing on leadership training and professional development for women (www.aamc.org) at various stages in their academic career, but the numbers of women promoted to the top positions in Academic Health Centers continues to be small.

In 1995, the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women was established as the first in-depth national program that prepares senior women faculty for leadership positions at Academic Health Centers. The year-long ELAM curriculum combines traditional MBA training oriented toward issues and strategies pertinent to academic health management, with personal and professional development focused on leadership, career advancement, communication, and the use of new information and learning technologies. Moreover, ELAM provides a unique learning experience for 45 senior women at either the Associate or full Professor level from academic medicine, dentistry, and the basic sciences. Most of the course curriculum is in the distance learning format, utilizing WebCT, conference calls, and email list serves to complete course assignments and readings. There are also 3 separate week-long residency sessions that ELAM Fellows are expected to attend: one in the fall and one again in the spring at a suburban setting in Bryn Mawr, Pennsylvania, and one session is held in November to coincide with the annual AAMC meeting, which ELAM Fellows are also expected to attend. Now in its tenth year, ELAM has matriculated over 400 women from its fellowship program, and the majority of these women have subsequently been promoted to leadership positions within academic health centers. Of the 13 women Deans of US Medical Schools, 4 of them are ELAM graduates (31%), and many other ELAM graduates now hold Vice Dean, Senior Associate Dean, Executive Vice President, Provost, Executive Director, and Department Chair positions at their institutions.

As a recent graduate of the ELAM fellowship, this has been an extraordinary year for me. My experiences as an ELAM fellow have fundamentally changed the way that I view Stanford Medical School, the VA Health Care System, and Academic Medicine in general. For me, the end of ELAM marks a new beginning. I am forever grateful for the opportunity to have spent this year developing my

leadership skills and getting to know such a remarkable group of women, whose relationships I will continue to nurture and cherish throughout my career. And I look forward to the opportunity to share my ELAM leadership experiences with the students and faculty at Stanford and the VA as a way of “giving back” to my academic community.

Stanford in Chicago

As part of our continuing discussions with Stanford alumni, we traveled with the President, members of the Board of Trustees and faculty to Chicago for another Stanford Day. As we did in New York City a couple of weeks ago, Drs. Paul Berg, Irv Weissman, Hank Greeley, and I joined together to conduct an interactive panel on stem cell research and biology. As with our past presentations, this topic has been of considerable interest to the public and our alumni, who are eager to hear more of the facts as well as the challenges this new area of research poses. This event ends this year’s nationwide city visit. I am pleased that the medical school has been able to participate in these events and to provide expertise that is of general and timely interest.

Admit Weekend

On April 20 – 22nd the School hosted 77 outstanding students who have been admitted to the School of Medicine Class entering this August. This is the highest number in the past three years, since the school has been having combined Admit Weekends, rather than two separate events. Based on the reports from the Admissions Committee the students who have been admitted to date are truly outstanding. Special attention has been paid this year in assuring that applicants are cognizant of our new curriculum emphasizing scholarship and research in addition to excellence in clinical training and that they are committed to the goal of becoming both clinicians and scholars/investigators.

Biosciences Ph.D. Admissions

Next Autumn there are 83 students who will begin studies toward their Ph.D. degrees in the twelve Home Programs in the Biosciences (Biochemistry, Biological Sciences, Biophysics, Cancer Biology, Developmental Biology, Genetics, Immunology, Microbiology & Immunology, Molecular and Cellular Physiology, Molecular Pharmacology, Neurosciences, Structural Biology.) The accepted students were drawn from more than 1,000 applicants. Each student was interviewed by 5-6 members of the Biosciences faculty. More than half of those students who were accepted to Stanford Biosciences decided to matriculate here.

This is the smallest class of Ph.D. candidates we have admitted in many years and it includes 15 students from under-represented minority groups. The students who will join the Biosciences community next Autumn include scientists from 12 countries: China, Venezuela, Japan, Trinidad and Tobago, Taiwan, Korea, India, Canada, Singapore, Croatia, Romania and of course, the United States.

We look forward to welcoming these highly qualified young scientists to the Stanford Community.

Update on Funds Flow

In the February 22nd issue of Dean's Newsletter

(http://deansnewsletter.stanford.edu/archive/02_22_05.html) I presented some of the governing principles that are guiding the plans to change the "funds flow" between Stanford Hospital & Clinics (SHC) and the School of Medicine (SoM). Establishing the further validation of these principles and the developing the new funds flow methodology have been an enormous undertaking. The committee that has worked on this effort (from the SoM Marcia Cohen, Mike Hindery and Norm Rizk and from SHC Gerry Shefrin and David Keane) has put in countless hours of effort to keep this process on its very ambitious schedule. I am pleased to say that the Joint SoM/SHC Funds Flow Committee has been able to meet its aggressive timelines, and it delivered an interim report at the SHC Finance Committee on Tuesday April 25th.

The Committee is further testing the model in order to determine what accommodations might be needed to make it most successful and also to develop a transition plan that will allow the new model to be instituted in the FY06 budget planning process, which is already underway. While I know that no new model is perfect and that there will be some adjustments necessary in this one, it bears underscoring that the new funds flow model is extraordinarily more rational than any that has existed to date. Accordingly I firmly believe that once fully implemented we will have a much improved funds flow – and equally if not more importantly, a significant diminution of the usual contention that has routinely surrounded the annual negotiations on funds flow.

Medicine and the Muse

Because I was out of town and thus unfortunately missed this year's Medicine and the Muse event, I asked Dr. Audrey Shafer, Associate Professor of Anesthesia, to provide a summary of her observations. According to Dr. Shafer "Stanford's annual arts, humanities and medicine symposium, packed well over 100 attendees into the Cantor Arts Center auditorium on April 21, 2005 for an exciting celebration of interdisciplinary work and creativity. Medical student committee members James Andrews, Sarah Bein, Tina Allee, Sarah Hilgenberg, Sarah Langley, Byran Maxwell, Cindy Mong, Jason Moss, Peter van Roessel and Joanna Wrede, as well as faculty sponsor Audrey Shafer, organized the event. Hosted by James Andrews, the evening featured keynote speaker David Morris, University Professor at University of Virginia and a cultural studies specialist on pain; project presentations by Jessica Goldman, Emmanuel Osei-Kuffour Jr., Joyce Pan and Erin Butler (Anatomy of Movement), and Hetty Eisenberg, Chris Adams, Cheri Blauwet and Lori Rutman (medical scholars and concentration projects); poetry readings by Tina Allee and Candace Pau; and musical performances by Cindy Mong, Prasanna Ananth, Jason Moss, Jonathan Riboh and Matt Siedhoff. The art and poster exhibit included sculpture, literature, painting and photography by 19 students. The event was sponsored by the Biomedical Ethics and Medical Humanities Scholarly

Concentration, the Stanford Center for Biomedical Ethics and the Cantor Arts Center, and supported by grants from the Osher Foundation, The Wall Center, and Helen and Peter Bing.

I am so very pleased that the artistic talents of our students are valued by the School and that there is an opportunity for them to share their many contributions with our community at the annual Medicine and the Muse event. I also want to thank Dr. Shafer for her wonderful leadership.

Practice of Medicine (POM) Projects in the News

I was pleased to see the recent media coverage on two projects completed by some of our first year medical students, under the direction of Dr. Clarence H. Braddock, Associate Professor of Medicine, as part of the Practice of Medicine course.

One project, a proposal to let unused medicine be dispensed to the needy, was aired on April 27 before the State Senate Health Committee. State Senator Joe Simitian submitted the proposal, which calls for the State to establish a program allowing pharmacies to dispense previously sold, unexpired and unopened prescriptions medications to patients, especially those with low incomes or severe disabilities. The students who worked on this project were Josemaria Paterno, Emiley Chang, Michael Mancuso, Joe Peraza, and Sheila Ravi. The second project, launched on April 5th, is a state-wide online organ donation registry. More than 87,000 Americans, including about 18,000 Californians are waiting for an organ transplant, and 17 patients on the waitlist die every day. The goal of the online registry is to help organize a database, so that, in case someone doesn't have a donor card on them, this can now serve as the backup method. The students involved with this project were Liz Oosterhuis (a first year law student), Meghan Ramsey, Frederick Dewey, Emily Curran, Sudeb Dalai and Monique Barakat.

The Practice of Medicine is one of the new courses in the curriculum revision that began in the fall of 2003. Its goal is to provide students with the skills and perspective necessary to begin their entry into medical practice. In addition, the course has embraced our collective goal that Stanford Medical School graduates become excellent clinicians and future leaders in medicine. It is this latter emphasis that led to the "POM Project."

At the beginning of the first year of medical school, Stanford medical students form groups that select a contemporary topic in public health or community medicine. Over the course of the year, they conduct background research on the topic, including becoming informed about ethical, health policy, and community health implications of the issue. They also attend sessions in which they are introduced to the community perspective, both in concept and in practice, as they hear from people in communities about how they have turned their passion for change into actual change.

As the students become more informed about their chosen topic, they are teamed with a community partner, someone working in the area of their interest who can mentor them into turning their interest and passion into action. Each student group develops an

advocacy plan, in which they will take some concrete action to make an impact on the health of the community.

The POM Project embraces a larger role for the physician in society – not just a healer and advisor, but also a community advocate and effective agent for change. This perspective on the physician's role in contemporary practice puts Stanford at the forefront of preparing future physician leaders. Stanford students will indeed be future leaders, as they enter practice equipped with skills and perspectives that to date few physicians have ever possessed.

History of Social Work Exhibit at Lane Library

There is a new exhibit at Lane Library that I want to bring to your attention. It is entitled ***From the Fruit and Flower Mission To the McGann Lectures: An Historical Record of Social Work at Stanford University***. The exhibit was inspired by the recent publication by Leona M. McGann and Flora M. Finney, emeritae members of the Department of Family, Community and Preventive Medicine, of their *History of Social Work in the Leland Stanford Jr. University School of Medicine, 1913-1981*. Lane Library has combined photographs and documents from Lane's Special Collections and Archives with original correspondence and memorabilia provided by McGann and Finney to tell the story of the history of social work at Stanford. The exhibit is located in two cases on the courtyard level of Lane Library.

In the early years, the Stanford Department of Family, Community and Preventive Medicine collaborated with the small town of Livingston in the Central Valley (18 miles north of Modesto) and established a student volunteer clinic, primarily serving migrant workers. When McGann joined Stanford, she assumed responsibility for recruiting volunteer medical faculty. A similar clinic, called the Farm Worker Clinic, was later set up in the Salinas-Watsonville area. After their full day in Stanford Clinics, which ended at 5pm, a social worker and volunteer physician traveled to these remote clinics to treat patients the medical students had screened earlier in the day. Students were responsible for follow up patient care. Below are some links to early photos in other clinics in San Francisco:

[Waiting Room, Stanford Hospital Clinics, 1920](#)

[Cardiac Clinic, Stanford Hospital Clinics, 1955](#)

After the Stanford School of Medicine moved to Palo Alto in 1959, the Medical School Social Work program continued to make lasting contributions. This well-established clinical program was inherited by the Stanford Hospital in 1981 and continues to grow. It is complemented by the Department of Social Work in Lucile Packard Children's Hospital (LPCH).

The legacy of Stanford's Clinical Social Work program is alive and well in programs that include:

The **McGann Lecture Series**

The **Help Center**

The **Housing of Medical Emergencies (H.O.M.E.)**

The **Health Insurance and Advocacy Program (HICAP)**

If you are interested in a copy of *History of Social Work in the Leland Stanford Jr. University School of Medicine, 1913-1981*, contact Lane Library. Thanks to Leona McGann and Flora Finney for their valuable efforts to ensure that this important part of the School's history is preserved and to Heidi Heilemann for her work in putting together the exhibit. I hope you will stop by Lane Library to view the exhibit, which will be up through the summer.

Thanking Those Contributing to Financial Aid

Stanford is unique in a number of important ways. One perhaps not as well known as others is the remarkably low debt burden that our MD students incur upon graduation, even though many do 5 or more years of matriculation. Indeed, whereas the average national debt burden for students graduating from four years of medical school is approximately \$131,000, Stanford students graduate with about \$61,000 of debt – the lowest in the nation for private or public medical schools. Not only is this low debt level an enormous benefit to young people beginning their lives and careers, it also permits our students to feel free to engage in research during medical school and to pursue career pathways that are most consonant with the goals and values of Stanford School of Medicine. Of course this doesn't happen by accident. The low debt burden is the result of a robust financial aid program that is made possible by the remarkable gifts and donations of alumni and members of our community on behalf of medical education.

It is nearly impossible to thank enough those who have contributed so much to the financial aid of our students. One lovely event that helps us to express a portion of our gratitude is the annual "Financial Aid Dinner" that unites donors with the students to whom they have provided support. Allowing students and their sponsors to meet, share their stories and get to know each other provides a remarkable bond as well as a human face that each can value and celebrate. Thus it should not be a surprise that both donors and students love to attend this dinner event and find it emotionally exhilarating.

The Financial Aid Dinner we held on April 26th was no exception. Donors and students met, some for the first time, while others re-acquainted past relationships. We also had the opportunity to hear personal life stories from Sepideh Gholami, Lance Okeke and Joshua Spanogle, three of our students. They talked about how they came to Stanford and about the positive impact the financial aid they are receiving will have on their lives and careers. While there was only time to hear from three students I know that the personal stories from virtually every student would be compelling and meaningful.

I too want to thank our very generous donors for their wonderful and enduring contributions to our students and the School. They are one more reason why the Stanford School of Medicine is so special.

Upcoming Events

Cinco de Mayo - Celebrate Cinco de Mayo at a Happy Hour hosted by the Office of Diversity and Leadership, Thursday, May 5, 5-6 p.m., at the Alumni Green (by Fairchild Auditorium)

Diversity in Action: The Changing Face of Stanford University School of Medicine, presented by the Stanford Medical Alumni Association, Friday, May 6, 9:30 a.m. – 2 p.m., Fairchild Auditorium

Stanford University School of Medicine recognizes the importance of diversity. The number of women and minorities among the student population and faculty is growing, and work continues to increase their numbers. A diverse group of participants will share their Stanford experiences from medical school, postgraduate training, and faculty life. The panel exemplifies the positive role diversity plays in the practice of medicine in the 21st century.

Discussion concludes at noon and is followed by a luncheon on Alumni Green. Panelists include Dr. Fernando Mendoza (moderator), Dr. Bonnie Maldonado, Dr. Roger Peeks, Dr. Estaban Burchard, Dr. Iris Gibbs, Melissa Enriquez (student) and Cheri Ann Blauwet (student).

Information and registration about this event and other Stanford Medical School Reunion 2005 programs can be found at: <http://med.stanford.edu/alumni/reunion2005.html>

Community Lecture Series - Fifty Years of Computational Biology, by Michael Levitt, PhD,

Professor of Structural Biology. May 4, 7:00 p.m., Clark Center Auditorium. Free and open to the public.

The lecture will survey the field of theoretical structural biology as it has developed since the prediction of the alpha-helix structure by Linus Pauling in 1951 and DNA by Crick and Watson in 1952. Topics will include: predictive modeling and simulation of molecules as 3-D objects; protein molding—the process of self-assembly in which protein molecules organize into precise nano-machines; and bio-informatics with attention to classification of protein structures.

Appointments and Promotions

- **Jayanta Bhattacharya** has been appointed Assistant Professor of Medicine (Primary Care and Outcomes Research), effective 11/01/2005.
- **Mildred Cho** has been appointed to Associate Professor (Research) of Pediatrics, effective 5/01/2005.

- **Thomas Clandinin** has been appointed to Assistant Professor of Neurobiology, effective 2/01/2006.

Dean's Newsletter

May 16, 2005

Clinical Trials Under Public Scrutiny

During the past year there has been significant escalation in public scrutiny of the conduct and reliability of clinical trials leading to the approval of new drugs in the USA. These concerns have focused on the policies and procedures that assess the safety profile of currently prescribed pharmaceuticals agents. These worries have been fueled by the recent revelations regarding safety of the COX-2 class of non-steroidal anti-inflammatory drugs (e.g., Vioxx) and the use of antidepressants in teenagers.

One of the concerns frequently expressed is that the business of drug development and marketing can be at odds with the goal of assuring public safety. This tension is aggravated by the large investments drug companies must make in the development, testing and licensure of a new drug (which some estimate to be between \$800M – \$1.2B) and their need to recoup these costs and generate a profit. The proprietary concerns of industry can, according to a number of observers, impact on the transparency and even veracity of the data reported or made publicly available, in part to avoid actions that would either affect the investment of stakeholders or stock values or give an edge to competition. It goes without saying that drug development is a multi-billion dollar business and that the stakes for success or failure are enormous at many levels. It is also important to note that the development and approval of new drugs, biologicals and devices have had numerous positive effects on disease morbidity and outcome, so that it is important to find the correct balance between the needs and expectations of the public and those of industry.

One of the practical concerns that have come to the forefront is the potential selective reporting of clinical trials in medical journals, whether purposeful or inadvertent. Almost all scientists and investigators know it is hard to get negative data published even when those data are the result of well-designed experiments or clinical trials. Recently editors of major medical journals have expressed the concern that reports of clinical trials do not always adhere to the endpoints delineated in the clinical protocol and that “cherry picking” may be occurring in order to place the data in a better light. In fact such concerns have become so significant that in 2004 the editors of 13 major international journals published concurrently in their respective journals a joint statement entitled “*Clinical Trial Registration: A Statement from the International Committee of Medical Journal Editors (ICMJE)*” (see JAMA 2004;292:1363-64). The statement announced that clinical trial registration would become a prerequisite for consideration of publication in any of their journals (which include the *NEJM*, *JAMA*, *Annals of Internal Medicine*, *Lancet*, and the *Canadian Medical Journal* among others). The Association of American Medical Colleges (AAMC) and the AMA endorsed the statement. Other organizations, including the World Health Organization, have also adopted

recommendations favoring a clinical trials registry. While not a panacea, the registration of clinical trials in a publicly accessible data-base would provide the opportunity to assure that all the key constituencies – including the public, journal editors, the academic community, industry, the FDA, and the NIH – had access to the important information that forms the basis of clinical trials, thus avoiding the potential for selective bias in reporting or regulatory filing.

In order to move this process forward, the Health Science Policy Board of the Institute of Medicine (which I chair) held a public meeting on clinical trials and reporting in December 2004. Because we made so much progress during that session, Gail Cassell, also a member of the IOM Health Science Policy Board, and I held a series of additional meetings between January and March with major medical journal editors and pharmaceutical industry leaders to work through remaining differences. We made considerable additional progress and at least by way of principles agreed that a clinical trial registry must be:

- Global in perspective
- Accessible to the public for a nominal fee or at no cost
- Located on a single website or linked via a single portal
- Open to all prospective registrants
- Managed by a not-for-profit organization
- Searchable electronically
- Able to provide a mechanism to ensure the validity of the registration data
- Able to ensure adherence to the registry standards
- Set up so as not to reduce the incentive to do clinical research, whether public or privately funded

We further defined nearly all the elements that would be contained in a clinical trials registry, and we will be discussing those at our public meeting at the end of June. Given the current activity in the Congress to regulate clinical trial reporting and registries and the strong stance taken by medical journal editors, industry and the public, this process is timely. We will be publishing the work we have accomplished to date on the IOM website in the next two weeks and will welcome comments as we attempt to move this issue to resolution in a manner that values the public trust.

Important New Faculty Recruitments

During the next couple of weeks I will be announcing a number of truly important faculty leadership recruitments that will play a major role in shaping some of our most important School of Medicine and Medical Center initiatives. I will bring those forward as soon as we have reached final agreement. But I am very pleased to announce two of these today.

Dr. Beverly Mitchell has accepted our offer to come to Stanford as Deputy Director of our proposed Comprehensive Cancer Center. Dr. Mitchell, currently Professor of Medicine at the University of North Carolina, has had a distinguished career in hematology and oncology. She is the past President of the American Society of Hematology and a member of the Institute of Medicine of the National Academy of

Sciences. She will play a major leadership role in our efforts to be designated a Comprehensive Cancer Center. Along those lines, I am happy to report that we are on track to submit our proposal to the National Cancer Institute this October. Dr. Mitchell's academic appointment will be in the Department of Medicine. She will join us in June.

Dr. Mike Clarke has agreed to come to Stanford to help lead our cancer and stem cell initiative as the Associate Director of the Institute for Cancer and Stem Cell Biology. Dr. Clarke has had an enormously distinguished career at the University of Michigan where he is Professor of Medicine. Among his many important discoveries, he and his collaborators recently identified the breast cancer stem cell - a finding that has galvanized attention on the role cancer stem cells might play in unraveling tumorigenesis and paving the way for developing more specific therapies. Dr. Clarke's academic appointment will also be in the Department of Medicine, as well as in the Institute for Cancer and Stem Cell Biology.

Please join me in welcoming Dr. Mitchell and Dr. Clarke to Stanford.

Inside the ICOC – What was Most Important Didn't Make the Headlines!

On Friday May 6th, the Independent Citizens Oversight Committee (ICOC) for the California Institute of Regenerative Medicine (CIRM) met in Fresno. Among the items on the agenda that attracted the most public attention – in a nearly circus like atmosphere – was the selection of the city that will house the administrative headquarters of the CIRM. Given the nearly minute-by-minute press coverage of the event, you surely must know by now that San Francisco was selected to house the CIRM offices. While a thoughtful process to determine which city would “win” the competition for becoming the “stem cell center of California” had been undertaken by the Site Selection Committee of the CIRM, in the end the vote of committee closely followed the regional residence of the ICOC members (there were only 2 exceptions among the 29 members). And while San Francisco was proclaimed the winner over San Diego and Sacramento (which had also made the final list of contenders) this surely requires some perspective. I should immediately add that I voted for San Francisco, likely for some of the same reasons that members from Southern California voted for San Diego or those from the Central Valley voted for Sacramento. And while I am pleased with the outcome, I never felt that this was the most important decision or set of recommendations emanating from the ICOC. Indeed, it may be worth stepping back a moment to consider this decision a little more objectively.

The CIRM is a remarkable and history-making event for all of California and, as a consequence, for the USA. While there may be some cachet for the city that can claim that it houses the administrative hub of the CIRM, which will fund nearly \$300M of research programs per annum for the next decade, it must be quickly added that the vast majority of that research will happen outside of San Francisco. The actual scientific work will take place in the universities and research institutes and centers throughout the state. And while it has been asserted that the location of the CIRM administrative offices will promote developments in biotechnology in its host city, it is more likely, in my opinion, that these developments will be driven more by where the science and research

is leading the edge – which obviously will include Stanford and almost surely the San Diego corridor – in addition to San Francisco.

While I am happy that the location of the CIRM administrative headquarters has now been decided and reported around the nation (albeit with all-too-much fanfare), it is perhaps unfortunate that the even more important decision made at the May 6th ICOC meeting received little public attention. This was the appointment of the 15 scientists and investigators who will serve on the “Scientific and Medical Research Funding Working Group.” This group will serve as the reviewers of the research and training proposals that will come to the CIRM for funding. What is particularly notable is the excellence of the individuals who were selected and who have agreed to serve on Funding Working Group. I was a member of this selection committee, and I can assure you that the process we followed was thoughtful and rigorous. It offers true evidence that the CIRM will be successful and that our scientific colleagues from throughout the nation are committed to making it so.

A few words about the process for selecting the Funding Working Group: The process began in January with discussions of the eligibility criteria for potential members and of how nominations would be solicited and evaluated. Potential candidates needed to be “outstanding and highly recognized experts in the field of stem cell research, including biomedical research that is necessary to develop therapies to implement stem cell research.” However it was also noted that potential candidates could (and should) include scientists in related areas of biomedical research. They would have substantial evidence of scientific achievement (measured through their own publication record) as well as experience in grant reviews. Further, potential candidates needed to reside outside of California, be willing to make the time commitment to the review process and not have any conflict of interests based on a set of criteria established on April 7, 2005.

Based on recommendations from scientific peers in California and throughout the USA as well as from professional societies, the National Academy of Science, patient advocacy groups, general public, etc, some 800 names were collected for review. The committee divided these into a “top tier” group of 200 names and a “second tier” group of 600 names. The lists were then divided randomly among six two-person interview teams, who reviewed and then ranked their assigned list, with the knowledge that individuals from the second tier could be moved to the top tier if appropriate. The interview teams then reviewed the CVs of their assigned candidates and distilled their list into a subgroup that was interviewed by phone. Each of the six two-person review teams then recommended eight names to the Committee Chair. Additional interviews to address issues such as conflict of interest in more detail were conducted by Dr. Zach Hall, the Interim President of the CIRM. When this process was completed the entire committee met to present, discuss, review and select the top 15 candidates, as well as alternates, who would be presented to the entire ICOC for approval on May 6th. The process was rigorous, thoughtful and transparent. And in the end an amazingly well qualified group of individuals were approved at the first members of the CIRM’s Scientific and Medical Research Funding Working Group. To give you a flavor of the quality of the individuals

who agreed to serve and who were selected on May 6th I am taking the liberty of listing them below:

Selected Scientist	Area of Expertise	Institutional Affiliation
Susan Bonner-Weir	Diabetes	Harvard/Joslin Center
Ali Brivanlou	Developmental Biology	Rockerfeller University
Patricia Donahue	Cancer/Developmental Biology/Pediatric Surgery	MGH/Harvard
Andrew Feinberg	Cancer	Johns Hopkins
Alexandra Joyner	Developmental Biology	NYU
Judith Kimble	Stem Cells, Organogenesis	University of Wisconsin
Jeffrey Macklis	Neurodegenerative Diseases	Harvard
Stu Orkin	Hematopoiesis/Pediatric Oncology	Dana Farber Cancer Institute/Harvard
Jeffrey Rothstein	Neurodegenerative Diseases	Johns Hopkins
Pablo Rubenstein	Hematopoiesis (and cord blood stem cells)	New York Blood Center
Dennis Steindler	Neurological Disorders	University of Florida Stem Cell Institute
Ranier Storb	Hematopoiesis, Stem Cell Transplantation	Fred Hutchinson Cancer Research Center
Clive Svenden	Neuro Stem Cells	University of Wisconsin
Alan Trounson	Stem Cells including SCNT	Monash University (Australia)
George Yancopolous	Neuro and Auto-Immune Disorders	Regeneron Pharmaceuticals

In addition to these 15 individuals (the number specified by Proposition 71), an equally distinguished group of alternates was selected who will serve for selected reviews or as replacements for individuals who may drop out in the future. These lists are comprised of superb scientists – both basic and clinical – who have a variety of backgrounds, areas of expertise and institutional representation. A number are members of the NAS, IOM, HHMI and all have evidence of wonderful credentials. Seven patient advocates who are members of the ICOC will join these scientists to comprise the 22 members of the Scientific and Medical Research Funding Working Group. This is terrific news. In my opinion this was the story of the day, although it did not get the requisite public attention compared to that given to the site selection decision described above.

Although we are still early in the process, I am increasingly optimistic that the CIRM will be successful in funding rigorously reviewed and high quality research – and that this will surely add to our knowledge of stem cell biology and regenerative medicine and thus enhance this important field and the national discussion that continues to unfold around it.

Where are We With Our Facilities for Education and Research?

I have previously reported on our facilities plans for the School of Medicine but thought it would be helpful to give you an update on where we are now and where we are going. Currently master facility planning is underway in the Medical School, at both of our affiliated hospitals and at the University. These include locations both on and off-campus along with immediate timelines and those that extend over the next 1-2 decades. Given the rather disorganized way that facility planning and building has occurred at the Medical Center (in contrast to the University) it is essential now – perhaps more than ever – to develop an integrated plan within the School and in relation to the Medical Center and the University.

Within the Medical School we have recently completed a Master Site Plan in tandem with the University that defines the buildings that will come (and go) during the next 10-20 years. As part of the SEMC (Science, Engineering and Medicine Campus planning) we have been working on two major buildings at the School of Medicine. One is the Learning and Knowledge Center, a 120,000 gasf (gross available square feet) building that will be located on the site of the current Fairchild Auditorium. It will house small and larger group classrooms, a multifunctional conference center, hospital and clinic simulation and virtual reality centers, and a digital knowledge and information center (representing the library of the future). The LKC will serve as the central hub for knowledge and learning for medical and graduate students as well as residents, fellows and faculty. It will also be a community resource for the public and for continuing medical education. In tandem with the new LKC we envision renovating portions of the Lane and Alway buildings to accommodate student services and related administrative support functions.

This ambitious and exciting project will create a new front door to the School as it faces the University and especially the new Science and Engineering Quad. While the ultimate construction of the LKC is contingent on funding from a variety of sources – most notably philanthropic support – it is our hope that this new facility can be completed between 2008-2009, which will be both the centennial anniversary of the School of Medicine and the 50 year anniversary of the relocation of the School from San Francisco to Palo Alto. Although much work remains, we had the opportunity last week to present a status report of our planning efforts for the LKC to an ad hoc committee of the Board of Trustees that oversees facility planning and development on campus.

The second project that is part of the SEMC plan is the Stanford Institutes of Medicine 1 (SIM1). This is currently slated to be a 200,000 gasf building on the parking lot south of the CCSR. We are planning to house portions of the Institute for Cancer and Stem Cell Biology, including the Comprehensive Cancer Center, and the Neuroscience Institute in this building. Because we are so space constrained at this point, we have also recently leased a 70,000 gasf research building on Arastradero Road in the Stanford Research Park. We will initially house investigators in the Cancer/Stem Cell and Neuroscience Institutes in the Arastradero building until SIM1 is completed (also hopefully by 2009). We would then use the Arastradero building as swing space for the Cardiovascular Institute or the Immunity, Transplantation, Infection Institute as well as other school

initiatives, until SIM 2, 3 and 4 are constructed. These other SIM buildings are clearly on the more distant horizon. Once SIM 2 is completed, likely 5-10 years from now, it is probable that the Fairchild Science building will come down and that area converted to green space. During this period every effort will be made to achieve more unity and better coordination of the medical school campus by aligning the east-west corridors and developing a much more integrated campus plan.

In addition to the LKC and SIM 1-4 we are also assessing (and reassessing) the future of the Stone buildings and, in particular Grant, Alway, Lane and Edwards. I recognize that these buildings are nearly 50 years old and lack the floor-ceiling ratios now required for wet laboratory construction, along with many other missing facets. On the one hand nearly 30 % of our research laboratories are located in these now ever-aging buildings and we lack alternative space. Obviously the costs of renovation, as well as the price tags already mounting for other new buildings, will influence our assessment. So too will the time line in which we can exercise options. In reality until we have SIM 2 (and ideally SIM 3) it will be very hard to find space for the research programs currently in the Stone buildings. In the meantime we are continuing to renovate the space, move new programs into it and prepare for the necessary seismic retrofitting.

The decisions around the Stone buildings will also be influenced by hospital planning and in particular by the fact that SHC will not be able to house patients in their portion of the Stone building after 2030. While that is certainly a long way in the future, it is important to recognize the long lead-time needed for planning, approvals, funding, etc. So these issues are very much on our radar screen today. Our original hope had been to replace the wet laboratory functions in the Stone complex with dry research laboratory and administrative space, and these are still active considerations. In addition, we are exploring leasing additional research space off campus to meet some of the current demands and to provide some relief until SIM 1 and the other SIM buildings are available.

At this juncture my highest priority is to get forward traction for the LKC and SIM1. Both are critically needed and for different reasons. But together they are critical for our ability to carry out our fundamental missions in education and research, and they offer the next bold steps in the continued transformation of Stanford as a leading research-intensive school of medicine and university.

Medical Student Research Day

On Wednesday May 11th, the Twenty-Second Annual Stanford Medical Student Research Symposium was held in the Fairchild Lobby and Terrace. Approximately 43 students presented posters of their work, which ranged from basic to clinical research, and which they had performed as Medical Scholars, or in their Scholarly Concentrations or via other programs. The topics were far-ranging and I was particularly pleased to see how engaged the students were in their own research, and equally how much their classmates and colleagues engaged with them during their presentations to discuss, critique and learn from each others' contributions.

I want to thank the SMAA for their continued support of this important annual event and also the members of the Program Committee for attending to all the details that made the event so successful. These included Dr. Pat Cross, Associate Dean for Medical Student Research and Scholarship, Benjamin Berk, MS II, Benjamin Hoehn, MS VII, Eliza Long, MS IV, Mary-Elizabeth Muchmore, MS III, Marie Huong Nguyen, MS IV and Eric Sundberg, MS I. I also want to thank Marie Berumen, the Symposium Program Coordinator.

Report from the Neuroscience Institute at Stanford Annual Retreat

The Neuroscience Institute at Stanford recently held its Annual Retreat. Because the efforts of this Institute are so important to the future of Stanford, I asked Dr. Bill Mobley, the NIS Director, to provide a summary of the Retreat. His report follows:

“The Third Annual Retreat of the NIS was held on May 8th through 10th at Asilomar. This exciting event captured the interest of the entire neuroscience community. A total of 207 registered; in attendance were large numbers of faculty, postdoctoral fellows, graduate students and staff members. In addition, several members of the NIS Advisory Council were present as were representatives from the biotech industry. Twenty-five platform presentations and a large number of posters highlighted the diversity of studies being carried by members of the NIS. All levels of analysis of the nervous system were represented and both fundamental mechanisms and clinically relevant issues were covered. While some presentations focused on the biology of individual channels or molecular machines, others defined the biology of neuronal circuits, learning mechanisms in animals, or the consequences mutant transgenesis on neuronal function. Equally exciting was the diversity of tools used by investigators. They ranged from genetic, pharmacological and cellular probes in cells and animals; to the use of platforms for examining the structure and activity of circuits in vitro; to a newly invented 2-photon microendoscope to visualize individual hippocampal neurons and blood vessels in vivo. A final indicator of diversity was the departments from which participants were drawn. Whether located in the School of Medicine or in the School of Humanities and Sciences, essentially all basic science departments in which neuroscience is done were represented as were all of the clinical neuroscience departments. Finally, attendees were entertained and informed by keynote speaker William Dement whose many years of contributions to Sleep Medicine were beautifully detailed. We intend in future years to continue this tradition of inviting a senior or former member of the Stanford neuroscience community to present the keynote address. It provides a unique opportunity for younger members of the community to learn about the traditions of neuroscience at Stanford.

The faculty met as a group during the retreat to review progress and plans. The Director of the NIS, Dr Mobley, reviewed accomplishments over the last year. Most importantly, the NIS has demonstrated its commitment to building the entire neuroscience community and to establishing the relationships needed to initiate and sustain major collaborative efforts involving basic and clinical

neuroscientists. The NIS has or is providing support for the recruitment of no less than 7 new faculty members distributed across both basic science and clinical departments. Current plans include participating in additional recruitments, at least one of which is to be joint with the Stem Cell Institute. The NIS sponsors a diverse collection of Theme Group meetings, at which faculty discuss their work, and a seminar series that attracts the interest and participation of the entire community. In addition, Dick Tsien and Liqun Luo are just now completing work on plans for the Beckmann Symposium which this year is entitled “Sensation to Action.” With help from the Packard Foundation and the Harman Endowment, the NIS has inaugurated a new grant program for basic and clinical studies in developmental neuroscience. With funds from a private donor, it can now initiate a research program focused on the biology of Parkinson’s disease. New Core facilities have been established for animal behavior and for fabrication of new tools to support neuroscience research. In addition, the NIS has undertaken to support new efforts in graduate and medical student education. Finally, it has committed through fundraising to develop the new resources that will be needed for further program development.

While effort over the past 18 months has focused appropriately on building the neuroscience community, the faculty believes that now is the time to define major cooperative, collaborative, and synergistic programs that broadly represent the faculty and that capture the most dynamic and exciting possibilities in neuroscience research. While the NIS faculty recognizes the importance of translational research, they acknowledge that developing a truly robust vision of translational neuroscience means developing an equally robust vision for fundamental neuroscience and for linking the two. It was agreed that a focus that was purely fundamental or purely translational would neither serve the diverse NIS faculty nor accomplish the vision that the NIS has set for itself. With this in mind, the faculty has begun to define major, ambitious programs that capture the interest and support of the entire faculty.

One suggestion was provided by Sue McConnell, a member of the NIS Steering Committee. She characterized it by applying the term “seeing neural circuits in whole new ways.” As Sue indicated, “at the forefront of neuroscience are imaging technologies that enable us to visualize neurons and circuits in powerful new ways. By virtue of our strengths in neuroscience, engineering, and computer science, Stanford is perfectly positioned to marry the development of new technologies with classic questions in neurobiology and neurology. These methods span the levels of analysis used in neuroscience, and include: the use of confocal microscopes to detect protein movements and trafficking at the subcellular level, ultra-fast imaging methods and physiological indicators to measure the responses of individual neurons in active neural circuits, genetic expression of fluorescent and enzymatic tags that enable the visualization of neural connections in development and adulthood, tiny two-photon “endoscopes” that permit sneak looks at neural activity and blood flow deep inside the brain, novel electron microscopic methods that enable the reconstruction of complete

synaptic circuits, and potent imaging methods to visualize the firing patterns of neurons in awake, behaving animals and humans. Stanford researchers have pioneered these new methodologies and are continuing to do so in ever-more creative ways. These new methods enable us to visualize the neurons, their constituent proteins, their connections, and their activities in development, adulthood, and disease. Most importantly, they also enable us to see the nervous system in new ways, leading to new concepts and hypotheses about the mechanisms that enable normal function and those that break down and lead to neurological disease. This theme encompasses most of the work that goes on at Stanford". She correctly identifies it as a way to "market the uniqueness of the NIS," thus differentiating it from other neuroscience institutes that are emerging across the country. There was enthusiasm among the faculty also for decoding the signals generated in circuits, a theme that beautifully complements the emphasis on imaging. The faculty was in agreement that building and properly supporting a program to see circuits and decode their signals would serve to establish stronger programs in both fundamental and translational neuroscience and to link the two.

A number of approaches must now be considered for supporting "seeing neural circuits." We will consider carefully how the initiative might lead to new faculty recruitments and to support research in existing laboratories that have been or wish to do such work. Another mechanism is to support the development of new tools by the faculty and to provide increased access to existing tools for imaging circuits and recording their function. The NIS is now planning for the use of space at the Arastradero facility. In support of "seeing neural circuits" it was agreed that we would develop space for a new effort in neuroimaging that would use the most sophisticated existing methods and support the development on new ones. This effort, designed with the entire faculty in mind, would be financed from fundraising. It would also provide computational support for investigators that use the facility and those who carry out studies on campus that require advanced needs for computation. The need for other Core facilities (e.g. animal behavior, clinical databases, unique or expensive molecular reagents) was also indicated.

We anticipate equally exciting additional new program development and will ask our faculty to take a leading role in defining what the NIS can do for them. We will ask that new programs appeal to a broad audience and attract significant funding from philanthropic donors and foundations. In this light, the NIS is working carefully with the OMD and we are hopeful that this will yield much success."

Alumni: Perceptions and Annual Events

May 6-7 was the Annual Alumni Weekend sponsored by the Stanford Medical Alumni Association. It was an outstanding weekend featuring special gatherings of graduates dating back to the 1940's and featuring in particularly the 50 Year Alumni Celebrants

from the Class of 1955 (of which there was an A and B graduating class!). Among the exciting events was the Saturday morning symposium “New Frontiers in Medicine: How the Four Institutes of Medicine Will Change our Profession.” The Symposium featured presentations by our four Stanford Institute of Medicine Directors including: Dr. Bill Mobley, Director of the Neuroscience Institute at Stanford; Dr. Bobby Robbins, Director of the Stanford Cardiovascular Institute; Dr. Mark Davis, Director of the Stanford Institute for Immunity, Transplantation and Infection (IITI); and Dr. Irv Weissman, Director of the Stanford Institute for Cancer and Stem Cell Biology and Medicine. Each gave status reports on their Institutes and described how they will likely evolve in the years ahead. The Directors also each invited faculty colleagues to illustrate specific areas of progress or opportunity related to the work of the Institutes. I want to thank our faculty speakers for Neurosciences (Drs. Jaimie Henderson and Greg Albers); Cardiovascular (Dr. Tom Quertermous); and IITI (Drs. David Relman and Judy Shizuru for wonderful presentations and contributions. Thanks also to the Institute Directors for a very well informed and interesting symposium.

The Alumni Association is currently working hard to embrace more fully the wider spectrum of Medical School graduates, including MD and PhD graduates as well as residents and fellows. Making the School and University more attractive and meaningful to our graduates is an important objective, one that I support enthusiastically. A recent survey done by the Stanford Alumni Association regarding graduate students found that 97% of graduates of the various graduate and professional schools at Stanford were satisfied with the academic experience they had at their school. Interestingly, while the School of Medicine graduates score highest on believing that they had excellent academic preparation, they do not have the highest overall positive feelings as alumni about the Medical School in comparison to other schools at Stanford. Thus, there is still considerable work to do to assure that our alumni feel as engaged and informed as possible. That said, I do want to acknowledge the notable progress that has been made in recent years in improving our alumni association and interactions. For their many efforts in this area I would like to thank Dr. Ross Bright, Associate Dean for Alumni Affairs, and Dr. Linda Hawes Clever, MD’65 who served so admirably as SMAA President from 2003-2005. Her leadership was very dedicated and significant and I am most appreciative. Linda will be succeeded by Dr. Susan Knox, MD ’85, Associate Professor of Radiology; I will very look forward to working with her as well.

Upcoming Events

- Roy Vagelos, MD, retired CEO and Chairman of the Board for Merck and Co., Inc., will speak on "The Changing Pharmaceutical Industry" at noon on May 23 in Fairchild Auditorium. Dr. Vagelos will describe changes in the pharmaceutical industry with the perspective of an insider of the highest reputation. He is a biochemist and a member of the National Academy of Sciences. Dr. Arthur Kornberg will introduce Dr. Vagelos.
- The Departments of Radiology and Radiation Oncology invite the Stanford community to to celebrate the Centennial Anniversary of Radiology at Stanford

on Saturday, May 21st at the Lucas Center (1201 Welch Rd). This special event will open with interactive poster presentations of important scientific advances in medical imaging and radiation oncology from 1:00-2:30 pm. A symposium will follow, from 2:30 pm - 5:00 pm, which will celebrate Stanford Radiology's pioneering efforts over the past 100 years and showcase the promising future of imaging and the potential of personalized medicine.

Industry speakers will include: Jeffrey Immelt, President and CEO of GE, Richard Levy, President and CEO of Varian, Erich Reinhardt, President and CEO of Siemens Medical Solutions. Stanford speakers will include: Sanjiv Sam Gambhir, M.D., Ph.D., Amato Giaccia, Ph.D., Gary Glazer, M.D., Richard Hoppe, M.D., Saul Rosenberg, M.D., John Shoven, Ph.D. and Matt van de Rijn, M.D.

For further details visit :<http://100yearsofradiology.stanford.edu>

Honors and Awards

- **Dr. Dan Bernstein's** appointment as the Alfred Woodly and Mabel G. Salter Professor of Pediatrics was celebrated at a lovely event at the Faculty Club on Monday May 9th. Among the guests were the grandchildren and great grandchildren of the Salter family along with friends, colleagues and members of Dr. Bernstein's family. Dr. Bernstein has had a most distinguished career in pediatrics cardiology at Stanford. During the past 19 years he has helped shape the division of cardiology and the department of Pediatrics as well as the Lucile Salter Packard Children's Hospital (LPCCH). Dan has also played a key role in some of the major recruitments in cardiology and cardiovascular surgery that have propelled LPCCH into the top tier of children's hospitals in the USA. Congratulations to Dr. Bernstein.
- **Dr. Stephen Fortmann**, Professor of Medicine and Director of the Stanford Prevention Research Center is the 2005 recipient of the Joseph Stokes Award from the American Society of Preventive Cardiology. This award is given in recognition of excellence in furthering education, research and the practice of preventive cardiology. The Stokes award honors Joseph Stokes III, M.D., a cardiologist and epidemiologist and co-principal investigator of the Framingham Heart Study, a study that is widely recognized for advancing understanding of the causes and prevention of heart disease. The award was presented May 1st in conjunction with the Annual Conference on Cardiovascular Disease, Epidemiology and Prevention held in Washington D.C. Best wishes to Dr. Fortmann.
- **Dr. William Northway, MD '57**, Professor of Radiology (Diagnostic Radiology) and of Pediatrics (Pediatric Radiology), Emeritus received the 2005 JE Wallace Sterling Lifetime Alumni Achievement Award at the Alumni Dinner on May 6th at the Cantor Arts Center. Dr. Northway had a most distinguished career as a clinical radiologist and investigator and is perhaps best known for his seminal

studies that defined the pathogenesis and natural history of bronchopulmonary dysplasia. In addition to his wife and children, Dr. Northway's career was celebrated by his colleagues and friends including, Drs. Phil Sunshine, Herb Abrams and Bruce Parker. Congratulations to Dr. Northway.

Appointments and Promotions

- **Xiaoyuan Chen** has been appointed Assistant Professor (Research) of Radiology, effective 6/01/05.
- **Christine Cartwright** has been promoted to Professor of Medicine, effective 6/01/05.
- **Ronald Dalman** has been promoted to Professor of Surgery at the Palo Alto Veterans Affairs Health Care System, effective 5/01/05.
- **Terry Desser** has been promoted to Associate Professor of Radiology, effective 5/01/05.
- **Sabine Girod** has been reappointed to Assistant Professor of Surgery (Plastic Surgery), effective 5/01/05.
- **Kristen Ganjoo** has been appointed to Assistant Professor of Medicine (Oncology) at the Palo Alto Veterans Affairs Health Care System, effective 5/01/05.
- **Shashank Joshi** has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences, effective 5/01/05.
- **Laurence Katznelson** has been appointed to Associate Professor of Neurosurgery and of Medicine (Endocrinology, Gerontology and Metabolism) at the Stanford University Medical Center, the Lucile Salter Packard Children's Hospital and the Palo Alto Veterans Affairs Health Care System, effective 5/01/05.
- **Paul Sharek** has been appointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 5/01/05.
- **Phillip Yang** has been appointed to Assistant Professor of Medicine (Cardiovascular Medicine), effective 5/01/05.
- **Christine Wijman** has been reappointed to Assistant Professor of Neurology and Neurological Sciences, effective 5/01/05.

Dean's Newsletter

May 30, 2005

Secretary of HHS Participates in Stanford Public Policy Forum

On Monday May 23rd we had the pleasure of hosting Mike Leavitt, Secretary of Health and Human Services, for a Stanford School of Medicine Public Policy Forum. The Secretary's presentation can be viewed at the School of Medicine Website (<http://med.stanford.edu/events/leavitt/>). Secretary Leavitt assumed his role as the 20th Secretary of HHS on January 20th, having most recently served as the Administrator for

the Environmental Protection Agency. Prior to that he was a three term Governor of the State of Utah, where he served with distinction and where he developed an interest in health care and information systems. Secretary Leavitt began his visit to Stanford with an informal breakfast meeting that included President Hennessy as well as selected leaders from the School, Hospitals and University. He then held a town hall-like meeting, entertaining questions from the audience on a wide range of topics, from stem cell research to the state of health care in the country.

Throughout his visit the Secretary demonstrated a keen interest in learning about the opinions of faculty and staff on important topics and proved to be a thoughtful listener. He acknowledged that our current health care system is in need of significant improvement and proffered that among the two major driving factors for change is a shift from a focus on treatment to one on wellness and prevention of disease, and a significantly improved information system (and electronic medical record) with true connectivity among the providers, payers, consumers, etc. From the visit in April by David Brailer, MD, PhD, the first national coordinator for health information technology (see http://med.stanford.edu/spotlight/archive/scci_brailer.html), it is clear that improving information technology and the electronic medical record will be an important initiative for HHS and the federal government during the current administration.

The Secretary also offered concerns about the increasing costs of care and addressed in particular the impact of Medicaid on state and federal budgets. At the same time he was silent on Medicare – which is a much more costly component of the health care system, albeit one that is very politically charged because of its impact on seniors. With the national cost of health care now just above 15% of the GDP (and projected to reach 18.4% by 2013), mechanisms to control rising health care costs must figure prominently into any approach to improving the health care “system.” Among the major drivers of increasing health care costs are prescription drugs, technology and administrative costs. These rising costs challenge the drive to reforming health care in the USA, but because of the many powerful constituencies that are involved, also impact on reasoned solutions.

Gathering a better understanding of the issues and problems facing health care is an important step in seeking solutions. Unfortunately, physicians have not played as major a role in seeking solutions as they might, although many are feeling increasingly disenfranchised or disillusioned by the impact of the market place on medicine as a profession. I certainly count myself among those – but I would rather find ways to help change the system than be co-opted by it. I note that the *Annals of Internal Medicine* is beginning a series on “Understanding Rising Health Care Costs” the first article of which is written by Thomas Bodenheimer (see <http://www.annals.org/cgi/content/full/142/10/847>). Over the next several issues he and others will review some of the important issues from a variety of different perspectives focusing on the following questions:

1. “Are high and rising health care expenditures a serious problem, or is the national preoccupation with health care costs excessive?”

2. Why are health care expenditures higher in the United States than in other countries?
3. What strategies are available to slow the rate of growth of health expenditures?
4. Do any strategies exist that enable physicians to reduce costs while improving or protecting quality?"

While these questions just address one facet of the issues, I think it is clearly prudent for all of us to become as informed as possible. While change in the current health care system in the USA seems inevitable, it is my hope that physicians will take on greater leadership in stimulating and implementing these changes than they have heretofore.

Stanford as a Past, Present and Future Pioneer in Imaging and Radiation Therapy

I felt proud to be a member of the Stanford Medicine community on Saturday May 21st when the Departments of Radiology and Radiation Oncology hosted a symposium to celebrate the 100 years of Radiology at Stanford. Since the faculty and leadership guide our current success and future opportunities, it is important to begin by thanking them and acknowledging their remarkable contributions. In so doing, I want to especially thank our current departmental leaders – Dr. Gary Glazer, Chair of Radiology and Dr. Richard Hoppe, Chair of Radiation Oncology – for the roles they have played in stewarding the excellence of these programs. It is notable that Stanford has been a world leader in these disciplines – from their virtual inception. In fact, that relationship began back in 1904 at the Cooper Medical College, which became the Stanford University School of Medicine in 1908.

In a number of ways, the impact of radiology and radiation oncology epitomizes the connectivity between basic undirected research, innovation, technology development and improved patient care. When Wilhelm Roentgen questioned, in 1895, whether light might be emitted when a vacuum was created in a cathode tube connected to an induction coil, he surely did not have in mind the discovery of X-rays. Like other great discoveries, his pursuit had an unexpected result – the most important consequence of which was not anticipated by the initial inquiry. Indeed, finding that the “light” Roentgen was seeking created a “skeletal portrait” of his own hand (and eventually the famous X-ray of his wife Bertha’s hand) was a remarkable coincidence. For this work Roentgen received the Nobel Prize in Physics in 1901 – the first year that the prize was offered. From that observation the field of radiology was born – although it has undergone many quantum changes in the century that followed.

Interestingly, Roentgen’s discovery of the X-ray also contributed, somewhat coincidentally, to the field of radiation physics – and its connection to radiation oncology. In 1896, a year following Roentgen’s discovery, Henri Becquerel attended a lecture by Roentgen and became interested in the “rays” that might be emitted from other sources, including uranium salts. He began his own inquiries and demonstrated a “ray” that was produced over time by uranium – that was dubbed the “Becquerel ray.” The “Becquerel rays” were subsequently investigated by Pierre and Marie Curie, whose work laid the foundation for “spontaneous radioactivity.” The Curies, along with Becquerel, shared the

Nobel Prize in Physics in 1903. Of interest, Marie Curie went on to win a second Nobel Prize in Chemistry in 1911 for her studies on radium and plutonium and her daughter, Irene Joliot-Curie, also won a Nobel Prize in Chemistry in 1935 (along with her husband Frederic) for their discovery of new radioactive elements. Clearly these women scientists, along with countless others, offer counter evidence to the unfortunate remarks made by Harvard President Larry Summers earlier this year.

As we learned at the symposium celebrating the 100 years of Radiology at Stanford, a number of important associations have existed with Stanford Medicine during that first century – and there is enormous promise that imaging will have a remarkable impact on medicine in the 21st century. It was thus fitting that the symposium was divided into a reflection on the past, an assessment of the current efforts and their role in shaping personalized medicine (largely through the connections between molecular imaging and genomics) and importantly, the impact of new discovery, innovations and technology on the nation's health care system and economy. Indeed, Stanford has been instrumental in moving these fields forward. Stanford physics professor Felix Bloch discovered magnetic resonance in 1945 for which he won the Nobel Prize in 1952. That same year, in a parallel but different field, Stanford Professors Henry Kaplan (in Radiology) and Edward Ginzton (Physics) carried out pioneering interdisciplinary research that led to the invention of the first medical linear accelerator – which ten years later led to the remarkable translational medicine discoveries that resulted in the effective treatment of Hodgkin Disease. Stanford continues as a leader in this field today.

The contributions of Stanford faculty in diagnostic imaging and radiation oncology during the past several decades have been remarkable. Much of this history is captured in a commemorative book entitled *“The World of Stanford Radiology. 1901-2005”* edited by Otha W. Linton. It is both a remarkable history and a wonderful forecast of how imaging – especially molecular imaging – will almost certainly stimulate the process of personalized medicine.

A century later imaging extends into a multiplicity of fields. From diagnostic imaging to interventional radiology to functional and molecular imaging, it not only plays an essential role in virtually every medical specialty, but also is highly relevant to educational models and fields as diverse as archeology, psychology, law and ethics. It continues to serve as a model of interdisciplinary collaboration among physicists, physicians, chemists, computer scientists and engineers – and it has forged successful collaborations between academia and industry. Quite a story from its beginnings just over a century ago, when Wilhelm Roentgen queried whether light would emanate from a cathode ray tube.

Getting Ready for the NCI: External Advisory Committee Assess Our Progress

On Thursday May 26th, our External Advisory Board (EAB) chaired by Dr. John Niederhuber (University of Wisconsin) visited Stanford to review the current status of our planning efforts to apply to the National Cancer Institute to become a designated Cancer Center. Members of the EAB include: Dr. Shelton Earp, University of North

Carolina, Chapel Hill; Dr. Edward Harlow, Harvard; Dr. Ronald Herberman, University of Pittsburg; Dr. Richard Jones, John Hopkins; Dr. Joyce Niland, City of Hope; Dr. Louise Strong, University of Texas, Houston and Dr. Marcy Waldinger, University of Michigan, Ann Arbor. Several members of the Advisory Board participated in the March 2004 review while others were visiting for the first time. Since the last visit we have made consistent and remarkable progress thanks to the efforts of our faculty and key leaders. I particularly want to thank Dr. Karl Blume, Professor of Medicine, Emeritus, who has worked incredibly hard and diligently to continue moving this effort forward to its current success and for coordinating a highly diverse group of faculty leaders, issues and challenges.

Since the last visit of the EAB a number of significant changes have occurred. Among the most important, Dr. Irv Weissman, now the Ludwig Professor and Director of the Cancer/Stem Cell Institute, was named the Comprehensive Cancer Center Director and will serve as the Principal Investigator of the P30 grant. In addition, we have been fortunate in recruiting Dr. Beverly Mitchell from the University of North Carolina (see May 16th Dean's Newsletter: <http://deansnewsletter.stanford.edu/>) who will join Stanford on July 1st to serve as the Deputy Director of the Comprehensive Cancer Center. With the arrival in July 2004 of Dr. Steve Leibel, the Ann and John Doerr Medical Director of the Clinical Cancer Center and Professor of Radiation Oncology from the Memorial Sloan Kettering Cancer Center, the leadership team is now complete. Indeed, Drs. Weissman, Mitchell and Leibel form a complementary continuum from basic and translational research to patient care. In addition, faculty have made terrific progress in further refining their projects and we now have assembled a group of nine projects (basic, clinical and population) that are outstanding and that reflect our strengths in innovation and discovery. These are nicely complemented by a number of important cores (or shared services) that will truly enrich the environment for faculty and trainees committed to cancer research. Further, we have made progress in supporting considerable infrastructure development from a variety of private and public sources. Also, key to the grant proposal, we are fortunate to have Joanne Murphy join us as the Associate Director for Administration of the Comprehensive Cancer Center. In addition, we have leased space on Arastradero Avenue to provide a critical mass of research space to help launch our efforts and, as you know from my last Newsletter, we are in the midst of planning SIM1 that will house the NCI Comprehensive Cancer Institute, the Cancer/Stem Cell Institute and the Neuroscience Institute at Stanford. So, taken together, considerable and important progress has been made.

Thankfully, the External Advisory Board was also quite pleased and impressed by our progress. Perhaps most importantly, they judged the various programs that were presented to them during their visit as truly excellent to outstanding. They felt assured that we would have a very competitive grant submission. However, recognizing the many additional components to the grant that are necessary to make it successful – especially for a first time application – they encouraged us to make our application on February 1, 2006 instead of October 1, 2005 as we had intended coming into the EAB review. Since our final goal is to make the submission successful, we agree that this slight delay is appropriate. That said, the enormity of the task before us is considerable and while the

submission date is slightly delayed, the preparation time will need to remain on an accelerated format – with most components needing to be in place by the end of summer. That would allow us time for additional reviews including a mock site visit.

While our formal planning process began on February 1, 2003 and our now likely submission date will be three years later (February 2006), the reality is that an enormous amount of work has been accomplished. In addition to the assembly of fantastic science, we have recruited some terrific new faculty members and leaders, have undergone the cultural shift that now embraces the value of having an NCI Comprehensive Cancer Center at Stanford and have assembled the programmatic, financial and capital resources to move us forward. As a result, we have won the respect and confidence of leading peers around the country who recognize Stanford's remarkable accomplishments in cancer research and treatment, but who once doubted that Stanford would take this step towards official designation. They are now convinced that we are ready and prepared to support us.

So while it has taken longer than I originally hoped for to get to where we are today, it is appropriate to recognize and thank the many individuals throughout the school and university who have helped get us to this point. Obviously more to follow!

Department of Neurosurgery Hosts the Annual Meeting of the Society of Neurological Surgeons

On May 21-23, Stanford hosted the annual meeting of The Society of Neurological Surgeons, the oldest professional society in this discipline, which began in 1920 with Harvey Cushing as its first president. Comprised largely of department chairs and program directors who have been elected to the Society, its primary focus is to help assure the academic integrity of neurosurgery, especially in education and research. As host, Dr. Gary Steinberg, Professor and Chair of the Department of Neurosurgery at Stanford, worked with the Society leadership to put together an outstanding program.

Accordingly, the scientific program began on Sunday morning with a discussion by President John Hennessy on the "University as a Source of Innovation." That was followed by a presentation that I gave on "Addressing the Challenges of Academic Medicine for the 21st Century." In my presentation I highlighted some of the particular forces now confronting academic medicine (e.g., decreased funding from the NIH, challenge surrounding conflict of interest, lower number of MDs pursuing research and academic careers, pressures of training and cost of education, difficulties in school-hospital-community interactions – especially around economics, impact of the lack of a real health care system in the USA and the loss of public trust for medicine as a profession). I also discussed the various ways that we have sought to address some of these challenges through our Strategic Plan *Translating Discoveries* (<http://medstrategicplan.stanford.edu>). In particular I focused on the changes we have made in our medical school curriculum to train future physicians/scholars/leaders, our goals for graduate student education, and our aspirations to foster greater research opportunities for residents and fellows – which has special relevance to surgical

specialties like neurosurgery. I also described our efforts to enhance translational discovery and interdisciplinary research and education through the formation of our Stanford Institutes of Medicine, and their important alignments to clinical centers of excellence at our affiliated hospitals as well as to other academic programs within the university. Naturally, I focused specifically on the Neuroscience Institute at Stanford and the important role it is playing in fostering broad interdisciplinary themes of research across the Institutes. In addition to these positive steps forward, I also proffered that it is important for physicians and professional societies to assume greater leadership and advocacy to improve and even radically change the health care system in the USA. I also commented on how important it was to develop more interdisciplinary clinical programs or centers that align medical, interventional and surgical disciplines – lest we run the risk of continuing divisiveness within our academic centers and the consequent negative impact on training and education. Short of such changes, the great strides we have made in research will not be matched by successful alterations of our health care system – and as a consequence we could fall short of reaping the true benefits of our promise during the 21st century.

It was clear from my interactions with attendees at the meeting that the Stanford program in neurosurgery is winning accolades across the country, thanks to the role of faculty in research, patient care and education. It is abundantly clear that the much improved stature of Stanford Neurosurgery is also a reflection of the leadership of Gary Steinberg - and we all owe him thanks for that.

Continuing the Planning for the LCME

On Thursday May 25th, the Steering Committee overseeing the generation of our report to the Liaison Committee on Medical Education met to review the penultimate draft of the summary report that will accompany the more than 3,000 pages of data analyses, etc., being submitted to the LCME for our upcoming accreditation review this October. Spearheading this effort are Dr. Oscar Salvatierra, Faculty Leader, and Rebecca Trumbull, Project Director. Clearly hundreds of hours of work have gone into this effort to date and enormous progress has been made as well. While there is much to be done, including a mock site visit in late summer, I am very pleased with where we are at this point in time. I want to thank our leaders and the many faculty, staff and students who have served on the numerous committees and subcommittees working on the LCME report. I also want to thank the student committee that generated the companion medical student assessment of Stanford Medical School. We surely still have a fair amount of work to accomplish but the efforts today are gratifying – and promising.

A Question of Moonlighting

Recently, several questions have come to the Dean's office regarding "moonlighting." In reviewing this matter it struck me that it would be helpful to simply announce our policies regarding this matter. To do so, I asked Ann James, from the General Counsel's Office, to review and summarize those policies and her comments follow directly.

Per Ann James "The policies regarding clinical practice are defined in the Professional Service Income Letter Agreement (Letter) and the Rules of Practice for the Faculty Physician (Practice Rules) at Section 2.103. II. A through C. The Letter and the Practice Rules address all of the situations in which a faculty member might "moonlight" or provide patient care services for which a professional license is required, and retain the professional fees generated from such services.

Upon employment as part of the faculty of the School of Medicine, all faculty members sign the Letter, which states that: "As a condition of your University appointment and/or employment, any fees which are charged for your services are irrevocably assigned by you to, and belong to, the University (or other institution designated by the University), and must be transmitted to the accounts designated by the School of Medicine." The letter points out that there are certain exceptions, defined in the Practice Rules, but also affirms that the Stanford University malpractice program does not provide coverage for any activities for which the individual personally retains fees.

In the Practice Rules, the term "practice income" is defined as "Any income derived from direct or indirect patient care services requiring physician or other licensure for professional services, including physicians, psychologists, and doctors of philosophy involved with clinical activities... as part of their employment by Stanford University is practice income, regardless of the source of payment for those services or the purpose for which the professional service/opinion is rendered." The rules further define such practice income as: "All professional fee-for-service or contract income derived from direct, indirect or consultative patient care services requiring medical licensure regardless of whether they are of a recurrent or non-recurrent nature;..."

Income from consultation on claims or testimony as an expert or witness on the medical condition or treatment of any person is also considered "practice income" unless the services (1) involve consultation or testimony that is based solely on a review of medical records for a person who is not a current Faculty patient, (2) do not involve use of any Stanford Hospital and Clinics (SHC) or Lucile Packard Children's Hospital (LPCH) facilities, and (3) do not involve personally examining or interviewing the person. Fees from personal consultation or expert witness service on medical condition or treatment are not an exception to "practice income" unless such work meets these three criteria. The other exception to categorizing such fees as "practice income" is an arrangement that has been approved by SHC and LPCH and the income from such services accrues to the School of Medicine or to a Department solely for academic purposes.

Practice income includes all medical direction income from a laboratory, diagnostic or therapeutic facility, or any other nonprofit or for-profit enterprise where the medical director has responsibility for the quality of services rendered. Practice income does not include serving on an advisory or governing board of such an enterprise.

An exception to the income policy allows professional income earned during scheduled vacation periods to be excluded from "practice income" so long as these conditions are met: the vacation is at least 14 calendar days in duration, approved by the Department Chair, and the Chair gives prior written authorization to conduct professional patient-related services during the vacation.

Any exception to these income policies must be approved in advance by the Department Chair and the Senior Associate Dean for Clinical Affairs.

The only approved sites of practice for the faculty are the facilities of SHC, LPCH, or sites designated by the Dean of the School of Medicine after consultation with SHC and/or LPCH. The Practice Rules are clear: "No Stanford University full-time Faculty may ever maintain a professional practice outside of the sites of approved practice." The Practice Rules do provide that professional services may be provided at other sites on a non-recurring basis if approved by the Department Chair, and income from such activities is treated as "practice income."

In summary, full-time faculty of the School of Medicine have assigned all professional fees without exception to the University, which has in turn assigned such fees to LPCH and SHC. All clinical practice is to be rendered within LPCH, SHC, affiliated or contracted facilities, or facilities designated by the Dean. Consultation for faculty that involves professional income must meet limited and specific exceptions for fees to be individually retained, and every consultation that involves such professional services should be reviewed carefully to make sure it meets the appropriate exception.

If you have questions, please review them with your department chair or send an inquiry to Ann James (anjames@stanford.edu).

Community Lecture Series

Stanford physician scientists are focused on uncovering deeper understanding of neurological disorders and developing new ways to treat these diseases. Come to the next Community Lecture Series to hear experts in stroke, multiple sclerosis, and movement disorders discuss their work and the potential of new therapies to prevent or reverse the damage caused by neurological diseases. This seminar, open to the public, will be held at 7:00 pm on Wednesday, June 1st at the Clark Center Auditorium. For more information about this and other Community Lecture Series events, call: 234-0647.

Awards and Honors

- Two Stanford University School of Medicine affiliates have been elected to the National Academy of Sciences (NAS) – **Axel Brunger** (Molecular and Cellular Physiology; Neurology and Neurological Sciences) and **Gretchen Daily** (Biological Sciences). They are among the 72 new members and 18 foreign associates selected on May 3 in recognition of their distinguished and continuing achievements in original research. Congratulations to Drs. Brunger and Daily!

- **Erik Cabral, SMS II** will be a recipient of the 2005 Herbert W. Nickens Medical Student Scholarship from the Association of American Medical Colleges (AAMC). This program is designed to assist medical schools achieve diversity objectives and eliminate health care disparities. Congratulations to Erik!
- **Kent Garman M.D., M.S.**, received the prestigious Distinguished Service Award from the California Society of Anesthesiologists. This is the highest award given by the CSA and has been given out only 21 times in the past 55 years. Kent was the founder of cardiovascular anesthesia at Stanford and continues to be listed in the Best Doctors section of San Francisco magazine. Well done Kent!
- **Miriam Goodman, Ph.D.** (Molecular and Cellular Physiology) is a recipient of the 2005 McKnight Scholar Award, which grants young scientists in the early stages of establishing their own independent laboratories and research careers and who have demonstrated a commitment to neuroscience. Best wishes to Miriam!
- **Simon Hanft, SM IV** has won the William Bean Student Research Award from the American Osler Award. This annual award enables a student to pursue a project in the medical humanities. Simon will be studying the literature of physician authors, emphasizing the relationship between John Keats and William Carlos Williams. He plans to link their poetic endeavors to their training and experience as physicians and how that influenced their writing.
- **James Mark, M.D.** (Cardiothoracic Surgery) has been chosen by the Hewlett Award Committee as the 17th recipient of the Albion Walter Hewlett Award. As winner of the award, Dr. Mark will speak on “How Good Were the Good Old Days? During the Medical Ground Rounds on Thursday, June 23 at 8:00 am in Fairchild Auditorium. Congratulations James!
- **Eric Shooter, PhD**, Professor Emeritus Neurobiology delivered the Ninth Annual Stephen W. Keiffer Memorial Lecture on Thursday, May 26th. Professor Shooter’s presentation also marked the inauguration of a new series of lectureships to honor-selected faculty who become emeritus. This Emeritus Lecture series will enable Stanford faculty to learn more about the remarkable careers and works of their colleagues. Dr. Shooter also learned that with his becoming emeritus, the faculty in the Neurology Department voted unanimously to change the name of the “Keiffer Lecture” to the “Eric Shooter Lecture” as a reflection of their respect for Dr. Shooter and the enormous impact he had on neuroscience.
- **Eric Sibley, MD, PhD**, Assistant Professor of Pediatrics will become the next Editor-in-Chief of the Journal of Pediatric Gastroenterology and Nutrition. He will begin his 5-year term in January 2006. Congratulations to Dr. Sibley!

Appointments and Promotions

- **Harley McAdams** has been promoted to Professor (Research) of Developmental Biology, effective 6/01/05.

Dean's Newsletter June 13, 2005

The Dean's Newsletter will be published intermittently during the summer months. Regular biweekly issues will resume after Labor Day.

Dr. Frank Longo Will Join Stanford as Next Chair of Neurology

I am very pleased to announce that Dr. Frank Longo will be joining Stanford as the next chair of the Department of Neurology; he succeeds Dr. Bill Mobley, who will remain as Director of the Neurosciences Institute at Stanford. Dr. Longo, who was identified through a national search, is currently the H. Houston Merritt Professor and Chair of Neurology at the University of North. Dr. Longo received his MD and PhD from the UCSD. Following an internship in Medicine at NYU, he trained as a resident in Neurology and Fellow in Neurobiology at UCSF. He was Professor (in residence) and Vice Chair of the Department of Neurology at UCSF. In 2001 he moved to UNC where he became Chair of Neurology. By every measure Dr. Longo did a spectacular job as Chair at UNC, building both the clinical and academic programs, recruiting excellent faculty and enhancing the visibility of the department in both the University and community.

Dr. Longo is an internationally recognized investigator and an outstanding teacher and mentor. Indeed he has won numerous teaching awards as well as considerable praise for his research and clinical contributions. Importantly he is also a superb leader with skills that he has demonstrated in numerous settings, most recently at UCSF and UNC. I am enormously pleased to welcome Dr. Longo to Stanford and am confident that he will play a major role in neurology, neurosciences and our broader school and university initiatives. Frank will be joined by his wife Anne, a Stanford alumna and by their two children, Sophia and Daniel. Anne played a major role in the development activities at UNC. We will look forward to welcoming the Longo family to Stanford.

Commencement 2005

June 11-12th marked Commencement Weekend at Stanford. We held our School of Medicine commencement exercises on Saturday June 11th on the Dean's Lawn where we announced the graduation of 63 students receiving the MD degree, 61 receiving PhD degrees, 7 receiving PhD/MD degrees and 28 receiving Master degrees. For each graduate this represented the culmination of a long and challenging sojourn – albeit one that only ends with new beginnings – as postdoctoral fellows or residents. As always,

graduation is a wonderful day – permitting us to celebrate the accomplishments and achievements of our students with their families, friends and with our faculty.

I want to add my congratulations to our 2005 graduates and to their families and friends. Entering the world of science and medicine in the 21st century is extraordinary but carries special responsibilities. Our students will need to be prepared for – and to deal with – the rising tide of anti-science sentiment that is pervading parts of our country as a consequence of an increasing wave of religious fundamentalism. And our students will have to face – and I hope help to address – the reality that we have a fractured and increasingly dysfunctional “health care system” that needs significant repair, if not a total overhauling. It remains my hope that Stanford students will, through their knowledge and intelligence, assume positions of leadership, advocacy and responsibility that will create better paths for our citizens to follow in the 21st century.

**Commencement Address by Dr Paul Berg, Robert W. and Vivian K. Cahill
Professor of Cancer Research, Emeritus and Nobel Laureate**

Some years ago, as a result of a rather unnerving episode as a university commencement speaker, I vowed never to chance that experience again. Being an alumnus and a then recent recipient of the Nobel Prize, I was invited to speak at the Penn State University’s spring commencement. I worked frantically to prepare an inspirational address, setting forth the critical local, national and international challenges facing humanity that I believed any graduate should be challenged to solve. Confident that I had hit the right tone, I faced the 25,000 students and their families arrayed before me in the stands of their magnificent football stadium. As I began my oration, I glanced up expecting the assembled to be on the edge of their seats waiting for my pearls of wisdom. But all I could make out was a sea of half naked bodies popping champagne corks. As my talk progressed, the din of popping corks rose and the raucous hijinks that often follows popping corks became more and more evident. At that point, the futility of my mission was clear and I skipped much of what I had prepared. A huge roar of approval greeted my words “summing up.” I’m prepared to believe a widely held view that audiences at commencements are notoriously indifferent to almost anything said on that occasion.

Nevertheless, there was no way to refuse the very gracious invitation from the institution where I’ve spent more than half my life in teaching and research. And because I am forever an optimist, I will try to plant a few thoughts that you will carry away from your experience at Stanford.

First, let me say how pleased I am to share this occasion with you and what a real privilege it is to have been asked to speak at this gathering. For you, the graduates, who have worked so hard and sacrificed to make this day happen, it is, indeed, a special moment. It is also a notable occasion for your families and friends who, in spite of wondering if today would ever arrive, provided the moral and financial support to make it possible. Today is no less special for your teachers, all of whom take pride in the transformation of merely promising, talented college graduates into newly minted science and health professionals. I’m confident that I speak for all members of the medical school

faculty in congratulating you all on a job well done. But let me also add that our expectations for your future accomplishments are no less demanding than they were when you arrived.

Experience has shown us that progress in medicine is deeply rooted in and dependent upon advances in science. The inevitable consequence of breakthroughs is an avalanche of new insights and approaches to existing problems. Formerly intractable questions disappear or give way to solutions; other problems change form and raise new issues. A changing perspective is the history of science and medicine. For that reason your experience at Stanford's Medical School has been so heavily weighted to applying a scholarly and investigative approach to medical science.

Pursuing that goal after you leave here requires ongoing learning and paying as much attention to the vast areas of ambiguity and plain ignorance about human biology and disease as you presently do to accepted information and practices. You will have to cope with a rate of change greater than anything we have experienced before. For it has never been clearer that the future of medicine lies in the unknown; so many things about the physiologic and behavioral processes of human and other organisms are waiting to be discovered.

The intense effort in attending to patients in the practice of medicine will challenge your commitment to its science core. That problem came home to me some years ago when I was teaching in the Stanford's Post-Graduate Medical Education Program. During one of the breaks, I asked one of the physicians why he returned year after year when it necessitated paying a hefty fee as well as the costs of leaving his practice for a week. His answer was that when he was a medical student, he believed that medicine was part of the scientific canon. Now, in his every day practice of medicine he felt divorced or dissociated from that base. Aside from being updated about new techniques and therapies, he said that coming back to Stanford each year provided him with continuing evidence and reassurance that medicine was indeed a science. He had to "touch base with the core of medicine."

In my view, each of you by your training acquired an obligation to contribute to the fund of knowledge from which you have drawn. In an essay in *J. Clinical Investigation*, Michael Brown and Joseph Goldstein, Nobel Prize recipients for their work on hypercholesterolemia, emphasized the critical importance of patient-oriented research as distinguished from disease-oriented research. Disease-oriented research, they felt, seeks to understand the pathogenesis or origin of a disease but does not require direct contact between the patient and the scientist; their test for this is whether the investigator has ever shaken the hand a patient with the disease they are studying. By contrast, there is the investigator who studies the disease process by observing, analyzing and managing individual patients and by a synthesis of what they learn are able to uncover clues to the disease process. The latter type of physician scientists, they lament, are in too short supply because fashion, fame and financial support favor the choice of disease-oriented research. Considering the number of medical and scientific advances that have their

origins in patient-oriented research this type of clinical research is a specialty we dare not let wither.

Hopefully your stay at Stanford has, at one time or another, provoked what Horace Judson called “ the acute discomfort of incomprehension.” We all need to bear in mind that the successes that have been achieved thus far do not amount to a complete or even a very profound understanding of the distinctions of health and disease. Indeed, current ignorance is vaster than current knowledge. Nothing in the man-made world rivals the complexity and diversity of living things. No man-made information system approaches in content the amount of information encoded in genomes or the complexity of the intricate machinery for its function. In some instances, we have learned enough at least to identify important areas of ignorance. Certain of these concern long-standing questions concerning development and differentiation, or the molecular basis of mind. Others are new questions raised by the very achievements themselves. And of course, we should be wary: some things that we think we know may become less clear in the years to come or even prove to be utterly wrong.

For those of you whose appetite for investigation was whetted let me quote a passage from J. Robert Oppenheimer.

“Although we are sure not to know everything and rather likely not to know very much, we can know anything that is known to man, and may, with luck and sweat, even find out some things that have not before been known to man.”

For me, and hopefully for you, finding out something that has not been known before is an exhilarating experience. Such experiences are rare, personally rewarding and not always recognized by prominent prizes. Triumphs of the mind have their own prize---self-satisfaction!

My parting words to you are that each of you must find your own way. It is your abundant talent, your knowledge, your energy, your spirit, your courage, your commitment to humanity, to scholarship, to work and to family that will define your world and your achievements. You have more freedom to shape yourselves than young people anywhere or anytime in the history of our species. But it is a blessing beyond measure. The burden cannot be conquered nor the blessing realized by standing in anyone’s shadow.

Don’t let your talent and learning be wasted. Think creatively, courageously and independently, but above all think. Don’t allow the most extraordinary organ on earth - your brain – to grow flabby from disuse. It has the remarkable power to improve with continued use. Aim high, try hard, don’t lose your enthusiasm and idealism and above all, keep a sense of humor and enjoy life. Best wishes and good luck to you all.”

MD Student Speaker, Al Vincent Taira

I missed my college graduation, and I wasn't sure I was going to be able to attend this ceremony. A conversation with my mother a few months ago helped to clarify my plans. "My dear," she said, "I do hope you are able to go. But I want you to know that whether or not you go – they will need to tie me down in chains before I miss that ceremony.... And it would be a shame if my own boy weren't there."

I am very glad to be here and I think my mother was right. Graduation from medical school is not the same as graduating from college. When I graduated from college, it never occurred to me to think: "I can't believe they're going to give me an Economics degree. I know as soon as I start working I am going to be unmasked as an incompetent. I just hope I don't kill anyone before I'm discovered."

Have any of you ever felt that way about getting an MD degree? Do any of you feel that way today? I think we all sense that there's something different about having society refer to us as "Doctor." It will, to a large extent, define us for the rest of our lives, in our own minds and in the minds of those around us.

A surgery resident once told me, "It's a real privilege to do what we do. I know that sounds like a cliché, but it's true. We are present at the most important times in people's lives. For them and their families. Over and over. Day after day. It's not always the case, but it happens an awful lot." We have all been witness to this. I remember the faces. I know all of you have your own situations you can't forget. The patient being told, "We can't operate." Family members struggling with a DNR order for their mother or father. The parents of the child in the ICU who might not make it through the night. These images stick to your bones. And they remind you of the unique nature of the work that we are going to be allowed to do.

Before we leave this place, we would be remiss not to thank those who played such an important role in our really remarkable transformation from first year med students to proto- interns. First, for many of us, there were those of you in the faculty who chose ... 'by not killing us to make us stronger.' There is a special warm place in our hearts for your focused attention and care.

And for all of our attendings, instructors and advisors: we know you could find other jobs that would give you more disposable income, more time with your families. But there is something about being involved in the training of young physicians that draws you to academia. For your commitment and caring, we are tremendously grateful. And of course our friends in the office of student affairs and the many others involved in shepherding us through this process: Thank you so much.

Finally, we know that whatever we have been able to accomplish during our 4 to 10 years here, we owe in large measure to the support and caring of our family and friends, many of whom have joined us here today. Not surprisingly, I have heard often today, "Congratulations Al on graduating!" I say reflexively, "Thanks." Today though, what I really mean to say is "Thank you." Thank you to my wife, my friends and family...

Mom and Dad. Thank you for being there when things got tough. Thanks for your support, your encouragement, your guidance. Thanks for not giving up on me on those couple of days when I thought I might give up on myself. And of course thanks for making me laugh. Often, that (and sometimes a cold beer if it was a particularly tough day) was exactly what was needed.

Med school can be tough. Each of us has had our own challenges, our own disappointments, and our own minor triumphs. But remarkably, we have made it through. And that is in no small measure because of the support we received from those close to us.

I'm told that a good commencement speech ends with a bit of inspirational advice. My advice is simple. Tomorrow when we officially become doctors, I would sign up for a lot of new magazines. Make sure you check the "Dr." box on the subscription card rather than the other choices. Apparently, most doctors do this. Then, you too can be confident that even your mailman will know you have entered a new, prestigious phase of your life.

Graduates of the Class of 2005, it has been my great fortune to spend the last five years of my life with you as friends and colleagues. Good luck and congratulations to us all.

Graduate Student Speaker, Karine Alexine Gibbs

Like my parents before me, I ran track in high school. So my natural instinct is to compare graduate school to a running event, for example a marathon. Instead, I think a more accurate comparison is to a mid-distance race such as the 800-meter dash. The 800-meter dash is a race in which there is no time to think; one simply runs as fast as you can for half a mile. Before you fully comprehend it, it's over. And it's hard to believe as I stand here today that graduate school is truly over.

However, I think in making the comparison to a sprinting race, I fail to fully explain the amazing experience that graduate school is, especially here at Stanford. Who cannot remember the excitement of interviews? Our first glimpse of the Stanford campus, staying at the Sheraton hotel, having the chance to speak with some of the top scientists in the world, enjoying drinks at the Nuthouse or Oasis with current students—these all contributed to the initial excitement and thrill of not only being at Stanford, but of also starting a new chapter in our lives.

And then we arrived on campus starting with the Biomass camping trip and departmental orientations. Giddy with the freedom of having the chance to pursue in-depth studies of our chosen field, we migrated from one lab to another during our first year of rotations. For those unfamiliar with rotations, during our first year, we spend 10 weeks in three different research groups anywhere within the University (including on main campus). At the end of these rotations, we choose a lab in which to pursue our doctoral studies. To those outside of graduate school, these rotations must seem like a strange dating ritual: I hang out with you for three months, you hang out with me for three months. We see if

we get along. And if so, do we really have enough in common to actually make this relationship work? Yes, the research matters... but only so much.

Lucky for me, my advisor, Julie Theriot, has been a wonderful fit, and I have had a great time working with her during graduate school.

Once we chose a lab, we devised a novel biological question to answer as our thesis project. We began to develop the tools and processes needed to address it, and it seemed as if life and work continued to fly by at a rapid pace. Somewhere along the line, our initial enthusiasm of “learning new things and exploring the unknown” began to wane under the reality of classes, qualifying exams, committee meetings and experiments that didn’t seem to work no matter how hard we tried. Nights of going to the Nuthouse with friends were slowly replaced with nights of sitting at our bench moving a small amount of liquid from one vial to the next. Saturdays of hiking in the foothills slowly became weekends of analyzing data or watching cells move in the microscope. Our thesis project in the abstract was exciting. And though we were doing the kind of work that we enjoy—making small, but new discoveries—the repetitiveness of the everyday could sometimes be discouraging. And before we knew it, we were in the middle of graduate school—in other words, a dark tunnel with no light readily apparent at either end.

I think most, if not all, graduate students go through this at some point. I did. I remember sitting in Julie’s office one day during one of our bi-monthly meetings, and saying, “I’m done. I can’t do this anymore.” And she sat silently for a moment, looked at me kind of strangely and said something to the effect of, “no, you’re not. But you’re closer to being done than you were.” And to tell you the truth, at that moment, that did absolutely nothing to help me feel better.

You see, that’s kind of the point. Graduate school, for all of its requirements and examinations, is really a personal journey. It is a time where we are able to solely focus on one question—of our own creation—and to take the time and care to answer it as deeply as we so desire. With this gift, however, come drawbacks. There is self-doubt. There is fear. There is tiredness. There is loneliness. Because in the end, we are responsible for our own work. If it doesn’t get done, it’s our fault. If it is inaccurate, again, it is our fault. Quite frankly, this awesome responsibility is daunting.

Worse, to actually leave this place, we must pass through the penultimate moment of writing (and defending) our dissertation. But really, who wants to sit down and chronicle the failures and achievements of their studies of the past few years when more exciting discoveries are waiting to be made? Especially since graduation seems to come just as all of our (or at least my) experiments are working really well. However, we cannot move on with our lives or explore new opportunities without completing this task—this final hurdle of presenting the sum total of our efforts and discoveries to our colleagues and mentors with the expectation of being deeply questioned about it in order to show that we are the experts on our work.

As with most challenging journeys, the joy of completion wipes away most of the tribulations of graduate school. We regain aspects of the enthusiasm with which we entered. Now, however, this enthusiasm for science and new discoveries is bolstered by the knowledge that we were able to excel at a mentally demanding endeavor and that we can achieve great things.

And so with that, congratulations to all the graduates! Enjoy much softball, much sun and the joy of being done!

Faculty Awards

In addition to congratulating our students for their accomplishments, commencement is also a time to honor faculty who have made significant contributions to their education. Accordingly, I am pleased to list the teaching awards that were announced at the School of Medicine Commencement.

The Arthur L. Bloomfield Award: In Recognition of Excellence in the Teaching of Clinical Medicine

D. Scott Smith, Infectious Diseases

Theodore Sectish, Pediatrics

The Henry J. Kaiser Family Foundation Award: For Outstanding and Innovative Contributions to Medical Education

Garry Gold, Radiology

The Henry J. Kaiser Family Foundation Award: For Excellence in Preclinical Teaching

Clarence H. Braddock, III, Medicine

Andrew J. Connolly, Pathology

David B. Lewis, Pediatrics

Hannes Vogel, Pathology

The Henry J. Kaiser Family Foundation Award: For Excellence in Clinical Teaching

Peter Pompei, Medicine

Elizabeth Stuart, Pediatrics

Elliott Wolfe, Medicine

The Franklin G. Ebaugh, Jr. Award: For Advising Medical Students

Alfred T. Lane, Dermatology

The Lance Armstrong Foundation Compassion in Medicine Award

Neil Gesundheit, Medicine

The Alwin C. Rambar-James B.D. Mark Award: For Excellence in Patient Care

George A. Fisher, Jr., Medicine

Stanford University School of Medicine Award: For Graduate Teaching

Joseph S. Lipsick, Pathology

Stanford University School of Medicine Award: For Outstanding Service to Graduate Students

Joseph S. Lipsick, Pathology

The Graduates of 2005

The complete program for the School of Medicine Commencement, including listing of all graduates, is contained in the attached PDF file

Other Awards and Honors

- I would like to add another Stanford University School of Medicine affiliates who was recently elected to the National Academy of Sciences (NAS) – *Iain Johnstone*, who holds a joint appointment in Statistics and Health Research and Policy, was recognized for his contributions to statistics and biostatistics when the NAS designation was bestowed upon him on May 3rd. Congratulations Dr. Johnstone!
- The Pacific Free Clinic was recently recognized with The Dean of Students Outstanding Achievement Award, honoring student groups for their efforts in the Stanford community and beyond. This student-run free clinic now in its third year of operation provides services to low-income immigrants in the San Jose area, particularly targeting those who require medical interpretation to communicate with health care providers. More information about the clinic can be found at: <http://pacific.stanford.edu>.

Faculty Award Honorees, 2004 - 2005

Paul Berg, Biotechnology Heritage Award,
Chemical Heritage Foundation and the Biotechnology Industry Organization

Mark Blumenkranz, Alcon Research Institute
Award in Ophthalmology; Gertrude Pyron Lecture Award, American Society of Retinal
Specialists

Matthew Bogyo, Searle Scholar

Axel Brunder, National Academy of Sciences

Howard Chang, Dermatology Foundation
Physician-Scientist Career Development Award

Ajay Chawla, Charles E. Culpeper Medical Scholar Awards, Rockefeller Brothers Fund

Larry Chu, Career Development Award, National Institute of General Medical Sciences
of the National Institutes of Health

Sheila Cohen, Distinguished Service Award, Society for Obstetric Anesthesia and
Perinatology

Stanley Cohen, Albany Center Prize in Medicine and Biomedical Research; Shaw Prize
in Life Science and Medicine

Mark Davis, Institute of Medicine

Karl Deisseroth, Charles E. Culpeper Scholarship in Medical Science

William Dement, Peter C. Farrell Prize in Sleep Medicine at Harvard

Sarah Donaldson, Elizabeth Blackwell Award, American Medical Women's Association

Peter Egbert, Outstanding Humanitarian Service Award, American Academy of
Ophthalmology

Stanley Falkow, American Society of Microbiology Graduate Teaching Award; Society
Citation, Infectious Disease Society of America

Dean Felsher, Burroughs Wellcome Award; American Society of Clinical Investigation

Andrew Fire, American Academy of Arts and Sciences; Institute of Medicine; Laureate
of the Dr. H.P. Heineken Prize for Biochemistry and Biophysics, Royal Netherlands
Academy of Arts and Sciences; Gairdner Award

Robert S. Fisher, Most Outstanding Contribution to Epilepsy, Northern California Epilepsy Foundation; National Service Award, American Epilepsy Society

Sanjiv Gambhir, Doris Duke Distinguished Clinical Scientist Award; Society of Molecular Imaging Achievement Award; Distinguished Basic Scientist of the Year, Academy of Molecular Imaging

Christopher Garcia, Howard Hughes Medical Institute Investigator

Miriam Goodman, Eppendorf and Science Magazine Prize for Neurobiology

Christian Guilleminault, Lifetime Achievement Award, National Sleep Foundation

Edward Harris, Distinguished Rheumatologist Award, American College of Rheumatology

Leonard Herzenberg, Special Immunology Prize, Novartis; Abbott Laboratories Award in Clinical and Diagnostic Immunology

John Huguenard, Javits Neuroscience Investigator Award, National Institute of Neurological Disorders and Stroke

Richard Kempson, H.P. Smith Award for Distinguished Pathology Educator, American Society for Clinical Pathology

Seung K. Kim, Juvenile Diabetes Research Foundation Living and Giving Award

Stuart Kim, Ho-Am Prize

David Kingsley, American Academy of Arts and Sciences

Arthur Kornberg, Honorary Member, Japan Academy

Ronald Levy, William Dameshek Price, American Society of Hematology

Robert Malenka, Institute of Medicine; American Academy of Arts and Sciences

Olivia Martinez, Fujisawa Basic Science Award, American Society of Transplantation

Hugh McDevitt, Clinical Immunology Prize, Novartis

Fernando S. Mendoza, Juan Villagomez, M.D. Humanitarian Award, California Latino Medical Association

William Mobley, Institute of Medicine

Tirin Moore, Alfred P. Sloan Foundation Research Fellowship; Pew Biomedical Scholar

Robert Negrin, Doris Duke Distinguished Clinical Scientist Award

Indor Perkash, Ronald Reagan Republican Gold Medal

Stephen Quake, National Institutes of Health Director's Pioneer Award; Howard Hughes Medical Institute Investigator

Marlene Rabinovitch, American Heart Association Basic Science Research Award

Thomas Rando, Ellison Medical Foundation Senior Scholar in Aging

Saul Rosenberg, Karl Musshoff Prize, German Hodgkin Study Group; Rosetta Medical Award, Lymphoma Research Foundation

Oscar Salvatierra, Transplant Pioneer, National Kidney Foundation

Alan Schatzberg, Distinguished Service in Psychiatry Award, American College of Psychiatrists

Matthew Scott, Edwin O. Conklin Medal in Development Biology

Lucille Shapiro, Selman A. Waksman Award in Microbiology, National Academy of Sciences

Norman Shumway, Transplant Pioneer, National Kidney Foundation

Stephen J. Smith, McKnight Technological Innovations in Neurosciences Award

David Stevenson, Neonatal Education Award in Perinatal Pediatrics, Section of Perinatal Pediatrics of the American Academy of Pediatrics

Julio Theriot, MacArthur Foundation Fellowship

Irving Weissman, New York Academy of Medicine Medal for Distinguished Contributions in Biomedical Sciences

Alice Whittmore, Janet L. Norwood Award for Outstanding Achievement by a Woman in the Statistical Sciences

Christine Wijman, National Scientist Development Award, American Heart Association

Sherry Wren, Outstanding Teaching Award, Association for Surgical Education

Appointments and Promotions

- **Todd Alamin** has been reappointed to Assistant Professor of Orthopaedic Surgery, effective 6/01/05.
- **Dorsey Bass** has been reappointed to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 11/01/05.
- **Gerald Berry** has been promoted to Professor of Pathology, effective 6/01/05.
- **Ricardo Castillo** has been reappointed to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 3/01/05.
- **Michael Edwards** has been appointed to Professor of Neurosurgery, effective 6/01/05.
- **Cheryl Gore-Felton** has been appointed Associate Professor of Psychiatry, effective 6/01/05.
- **Samuel LeBaron** has been promoted to Professor of Medicine (Family Medicine), effective 6/01/05.
- **David Lewis** has been promoted to Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 6/01/05.
- **Randall Vagelos** has been promoted to Professor of Medicine (Cardiovascular Medicine), effective 6/01/05.

Dean's Newsletter June 30, 2005

Shared Responsibility, Individual Integrity

On Wednesday June 15th I participated in a panel discussion sponsored by the Executive Leadership group of the Federation of American Societies of Experimental Biology (FASEB) to address "Shared Responsibility, Individual Integrity: Scientists Addressing Conflict of Interest in Biomedical Research." The goal was to bring leaders from academia, industry and the NIH together to consider the impact of conflict of interest from the perspectives of scientists and academic institutions. The conference was prompted by the LA Times report (12/08/04) regarding violations of conflict of interest policies by NIH leaders and scientists and the unfortunate events that followed. My task at this conference was to focus on how we address these issues at Stanford.

Based on the perspectives offered by Dr. Elias Zerhouni, Director of the NIH, Dr. Bill Brody, President of Johns Hopkins University and Dr. Gail Cassel, VP for Infectious Disease at Eli Lilly, who spoke before me, I underscored my personal belief that we need to do everything we can as individuals and as institutions to address conflicts of interest in a responsive and transparent manner. It seems clear that this matter is now in the public eye. Further, I believe it would be irresponsible to assume that it will simply disappear as a source of concern or that it will not be pursued by the press or by legislative or regulatory bodies. Accordingly, it is imperative that we have clear institutional guidelines and expectations and that members of our community of scientists

and physicians each take personal responsibility for acting in a manner that is beyond reproach. Given the events that occurred at the NIH last year and that have unfolded in the pharmaceutical industry within the past several months, it seems obvious that public trust has been seriously eroded – and that this is something that must be regained.

The reasons for concern – at least grounds for worry - are also compelling. For example, of 210 life science organizations surveyed in 1994, 90% reported some relationship with academia. More notably, 88% retained faculty as consultants and at one academic institution (which is likely representative) a third of the faculty had consulting, speaking or advisory board relations with industry. At top research universities, half or more of faculty had some consulting arrangement. With the passage of Bayh-Dole in 1980, these relationships are not surprising, but they do offer some grounds for concern, or at least reflective monitoring. For example, nearly 50% of academic investigators reported receiving “research-related gifts” from industry, including equipment, biomaterials, discretionary funds, student support, travel funds, etc. Moreover, nearly two-thirds of those academic scientists who received gifts reported that they were important to the progress of their research.

In addition to gifts, equity relationships have increased during the last two decades. While the actual number varies among institutions, one reported that 14% of its faculty were involved in such relationships (Boyd E and Bero L *JAMA* 2000;284:2209-2214). Obvious concerns are that such arrangements can affect academic openness, objectivity and bias among faculty and that they could jeopardize the training of graduate students and other trainees. Just this year two books addressing these concerns have been published: Jennifer Washburn, *University.Inc., The Corporate Corruption of American Higher Education*, Basic Books, February 2005, and Jerome Kassirer, *On the Take, How Medicine's Complicity with Big Business can Endanger Your Health*, Oxford University Press, September 2004. Both are receiving attention from regulators and lawmakers, among others. These publications underscore the increasing level of concern about the academic and medical community's evolving relationships with industry and about conflicts of interest.

While it is clear that the greatest risk and concern apply to conflicts of interest involving clinical trials and patient studies, it is also important to note that the dangers transcend these obvious areas. For example, the commentary by Brian Martinson et al entitled “*Scientists Behaving Badly*” published in the June 9th issue of **Nature** (435:737-738) raises many concerns. The authors describe an anonymous survey of 3,247 early and mid-career scientists. Of the respondents (there was a 52% response rate), 15.3% reported that they had changed the design, methodology or results of a study in response to pressure from a funding source. While overt fabrication and falsification was rare, over 10% admitted to overlooking others' use of flawed data or others' questionable interpretations of data, or dropping observations or data points from analyses based on a “gut feeling” that they were inaccurate. Amazingly, 27.5% reported “inadequate record keeping related to research projects.” Although some circumspection is appropriate in interpreting such a survey, it does seem that a worrisome pattern is evident. Particularly concerning is the inference that can be drawn from the data that scientists and physicians

may be biased because of ties to funding sources, most notably to industry. These findings make it imperative that individual and shared responsibility be at the forefront of concern and institutional oversight.

We recognize the important benefits that accrue from productive relations with industry. Nevertheless, it is essential to remember that the primary responsibility of each faculty member is to Stanford University and to her/his participation in its primary missions of research, education and patient care. There is no question that sharing knowledge and scientific discoveries through lecturing, writing, etc. is an essential component of the academic process and that faculty are assessed on their national and international reputations, which can be enhanced by appropriate relations with industry. These benefits have been well demonstrated with the important connections that accrued, for example, in genetic engineering – which arose in institutions like Stanford – and which spawned much of modern biotechnology. Similarly, there is every reason to believe that genome profiling and stem cell biology will have similar impacts in the future. Indeed, academic medical centers such as ours have an obligation to translate discoveries, which requires effective partnerships with industry. At the same time, academic medical centers have an equal obligation to conduct clinical research – and I would argue all research – without bias and in a manner that protects the integrity of the data as well as the public safety and trust.

It is for these reasons that all Stanford faculty are required to disclose any personal financial interests they may have regardless of the dollar amount, including honoraria and equity (stock, stock options, royalty for the faculty member, spouse/partner, or dependent children). These must be disclosed in the informed consent forms for faculty engaged in clinical research and in any public presentations and publications. While disclosure is mandated and while failure to disclose results in loss of investigator status, it is not unreasonable to query whether this policy is sufficient.

As I have commented in recent Dean's Newsletters, the School of Medicine has established clear guidelines regarding conflict of interest and has published both guidelines and tips to faculty on how to manage potential conflicts (see http://deansnewsletter.stanford.edu/archive/02_22_05.html and <http://med.stanford.edu/conflict/>). One of the important aspects – and assets – of our policy is that our Office on Conflict of Interest and the appointed Committee on Conflict of Interest begin with the assumption that our faculty will do the “right thing” if appropriately informed and educated. Hence, I encourage you to seek guidance if you have questions or concerns. Our goal is not to impede your research or opportunities but to assure that they are consonant with our values and your role as a member of the University community.

As a general rule, if a personal financial incentive becomes a significant motivation, one is likely moving into dangerous waters where objective advice and guidance are needed. Similarly, it is always wise to ask whether basic academic values are being maintained, including an open academic environment. It is also essential to assure that there no restrictions on publication or dissemination of results, that fair licensing practices are

upheld, that the research is appropriate to the mission of the university and that resources and facilities are appropriately used. It is critical as well to assure that students and trainees are not being exploited by any academic/industry relationship. While there are certainly many nuances, it should not be missed that conflict of interest is something that the public easily understands – as do journalists – so thinking about how one’s personal situation would look on the evening news or on the front page of a local or national newspaper is a good “smell test.”

I also think it is important to recognize that standards that have been accepted in the past will be more stringent in the future. Regardless of whether or not this change is manifested in new regulations or legislation, it seems implausible that this issue will disappear from public attention. It would be naïve to assume that conflict of interest will be entirely avoidable, but there is every reason to expect that such conflicts can and must be managed, especially if the faculty member seeks guidance and follows institutional recommendations. This is both an individual and a shared obligation.

Whether we need to move to broader oversight over our institutions, as discussed at FASEB, is less clear to me. I think the ultimate key is making sure that we each take our personal and university responsibilities seriously. Should you have any questions about how our conflict of interest policies apply to your research activities, I strongly recommend that you engage our institutional resources to provide help and advice. Feel free to contact Ms. Barbara Flynn, Manager, Conflict of Interest Review Program (barbara.flynn@stanford.edu) or Dr. Harry Greenberg, Senior Associate Dean, Research, Department of Medicine (harry.greenberg@stanford.edu) with your questions or concerns.

Comparing Notes on Translating Discoveries

On Thursday June 16th, I participated in a Workshop on Translational Research and Medicine sponsored by the National Cancer Institute. My role was to reflect on how we are approaching this challenge at Stanford. In doing so I shared our still evolving efforts to integrate our overarching mission in *Translating Discoveries* across the spectrum of our programs, from education to research and patient care. While we have much work to do to fully realize our goals, I think we have made progress in many areas since our Strategic Plan *Translating Discoveries* was formulated in early 2002. These include:

- **Medical Student Education** – Our New Stanford Curriculum, which commenced in the Fall of 2003, has served to refocus our medical student education objectives toward developing a strong foundation in science along with its connection to patient care. The scholarly concentrations, which enable students to engage in specific areas of inquiry and research, are perhaps the most distinctive facet of our new curriculum (<http://med.stanford.edu/md/curriculum/>). In addition to the range of possible choices for scholarly concentration, I highlighted the one focused on clinical research since it relates directly (albeit not exclusively) to translational research. Indeed, I further emphasized that all students receive some training in clinical research, but that the scholarly concentration provides a deeper

experience along with the opportunity to do research. That said, several of our other scholarly concentrations also afford opportunities to engage in clinical or translational research.

- ***Graduate Student Education*** – Our programs for graduate students begin with a focus on basic science. However we have recently introduced a number of courses that permit graduate students to learn more about the challenges in clinical medicine and the opportunities to engage in translational research. In addition, initiatives like the BioX innovation awards and the Biodesign program offer opportunities to engage graduate students in research or innovation that has a translational focus, as will the new Department of Bioengineering, which is jointly held in the Schools of Medicine and Engineering. In addition, work is proceeding to develop a “Masters in Science” program for graduate students, and we are also participating in the Commission on Graduate Education, which is seeking to develop new opportunities for interdisciplinary education across the entire University.
- ***Postdoctoral Fellow Training*** – Although postdoctoral training has traditionally been more departmental or even investigator based, we are developing ways to integrate training across the continuum. One of the opportunities we are exploring is extending the scholarly concentrations developed for medical students into the clinical training years. Another is to develop the Advanced Residency Training at Stanford (ARTS), which is being modeled after the UCLA “STARS” program. ARTS will provide PhD training for residents and clinical fellows; we hope this program will be initiated by 2007.
- ***Faculty Development and Research*** – and its relation to patient care – are being orchestrated through the development of the Stanford Institutes of Medicine and the Strategic Centers. These are designed to promote interdisciplinary education and research and to foster translational research and medicine. These also complement the Centers of Excellence at both Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital, as well as the broader BioX programs at Stanford.
- ***Support for translational research*** – To help facilitate our efforts in clinical and translational research, a number of programs are being put into place, most notably the STRIDE program, which will handle clinical data base development. Another important effort underway is the development of the Stanford/Packard Translational Research Medicine program. This initiative will facilitate protocol development and clinical/translational research through the provision of support for biostatistics, data management (including budgeting, contracting, automatic billing, accounting and audit), compliance, study source document archiving, research coordinator support, etc. These serve as a prelude to developing a Center for Translational Research at Stanford.

While each of these programs can be considered discrete, our attempt to integrate them and to draw associations and relationships between our missions in education, research and patient care and translational medicine and innovation will make us unique and will further shape the future of Stanford Medicine.

Getting Ready for a Review by the Association for the Accreditation of Human Research Protection Programs (AAHRPP)

The following commentary was prepared by Kathy McClelland, Director, Research Compliance Office, and Ann Arvin MD, Associate Dean of Research: Arthur Bienenstock, Vice Provost and Dean of Research and Graduate Policy, joins us in announcing to our research community that Stanford University is seeking accreditation of its program of protection of human subjects in research through the Association for the Accreditation of Human Research Protection Programs (AAHRPP) (www.aahrpp.org). Voluntary accreditation of human subjects research programs is a new initiative that is being undertaken by academic research institutions throughout the U.S. Stanford's program includes human subjects research conducted at the University, Stanford Hospital and Clinics (SHC), Packard Children's Hospital (LPCH), the Veterans Affairs Palo Alto Health Care System (VAPAHCS), and Palo Alto Institute for Research and Education (PAIRE).

This process will involve all of us because AAHRPP accreditation is based on the principle that human research protection must be part of the fundamental culture of institutions like Stanford. In December 2005, AAHRPP will conduct an on-site review of all aspects of our human subjects research programs. This visit will involve examining documents and interviews with Stanford faculty and staff. The site visitors could choose to interview you, if you are an investigator or study coordinator conducting human research protocols. You will be notified in advance if you are selected to talk to AAHRPP site visitors. Their questions will focus on the mechanisms in place at our organizations and in your own research program to protect study participants.

An Advisory Board, led by Dean Bienenstock and Associate Dean Arvin, is helping to prepare for AAHRPP review and on-site evaluation. Members of the board are:

- Steven Alexander, MD, Director of ACCESS
- Penny Eckert, PhD, Chair, Non-medical IRB
- Harry Greenberg, MD, Senior Associate Dean of Research
- Rodney Johnson, JD, Senior Medical Center Counsel
- Steve Jung, Director, Internal Audit and Institutional Compliance
- Rick Kraemer, MD, Associate Chief of Staff, VAPAHCS
- Nancy Lee, RN, Vice President, Clinical Services, Stanford Hospital and Clinics
- Steve Leibel, MD, Medical Director, Stanford Cancer Center
- Vicki Link, RN, MBA, Director, LPCH Quality Management
- David Magnus, PhD, Director, Stanford Center for Biomedical Ethics
- Kathy McClelland, Director, Research Compliance Office
- David D. Oakes, MD, Chair, Medical IRB Panel #1

- Paul Yock, MD, Professor of Medicine-Cardiovascular Medicine, Bioengineering

Watch for updates and more information about AAHRPP in upcoming newsletters and announcements. Any immediate questions can be directed to: kathy.mcclelland@stanford.edu, 723-4697.

Differentiating the Cancer/Stem Cell Institute and Comprehensive Cancer Center

In December 2002 I announced the establishment of the Stanford Institute for Cancer/Stem Cell Biology and Medicine – the first of our four Stanford Institutes of Medicine. At that time the association of cancer and stem cell biology in a single institute made sense and seemed opportune. Cancer cells and stem cells share the common characteristic of self-renewal, and there seemed to be significant potential for convergence of the fields of cancer biology and stem cell biology in shedding light on each other and in the prospect of therapeutic insights and opportunities. Since then several important events have transpired. One, of course, was the passage of Proposition 71 in November 2004 and the formation of the California Institute for Regenerative Medicine (CIRM). The second has been our evolving efforts in planning to apply to the National Cancer Institute to become a designated Comprehensive Cancer Center. As reported in the June 13th Dean's Newsletter, our current plans are to submit our application to the NCI in February 2006.

While there remains considerable and appropriate overlap in the scientific underpinnings of cancer biology and stem cell biology – and it is likely that Stanford will be especially recognized for elucidating these interconnections – it is also clear that this titular connection engenders confusion.. Accordingly, to provide clarity we have decided to create a nominal separation between the two. Effective immediately, Stanford Institute for Cancer/Stem Cell Biology, which heretofore has included our planned Comprehensive Cancer Center, has been renamed as follows:

- ***The Stanford Institute for Stem Cell Biology and Regenerative Medicine*** will encompass our broad programs in stem cell research as well as the Program in Regenerative Medicine. The Director of the Institute will be Dr. Irv Weissman, the Ludwig Professor; the Associate Director will be Dr. Mike Clarke, who will be officially joining the School in September 2005 from the University of Michigan. The Program in Regenerative Medicine includes initiatives in Education (led by Dr. Minx Fuller), Research (led by Dr. Roel Nusse), Stem Cell Policy (led by Drs. Linda Giudice and Julie Baker), Bioethics (led by Dr. David Magnus) and Facility Planning (led by Dr. Michael Longaker). Dr. Michael Longaker serves as the Program Director. Of note, the Institute and Program have a close affinity to the current and future efforts of the CIRM.
- ***The Stanford Comprehensive Cancer Center***, which we hope will soon achieve an NCI designation, will include the programs and cores being developed for our planned application to the NCI in February 2006. Dr. Irv Weissman will be the Principal Investigator and Dr. Bev Mitchell, recently recruited from the

University of North Carolina, will serve as the Deputy Director and Co-Principal Investigator. Dr. Karl Blume, who has been so incredibly instrumental in bringing forth our collective efforts for the NCI application, will serve as a Senior Program Advisor for the Comprehensive Cancer Center. They will be joined by several Associate Directors including Dr. Steve Leibel (Clinical Research), Dr. Mike Cleary (Basic Research), Dr. Ronald Levy (Translational Science), Dr. Dee West (Population Research), Yanru Chen Tsai, PhD (Shared Resources) and Ms Joanne Murphy (Administration).

I hope that this change will provide clarity to those who were confused about the connections between cancer and stem cell biology, and in particular about our institutional commitment to each of these areas. There is little doubt that there are – and should be – scientific, educational and patient care overlaps between these disciplines, as there will be with stem cell biology and our other three Stanford Institutes of Medicine. However, it is also true that making these efforts discrete will help us to communicate more effectively with those communities who are less familiar with our initiatives and unique research agendas.

California Health Care Institute Advocacy in Sacramento

In conjunction with other selected members of the Board of Directors of the California Health Care Institute I visited Sacramento on Monday June 13th to meet with the Governor's Executive Cabinet regarding issues of interest to the academic and biotechnology communities. One of the most important issues is our commitment to innovation. My task was to address the importance of the National Institutes of Health (NIH) in supporting academic research and our concern that the current downturn in the NIH budget will have deleterious effects on the California biomedical research enterprise. While we all celebrate the doubling of the NIH budget that was achieved in 2003, we have now witnessed two years of funding that has barely kept pace with inflation. Of concern is that the President's FY06 budget for the NIH provides less than a 1% increase, which is well below inflation and which decreases the amount of actual research dollars available. Despite the fact that Stanford can boast the highest amount of NIH research support per faculty member of any school in the nation, our real concern must be the support available to young faculty who are seeking their first competitive RO1. At a time when the biomedical research engine has perhaps the greatest promise ever, we face a period when the ability to support and develop new faculty is challenged. The consequences have enormous implications for academia as well as for innovation and thus are of interest to the Governor and the state.

Last year the Governor wrote to the President on behalf of NIH funding and it is our hope that he will do so again. Obviously advocacy for improving NIH funding is something that should be pursued through our individual and collective efforts, including through our various professional societies. Of concern is the fact that, whereas the NIH has long had strong bipartisan support, its recent tarnishing, especially in the area of conflict of interest, has the potential to impact adversely on the support it so needs to be successful.

This is yet another reason to pay careful attention to the impact of public perception on science and medicine.

Honors and Awards

- **Stephen Baccus, J.D., Ph.D.**, Assistant Professor of Neurobiology, was recently chosen as a 2005 Pew Scholar in the Biomedical Sciences. This award has been coveted for its intended flexibility, as it is designed precisely to enable scientists to take calculated risks, expand their research and follow unanticipated leads. Congratulations to Dr. Baccus!
- **Roger D. Kornberg**, the Mrs. George A. Winzer Professor in Medicine, received the Alfred P. Sloan Prize for his discoveries involving the inner workings of RNA and the role of genes as a cause of cancer. The Sloan Prize is given by the General Motors Research Foundation for contributions in basic science related to cancer research. Congratulations to Dr. Kornberg!
- **Dr. Eric Knudsen**, Professor and Chair of the Department of Neurobiology will share the Peter Gruber Foundation 2005 Neuroscience Prize with Dr. Masakazu Konishi of the California Institute of Technology, for the work on sound localization and neural plasticity. Each will receive a gold medal and \$200,000 in unrestricted cash at the Society of Neuroscience's Annual Meeting on November 13th in Washington, DC. Congratulations to Dr. Knudsen!
- **Dr. Michael Longaker**, Professor of Plastic and Reconstructive Surgery, has been named the recipient of the prestigious 2005 Joan and Julius Jacobson Award from the American College of Surgeons (ACS) in recognition of "an outstanding surgeon engaged in research advancing the art and science of surgery." The award will be presented at the fall meeting of the ACS. Congratulations to Dr. Longaker!

Appointments and Promotions

- **James Brooks** has been promoted to Associate Professor of Urology, effective 7/01/05.
- **Randy Buckner** has been appointed to Professor of Psychology, effective 9/01/05.
- **Sheau-yi Hsu** has been reappointed to Assistant Professor of Obstetrics and Gynecology, effective 9/01/05.
- **Lei Xing** has been appointed to Professor of Radiation Oncology, effective 7/01/05.

Dean's Newsletter

July 25, 2005

The Question of Gifts from Pharma

The July 15th issue of **The Wall Street Journal** contained a front-page article entitled “To Sell Their Drugs, Companies Increasingly Rely on Doctors.” It was ironic but relevant that this article, whose subtitle read “For \$750 and Up, Physicians Tell Peers About Products: Talks Called Educational,” was published on the same day as a presentation to the School’s Executive Committee on this very topic. While there is no doubt that the pharmaceutical industry (also known as Big Pharma) has developed medications that have significantly improved the lives of adults and children, there is also no doubt that pharmaceuticals are big business – and in fact the cost of drugs is one of the major factors contributing to the ever-rising cost of healthcare in America. And while there are very important relationships between Pharma and Academia (as well as the medical profession writ large) that should be acknowledged and supported, it is increasingly clear that the boundaries between proprietary interest and public good are getting too blurred.

In this context, the presentation by Dr. Gilbert Chu, Professor of Medicine and of Biochemistry, at the July 15th Executive Committee meeting was important and sobering in its elucidation of the relationship of the pharmaceutical industry and the medical profession. As you likely know, I have been commenting on some of these issues in recent Dean’s Newsletters, including the most recent one (see <http://deansnewsletter.stanford.edu/#1>), and I feel even more strongly after Dr. Chu’s talk that both collectively and individually we need to understand the relationship between Academia and Pharma and assure that it is managed with integrity.

Dr. Chu provided background about the huge scale and scope of Big Pharma. For instance, the ten biggest pharmaceutical companies worldwide account for 50% of worldwide sales. Among Fortune 500 companies, the 10 pharmaceutical companies in a recent year posted a combined net profit of \$36B, while the other 490 non-pharma companies had a combined profit of \$34B. The CEO salary plus stock options at one company were reported as \$151M; at another, the figures were \$82M. Amazing numbers!

Of course there is no question that pharmaceutical companies are essential for bringing new drugs to market. It is important to remember, however, that the basic research in identifying drug targets and candidate classes is most often done in academia or biotech, whereas pharmaceutical companies complete the drug evaluation process, support the clinical trials and secure FDA approval. However, questions about financial conflicts of interest in physicians’ relationships with the pharmaceutical industry have recently become more pointed. Books such as Jerome Kassirer’s, *On the Take, How Medicine's Complicity with Big Business can Endanger Your Health*, Oxford University Press, September 2004, have cast serious doubt on the integrity of the relationship between medicine and big business.

Dr. Chu explained that the business strategy of Big Pharma includes several components: making new drugs, patenting the drugs, lobbying lawmakers, educating patients, and educating physicians. Each of these components can be used to increase the profits of the company while only marginally, or not at all, increasing the health of the population. For instance, after one drug is patented and marketed and is making a profit, a “me too” drug (basically the same drug, with a slight variation in biochemistry but virtually no difference in efficacy) can be patented and used to enlarge the market - and generate new profits. Dr. Chu pointed out that the pharmaceutical lobby is the largest in Washington DC, with 1274 registered lobbyists, including 40 former members of Congress. The industry spends \$12B per year (\$10K per MD in this country) on physician education. Dr. Chu noted the ubiquitous presence of gifts of pens and food at seminars and the financing of 60% of CME by pharma.

Dr. Chu’s findings show that pharma has changed significantly over the past 25 years, away from finding novel drugs and towards aggressive marketing, and he is concerned that the pipeline for new drugs is drying up. Indeed, these issues foster the increasing practice of marketing drugs through TV ads (which are distressing in their own right) to the increasing role of using physicians (including academic physicians) to “market” drugs through “education” sessions – including those highlighted in the Wall Street Journal article mentioned above. I would go further and add that being on a “speaker’s bureau” or program blurs the lines between scholarship and business.

One of the most egregious current practices, and one that has become increasingly common, is the drafting of scientific reports on clinical trials by the drug company sponsoring the trial or by consultants with the expectation that the clinical scientist doing the trial will simply sign off on the article and have his/her name as the author. It is my hope that no faculty member at Stanford would engage in such a practice. Such ghost-written manuscripts (especially when the ghost is Big Pharma) are incompatible with rigorous independent scholarship.

Dr. Chu concluded his presentation with a series of questions that ask, “What should Stanford do?” Should we ban gifts from pharma? Do we want pharma food at seminars? Should we ban pharma from clinics? Can we mandate effective disclosure? How do we ensure good science in our research collaborations? These indeed are extremely important questions that deserve our attention. It is my plan to readdress these issues with the Executive Committee in the months ahead. In doing so, I am most interested in also getting input and comments from faculty and students. So please share your reactions, thoughts and recommendations with me.

NIH Reauthorization

During the past year, Ryan Adesnik, Director of Federal Relations, and I have been concerned about the potential impact of the reauthorization of the NIH – which we knew might be forthcoming. For the first time in 13 years, the House of Representatives began consideration of legislation to reauthorize the NIH. Reauthorization legislation consists

of a broad based policy review of the agency. Given federal budgetary constraints, and in follow-up to the 2003 IOM report, “Enhancing the Vitality of the National Institutes of health—Organizational Change to Meet New Challenges,” the House Committee with NIH oversight authority is now considering proposals to improve planning and efficiency at the NIH.

Last week the House Energy and Commerce Committee released a draft bill to begin the reauthorization process. Many of the important details of the proposal are currently under negotiation so it is probably best to consider the discussion draft as a work in progress. The committee asserts that it has tried to draft a document that seeks to enhance the NIH’s ability to develop planning across the NIH, strengthen the NIH Director’s authority to coordinate the NIH’s research portfolio, and direct the development of standardized reporting requirements and data collection to promote greater accountability to Congress and the public.

The Energy and Commerce Committee draft specifically proposes:

- The creation of a Division of Program Coordination, Planning and Strategic Initiatives within the Office of the Director that would be tasked with developing broad based, trans-NIH planning for the agency.
- The organization of the NIH, for funding purposes, into four divisions: 1) Mission Specific Institutes—focusing on disease specific efforts; 2) Science Enabling Institutes and Centers—defined in the committee’s proposal as those entities that provide support and tools to assist the efforts of the mission specific institutes; 3) The aforementioned Division of Program Coordination, Planning and Strategic Initiatives; and 4) Office of the Director.
- Giving the Director the Authority to reorganize institutes and centers with the consent of the HHS Secretary, Congress and a public process yet to be defined. The HHS Secretary currently has this authority.
- An increase in the amount of funding that the Director may transfer between institutes and centers for the purposes of implementing trans-NIH initiatives. The Director’s transfer authority is currently set at 1%.
- Uniform reporting requirements and improved data collection across the NIH to improve transparency.

Last week NIH Director Elias Zerhouni testified before the Energy and Commerce Committee to provide his comments on the discussion draft. Dr. Zerhouni indicated that, while there are many important details to be worked out, he believes the committee’s general approach would benefit planning and operations at NIH. He also stressed the importance of preserving the sanctity of the peer review process and support for investigator driven grants.

As noted above, over the last year I have been monitoring discussions regarding a possible reauthorization bill in Congress. While I think that the discussion draft seems to support some recommendations from the IOM report and some ideas that many of us support (i.e., some increased authority for the Director and better data collection and portfolio management) we have to work to make sure that any changes enhance the NIH's research mission rather than disrupt it. A number of members on the Energy and Commerce Committee stated last week that the NIH is not a "broken agency" and urged caution in any reform proposal. In particular, I have been very concerned about changes that could further erode the RO1 research pool.

The process is in its very early stages and it is still unclear how Congress will proceed. At our suggestion, the AAMC set up a Dean's Task Force to develop a constructive approach to provide input if such a reauthorization proposal began to move forward in Congress. I chair that task force with Dr. Bob Kelch from the University of Michigan. I will continue to work within that group, with the Association of American Universities and with other groups in the biomedical research community to provide reasoned input.

If you have any questions as the process moves forward please do not hesitate to contact our Director of Federal Relations, Ryan Adesnik at radesnik@stanford.edu. Information is also available at this AAMC web site:

<http://www.aamc.org/advocacy/library/washhigh/2005/072205/start.htm#1>

Mini-Retreat to Further Enhance the Progress of the Stanford Institutes of Medicine

On Saturday July 16th, I held a "mini-retreat" with the directors and associate directors of the Stanford Institutes of Medicine and the Stanford Comprehensive Cancer Center, to gather updates and status reports on each of the Institutes and, importantly, to address several key questions:

- Which projects now under the auspices of the Institute or Comprehensive Cancer Center (CCC) would be (or not be) in existence if the Institute or CCC did not exist?
- What activities are ongoing or planned to foster and develop Institute or CCC education and training programs?
- What lessons have been learned from launching the Institute or CCC and how can this benefit other Institutes?
- What is truly unique about each Institute or CCC and how is that distinguished from the work of Departments? How can the Institutes work more closely together and how can they collaborate with the Departments?

Attending the mini-retreat were Drs. Mark Davis and Carlos Esquivel (Stanford Institute for Immunity, Transplantation and Infection), Drs. Bill Mobley and Karoly Nikolich (Neurosciences Institute at Stanford), Dr. Bobby Robbins (Stanford Cardiovascular Institute), Drs. Irv Weissman and Mike Clarke (Stanford Stem Cell Biology and

Regenerative Medicine Institute), and Drs. Beverly Mitchell, Steve Leibel, and Karl Blume (Stanford Comprehensive Cancer Center).

The Mini-Retreat was highly interactive and successful in addressing the questions posted above and also in identifying important future challenges and opportunities. Among these is the importance of having the Institutes work more interactively with each other – including having regular meeting to update status, compare progress and determine areas for improved collaboration and interaction. There was unanimity in recognizing that the Institutes need to better engage faculty from throughout the university (although considerable progress on this has already been made) and to optimally align the work of the Institutes and CCC to the clinical and research programs in the Departments and Medical Center. The need to foster even closer collaboration with Stanford Hospital & Clinics and the Lucile Packard Children's Hospital was highlighted by a number of the Institute and CCC directors.

I fully recognize that the Stanford Institutes of Medicine and the Comprehensive Cancer Center represent significant change within the School and could be conceived by some as threats to existing organizational entities, especially departments. I don't see it that way at all. Indeed, I truly believe that strong basic and clinical departments are quite compatible with strong Institutes and the CCC. The challenge is to align structures and resources so that leaders across the School are able to see beyond the traditional boundaries of authority and control and are able to ask how these programs can make Stanford Medical Center stronger and more successful. At the end of the day our ability to be truly transformational will be decided by the quality and vision of our leadership throughout the School and by our individual and collective ability to create the future rather than defend the past. Needless to say, this will be an iterative process, requiring adaptation and compromise by all involved. But as stewards of the future, it remains our responsibility to assure that evolution occurs in a manner that enhances Stanford and furthers our ability to create new knowledge, train future leaders and translate discoveries.

Next Steps in the Faculty Appointments and Promotion Process

Last September I announced the launching of a Task Force on Faculty Appointments and Promotions, chaired by Dr. Rob Jackler, Professor and Chair of the Department of Otolaryngology-Head & Neck Surgery (http://deansnewsletter.stanford.edu/archive/09_07_04.html#8). The purpose of the Task Force is to examine our faculty appointments and promotions processes with a view toward streamlining them so that they can be completed more efficiently and quickly, with appropriate attention to the quality of the evaluation. I also asked the Task Force to assess the feasibility of using web- based technology for this process.

At the July 1st meeting of the Executive Committee, Dr. Jackler gave a progress report on the work accomplished to date. The Task Force has done an extensive review of the current A&P processes and has made a series of recommendations for change. Senior Associate Dean for Academic Affairs David Stevenson and I have approved these

recommendations, which will be implemented in the next months. For example, in conjunction with the Provost's Office, the School will be initiating changes in the forms used in the A&P processes. One good outcome is that there will be fewer forms, and the instructions for their use will be simplified and clarified. In addition, benchmarks for how well departments perform in accomplishing appointments, reappointments, and promotions will be established and tracked. Furthermore, the Task Force, under the leadership of Phil Constantinou, Director of IRT System Development, has completed a proposal for a Faculty Appointment and Promotion Web Application, which was demonstrated to the Executive Committee.

The objective of a web-based system would be to improve the speed of long form assembly and review by expositing the process steps to all the stakeholders, automating business rules to reduce errors and speed processing, and alerting responsible parties of delinquent tasks. Developing the full system will be a major project that would take several years to fully implement. The proposal is under review.

The Executive Committee was impressed by and enthusiastic about the Task Force's accomplishments. Dr. Jackler will return to the Executive Committee later in the calendar year, and I will keep you informed of further progress. Thanks to Dr. Jackler and the other members of the Task Force: Brian David, Sarah Donaldson, Jason Irwin, Linda McLaughlin, Julie Moseley, Annelies Ransome, Channing Robertson, Kim Thomas, Scott Walters and Kathy Gillam. Their work will have a significant positive impact on the school in the months and years ahead.

LCME Review Right Around the Corner

On July 20th the written documentation supporting our accreditation application by the LCME was sent to the Review Committee that will visit Stanford on October 16-19th. In addition to the 48-page Institutional Self Study Summary Report and the Student's Review, the application materials include over 3000 pages of background and supporting documents. The written documentation has been under preparation for more than a year and is the result of input from more than 200 faculty, students and staff within the School of Medicine as well as engagement by University officials and trustees. In thanking them, I also want to offer particular acknowledgement to Dr. Oscar Salvatierra, Professor Surgery and Pediatrics, who served as the LCME Faculty Lead, and to Ms. Rebecca Trumbell, our LCME Project Manager. Their efforts in coordinating this enormous project has been outstanding and I am deeply appreciative of their tremendous contributions.

We have received input on the written materials from our external advisors and have worked diligently to address the concerns or questions that they raised in their review. To refine our presentations, we will have a "mock site visit" in September and then, of course, use these experiences for the October visit.

I am fully cognizant that this LCME visit will take place under the shadow of past reviews, a number of which raised concerns, especially about library and education facilities. We in fact agree with the concerns that were raised and have worked diligently

to address these issues. I thought you might like to know what has been done to date and what will be accomplished in the immediate future. The following is abstracted from the LCME Self Study Summary Report. I share it with you so that you will be as informed as possible about this important issue.

The School has made an investment of over \$17.7 million to facilities since the 1997 site visit...the School has built and will continue to improve an IT infrastructure that allows ubiquitous electronic access to knowledge resources “anywhere, anytime,” recognizing the shift in balance from a library facility itself to an unlimited ability to access information; and finally, the School will build a new education facility, the Learning and Knowledge Center (LKC), which will provide the new kind of learning spaces and environment required by medical students today [and in the future]. The five component parts...have been addressed as follows:

1. Changes to the Lane Library facility itself include the elimination of a number of traditional book stacks to create expanded study spaces; the complete renovation and addition of handicapped accessibility to bathrooms within 44 yards of the entrance to the library; and the installation of evaporative coolers throughout the library building as a means of air conditioning. A number of other functional, comfort, and aesthetic upgrades have also been provided.
2. Small group teaching spaces have been created and/or renovated throughout the School in the Fleishmann teaching lab, the team learning classroom, anatomy lab, and Lane Library.
3. The Fleishmann teaching lab has been expanded and completely renovated, including sophisticated computer hardware.
4. The “computer network within the library” has been expanded, beyond what might have been even conceivable at the last LCME site visit, to become a “library without walls,” providing ubiquitous access to a greatly expanded digital biomedical collection. Within the library facility itself, all computer equipment and services, including hardware and seating, have been upgraded.
5. The lecture halls have been completely renovated and provided with modern audiovisual equipment.

When I came to Stanford as the new dean in April 2001, a plan (called the GALE project) had been in place to address the LCME’s prior concerns. However, it did not address the new programs for education that were to be developed in the School and it did not take into account the future of the library as a digital knowledge center. Moreover, the GALE project, a nearly \$200 million phased renovation project tentatively scheduled for completion in 2006, was unrealistic and did not have the support of the School’s faculty or the University’s administration. In February 2001 (before my actual official arrival), Michael Hindery, Senior Associate Dean for Finance Administration, and I met with the LCME Secretaries in Washington, DC. We informed them of my decision to scrap the

GALE project and focus on the development of educational facilities that would have more appropriate alignment with a new, more contemporary vision for knowledge management. Plans for the LKC have been formulated to accomplish these new goals and objectives. It will include facilities for large and small classroom teaching, simulation and virtual reality learning, and the knowledge center.

The School has completed program planning for the LKC, which has been presented to the Board of Trustees. This planning includes an anticipated groundbreaking date in 2007 and opening of the new building in 2009. (It should be noted that 2009 is also the 50th Anniversary of the School's move to the Stanford campus from San Francisco.) In contrast to the GALE project, the plan for the LKC includes 120,000 square feet of new construction in addition to 73,000 square feet for renovation of the Lane and Always buildings.

Taken together, the current renovations and revitalizations of existing space and the construction of state-of-the-art education and library facilities will further transform Stanford School of Medicine and prepare it for the challenges of the 21st Century. Of course I hope that these plans will also resolve the long-standing concerns of the LCME about the adequacy of our education facilities.

Update on Chair Searches of Clinical Departments

We presently have three searches underway for chairs of clinical departments. Each of these searches is important and they are at different stages of execution. The search for a chair of Obstetrics and Gynecology (chaired by Dr. Linda Shortliffe) has been underway since earlier in this calendar year and has identified potential candidates. I am currently reviewing that short list and hope to have an announcement about the selection in the not too distant future.

A second important search is for the next chair of the Department of Medicine, the largest and most complex department in the School. Drs. Harvey Cohen and Gary Glazer are co-chairing this search. The Committee is completing its needs assessment of the department and its description of the most desirable characteristics for the next chair. They have also assembled a long list of potential candidates and plan to develop a short list and begin inviting prospective candidates to campus in the Fall. It is my hope that we will be able to determine the lead candidate(s) before the end of this calendar year.

The third search is for the next chair of the Department of Pediatrics. Dr. Tom Kummel is chairing this search committee and, while they have only begun their work in the past month, they are already making significant progress. A long list of candidates has been compiled and the committee will be working on the shorter lists soon. The goal will be to have the next chair identified and hopefully at Stanford when Dr. Harvey Cohen steps down next summer.

In each of these searches, my goal is to find individuals who are established leaders and who can help move these respective departments to even greater levels of distinction.

Clearly each of these next chairs must have a significant background in science, research, education and clinical medicine. I am particularly interested in individuals with vision and the ability to implement important new programs. These new chairs will also need – and want – to work closely with their colleagues throughout the Medical Center and University. The parallel development of departments and our Stanford Institutes of Medicine constitute a particularly important opportunity. I am especially interested in future chairs who will foster interdepartmental collaborations in research, education and patient care and who will support and benefit from interactions with the Stanford Institutes of Medicine and the Stanford Comprehensive Cancer Center. The potential for positive results of these interactions are boundless, and they offer an opportunity to create a transformational future.

We have been very fortunate in recruiting new clinical chairs who fulfill these criteria and who have joined Stanford in the last couple of years. These include Drs. Rob Jackler, Chair of Otolaryngology and Head and Neck Surgery; Dr. Bill Maloney, Chair of Orthopedic Surgery; Dr. Bobby Robbins, Chair of Cardiothoracic Surgery; Dr. Frank Longo, who will join Stanford in January as the next Chair of Neurology; and Dr. Beverly Mitchell, who is joining Stanford as the Deputy Director for the Stanford Comprehensive Cancer Center. I hope and expect to identify individuals with similar qualities of leadership, vision and a spirit of collaboration – and who are eager to help make Stanford a true leader in academic medicine in the 21st Century.

Medical Student Life Advisor Sought

Dr Julie Parsonnet, Senior Associate Dean for Medical Education, asked me to include the following announcement in the Dean's Newsletter.

The School of Medicine is searching for a Medical Student Life Advisor who can provide guidance on matters that affect medical students, particularly non-academic and personal issues. This Advisor will be a medical student counselor and advocate and will be selected by a search committee comprised predominantly of students. Academic Advising Deans and the Student Life Advisor will work together closely in the development of the Advising Program. The Student Life Advisor will be a point of contact for students who wish to discuss sensitive or personal topics and obtain advice without concern about affecting their academic "reputation." The appointment will be for 25% time for a term of three years, with possibility for renewal at that time.

Responsibilities:

- Advise medical students on matters that impact student's life decisions, wellbeing, and academic performance, particularly non-academic and personal issues.
- Be available to represent and advocate for medical students, as appropriate, with regard to matters that affect student wellbeing.
- Work directly with the Academic Advising Deans in developing the Advising Program.

Qualifications:

- Training and experience as a practicing physician and educator.
- Extensive experience working with medical students, particularly in the role of advisor or mentor.
- Student-centered, personable, knowledgeable about the University and the School of Medicine.
- Associate, Full or Emeritus Professor at Stanford in UTL, MCL, Research, Teaching or Clinician Educator Line.

Applying

Prospective candidates should send a CV and a letter of intent to the Office of Student Affairs (OSA) to Zera Murphy [zera.murphy@stanford.edu] or Char Hamada [hamada@stanford.edu]. The names of three (3) students who could be contacted by the search committee for additional support of candidacy should also be included in the application material.

Application materials should be received before August 15th, 2005

America the pharmaceutical

The summer issue of Stanford Medicine, now available in print as well as on-line through the Communications and Public Affairs office Web site

<http://mednews.stanford.edu/stanmed/2005summer/>, includes a special report on the complicated relationship our society has with pharmaceuticals.

The issue examines "America the pharmaceutical" by exploring the nation's love/hate relationship with pharmaceutical drugs. While drugs are one of society's greatest assets, the public's faith in their reliability is in jeopardy. That's troubling because it strikes at the core of our health-care system. Meanwhile other developments, such as direct-to-consumer advertising, are feeding the public's demand for pharmaceutical solutions.

Among the contents in the special report are the following articles:

- An in-depth look at America's pharmaceutical drug habits and their implications.
- Analysis of the government's system for assuring drug safety, featuring insights from Stanford faculty and former Food and Drug Administration commissioner and Stanford president Donald Kennedy
- An answer to the question: Is it ever ethical to test drugs on children? David Magnus, director of the Stanford Center for Biomedical Ethics provides an explanation.
- A collection of facts and figures revealing the pharmaceutical industry's powerful place in society.
- The story behind the national effort to determine drug dosages appropriate for children. Lucile Packard Children's Hospital physicians are playing leading roles in this endeavor.
- Professor Steven Shafer's insider's perspective on the FDA panel on Cox-2 inhibitors

- A Q & A with futurist Faith Popcorn predicting the surprises pharmaceuticals have in store.

Awards and Honors

Dr. Ronald Davis, Professor of Biochemistry and of Genetics, is this year's recipient of the 2004-2005 Dickson Prize in Medicine. Awarded by the University of Pittsburgh School of Medicine, the Dickson Prize is intended for investigators who are "actively engaged in innovative, paradigm-shifting biochemical research that is worthy of significant and broad attention." The prize consists of a bronze medal and \$50,000, and will be presented this Fall in Pittsburgh. Congratulations to Dr. Davis.

Gerald M. Reaven, M.D., Professor of Medicine, Emeritus, has recently received the 2005 NAMS/Berlex Laboratories, Inc. Postmenopausal Metabolic Syndrome Research Award. This award is designed to recognize and acknowledge an individual whose body of research has made a significant contribution to the understanding of metabolic syndrome in postmenopausal women. A commemorative plaque will be presented on October 1 during the NAMS 16th Annual Meeting, to be held at the Manchester Grand Hyatt Hotel in San Diego, CA (September 28 - October 1, 2005).

Dr. Reaven has also been awarded the 2006 Fred Conrad Koch Award. This award is the highest honor bestowed by The Endocrine Society in recognition of exceptional contributions to endocrinology. The recipient receives the Fred Conrad Koch Medal of The Endocrine Society. Congratulations to Dr. Reaven for these well-deserved honors.

Robert Jackler, M.D., Professor and Chair, Department of Otolaryngology-Head and Neck Surgery, has been conferred honorary fellowship of the Royal College of Surgeons of Edinburgh, the highest accolade which the Royal College can bestow. Congratulations to Dr. Jackler.

Ian Whitmore, M.D., MB, BS, LRCP, MRCS, Professor of Surgery-Anatomy, received the Honored Member, 2005 Award in New York City at the 4th Joint Meeting of the American Association of Clinical Anatomists and the British Association of Clinical Anatomists. This award was given for his distinguished career in, and enthusiasm for, clinically-relevant anatomy and particularly in recognition of his work in Chairing F.I.C.A.T., (Federative International Committee on Anatomical Terminology), and making Terminologia Anatomica a reality. Terminologia Anatomica is the first and only complete listing of anatomical terms in both Latin and English. Congratulations to Dr. Whitmore.

Appointments and Promotions

- *Atul Butte* has been appointed to Assistant Professor of Medicine and Pediatrics, effective 9/01/05.

- **Clifford Chin** has been promoted to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 7/01/05.
- **Bruce Daniel** has been promoted to Associate Professor of Radiology, effective 8/1/05.
- **Samira Guccione** has been appointed to Assistant Professor (Research) of Radiology, effective 8/01/05.
- **Jaimie Henderson** has been appointed to Assistant Professor of Neurosurgery, effective 7/01/05.
- **Laura Lazzeroni** has been promoted to Associate Professor of (Research) of Health Research and Policy, effective 8/01/05.
- **Timothy McAdams** has been reappointed to Assistant Professor of Orthopedic Surgery, effective 7/01/05.
- **Andrew Quon** has been appointed to Assistant Professor of Radiology, effective 7/01/05.
- **Arend Sidow** has been promoted to Associate Professor of Pathology and Genetics, effective 8/105.
- **Karl Sylvester** has been reappointed to Assistant Professor of Surgery and Pediatrics at the Lucile Salter Packard Children's Hospital, effective 9/01/05.
- **Paul Utz** has been promoted to Associate Professor of Medicine, effective 8/1/05.

Dean's Newsletter

August 9, 2005

Planning the Future of Stanford University and the School of Medicine

Since it was founded in 1891, Stanford has become one of the great universities of the world. At its core, the excellence of its faculty and an outstanding student body define what makes Stanford truly great. While scholarship, discovery, innovation and education characterize some of the central components of the university of the past, the future will be increasingly defined by how a university creates knowledge to improve the human condition. Because Stanford has the unique advantage of housing all of its seven Schools (i.e., Business, Earth Sciences, Education, Engineering, Humanities and Sciences, Law and Medicine) on a single campus, the opportunities for interaction among faculty and students are wonderful. Coupled with a spirit of entrepreneurship and a remarkably broad interest in interdisciplinary research and education, Stanford is poised to serve as a leader

for the 21st century. Defining areas of overarching interest and interaction that will lead to improvements in human health and well-being has been the work of Stanford University leadership and faculty during the past several years. This work is now culminating in several major themes for the future. Among these are: Conquering Infection and Improving Human Health; Sustaining the Environment; Preventing Terrorism and Improving the Human Condition; and Educating Leaders for a Diverse and Complex World.

At a recent meeting of the Executive Cabinet - which includes the President, Provost, and School Deans - the leaders of the Stanford Environmental Initiative gave an update of their planning to date. As I described in an earlier Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/04_19_04.html#3), the genesis of the initiative was a group of committed faculty from across the University who came together in recognition of the urgent global sustainability challenges facing our world, the need for collaborative and interdisciplinary research to address these challenges, and the strengths we have at Stanford to do just that. The initiative has evolved to the point where it now defines itself as a University-wide Environmental Initiative with a new entity, the Stanford Institute for the Environment, as its centerpiece.

The new Institute's mission is to help societies around the world learn how to meet the demands of their populations for water, food, health, energy, and other vital needs while protecting and nurturing the ability of our planet to meet the needs of people today and in the generations yet to come. Institute faculty are currently developing strategic programs related to their mission and related goals. The Institute hopes to encourage governments, businesses and non-governmental organizations to apply environmental technology to problems, to use science-based expertise to identify solutions, and to develop interdisciplinary degree programs and leadership training for the next generation of leaders. Programs are being formed to develop new ways of conservation, generate sustainable solutions to global hunger, develop and promote the next generation of climate change solutions, and develop practical energy efficiency technologies and policies. There are plans to create new professorships, increase graduate student support, and secure funding for a dedicated building. And while the focus is clearly on achieving a sustainable environment, the linkage of this initiative to human health is also evident and will also likely develop more formally in the years ahead. Clearly these are very ambitious goals - I will provide further updates as the Environmental Initiative and Institute plans evolve.

Of course, the broad Initiative on Conquering Disease and Improving Human Health falls more specifically within the scope of the School of Medicine, and we have been working diligently to foster an exciting agenda for the future. Along with the initiatives in Bioengineering and Bio-X, we have been crafting our planning around the Stanford Institutes of Medicine and the Comprehensive Cancer Center. Both the institutes and the cancer center will link our basic and clinical faculty as well as colleagues from across the university in cross-disciplinary research and education. Our goal is to foster innovation and translate discoveries to our clinical partners at Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. Indeed, during the past two years we have made

tremendous progress in defining these initiatives and, more recently, in codifying the resources that will be necessary to bring them to fruition. I will be presenting our integrated plans to the next Executive Cabinet meeting on August 24th and hope that this will generate considerable discussion and further refinement of our plans and goals. I will be eager to share these with you in future newsletters.

Continuing to Support the Pipeline for Diversity

Summer is a time when the School of Medicine's long tradition of helping minority and disadvantaged high school and college students learn more about science and medicine truly shines. Over the years a number of exciting and important programs have continued to offer these students an in-depth opportunity to learn more about themselves and how to prepare for a successful future. Among the notable programs are the Stanford Summer Research Program in Biomedical Science (SSRP), the Early Matriculation Program and the Health Careers Opportunity Program (HCOP) sponsored by the Stanford University School of Medicine Center of Excellence.

On Friday July 30th, I had the opportunity to attend the HCOP Celebration of Achievement Ceremony. This summer program has been led by Program Director Dr. Ron Garcia and Associate Director Kathryn Fitzgerald. This year 22 students from colleges and universities across the nation attended HCOP. They spent six weeks learning about anatomy and cell biology as well as the processes involved in applying to medical school and pursuing a career in the health sciences. Based on student comments and presentations, perhaps the most important thing they achieved was learning more about themselves and each other and fostering their sense of self-esteem. It was clear that each of the students who attended left with greater self-confidence and a greater resolve to follow their dreams and to succeed.

I want to thank the efforts of our faculty, students and staff in making these programs successful. They are each playing an enormously valuable role in helping a future generation to succeed.

Addressing Diversity More Broadly

In addition to the programs that help foster and stimulate a future pipeline of minority and disadvantaged students to become the physicians and scientists of tomorrow, we have another challenge to address. Namely, given the reasonably high level of diversity in our medical student class and increasingly in our graduate students (both as a result of committed efforts by faculty leaders over the years), we are still not doing anywhere as well as I would like in the diversity of our faculty. Indeed, this is true also for our resident trainees and postdoctoral fellows. While we are clearly training an outstanding and diverse medical and graduate student body, these students leave Stanford upon graduation, and this break in the pipeline at Stanford has a negative effect on the diversity of our postgraduate trainees and fellows. And clearly we are not doing enough to successfully attract minority graduates to our resident and fellowship programs and to our faculty. It was this concern that prompted me to launch a focused effort to enhance

diversity through the office of a Senior Associate Dean for Diversity and Leadership. During the past several months Dr. Hannah Valentine, the first incumbent of this important position, has been working with thought-leaders across the School to develop a plan to help overcome these imbalances and to enhance the diversity of our broader community. I will be happy to share that plan with you in the months ahead as it becomes more final.

In addition to recruiting more diverse postgraduate trainees and faculty, it is also clear that we need to work more diligently to assure that the environment at Stanford and the School is conducive to supporting a diverse community. Based on the Report of the Quality of Life survey commissioned in 2003 by the Provost's Advisory Committee on the Status of Women Faculty, we are in need of continued improvement, especially in meeting the challenges of work demands, particularly for our clinical faculty and for women and minorities. (The entire report of the Provost's Advisory Committee on the Status of Women Faculty may be found at:

<http://www.stanford.edu/dept/provost/womenfacultyreport/PACSWF.pdf>). This too is another area that requires addressing and I am certainly committed to seeing us make progress in improving this in the future.

Money Matters

While the summer quarter seems to bring an air of quietude to the rest of the University, the School of Medicine and Medical Center has been in overdrive since Commencement in mid-June. In addition to the fact that July is really another beginning of a new year for academic medical centers thanks to the arrival of new interns, residents and fellows, summer also represents a time for finalizing budgets and related money matters in anticipation of the beginning of the next fiscal year – which occurs on September 1st.

During the past weeks the School of Medicine consolidated budget – which for FY06 is just over \$1 billion – has been finalized across all departments, institutes and administrative units in support of the School's missions in research, education, and patient care and related support services. As in recent years, we will continue to be in an investment mode, which means using unrestricted reserves to help launch important new programs and Institutes. This has been a tactical decision since it is also clear that unless we can demonstrate progress in the early development of exciting programs we will not be successful in leveraging them for major future investments from philanthropic sources.

As we did last year, we face the delicate balance between the need to support our ongoing missions in education and research, both of which require funds above and beyond those we receive from research grants or tuition, and the necessity to invest in new programs, in the recruitment of new faculty and in the significant capital needs we have now and will have going forward. Because there are more needs than resources available to support them, we need to think boldly, but also with some fiscal conservatism to assure that we stretch as far as we can go – but not beyond our supply lines.

Of course finding additional sources of support is critical if we are to be successful. As an academic medical center and university, the current financial sources available come

from tuition payments (which cover only about 50% of the cost of education), research grants and contracts (which cover only about 75% of the actual costs), and patient care revenues. The latter have been increasingly challenged in recent years – although it is important to note that the Medical Center’s clinical programs (hospital and clinics) have performed significantly better than might have been expected during the past three years. Additional financial revenue sources for the School of Medicine include payout from endowment, patent income and gifts. As is frequently the case, each of these sources operates somewhat autonomously and can be impacted by factors outside our control.

For example, while Stanford has done exceedingly well on a per faculty basis in competing for research dollars from the National Institutes of Health (indeed we are number one in the nation in this metric), we are concerned about the current decreases in the NIH research budget, which will, if the current trend continues, mean a risk of decreased funding for basic and clinical research from public sources. And, as noted already, even with full funding from the NIH, the School still needs to add 25-30% of the dollars to make the research operations whole. Similarly, while we are certainly pleased with the current performance of the clinical programs, we recognize that this cycle of improved revenues can, and most likely will, change in the years ahead because of modifications in Medicare or reductions in payments by providers along with the increased cost for drugs and technologies. So anticipating these changes is important – along with doing all that we can to compete successfully and alter or change adverse policies or programs.

Thankfully we seem to be on a better track in raising philanthropic dollars. While the FY05 fiscal year still has three weeks to go, we have already exceeded the record number of dollars raised in 2001. With the changes now taking place in the Office of Medical Development along with the integrated fundraising plans developed over the past year between the School and Stanford Hospital & Clinics (SHC), and between the School and Lucile Packard Children’s Hospital (LPCH) and the Lucile Packard Foundation for Children’s Health, I am very optimistic that we will see significant advances in this important activity in the years ahead. Of course this is critically important given the very large fundraising targets that the School has for programmatic development as well as facilities – especially the Learning and Knowledge Center and the Stanford Institutes of Medicine #1. Both of these facilities are critically needed, and I hope both will be completed by 2009. But to get that accomplished we will need major new gifts as well as the use of School (as well as department) reserves along with other sources of cash. These two projects are critical to our missions in education and research, and since our very future depends on them, we will have to work collaboratively to achieve them – despite the obvious sacrifices that may be involved.

On another positive note, we are very close to finalizing the plans for a new funds flow model with the leadership at SHC, the basic conceptual outlines of which I reviewed in the February 22nd issue of the Dean’s Newsletter (http://deansnewsletter.stanford.edu/archive/02_22_05.html). The new model will be actualized in the FY06 fiscal year. It will be reviewed in mid-August by the SCH Board of Director’s Finance Committee and at the end of August by the full Board. Hopefully

this new model – which creates an effective alignment between the School, faculty and hospital - will be much more successful than its predecessors. While the discussions have naturally had their challenges, I am appreciative to the SHC leadership for working collaboratively. While the new model is not perfect and will certainly require adjustments over the years ahead, it is much more rational than anything we have had up to now.

Another important activity we completed during June and July was the annual comprehensive review of faculty compensation. Indeed, based on the recommendations from department chairs, members of the Dean's group and I reviewed, as we do each year, the base, variable, administrative supplement and incentive component for every faculty member in the School. We do this to assess equity across faculty ranks, specialties and gender, and in regard to performance expectations. We also engage in comparisons with national benchmarks. Our report is advisory to the Provost, who has the final authority in approving faculty compensation. We do all we can to achieve the highest degree of fairness and integrity in this process.

These money matters are of course critically important to all of us. While we seek to be mission based, and we certainly view the School as different from a traditional business, the reality is that when there is no money, there is no mission. So finding that balance becomes crucial. My goal, of course, is to have sufficient financial resources to fund our programmatic initiatives, capital requirements and faculty compensation. While I certainly recognize the need for – and am seeking – additional sources of funds, we are still fortunate to have access to the resources we do at Stanford. And while money certainly matters, so do the many intangible resources that exist at Stanford – particularly our outstanding faculty, exceptional students, wonderful staff and the high degree of engagement and interaction with our partners in the Medical Center and across the University. Those factors matter a lot as well.

Reducing Peak-Hour Traffic On-Campus

The Provost has requested that all Schools examine the commuting practices of their faculty, staff and students, and develop plans to reduce peak-hour vehicle traffic. In a memo to members of the University Cabinet and University Management Group (UMG), he explained: "As you may know, we are required by the General Use Permit (GUP) to maintain a traffic level with no net new commute trips during peak morning and evening commute times. In 2001, we performed a study to determine a traffic baseline. Twice each year, we must repeat the study to determine if traffic has increased over the baseline. The good news is that, in spite of a significant increase in the number of university employees since 2001, we have managed to keep the number of commute trips below the baseline, thanks to the excellent job Parking and Transportation Services has done creating and marketing alternative transportation programs.

The bad news is that the last traffic study shows us very close to the limit imposed by the GUP, and the trends suggest we will soon exceed it unless we act aggressively."

The Provost goes on to ask that we take an initial step to identify commuting schedules of SOM members, which we have created a survey to address. The survey is very short--less than 3 minutes. We need virtually all faculty, staff and students to participate in order to have a full understanding of our current situation. If you have not already completed the survey, please immediately access the survey at <http://med.stanford.edu/survey/traffic>. You only need your SUNet ID and password in order to complete it. In addition, awards of \$100 are being offered for the five most original and creative ideas for reducing peak-hour traffic.

The Provost has many suggestions for reducing "trips, "which you may find helpful:

- Encourage commuting employees who live close by to walk or bike to work and enjoy the added health benefits that will result from this change.
- Offer appropriate employees the opportunity to adopt alternative work schedules, including 7 a.m.- 4 p.m., 7:30 a.m.- 4:30 p.m., or 9:15 a.m.- 6:15 p.m. Obviously, the employee's supervisor must first agree that the alternative schedule is consistent with job requirements in the office. Flex-time, staggered work hours or compressed workweeks may also work for certain employees and offices.
- Encourage employees to participate in one of the alternative transportation incentive programs:
 - The Eco Pass, which offers free transit on VTA buses, light rail, the Dumbarton Express and Highway 17 Express to eligible Stanford employees who work 50 percent or more.
 - The GO Pass, which offers free transit on Caltrain to eligible Stanford employees who work 50 percent or more.
 - The East Bay Express (AC Transit's Line U), which provides free express service from the East Bay (connecting with BART and the ACE Train in Fremont) to the university.
 - The Commute Club, which provides cash rewards up to \$160 (\$204 effective Sept. 1) to employees who agree not to purchase parking permits, as well as many other benefits, such as free hourly Enterprise car use, the Guaranteed Ride Home program, and reserved carpool and vanpool parking
 - The Vanpool Program, which provides numerous financial incentives for new vanpools.
- Recognize the constraints that may be placed on the work schedules of employees who commute to work by public transportation.

Please complete the survey yourself, encourage others to do so as well, and remember that as we improve our "trip" level, we are also improving the environment, the parking situation, traffic, and in some cases our own health!

Thanks to those of you who have already completed the survey!

Awards and Honors

Karl Deisseroth, M.D., Ph.D., Assistant Professor of Bioengineering and Psychiatry, is one of four recipients who has been awarded a Technological Innovations in Neuroscience Award for 2005-2007 by the McKnight Endowment Fund for Neuroscience. The awards pay \$200,000 over two years for research projects that seek to advance the field of neuroscience by developing new tools and techniques enabling deeper understanding of the brain.

Keith Humphreys, Ph.D., has been appointed to the Committee on Care of Veterans with Serious Mental Illness by the Department of Veterans Affairs Undersecretary for Health Jonathan Perlin, M.D. The Committee works closely with the VA Secretary and Undersecretary, and the U.S. House and Senate Veterans' Committees, to monitor and improve the quality of mental health care in the VA system.

Steven L. Shafer, M.D., Professor of Anesthesia at Stanford University and Adjunct Professor of Biopharmaceutical Science at the University of California, San Francisco, has been appointed by the Board of Trustees of the International Anesthesia Research Society to be the next Editor-in-Chief of the medical and scientific Journal, *Anesthesia & Analgesia*.

Appointments and Promotions

- **Tracy George** has been appointed to Assistant Professor of Pathology, effective 8/01/05.
- **Geoffrey Gurtner** has been appointed to Associate Professor of Surgery, effective 9/01/05.
- **Peter Hwang** has been appointed to Associate Professor of Otolaryngology, effective 8/01/05.
- **Richard Lafayette** has been reappointed to Associate Professor of Medicine (Nephrology), effective 8/01/05.
- **Maria Millan** has been appointed to Associate Professor of Surgery, effective 8/01/05.

- **Mindie Nguyen** has been appointed to Assistant Professor of Medicine, effective 8/01/05.
- **Stanley Rockson** has been reappointed to Associate Professor of Medicine, effective 11/01/05.

Dean's Newsletter September 6, 2005

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Impact of the Gulf State Tragedy

During the past week we have each been riveted to the reports describing the devastating tragedy that befell the Gulf States of Alabama, Louisiana and Mississippi in the wake of Hurricane Katrina. The immediate reshaping of priorities of individuals, as well as communities, cities and the nation, offers a sobering reminder of human vulnerability. Since we are a global community I am confident that many in our Stanford community have family, friends and colleagues who were immediately impacted by this extraordinary natural disaster. The rest of us simply resonate to the loss of life, homes, and communities – and to the reality that, while such acts of nature cannot be prevented, more could have been done to respond more rapidly and effectively to the hurricane's destruction. And of course we think about the events that will continue to unfold, including the families dislocated or destroyed and the rebuilding that will need to take place. I am particularly mindful of the very significant public health hazards that may emerge as the flood waters, which are contaminated with biological and organic waste and toxic debris, coupled with the hot temperatures and humidity, serve as an incubator for microorganisms, with the consequent risk for serious infectious diseases. This could be further worsened by increases in mosquito and other vector populations, which could create risk to more geographically dispersed regions as well.

Thankfully many individuals and communities from throughout the nation and the world are now responding to the disaster, not only in New Orleans but also in the Gulf cities and towns that were damaged by Katrina. Likely you may also be receiving calls from displaced colleagues and students. These calls raise the important question of how we can respond and help. On Thursday September 1st, I participated in an emergency

phone call with Elias Zerhouni, Director of NIH, who was charged to develop a consultation response unit, along with members of the Council of Deans from the Association of American Medical Colleges (AAMC). Based on that discussion and the communications that have followed, I want to let you know about several activities and updates that are relevant to our medical communities:

1. ***Public Health Response*** – This is being coordinated by the Center for Disease Control, in conjunction with the Institute on Environmental Health and the Food and Drug Administration. It will address, among other things, infection hazards, mosquito abatement, chemical/toxins, and mental health. Clearly, as noted above, some of these - especially infection and mosquitoes - have significant risks outside the area as outbreaks occur and patients and other people are transported or travel to other areas.
2. ***Medical Shelter and Regional Care*** - About 40 shelters are being created in the regional areas that will need to be staffed. This effort is being coordinated by the Department of Health and Human Services (DHHS), the American Hospital Association (AHA) and others. Currently patients are being moved to 12 surrounding states. As of the end of the week 2,600 patients had been moved, but it is anticipated that placement of an additional 10,000 may be needed. In addition, teams of medical providers are being sought and will be coordinated by AHA/DHHS. Local response units are being established, and I know that a number of individuals within the Stanford community have volunteered to help.
3. ***Physician Consultation Response Network*** - This was the focus of the call I participated in. The NIH has been charged to do this. A significant part of the effort will focus on patients with high risk, high acuity disease, such as cancer, transplant, etc. The NIH will collaborate with the AAMC to provide a physician consultation network. We were asked to provide the name of the person at each of our institutions who would serve as the coordinating individual. For Stanford, I have designated Dr. Eric A Weiss, Assistant Professor of Surgery (Emergency Medicine), who also leads our local Disaster Preparedness effort, to serve as our link to this national effort. Dr. Weiss will prepare a list of specialists who can be consulted on an “as needed” basis. We may also be asked to receive selected patients, although I think the possibility for this is relatively low.
4. ***Placement of Students, Residents and Fellows*** – I know that a number of you have been contacted by students from Tulane, LSU and South Alabama School of Medicine who have asked about transfers. Similarly, post-graduate trainees including residents and fellows have also been making contact. We have been asked not to respond as individual institutions or programs since the AAMC and the ACGME will serve as coordinating leaders, along with the leaders from the affected schools. Information regarding the status of programs for students and postgraduate trainees is being posted on the AAMC website (<http://www.aamc.org/katrina.htm>). I am taking the liberty of including the latest information available below. Should you have inquiries regarding students please

refer them to Dr. Gabe Garcia (ggarcia@stanford.edu). For questions about postgraduate trainees, please contact Dr. Larry Shuer (lshuer@stanford.edu).

- a. **Tulane University School of Medicine** - Senior administrative staff are in discussion with their counterparts at Houston-area medical schools about the possibility that these schools would assist Tulane by providing medical education for Tulane students in all four years of medical education. Tulane officials also hope that similar plans for Tulane residents can be developed and implemented. Tulane administrators are currently in different cities, and they hope to have a face-to-face meeting in Houston as soon as possible to develop final plans for Tulane medical students, including plans for housing in Houston. They request that Tulane students monitor the AAMC Web site (www.aamc.org) for updated information, but indicate that more definitive information will most likely be available early in the week of September 5, 2005.
- b. **LSU Medical Students**- Message from Dean Hollier Regarding Resumption of Classes: First and second year classes are tentatively scheduled to resume Monday, September 26, 2005 on the campus of the Pennington Biomedical Research Center on Perkins Road. The Course Directors have worked out most of the details to accomplish this. Miss Bobbie Millet has made substantial progress in completing the fourth year schedule and will work individually with seniors to accomplish this. We will use the existing schedule for third year students and modify it for new clinical sites as they become available. Discussions with officials at EKL and UMC are well underway and it is anticipated that all students will be readily accommodated due to the large number of displaced patients. We will plan to move classes and rotations back to New Orleans by January 2006 as the infrastructure permits. We will be working to arrange appropriate housing. Some students have questioned whether they should arrange transfers to other schools. This will not be necessary. Please recognize that this disaster will only be a minor delay and will not jeopardize timely completion of your education. Please be in touch with Ms Bobbie Millet at 225-358-1073 or 225-358-1082 to arrange your schedule.

Obviously events will continue to unfold – hopefully for the better. But I felt you would appreciate these interim updates. Should more information unfold that is important for you to know, I will share it with you.

Welcoming the 2005 Entering Class of Medical Students

On Monday August 29th we officially welcomed the Entering Medical Student Class of 2005. This is always a time of celebration for the School and our incoming

students – although clearly a more sobering and reflective one in light of the events in Gulf States caused by Hurricane Katrina (see above).

Once again we have the privilege of welcoming an outstanding group of students. Our 86 incoming students were selected from an applicant pool of 5638, of which 362 were interviewed (including 314 candidates for the MD program and 48 for the MSTP [MD/PhD] program). Of this group 162 students were offered admission, for a yield of 52%. Including in the incoming class are seven students who had deferred enrollment from 2004.

The diverse demography of this year's class is evidenced by the fact that 47% are women, 28% are New Americans and 22% are "Under-Represented in Medicine." In addition to the USA, the birthplace of our incoming students include 19 countries and within the USA, 24 different states.

Incoming students pursued a wide array of undergraduate majors and come from 43 different colleges and universities. Of these, Schools with the highest number of represented students include Stanford (14), Harvard (12), Yale (7), Columbia (3) and two each from Cornell, UC Berkeley, UC Irvine, UCLA, MIT, the University of Michigan and the University of Pennsylvania. In addition, eight of our incoming students already have PhD degrees and six hold Masters in Science degrees. Perhaps most importantly, all appear to be enthusiastic, engaging and happy to be at Stanford. And of course, we are happy to welcome them.

The students had a detailed orientation from Monday through Wednesday that introduced them to an array of important topics and issues, including the Advising System, the New Curriculum, Scholarly Concentrations and the Practice of Medicine. We then had the opportunity to welcome our students (including three transfer students to upper classes), along with family and friends, at our annual Stethoscope Ceremony sponsored by the Stanford University Medical Center Alumni Association, the Arnold P. Gold Foundation and the School of Medicine. And then to make it all real, classes began on Thursday September 1st.

I want to thank Dr. Gabe Garcia and the Admissions Committee for their efforts in selecting an excellent class and also our wonderful Office of Student Affairs for helping to make everyone feel welcome – and oriented!

So, we are off on another academic year. In the next couple of weeks our upper class students as well as our incoming graduate students will arrive as well. Life has returned to the Farm.

Update on Plans for Becoming an NCI-Designated Cancer Center

We are continuing to make progress on our plans to become an NCI-Designated Comprehensive Cancer Center. As you likely know from prior discussions in the Dean's Newsletter (see http://deansnewsletter.stanford.edu/archive/06_30_05.html and

http://deansnewsletter.stanford.edu/archive/03_07_05.html) we are planning to submit our application in February 2006. To date we have received very encouraging reviews from our External Advisory Board. On August 25th we met with Program Officers from the NCI who visited Stanford and were also encouraging. While the positive feedback we have received to date is comforting, we all recognize that the only meaningful comments will come after our official review is conducted – likely in May or June 2006. But we do seem to be on a positive trajectory to date. For that we must thank, in particular, the faculty leaders of the proposed programs and cores as well as the leadership of Drs Irv Weissman, Bev Mitchell and Karl Blume, along with the administrative leadership of Joanne Murphy. While there are still lots of hurdles to cross, we seem to be on track and moving forward.

Importance of Expense Certification

At the September 2nd Executive Committee, Dr. Artie Bienenstock, the Vice Provost for Research and Dean for Graduate Policy, discussed the important issue of expense certification for federally funded grants and contracts. This is an area where anything less than 100% compliance is a failure. It is also critically important to the proper management of grants and contracts. Dr. Bienenstock reminded the Department Chairs and other School leaders that it is essential that all PIs certify expenditures on a quarterly basis. He also acknowledged that the information system conversion to Oracle during the past two years has made this process considerably more burdensome for all. Nonetheless, it is still essential that we achieve the goal of 100% expense certification.

There are a number of resources available to PIs in the School of Medicine for this process. If you have questions about your expenditure statements or specific expenses on those statements, you should discuss these with your department financial analysts or DFAs/Business Managers (whoever is reconciling the statements each month). If the financial analysts have questions regarding the legitimacy of an expense or understanding the data, they should contact their Office of Sponsored Research Accountant. Questions or concerns regarding overdrafts or accelerated spending should be directed to Mila Dacorro, Sponsored Projects Compliance Analyst in the School of Medicine Research Management Group, at mdacorro@stanford.edu or 498-7892.

In addition, suggestions for improving the way in which data are presented on the expenditure statements are welcome and should be sent to Anne Hannigan at ahannigan@stanford.edu or 723-1176.

Clinical Program Planning

As part of the integrated clinical planning activities between the School of Medicine and Stanford Hospital and Clinics, a strategic leadership group met on Friday afternoon, August 26th to review current status and future efforts. The group focused on regional issues. One of the important areas we are discussing is the plan for the new North Campus Facility in Redwood City that will open in 2007. This will be a state-of-the-art clinical ambulatory facility supporting faculty practice as well as education and

research. It will be outstanding new space featuring programs of importance to the Stanford University Medical Center that will serve patients from a broad regional area. Because of its accessibility and the availability of parking, patients and families will find it easier to get to than our main campus, and it will provide outstanding service. Over the next weeks Ms Martha Marsh, CEO and President of Stanford Hospital & Clinics, and I are meeting with the department chairs and clinical leaders of the programs that we believe will flourish at the Stanford North Campus facility. We will finalize those decisions later in September. We fully believe that this facility will provide a special opportunity for program growth in a patient-friendly environment.

In addition to the exciting developments for the North Campus, the School and SCH reached final agreement on the new Funds Flow Model, which was approved by the SCH Board of Directors on Monday August 29th. This represents a major step forward in further solidifying a productive collaboration and cooperation between the School and SHC. We believe it will improve our interactions and also serve as a model that will likely be replicated by other academic medical centers in the years ahead. The new RVU-based payment system for professional services became operative with the opening of the new fiscal year on September 1st.

In addition to inpatient and ambulatory program development and the alignment of our Stanford Institutes of Medicine and Stanford Comprehensive Cancer Center to the strategic clinical services at SHC (as well as Lucile Packard Children's Hospital), an increasing level of commitment and attention is being directed to the quality of clinical services. This is important in its own right, since quality of service must be viewed as being as important as the quality of the clinical care and innovation we provide. But it is also important in that quality of service will increasingly serve as a benchmark used to compare hospitals and clinical programs – and to determine payments for services. Indeed, plans are being finalized to link payments of physician services from Medicare to quality of service measures (see JK Ingelhart, NEJM 2005; 353: 870-872) – a process that is also being adopted by other payers. Traditionally, quality of service has not been a strong point for many academic medical centers, including Stanford, but this must change. The leadership of the Medical Center has a high level of commitment to assuring that we provide the highest quality of service, and an ever-increasing focus of effort and resources will be applied to assure that this takes place.

BioX and Innovation

On Wednesday August 31st another exceptional display of innovative interdisciplinary research was seen at the Bio-X Interdisciplinary Initiatives Symposium. Through its support of Graduate Student Fellowships, Postdoctoral Fellowships and related innovation awards, Bio-X has played an important role in bringing together faculty and students from the biological, physical, engineering and computer sciences. In many ways this activity serves as a fundamental underpinning of the interdisciplinary scientific research underway at Stanford. It thus helps to foster and stimulate the research and education programs now occurring in Bioengineering as well as in our School and University-wide Institutes of Medicine (i.e., Stem Cell and Regenerative Medicine,

Cardiovascular, Neurosciences, and Immunity/Transplantation/Infection) and the Stanford Comprehensive Cancer Center. There seems little question that these interdisciplinary interactions are promoting exceptional opportunities to discover fundamental new knowledge and, when appropriate, to translate discoveries to improve health.

NIH Announcement Regarding Loan Repayment Programs

I want to make sure that graduate trainees and junior faculty are aware of the NIH Loan Repayment Programs (LRP) that began accepting applications on September 1st. There are now five LRPs offered by the NIH, including the Clinical Research LRP, Clinical Research LRP for Individuals from Disadvantaged Backgrounds, Contraception and Infertility Research LRP, Health Disparities LRP, and Pediatric Research LRP.

Through these programs, the NIH offers to repay up to \$35,000 annually of the qualified educational debt of health professionals pursuing careers in biomedical and behavioral research. The programs also provide coverage for Federal and state tax liabilities.

To qualify, applicants must possess a doctoral-level degree, devote 50% or more of their time (20 hours per week based on a 40-hour work week) to research funded by a domestic non-profit organization or government entity (Federal, state, or local), and have educational loan debt equal to or exceeding 20% of their institutional base salary. Applicants must also be U.S. citizens, permanent residents, or U.S. nationals to be eligible.

For an online application, program information, or other assistance, visit the LRP Web site at www.lrp.nih.gov, telephone the Helpline at 866-849-4047, or send email inquiries to lrp@nih.gov.

Fall Forum 2005

I encourage faculty, students, staff, and community members to attend the 4th Annual Fall Forum on Community Health and Public Service. The keynote speaker this year will be Sheri Fink, MD, PhD, Stanford Alumna and author of "War Hospital: A True Story of Surgery and Survival." This event will be held on Tuesday, October 4, from 5:00 to 7:30 pm in the Frances C. Arrillaga Alumni Center, 326 Galvez Street.

The Forum is organized by medical students and highlights student contributions to community health through public service and community partnership research.

Awards and Honors

Matt Bogyo, Assistant Professor of Pathology and of Microbiology and Immunology, has been selected as one of the eleven awardees for the Burroughs Wellcome Fund 2005 Investigators in Infectious Disease Award. The Fund's selection was based on the

scientific excellence and innovation of the proposal, the strength of the scholarly environment at the institution, and Dr. Bogyo's accomplishments as an independent researcher.

David Gaba, Professor of Anesthesia and Associate Dean for Immersive and Simulation-based Learning, has been named as Editor-in-Chief of *Simulation in Healthcare: the Official Journal of the Society for Medical Simulation*. His accomplishments in the field date back to the mid-80s where he pioneered simulation as a technique to teach crisis management in Anesthesiology and later in a number of other specialties.

Allan Reiss, Howard C. Robbins Professor of Psychiatry and Behavioral Sciences and Professor, was presented with the Spirit of Excellence Award for Lifetime at the International Meeting of the National Fragile X Foundation in Washington D.C.. Dr. Reiss, an outgoing chair of the National Fragile X Foundation Scientific and Clinical Advisory Committee, is a leader in the area of understanding the interplay between the brain, genes, and the environment in fragile X syndrome.

Jim Spudich, Douglass M. and Nola Leishman Professor of Cardiovascular Disease, has been awarded the first U.S. Genomics Award for Outstanding Investigator in the Field of Single Molecule Biology from the Biophysical Society. This award recognizes work advancing the field of single molecule biology as demonstrated through innovative research, publications and other accomplishments related to detailing the properties, characteristics or behavior of individual biomolecules.

Appointments and Promotions

- **Frederick Dirbas** has been reappointed to Assistant Professor of Surgery, effective 9/01/05.
- **Stefan Heller** has been appointed to Associate Professor of Otolaryngology – Head and Neck Surgery, effective 10/01/05.
- **Mark Holodniy** has been promoted to Professor of Medicine at the Palo Alto Veterans Affairs Health Care System, effective 9/01/05.
- **Norman Lacayo** has been appointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 9/01/05.
- **Robert Lowsky** has been reappointed to Assistant Professor of Medicine (Bone Marrow Transplant), effective 10/01/05.
- **Michael McConnell** has been promoted to Associate Professor of Cardiovascular Medicine, effective 9/01/05.
- **Lynn Westphal** has been promoted to Associate Professor of Obstetrics and Gynecology, effective 9/01/05.

Dean's Newsletter September 19, 2005

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More About Katrina

By now the pictures, images, devastation and failures that surround Hurricane Katrina have become ingrained into our national – and global – awareness. While reports in recent days are beginning to speak more optimistically about the rebuilding of New Orleans, the reality is that hundreds of thousands of citizens have been displaced and whatever reconstruction occurs will surely take many months, or years, and will cost hundreds of billions of dollars. The outpouring of good will and help from private citizens and public agencies across the country and around the world is gratifying. Nevertheless, many things we take for granted in our daily lives will be challenging to obtain or simply unavailable to our friends, colleagues and fellow citizens along the Gulf Coast for some time to come. I am pleased to report that many of our faculty and community physicians, along with other health professionals, have volunteered their time to provide service to the affected Gulf community.

A week or two ago many in our community asked whether medical schools across the country should help out by taking Tulane and LSU students, residents and fellows who were “homeless” following the hurricane disaster. As I indicated in my September 6th Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/09_06_05.html), both schools had asked us to refrain from taking students while they assessed their future plans. That has now been done, and both Tulane and LSU have determined to remain open and to accommodate students and postgraduate trainees in programs they are re-establishing. To do this, Tulane is working with Baylor Medical School to support its preclinical students and, with the Texas consortium, to accommodate residents and fellows. LSU has moved its operations to Baton Rouge and is also clear that it wants to continue to support its own programs. Clearly our efforts should be to help Tulane and LSU achieve their goals. The Association of American Medical Colleges (AAMC) has played a central role in communicating these plans to the nation and also in helping to

serve as coordinating center and clearinghouse. During the AAMC Board meeting I attended on Sept 14-15, the leadership also proposed ways of using program resources to help support students and trainees.

What is unclear at this point is what will happen to the faculty at Tulane and LSU. While the NIH is doing all it can to assist grantees and whereas faculty may be able to relocate temporarily to other centers, the clinical faculty are without an immediate home. Because it will take time for displaced citizens to return to New Orleans, for example, the clinical faculty will face the challenge of a dearth of patients to care for – with the obvious economic implications and consequences. Clearly this will have an impact on the financial well-being of the entire medical school. Given the obvious pressures and challenges that will unfold, it is likely that many of these faculty will seek to relocate to other parts of the country – or will be recruited, perhaps even opportunistically. While we surely cannot interfere with the right of individuals to pursue new career options, we do need to be cognizant of the implications of the loss of clinical faculty from these programs and try to devise ways to help – and not compromise - their immediate future.. There is not an easy solution to this dilemma, although we did come up with several ideas at the AAMC , such as short term sabbaticals for displaced faculty, that might help to sustain the integrity of these medical schools. Additional thoughts are welcome.

CIRM Awards First Grants and Stanford Makes its Mark

Friday September 9th was a momentous day for the California Institute of Regenerative Medicine (CIRM) and its oversight Board, the Independent Citizens Oversight Committee (ICOC). And there was good news – especially for Stanford - as well as a persistent unfortunate reality.

The CIRM was born because a considerable majority of the citizens of California decided on Election Day, November 2nd 2004, to vote in favor of Proposition 71. With this vote of support, California assumed a leadership position in the debate on stem cell research and offered promise to its citizens and the nation that this important new area of research would be supported, at least in California. Indeed, when fully operative Proposition 71 will award \$3 billion of support for stem cell research in California over the next 10 years. And while a lot has happened since that momentous vote, the actual funding of research remains a promissory note – although one I have every confidence will be fulfilled. So while CIRM was officially born 10 months ago, it has not been given the life that our citizens voted for, primarily because of lawsuits filed by individuals and groups intent on stopping stem cell research.

So what has actually happened? The ICOC, which was officially appointed in December 2004 and on which I serve, has worked tirelessly to develop the infrastructure and guidelines to support outstanding stem cell research in California. Its financial resources are limited because the current lawsuits have held up the issuance of the bonds that will ultimately make the CIRM successful. Nevertheless, even in the face of this delay, the ICOC has accomplished a great deal. Perhaps most notably, the 29 member ICOC, comprised of leaders from academia, biotechnology and patient advocacy groups,

has worked with a real spirit of zeal and commitment to make the CIRM successful. Despite the sometimes relentless sniping in the press, the ICOC has identified an outstanding President in Dr. Zach Hall, and he, in turn, has appointed an excellent (although still skeleton) staff to run the institute. With input from numerous sources, the ICOC successfully carried out a competition for the permanent home for the CIRM, which will soon be located in San Francisco. The ICOC and CIRM helped generate a review on the “standards for conducting stem cell research,” initially under the auspices of the National Academy of Sciences and then through its internal Standards Working Group. Importantly, the ICOC worked diligently to develop the criteria for its grant review process and also to select the 15 member Scientific and Medical Research Funding Working Group, an extraordinary group of scientific and medical leaders from around the nation. This Group works in collaboration with patient advocacy members from the ICOC. The ICOC has also been working through other important issues related to governance, intellectual property and resource development, all while under fire from state legislators, legal groups and the press. Each of these groups has different motivations, but, regardless of their motives, none of this activity makes the efforts of the ICOC simpler or more successful.

And why was September 9th momentous for the CIRM? Simply because at long last the ICOC was asked to review the recommendations of the Scientific and Medical Research Funding Working Group on the 26 training grant proposals that had been submitted to the RFA from the CIRM (see the July 25th posting from the **Stanford Report**: http://med.stanford.edu/spotlight/archive/stem_cell_grant.html). The submissions were evaluated by the Working Group on the following criteria: the overall quality of the proposed training program, the qualifications of the program leadership, the research and training strength of the proposed mentors, the quality and diversity of the existing training programs, and the strength of stem cell research at the institution. Each proposal was carefully considered and then scored on a scale of 1-100, with 100 representing the best score for scientific merit. Based on the scientific ranking and then deliberative discussions with the disease-based patient advocate members of the ICOC, the final recommendations were brought forth to the ICOC. While the actual scientific ranking and related discussions took place in a closed session, all the remaining proceedings have occurred in public, and the results are published on the CIRM website.

Of the 26 proposals, 16 were recommended for funding (albeit several with reduced funding) and one with was approved “if funds were available.” When the recommendations were presented in a public meeting on September 9th, the ICOC discussed each proposal and voted, whether to accept or reject the recommendation of the Working Group. Individuals with defined conflict recused themselves from voting on certain proposals (e.g., I did not comment or vote on Stanford’s application). The recommendations were presented to the ICOC based on rating rank, with the highest score being 98 and the lowest “below 60.” I am very happy to report that Stanford’s score was 98. The public comments about the proposal noted that: ***“By all review criteria this application was deemed exceptional with the highest recommendation possibility. The program is of high quality and well integrated. The leadership and administrative support is strong and includes an internal executive committee and a committee of***

external advisors. The institution provides a strong environment that includes a hospital, medical school, and internationally recognized tradition in both adult and embryonic stem cell research. No obvious weakness was evident.”

Of course the success of the Stanford proposal is related to the outstanding faculty and staff who worked on the application. I particularly want to thank Dr. Michael Longaker, Deane P. and Louise Mitchell Professor of Surgery and Chair of the Program on Regenerative Medicine, along with Dr. Minx Fuller, Professor and Chair of Developmental Biology, and Dr. Irv Weissman, Karel and Avice Beekhuis Professor of Cancer Biology and Director of the Stanford Institute of Stem Cell Biology and Regenerative Medicine. Together with numerous colleagues in the School and University they brought forth a wonderful plan for training future investigators and leaders in stem cell research – and thus won the respect of an outstanding national review group.

While our Stanford proposal will eventually train six predoctoral, five postdoctoral and five clinical fellows and be supported by \$3,733,707 from the CIRM, the unfortunate reality is that no dollars will flow to us at this time. This is because the current lawsuits prevent the State from actually issuing the bonds that will fund the CIRM and its grants and programs. So, while we can celebrate an excellent review and an opportunity to begin training future investigators and leaders in stem cell biology and regenerative medicine, we must also mourn the fact that this important funding will be delayed until the lawsuits against Prop 71 have been dismissed. That said, it is important for our community and for the public to be aware that the CIRM and ICOC have done their best to honor the expectations of the citizens of California – something that a minority of individuals seem intent on thwarting. While I am confident that these current obstacles will eventually be removed, it is certainly unfortunate that we are losing precious time in moving these important training initiatives forward. But in the end I am also confident that reason will prevail and that Stanford will be able to fulfill its promise in training future leaders in stem cell research. Clearly this is important to Stanford, California and the nation. In the meantime, Drs. Margaret Fuller and Michael Longaker note that Stanford will begin holding a weekly seminar for all faculty members and students interested in regenerative medicine. The initial meeting is set for 4 p.m., October. 6th in the Clark Center.

Planning for the Learning & Knowledge Center

Plans are moving forward for the School of Medicine’s Learning and Knowledge Center (LKC) and the Stanford Institutes of Medicine #1. While there is considerable work to be accomplished, it is our current hope that both of these new facilities will be completed by 2009. At this point, we have completed the program planning for the LKC. We presented this work to the University Cabinet on September 15th as a prelude to presenting it to the Land and Buildings Committee of the Board of Trustees on Monday, October 10th. If we receive approval to proceed, we will begin architectural competition for the LKC. We would hope to select the winning architect by year-end or early 2006. Assuming that we are successful with the funding plans, the design and construction phases will move forward with the goal of occupancy for the class entering in 2009,

which is also the 50 year celebration of the School of Medicine's move from San Francisco to the Stanford campus in 1959.

At this point in the planning, the LKC consists of both new and renovated space. The new building (120,000 gross square feet (gsf) on the site of the current Fairchild Auditorium) will be designed to be the "front door" to the School of Medicine – something that certainly does not exist today. It will consist of a ground floor housing a new Conference Center along with three floors and a penthouse level. These will house the Learning Environments on the first floor, the state-of-the-art digital Knowledge Management Center on the second floor, the Center of Immersive and Simulation-based Learning on the third floor and on the partial fourth floor, a range of reflective and study areas including a no tech zone and rooftop garden. The LKC will be virtually connected to the renovated library, student services and related support services that will be housed on the lower floors of the current Alway and Lane Buildings.

Planning is also underway for the for SIM1, which will house departmental faculty (both current and new) who are members of the Stanford Institute for Stem Cell Biology and Regenerative Medicine, the Stanford Comprehensive Cancer Center and the Neurosciences Institute at Stanford. In addition, the 200,000 gsf SIM1 will house a vivarium that connects to the Research Animal Facility (RAF). Indeed, one of the additional important components for the construction of both the LKC and SIM1 will be the design of infrastructure "connecting elements." These will provide communications (likely underground) for these buildings and, over time, other integrative features that will help unify the School of Medicine facilities.

The design and construction of these facilities will be expensive and will include costs for construction, renovation, and special equipment, as well as for the construction costs now associated with the General Use Permit (GUP) and other requirements. The total costs are getting close to finalization and include, at this point, \$128.1M for the LKC and the associated renovations in Lane and Alway, \$151.2M for SIM1 and approximately \$50M for the infrastructure connecting elements. In addition, over the next 10 years, the School will need to support the renovation of the remainder of the Grant, Alway, Lane and Edward buildings for seismic upgrades as well new laboratories and administrative space. And, not even included here are our future SIM 2 and SIM 3, which are also important to our future success. Clearly these are major costs and addressing them will require bold and concerted efforts.

Without question, philanthropic gifts are one of the important sources of funding we must develop. This is one of the reasons I have worked hard to champion a bold plan that we hope will engage our community and friends to support our visions for the Stanford Institutes of Medicine, Comprehensive Cancer Center and Education and Library programs. If we are to be successful, we will also need to engage the participation, contributions and efforts of our faculty, students and alumni. I am pleased to announce that Dr. Paul Berg has agreed to co-direct the Education and Learning Volunteer Leadership Council and, in this role, to help coordinate and champion our philanthropic efforts for the LKC and related programs. Of course I have been deeply and

extensively involved with these efforts to date and will be dedicating an ever larger proportion of my time to meeting our various fundraising needs and goals (see also comments that follow below on Medical Development).

We will also be looking to funding sources beyond the efforts of the School's Office of Medical Development. The University will be contributing a significant level of the funds it raises centrally to our LKC and SIM1 projects because of their alignment with the SEMC (Science, Engineering and Medicine Campus). We will also be using a considerable amount of debt financing support for construction and renovation costs (although we will have to service the debt financing). In addition, we will be calling on our various reserve accounts, including those held centrally within the School and those held in departments, to further assist these efforts. Our hope here, however, is to raise sufficient funds from philanthropic sources so as to minimize the impact on school/departmental resources.

A number of schools of medicine facing major building projects have encountered a challenge similar to ours – namely, that sufficient capital funds have not been accrued from operations to cover the massive construction costs. A couple of years ago, Johns Hopkins Medicine put into place an infrastructure charge of 20% on all non-capital philanthropic gifts. This has proven to be an essential component of their ability to raise construction and renovation funds that could not be achieved from other sources. When I was in Boston, Harvard and its major teaching hospitals had similar infrastructure charges that ranged between 13-20%. At Stanford, the infrastructure charge has just been raised from 6% to 8%. While I realize that this is a notable change, we are planning to raise the infrastructure charge beginning in FY07 by an additional 5%, to 13%, for 5 years for all non-capital gifts. I am well aware that this will have an impact on faculty as well as donors, but it is an essential ingredient to our success – as it has been for other schools around the country. Nonetheless, having been a faculty member and department chair prior to coming to Stanford, I well appreciate the impact of such changes. But, like other peer schools, we have no choice but to move in such directions if we are to help secure our future as a leading school of medicine.

Today, Stanford Medical School is quite dichotomized in its physical plant. We have some wonderful new facilities (e.g., Clark Center, CCSR, Beckman, Lucas and MLS); others that are adequate but with significant limitations (e.g., Fairchild Science Building and Auditorium); and a still significant amount of largely suboptimal space (especially in the Stone Complex housing the Grant, Alway, Lane and Edwards Buildings). It is essential that we renew and redevelop our facilities by new construction (which, unfortunately, is limited by space constraints through the GUP) and renovations. We all have immediate needs and priorities, but part of our job, as institutional stewards, is to plan and develop the resources for future students and faculty. We all want to be part of an institution that we can be truly proud of – which must include the facilities that it offers to its students and scholars. The LKC and SIM1 and related renovations in Lane and Always are the first major steps in achieving our new and revitalized campus. There is much to do to bring these to fruition. But this still represents just the beginning of a long but important role for Stanford Medicine in the 21st century.

A Successful Year in Medical Development

I have noted in prior communications the planning underway to initiate a University-wide campaign that includes the School of Medicine and Medical Center. Indeed, we have made significant progress in developing an integrated fundraising plan that includes the School of Medicine and Stanford Hospital & Clinics and the School of Medicine and the Lucile Packard Children's Hospital. While we anticipate that the funds we raise will help all of our programs in the School, I recognize that to be successful, we need to be focused, and thus we have elected to concentrate in seven areas. These include our four Stanford Institutes of Medicine, the Stanford Comprehensive Cancer Center, Orthopedics and Sports Medicine, and Education. Each of these programs will require funds for new facilities and program development in research, education and patient care. I will have more to say about planning in these areas in the future.

But I want to report now that the School (and Stanford Hospital) enjoyed the highest level of fundraising activity in its history in the FY05 fiscal year, which ended on August 31, 2005. For the School of Medicine the total amount of new cash in FY05 was \$128M (compared to \$98M in FY04) – an increase of 30%. Equally, if not even more important, the “new activity” for FY05 (which includes pledges for future years) is \$116M compared to \$92M in FY04, an increase of 26%. This is excellent news! However, I would like to view it as just the beginning of our upward turn to significantly greater philanthropic activity.

Of course, raising new funds is not just about new money – it is about what those funds will be used for. For the School of Medicine, our goal must be to help nourish and enhance our mission-critical programs in education, research and patient care. At the end of the day, it is the lives that we affect and improve that will be the ultimate measure of our success.

I want to thank all those who have contributed to this year's success. First and foremost is our faculty, who do the wonderful and exciting work that so many individuals and foundations wish to support. I also want to thank our Office of Medical Development, a program that has been in significant transition. Mr. Doug Stewart became the Associate Vice-President for Medical Development in October 2004 and has done a wonderful job in focusing the team on our important fundraising goals. Further, he has been recruiting exceptional leaders and individuals to join the OMD staff who will clearly make major contributions in the future. But for this year, we must also thank the current and past members of OMD who have worked diligently and very hard to make a difference – which they indeed have. I also want to thank Mr. John Freidenrich, the leader of our new Leadership Council, who will certainly play a critical role in helping to guide our interactions with community leaders and supporters in the future. Finally, I want to thank the support and assistance of the Office of Development led by Martin Shell along with John Ford – their support and confidence has been wonderful and is much appreciated.

All that said, the new fiscal year began on September 1st and we have a new hill to climb. I remain deeply committed to working directly with our OMD and to do everything I can to help us achieve new and greater goals for this year and beyond. Naturally I will count on your help as well.

Update on the Center for Bioethics

On Thursday, September 8th the Steering Committee for the Stanford Center for Bioethics, chaired by Professor Hank Greeley, met to review the status, progress and future directions of the Center. Dr. David Magnus, Associate Professor of Pediatrics, reviewed the important accomplishments of the Center for Bioethics faculty in genetics, neuroethics, stem cell research and other important biomedical ethical issues. Despite the small size of the Center, under the leadership of David Magnus, the significant contributions of the faculty and members of the Center have attracted national praise and respect. This is measured by the Center's activities in hosting important consensus conferences, writing important opinions in leading journals, creating exciting documentaries and engaging the scientific and public communities around significant ethical dilemmas. The Center's leadership in prominent biomedical journals as well as high impact scientific journals, including *Science* and *Nature*, is particularly notable.

Importantly, the Center has had significant engagement in the education of medical students and undergraduates as well as bioscience students. The revamping of the required course on the "responsible conduct of research," which is now conducted in small groups, is an excellent example of progress. The role of the Center in the Human Biology Concentration in teaching "Foundations of Bioethics" is another excellent example.

In addition to research, scholarship and teaching, the Center also provides important services to our community. These include bench side consultations for investigators, clinical ethical consultations, grand rounds and service on important committees, including the stem cell efforts at Stanford as well as in California and nationally. Importantly, the Center has also developed a number of outreach programs to the community through opinion pieces in major newspapers, appearances, and lectures. All of these are directed at heightening awareness and understanding of significant ethical issues.

Women in Science

In the August 19th issue of **Science** (309:1190-1191) Jo Handelsman et al provided a policy forum update entitled "*More Women in Science*." This brief but important article underscored the fact that there is no convincing evidence to support a hypothesis that the representation of women in science is limited by innate ability. Between 1970-2003, there has been a 30-fold increase in the number of PhDs awarded to women in engineering. Despite this there remains a disproportionately low number of women in senior academic ranks compared to those who are entering the PhD pipeline. The authors offer four factors that likely contribute to this disparity and offer some

suggestions for dealing with it. Since I am committed to improving the career paths for women in the School of Medicine I believe it is important to take heed of these observations.

First, Handelsman notes that the pipeline challenge is not simply about numbers. Perhaps more importantly, it reflects the fact that women may not be encouraged to pursue academic careers or may lack sufficient female role models. To address this issue, specific programs designed to encourage female students that also prepare them to become faculty members are important. Along these lines, junior women scientists benefit from advice about how to invest their time and how to manage the requests for serving on committees, etc that may negatively impact their early career development (while not addressed in this report, I believe this applies to clinical science faculty as well).

Second, the authors note that women attribute their exit from academia to hostility from colleagues and “a chilly campus climate,” which may be less visible to me. While this may be difficult to measure, I believe it is likely operative at Stanford given the comments made by women in the 2003 Quality of Life Survey carried out by the Provost’s Advisory Committee on the Status of Women. I would hope that we have made some progress in addressing this but I would not, unfortunately, be surprised if it still persisted. Obviously this is something we must address more successfully.

In tandem with the “climate conditions” for women, Handelsman et al note the impact of “unconscious bias.” They cite data showing that evaluators give lower ratings on CV’s, journal articles, etc. if they are told that the person being assessed is a woman than if they are told the person being assessed is a man. Accordingly, it may be important to understand how to overcome such negative bias. This has been effectively done at some institutions and is something we should address at Stanford.

The fourth issue addressed by Handelsman et al is “balancing family and work” which, without question, remains a very significant challenge and for which the burden still falls too disproportionately on women. Here the broader University should assess its current programs and perhaps initiate new ones to further address these work/life balance issues.

As I hope you know, we are committed to making improvements in our programs in diversity and leadership. Our commitment clearly and prominently includes women in science and medicine. Dr. Hannah Valentine, who was recently appointed to serve as the Senior Associate Dean for Diversity and Leadership, has been developing a strategic plan that she and I both hope will provide programs to address issues like those discussed above. I will be sharing those with you in the coming months. But it is clear that our ultimate success requires broad institutional enlightenment and commitment at every level. I view this as extremely important and am counting on our entire community to contribute to these efforts. These are issues that should be important to everyone – and their solution will further enhance the quality of our School and University.

Future Physician Workforce

Over the years there have been a number of studies and reports about physician workforce projections. Most have turned out to be incorrect in one way or another. A somewhat different slant on this topic was presented at the Administrative Board Meeting for the Association of American Medical Colleges that I attended on September 14-15. Specifically, the discussion focused on the question of whether allopathic schools of medicine in the USA should expand by 10-15% to meet projected patient care needs anticipated during the next 10-20 years. These projections assume increased numbers of elderly patients and of individuals with chronic diseases.

At the present time, there are places for about 8000 graduates of non-LCME accredited medical or osteopathic schools in LCME certified graduate medical education programs. Put another way, approximately one-third of residency programs are being filled by students graduating from Caribbean (i.e., “offshore”) schools, which are not reviewed by the LCME or osteopathic schools within the USA (as well as some international schools). Both the offshore and the osteopathic sectors have been increasing in size during the past 10-20 years, while the number of allopathic medical schools has remained relatively static at about 125. The offshore medical schools account for 5% of the graduates entering LCME/ACGME approved residency programs, while the schools of osteopathy account for 11% of the individuals entering residency programs. Neither type of school follows the model of our allopathic medical schools, which are unique, of course, because of the research they perform and the research faculty who comprise them. In fact, most of the schools of osteopathy send their students to allopathic schools or hospitals for their clinical training programs. At the current time, only 64% of the graduates entering LCME/ACGME internship/residency programs come from our LCME accredited allopathic schools. This proportion has been decreasing as the offshore schools in the Caribbean and the schools of osteopathy increase their class size. Of additional note, the fact that the Caribbean and osteopathic schools do not have research programs, and in some cases do not even have significant clinical faculty, means that they are much less expensive to operate – and easier to expand.

So an important question is, if there is a need for additional physicians in the workforce, should they come from our allopathic schools or from other sources? We do know that these students perform far differently on the USMLE exams and that the GPA and MCAT scores of those entering offshore or osteopathic schools are far lower than those admitted to US allopathic medical schools. Indeed, most of the students pursuing offshore or osteopathy schools (between 63-94%) applied to allopathic schools but did not achieve admission. A related question, therefore, is what happens to the graduates from the nation’s Graduate Medical Education programs. Do those individuals who trained in the Caribbean schools or schools of osteopathy compensate for prior weaknesses by doing the graduate medical training in LCME/ACGME programs? And what kind of physicians do they become?

Interestingly, when I asked whether students entering Caribbean or osteopathic schools were more diverse or filled special niches, I learned that neither of these possibilities is the case. In fact, those entering Caribbean schools are less diverse, and the

financial situation is such that they have to have more resources to pay for their education than those entering US allopathic schools.

Further, while it is important to evaluate the workforce needs for physicians, it is also important to assure that, if we (as a nation) expand our class sizes, we really are meeting the important needs of the future. Clearly, these needs will include physicians doing clinical care, but it is not yet clear whether they will turn out to be needs in primary vs specialty care or in rural vs urban settings. In the past, expanding the numbers of graduates of medical schools has not necessarily altered the career paths chosen or the areas of the country where physicians have chosen to practice. Further, in addition to clinicians, we also need to assure that we are developing more physician-scientists for the workforce – an area of critical importance in its own right and of special interest to Stanford.

I share this information with you because I think it raises a number of important questions. Clearly we need more data regarding the outcomes from LCME/ACGME graduate medical training programs, as I mentioned above. But we also need to be clear about what we seek to achieve by expanding our workforce. If we decide to do so, should all schools participate? At this point, the AAMC is requesting that we increase our class size by about 15%. Should we do this at Stanford – and at what cost and with what goals? I am interested in your reactions, thoughts and recommendations.

Stanford Medicine Goes to Washington

On Monday, September 12th we hosted our first “Stanford Medicine in Washington” to inform and hopefully excite members of the press and the Congress on the exciting work that is going on at Stanford. Thanks to the efforts of Paul Costello, Executive Director of Communications and Public Affairs, and members of his staff, we put on a one-day symposium focusing on the general theme of Personalized Medicine. It was an excellent program, thanks to our faculty who traveled to Washington just for this session (<http://news-service.stanford.edu/news/2005/september14/med-seminar-091405.html>).

The program we presented was far-ranging and included the Future of Imaging and Molecular Imaging by Dr. Gary Glazer; Innovations in Cardiovascular Medicine by Dr. Charlie Taylor; Novel Approaches to the Diagnosis, Classification and Treatment of Cancer by Drs. Stephanie Jeffrey and Ron Levy; the Importance of Stem Cell Biology and the Discovery of Cancer Stem Cells by Dr. Mike Clarke (who is joining our faculty from the University of Michigan); Important Challenges in Health Care Policy and Ethics by Drs. Laurence Baker and David Magnus. I also gave a presentation on the Current Status of American Healthcare.

In an effort to further engage the press and Congress in positive ways, we are planning a similar visit next year, and we will also host a similar event on the West Coast in the spring. Not only is this type of outreach important in its own right, it should also help us in enhancing our efforts in medical development. Indeed I see a close linkage

between our efforts in communications, government relations and philanthropic activities. I want to thank our Communications and Public Affairs and Government Relations staff members and, of course, our faculty for their important contributions to this and related events.

Some Comings and Goings

- **Dr. Karla Kirkegaard.** I am very pleased to announce that Professor Karla Kirkegaard has been named the new chair of the Department of Microbiology and Immunology. Dr. Kirkegaard succeeds Mark Davis, who became Director of the Stanford Institute for Immunology, Transplantation and Infection earlier this year. Dr. Kirkegaard has been a member of the Stanford faculty since 1996, when she was recruited from the University of Colorado. She did her undergraduate work at UC Berkeley, received her PhD at Harvard and then did postdoctoral training with David Baltimore at MIT. She initially joined the UC-Boulder faculty in 1986 and began her work in the genetics and biology of viruses – especially polio, picornaviruses, coxsackie, and hepatitis C, among others. Some of her laboratory's recent work has emphasized studies of the mechanism of the poliovirus RNA-dependent RNA polymerase and its cooperative interaction with template RNAs, as well as the inhibition of protein secretion and evasion of the cellular immune response by nonenveloped RNA viruses. Dr Kirkegaard has also been Associate Chair of the Department since 2004 and has made numerous contributions to science, training, and the School. I am very pleased that Karla has agreed to serve as chair of Microbiology and Immunology.
- **Dr. John Boothroyd.** I want to thank Professor Boothroyd for the wonderful job he did as Senior Associate Dean for Research and Training during the past three years. His leadership and engagement in the important transitions taking place in the School of Medicine, including the establishment of our new Stanford Institutes of Medicine and a range of interdisciplinary research and education programs, have been notable. I am deeply appreciative of all of his efforts. Indeed John has served the School in a number of leadership positions during the past decade and understandably, at this juncture, has decided to refocus his efforts on his laboratory research and teaching. As a member of the department of Microbiology and Immunology, he will direct his energies to the study of the biology and genetics of *Toxoplasma*, an area where he has already achieved international acclaim. We will miss John and his very effective leadership, and I want to thank him again for all that he has done to support the School – and for all that he will do in the future as a prominent faculty member. Thanks, John.

Events

- Stanford University Medical Center's Community Lecture Series presents "Ears to You!" at 7 p.m. on Wednesday, October 5th in the Clark Center Auditorium.

Dr. Robert Jackler, Sewall Professor and Chair of the Department of Otolaryngology – Head & Neck Surgery, will discuss how advances in bioscience and technology promises to conquer hearing loss. For more information, call 650-234-0647.

- “National Health Cares About Domestic Violence Day” will be held on Wednesday, October 12th. On that day Stanford’s OB/GYN department will have displays representing different departments set up outside the hospital cafeteria. Healthcare professionals will be present, as well as educational materials and resources for the public, including a scenario CD for MDs on how to quickly and efficiently screen for domestic violence in a clinic setting, and a sample screening protocol.

Dean’s Newsletter
October 3, 2005

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Science and Medicine: The Converging Impacts of Public Perception, Money, Faith and Trust

A number of factors have been converging recently that are shaping the state of medicine and health care in the United States. Among these are the remarkable scientific discoveries of the second half of the 20th century and their impact on the practice of medicine as we know it today and as we think about it for the future. These form the fundamental underpinnings of modern medicine. However, along with these advances are the negative public perceptions of health care that are influenced by spiraling costs, limitations in access and concerns about quality and safety. Adding to these perceptions is the challenge by some faith groups to selected high profile areas of science that is occurring side-by-side with ethical violations, sometimes bordering on deceit, by the broader medical profession. Increasingly these convergences are being played out on the world stage, and they raise many questions about how we can – and should – find the path that will secure the future of the medical profession and the health of our nation.

During the post- World War II era, the biomedical research community in the USA, fueled by the expansion of the National Institutes of Health, grew in size, complexity and impact. Scientific progress has been remarkable, and we now have roadmaps to better understand the fundamental underpinning of life. Moreover, we can image and visualize biological functioning and use vast new bodies of information to compare and contrast human and non-human species and their evolution. Fundamental science has also led to significant and lifesaving or life-extending treatments for major human disorders that can be monitored and measured by sophisticated new technologies. And the promise for future knowledge acquisition is remarkable, especially with the increasing confluence of the life, physical, engineering and computational sciences. In these areas Stanford has played a major role to date and can be a leader for tomorrow.

Even while this progress unfolds, changing perceptions about science and medicine challenge and even threaten current progress and future opportunities. Among the most significant forces is the rising tide of anti-science sentiment that seems to have its nucleus in Washington but which extends throughout the nation and indeed the world as it follows political, religious and ideological channels. This sentiment has been expressed around now familiar themes: stem cell research; appointments to scientific advisory committees and leadership positions in federal scientific and regulatory agencies; and attempts by congress to criminalize certain types of research or to override peer reviewed funding proposals that conflict with religious or ideological positions. The anti-science sentiment is not simply political or even partisan and is being witnessed across all major religions, perhaps as an expression of the increase in fundamentalist thinking and a consequent more anti-secular perspective. The recent outcropping of “intelligent design” in the science curricula of schools and even college campuses is highly concerning – and is now brought directly into the broader public attention with the trial in Dover, Pennsylvania which recalls issues of some 80 years ago when the Scopes trial questioned evolution.

Moreover, the public perception of medicine as a profession has been altered by the negative impact of managed care and of the attempt to use market forces to deliver

medical care. This attempt has resulted in a focus on the price of care and the need for greater physician “productivity” – not infrequently at the expense of the time necessary to forge successful doctor-patient relationships. Added to this is the ever-increasing cost of care and of insurance, which have been fueled further by the rising costs of drugs in the USA. In addition, the public has become more aware of the financial and proprietary incentives motivating some large pharmaceutical companies that have sometimes resulted in selective reporting of clinical trials – or even in the suppression of the publication of negative results. These revelations, not surprisingly, have increased the level of public discontent with the medical and pharmaceutical enterprise.

Recent reports of conflict of interest by physicians, scientists, medical institutions, big pharma, etc., have only further damaged and challenged the public trust. Of course this is happening at the same time that most American citizens are reeling under the spiraling costs of their health care insurance payments. Ironically, despite the fact that the USA spends more on per capita health care than any developed nation (now above 15% of the GDP), on a population basis, the metrics of health care do not show the USA as a leader in outcomes other than for the amount spent on administrative overhead! Health care costs are driven by multiple factors, notably including technology, pharmaceuticals and administrative costs. It is reasonable to ask whether more spending would improve the quality of care and its availability. From my point of view that seems doubtful. Rather, it seems more important to control costs more rationally by using quality measures and evidence of benefit from technology rather than price competition. It is equally important, though, to develop mechanisms that make care more broadly available, so that we do not move even farther down the path of becoming a nation with different standards of care for those who can afford it versus those who cannot.

It is also important to recognize that these issues, including the impact of religion and faith as well as the economics and delivery of health care, are being played out on a global stage. This is certainly made clear by emerging infections and both natural and inflicted disasters. It is also accompanied by the shifting of technologies in a manner compatible with Tom Friedman’s thesis that “The World is Flat.” For example, the decision to withhold federal funding for embryonic stem cell research that moves beyond the August 9, 2001 limitations set by President Bush has shifted the development of this emergent research to other nations, most notably South Korea, China and the UK. While we have an opportunity to reverse this trend in California through the California Institute for Regenerative Medicine, the lawsuits that have been filed on largely ideological grounds have prevented the funding of Institute programs, with all the obvious consequences.

Interestingly, a similar shift of technology is also resulting in patients leaving the US to receive care rather than coming here, as was the case during recent decades. For example, specialty hospitals in India can perform selected procedures for a much lower cost yet with high quality outcomes. Clearly, the dominance of the USA in science and medicine is being threatened and eroded. While the impact to date is still small, the door has been open for additional migrations to occur in the years ahead.

So we are clearly at a crossroads. While we are investing considerable public as well as private funds in science and medicine, a number of political, faith-based and ideological forces are altering public perception and trust – and the outcomes of our current programs, not to mention the potential success of future programs. If the current patterns continue they can threaten our leadership in science, technology development and health care delivery. Certainly this is a time when individuals – and, where appropriate, institutions – need to speak up and change the agenda and its outcomes.

To begin, we must do all we can to assure that we sustain our investment in science. The current flattening of the NIH budget is highly concerning and is already resulting in a dropping success rate and lowering levels of grant support. History has taught us that we can lose a generation of young faculty if they are not able to compete successfully for the shrinking pool of NIH dollars. This can be made even worse if the NIH reauthorization, which could happen in the next congressional session, results in greater centralization of funding and fewer funds available for the RO1 pool. This is an issue I am actively working on; we will likely need your help and support as it evolves over the next several months. Naturally I will keep you apprised of this issue.

I believe we also need a radical change in our health care system. This was the topic of a recent issue of *Stanford Medicine* (see <http://mednews.stanford.edu/stanmed/2005winter/>). Whether we can accomplish this in a timely way or on a national basis is unclear. As an alternative, local or state explorations seem a prudent alternative. The current employee-based insurance mechanism is too expensive and quite erratic in its success. I have previously commented that we should be exploring alternatives, including a single-payer system, the voucher program recently championed by Dr. Victor Fuchs, or an extension of the Federal Health Benefits Program as recently promoted by former Assistant Secretary for Health, Dr. Julie Richmond. In tandem with such changes, there needs to be much broader public responsibility for health care and an awareness that wellness requires life style accommodation and change. The current epidemic of obesity threatening both adults and children is a good example of the need for personal and societal accountability. Both individuals and the broader society need to change to prevent the obvious morbidities that will arise from a lack of attention and action directed to reversing this epidemic. Other examples could be mentioned as well.

Without question we also need to address more directly the anti-science positions being taken in local and state communities as well as in national and federal settings. Some of this response needs to come from more forcefully challenging ideological positions based on politics and religion. These include positions that result in: legislation that would criminalize certain forms of research (e.g., somatic cell nuclear transfer); appointments to federal committees or positions; and positions by federal agencies that are not concordant with scientific data. Casting doubt on the efficacy of condoms to prevent infections and inordinately delaying the approval of Plan B contraception, despite the recommendation of a science based FDA advisory group, are examples of the latter. That said, it is incumbent on us to understand better the position of

individuals who have a different point of view and, as much as possible, to find common ground based on an honest assessment of the factual data.

We also need to recognize that a significant factor in the public distrust and dissatisfaction with medicine is the result of the breakdown or compromise of the doctor-patient relationship. Overcoming this rift will require physicians to spend more time with patients, to make human contact and to reach out with integrity and compassion. I fear that some of these qualities, which are sometimes categorized as the “art of medicine,” have been lost due to the high throughput philosophy of managed care and the reliance on technology to a degree that disconnected the physician from the patient. We need to teach and reclaim this important facet of medicine.

While I have outlined a number of important challenges to our state of health and science, I continue to believe that we can reverse these trends. Certainly at Stanford School of Medicine we must train and educate our undergraduate students and postdoctoral trainees about the important connection between medicine and science. We must help guide them to become the leaders of the future and advocates who can champion the integrity of science and medicine. I believe that Stanford can be a role model among academic medical centers at this time of tremendous challenge and change. I certainly look forward to working with you to find ways to use our knowledge, skills and care to discover, innovate, and improve the public trust.

Welcome to Our Incoming Bioscience Graduate Students.

This past week we welcomed our incoming class of Bioscience Students. The 132 new graduate students include both masters students and doctoral students who joined 14 different departments and interdepartmental programs. Of these, 83 students are entering 12 Bioscience PhD Home Programs. These include Biochemistry, Biological Sciences, Biophysics, Cancer Biology, Developmental Biology, Genetics, Immunology, Microbiology and Immunology, Molecular Pharmacology, Molecular and Cellular Physiology, Neurosciences and Structural Biology in addition to programs in Bioengineering, Bioinformatics and Health Services Research and Epidemiology. These outstanding students represent 13 countries and were accepted from some 52 colleges and universities, with strong representation by undergraduates from Harvard, Stanford, UC Berkeley, MIT, Princeton and other excellent peer institutions. This year’s yield rate was 54% - the third highest for Stanford Biosciences. In addition, 15 entering students are under-represented minorities. I am thankful for the exemplary leadership of Assistant Dean Anika Green, the new Director of Diversity in Biosciences Programs, in helping improve our recruitment and selection of a more diverse student body. And we are committed to making further improvements in this area in the years ahead.

More than 60 of our new graduate students spent the previous weekend at the BIOMASS camping trip, where they had the opportunity to begin getting to know each other. This past week featured welcoming orientations by Jessica Allen, Chair of BIOMASS, Dr. Ellen Porzig, Associate Dean of Graduate Education and Associate Professor of Developmental Biology and Yvette Estay, co-chair of BIOAIMS. Students

received orientation to key support and academic programs and became familiar with schedules, courses and retreats of Home Programs. In addition, they participated in a Panel Discussion on student life issues chaired by Christian Grandinaru, Peter Lee, Gilbert Martinez, ChaRandle Jordan, Manny Lopez and Alex Bankovich (BIOMASS leaders).

Special thanks to all who worked hard to make the orientation of our new graduate students so successful – and, in particular, Jessica Allen, Ellen Porzig, Yvette Estay, Zera Murphy, Suzanne Bethard, John Bray, Velessa Peairs and Shannon Monahna. Thanks also to Pam Lowney for some representative bio-introductions to some of our students on the School of Medicine Website Welcome to Our Incoming Bioscience Graduate Students.

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http://med.stanford.edu/about_photo/archive/index.html#phd2005

Update on Medical Education

At the Medical School Faculty Senate Meeting on Wednesday, September 21st, Dr. Julie Parsonnet, Senior Associate Dean for Medical Education, gave an update on the programmatic efforts and accomplishments of the past year. She noted some of the significant thought changes that emerged from the 2004 Mission Committee, which she chaired. These thought changes are now affecting current program development. Members of the committee were Drs. Russ Altman, Terry Blaschke, Bill Mobley, Phil Pizzo, Judy Swain and Ted Sectish. Notable among these thought changes are the following:

- We should admit a diverse body of students who are interested in the intellectual substance of medicine and committed to advancing the field of medicine broadly defined.
- We should have high expectations for our students and faculty and demand rigor and excellence in the education program (She noted that “rigor is not to be confused with rigidity”).
- Stanford medical students should be trained to become excellent clinicians and, of equal importance, should engage in scholarship that fosters skills to advance the field of medicine.
- A broad component of the medical school faculty should contribute to the design and teaching of the medical school curriculum, with oversight of the Faculty Senate and the Office of Medical Education. The education core should be framed both by national guidelines and by faculty expert judgment.
- The faculty should teach and demonstrate the thought processes that create new knowledge, in addition to teaching that knowledge itself. The scholarly concentrations provide a venue for teaching the thought process. Other opportunities to teach the thought process must be balanced with the obligation to teach the large knowledge base required to become clinicians.
- Students must combine the breadth of medical education with depth in an area of individual interest under the mentorship of Stanford Medical School Faculty. Both breadth and depth are required for graduation.
- Our graduates should aspire to the most distinguished residency programs as one step towards careers of distinction.

Certainly these thought changes are impacting both the medical curriculum and the admissions process – a trend that will continue to be refined and focused during the years ahead.

Within this broad context, Dr. Parsonnet described a number of 2004-05 accomplishments that were an extension of the introduction of the New Stanford Curriculum in September 2003. Among these are:

- The successful implementation of Year 2 of the integrated curriculum.

- Adjustments and enhancements of the Scholarly Concentrations, including the introduction of two new offerings: Clinical Research and Cardiovascular.
- The initiation of the Applied Biomedical Sciences Program, which brings scientific offerings into the clinical years.
- A new required clerkship in Ambulatory Medicine.
- New standards for medical student performance along with a 360 course and clerkship evaluation process.
- In addition, an oversight process has been established for clerkship directors for student evaluation.
- Adjustments in the admissions process to better align it to the School's New Curriculum. This has been enhanced by the addition of a basic science chair and two clinical chairs to the Admissions Committee.
- Continued strengthening of the academic advising program. In addition a search is underway for a Student Life Advisor.
- Significant progress in improving learning spaces (while waiting of course for the future Learning and Knowledge Center).

These programmatic accomplishments have been accompanied by other results that suggest our efforts are moving in the right directions:

- As reported in the September 6th issue of the Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/09_06_05.html) the Admissions Committee presented a stellar group of new students this year and had a very high yield on the offers made.
- We continue to have a high interest of students in research and scholarship, and it is increasing.
- While this outcome needs to be interpreted carefully, it is the case that the first class entering the New Curriculum scored spectacularly on the USLME Step 1. Indeed, of the 64 students who took the exam, the pass rate was 100%, with a mean score of 237 and a median of 241. This is likely the highest score in the nation. Of course this result reflects the quality of the students taking the exam, but I believe it is also a sign of the impact of the New Curriculum on their knowledge base.

Despite this progress much remains to be done. Without question, the Faculty Senate and the Medical Education Group will continue to direct their efforts to further improving the quality and uniqueness of the Stanford Medical Education programs. I want to offer my special thanks to the many faculty and staff who have worked on these efforts – and especially to Dr. Julie Parsonnet for her leadership and vision.

Progress in the Biodesign Innovation Program

Led by Drs. Josh Makeover, Consulting Associate Professor, and Paul Yock, Martha Meier Welland Professor of Medicine and Co-Chair, Department of Bioengineering, the Stanford Biodesign Innovation Program has evolved as a model of innovation and collaboration. The program was originally designed to “provide the

knowledge and skills essential for the early development of new biomedical technologies. The program will enhance participants' abilities to identify new opportunities for innovation, to assess clinical needs and market potential and to take the critical first steps in the invention, patenting, early prototyping, and development of new concepts." The program includes a fellowship program and an elective course (see <http://innovation.stanford.edu/jsp/program/about.jsp>).

During the past year, a number of new and important accomplishments and additions have been added. For example, the fellowship program now includes two teams: the Surgical Innovation Team and the Cardiovascular Innovation Team. Each team has four fellows, and their achievements have been noteworthy. Indeed, since the Biodesign Innovation Program began in 2001, more than a dozen new technologies have been developed and the now nineteen alumni of the program have each gone on to careers in academia as well as in both large and small biotechnology companies.

On September 16-17, the Biodesign Innovation Program hosted a unique new event at Stanford called "Emerging Entrepreneurs in Biomedical Technology". In partnership with 39 industry and venture sponsors, the California Healthcare Institute, the Kauffman Foundation and the National Collegiate Inventor and Innovator Alliance (<http://www.nciia.org/>), the Biodesign Program launched a search for top young innovators in biomedical technology in its extended university-industry community. Of the 300 applications it received, 183 individuals were invited to an intensive two-day crash course in the realities of translating technology from bench to bedside. The program was extremely well received and the program directors plan to continue to interact with this group as a cohort with periodic "reunions" and updates.

To further the programmatic development, Biodesign and the Department of Bioengineering have recently recruited Dr. John Linehan, former Vice President of the Whitaker Foundation, to direct a new national web portal initiative in biomedical engineering that will be centered at Stanford: <http://bmesource.org>.

This program truly fulfills its name. It is, without a doubt, genuinely innovative as well as exciting, and it is an excellent role model for interdisciplinary and translational research. I certainly commend the Program Directors, faculty and staff for creating this exciting new model.

University Programs on Work-Family Balance

I received a number of comments from Newsletter readers in response to the article in the last Dean's Newsletter about women in science (<http://deansnewsletter.stanford.edu/#6>). Thanks to those who took the time to write – I always appreciate comments or suggestions related to topics presented in the Dean's Newsletter or other issues that you feel you would like to raise with me.

I appreciated in particular the note I received from Professor Patricia Jones, Vice Provost for Faculty Development. She informed me about two new brochures that have

just been published by the Office of the Provost that are directly pertinent to my comments. Entitled *Family Matters @ Stanford: For Faculty* and *Building on Excellence*, they describe the programs and resources at Stanford in the areas of family and work/life balance and in the recruitment of a diverse faculty. I was able to see advance copies of these brochures and can report that they are excellent. Copies are being mailed to all faculty and all school and department administrators within the next week or two. Stanford is doing a lot in these areas, and, importantly, has on-going plans to do more. In addition, the University's plans dovetail well with the programs that are getting underway in the School under the direction of Dr. Hannah Valentine, Senior Associate Dean for Diversity and Leadership. I will share information about these initiatives later this fall.

Next Step is the LCME Visit

At the time of the next edition of the Dean's Newsletter we will be in the midst of the Site Visit by the LCME. As I have discussed in previous communications, this visit is very important, and we are working hard to prepare for the team that will come to Stanford on October 16-19th. This past week we had a consultant team visit with us to review the state of our preparations and provide final advice for our formal presentations. Assuming that our plans and proposals for the proposed Learning and Knowledge Center meet the expectations of the LCME, we heard from our consultants that they were quite impressed with the progress the School has made during the past four years. They highlighted in particular the engagement and commitment of the Dean to education and to the vision for the future of the School and Medical Center. They felt that our focus on translating discoveries is a correct one for Stanford. They were particularly impressed by the conceptual framework for the Stanford Institutes of Medicine and the role they will play in integrating basic and clinical science and clinical programs. The consultants also felt that the School's new operating budget and its focus on education are significant strengths. The consultant team also felt that the financial performance of the School and affiliated hospitals is a significant strength and that the clinical resources available for education are an additional strength. They were very impressed by the plans for the Knowledge Center as the future of the library and were of the view that our plans signal a true leadership role for Stanford. Not unexpectedly, the consultants highlighted the research productivity of the faculty as a true and unique strength. They were also impressed by the diversity of our student body and by the financial support that the School offers to students.

At the same time the consultants noted areas that need additional attention or that are transitional as the School's plans evolve. Among these is the Advising Program, which while stronger than it has been in the past, still requires attention. We certainly agree, and we are committed to continued improvement in this area. Additional transitional issues are, of course, the curriculum, including the Scholarly Concentrations, and the important issue of faculty diversity – each of which we are committed to address.

Dr. Oscar Salvatierra, Professor of Surgery and of Pediatrics, Emeritus, and Ms. Rebecca Trumbull, Office of Institutional Planning, who have been leading our preparation efforts, will be communicating with those who will be participating in the

visit later this week. They will be providing additional information for the visit, and I urge all participants to review this information carefully.

I want to thank the numerous faculty, students and staff who met with the consultant team and who will also participate in the actual Site Visit two weeks from now. Clearly one of the most important issues for us is to assure the LCME that we have a credible plan for advancing the Learning and Knowledge Center. Thanks to the efforts of many and the support of our School's leadership, I believe we will be able to convey our assurance that the next phase in the design and construction of this exciting facility will take place. The Learning and Knowledge Center will be the new front door to the School of Medicine. It will open new vistas for traditional and immersive learning and will be a state of the art "knowledge management center" that epitomizes the library and school of the future I look forward to sharing these plans with the LCME Site Visitors later this month and with you in the coming months as the planning move forward.

New NIH Research Opportunity in Translational Research

Dr. Harry Greenberg, Senior Associate Dean for Research, Graduate Education, and Postdoctoral Affairs, brought to my attention a program currently being offered by the NIH that has the potential to advance individuals' translational research efforts.

Specifically, this program, the NIH RAID Pilot Program, has the potential to provide critical GMP produced small molecules for further translational studies in the clinic.

It is modeled after the NCI RAID (Rapid Access to Interventional Development) program, which provides contract preclinical services. The NIH RAID Pilot is set up for any therapeutic area except cancer (still covered by NCI RAID), and covers only small molecules and oligos, not biologicals. The links for basic information are:

<http://nihroadmap.nih.gov/raid/>

<http://grants2.nih.gov/grants/guide/notice-files/NOT-RM-05-004.html>

In addition to the information provided on the web site, interested scientists should note that:

- Researchers can request a preclinical development plan (paid for by NIH, written by SRI) as a first step to guide them toward the steps to request in a full submission, and
- Partial or complete submissions can be made at any time, not just when the grant cycles occur.

New Mandatory Training in Human Embryonic Stem Cell Research

Stanford faculty recently received information from Dr. Arthur Bienenstock, Vice Provost and Dean of Research and Graduate Policy, about the new mandatory training tutorial in human embryonic stem cell research procedures. A portion of Dr. Bienenstock's letter is reprinted below for your information. Dr. Bienenstock writes:

As we increase our efforts in the critically important area of human embryonic stem cell (hESC) research, we must all work to ensure that our research meets all the applicable laws, regulations and standards. To ensure that everyone at Stanford understands these requirements, we have released policy and procedures and training to address the conduct of hESC work.

Stanford's Research Policy Handbook 10.7, Human Embryonic Stem Cell Research, covers the conduct of human embryonic stem cell research, requirements for identifying and tracking such research, compliance and reporting requirements, and the establishment of special operating procedures.

Because of the complexity of requirements and restrictions surrounding hESC research, all University personnel, including faculty, staff, postdoctoral scholars, and students, as well as visiting scholars and other researchers, must complete the "Human Embryonic Stem Cell Research Procedures Tutorial and Post Test" before beginning hESC research. Please note, this tutorial supplements, but does not replace, the already required "Use of Human Subjects Research Tutorial."

The hESC policy, procedures, and tutorial as well as supporting information can be found at the following website: <http://ora.stanford.edu/hesc/>

Dr. Bienenstock notes that in lieu of completing the on-line tutorial and test you may attend a faculty forum on October 5, 12:00-1:00 p. (lunch provided) on the procedures and administrative requirements of Human Embryonic Stem Cell Research. The forum will be presented by representatives from the Institutional Review Board, Office of General Counsel, Office of Research Administration, the Industrial Contracts Office, and the Research Management Group. Registration for the session is required at the following website: <http://reggie.stanford.edu/Signup.asp?1175>. I encourage anyone involved in human embryonic stem cell research to attend this forum.

GUP Traffic Survey Results

Thanks to those of you who completed the School of Medicine traffic survey last month. Julia Tussing, Managing Director of Finance and Administration, reports that we were able to deliver the necessary information to the Provost and give several suggestions about priorities for improving opportunities for using alternate means or timing for commuting to reduce trips. Among our high-priority suggestions were the following:

- Investigate the feasibility of an automated pay-for-parking system in which both the time and frequency with which commuters park in University lots is recorded, and the charges encourage less frequent use of parking and entering the lots outside of peak hours. Many survey respondents were willing to change their commuting habits but found an all-or-nothing change to difficult to manage. For instance, biking may be a feasible alternative except for rainy days; once a sticker

is purchased, however, the incentive is to use it rather than make the additional effort to bike.

- Work to remove the cultural/supervisor bias against working from home (for exempt employees) and flexible work hours. Many, many employees would be willing to change work hours or work from home, but were concerned that ours is not a positive culture for these alternatives.
- Improve storage facilities, routes and changing facilities for bicyclists. Many more people would be willing to bike to work if they could feel their bicycle was safely stored and if they had a way to clean up after arriving at work.
- Supply the Caltrain "GO Pass" free to postdoctoral scholars. Based on suggestions given by postdoctoral scholars in this survey, access to a free or discounted GO Pass may help reduce GUP trips.

Here is a short summary of the survey results:

- 45% of staff and 37% of faculty responded
- Currently weekly GUP trips are 16,060 of a possible 49,160 (32.7% of the total possible GUP trips)
- Faculty and staff reported that, using the ideas in Parking and Transportation's handout and website (<http://transportation.stanford.edu/index.shtml>), they could reduce their trips by 26%

675 of the 2000 survey participants gave over 1,000 great suggestions for reducing trips. The winners of the \$100 reward for the most creative, feasible new suggestions were:

- Pete Jakovich, Director for Finance & Administration, Molecular and Cellular Physiology and Comparative Medicine
- Alisha Eisert, Animal Health Technician for Comparative Medicine
- Linda Cork, Professor and Chair, Comparative Medicine
- Joshua Callman, Director, Office of Continuing Medical Education, Office of Student Affairs
- David Paik, Postdoctoral Scholar, Radiology
- Peter Burnes, Health & Safety Specialist
- Kristy Verhines, Administrative Associate, Neurology

Please implement your own trip reduction ideas this month. A reduction in GUP trips this fall is critical to the maintenance of the University's agreement with the county, and if we want to avoid involuntary limits on our commuting we must remain within the guidelines that have been set. Many thanks for your involvement and support in this endeavor.

Respectful Workplace Initiatives

Over the last three years faculty and staff have been participating in the School of Medicine's Respectful Workplace Briefings. The Briefings underscore the importance of maintaining a respectful workplace that fosters professionalism and values the integrity

and respect for all of us at the School of Medicine. The Briefings have provided an opportunity to discuss what makes a respectful workplace, how to handle difficult disrespectful situations, and to present resources available to faculty and staff for assistance in addressing concerns that may arise. The Respectful Workplace Briefings for faculty, clinician/educators, and staff will continue on a quarterly basis.

As we continue to develop a respectful workplace, other initiatives will be implemented. Among those initiatives is a Workshop Series--any faculty, clinician/educator, or staff member may attend. The series is sponsored by the Offices of Human Resources, Ombuds and Academic Affairs and will be presented from noon to 1:00 p.m. at MSOB, X303 on the first Thursday of each month beginning on October 6, 2005 and continuing to March 2, 2006. The workshop topics are as follows:

- | | |
|---------|---|
| 10/6/05 | Straight Talking -- a video featuring John Cleese, discussion following the video--facilitated by Martha McKee, SOM Ombudsperson and Norma Leavitt, Associate Director, Employee Relations SOM Human Resource Group |
| 11/3/05 | The Power of Listening--facilitated by Martha McKee |
| 12/1/05 | Communication Skills--facilitated by Rosan Gomperts, Director of Stanford HELP Center |
| 1/5/ 06 | Diversity in the Workplace--facilitated by Hannah Valentine, Profession of Medicine and Senior Associate Dean for Diversity and Leadership |
| 2/02/06 | Psychological Issues in the Workplace--facilitated by David Rasch, University Ombudsperson |
| 3/02/06 | Meetings, Bloody Meetings-a video featuring John Cleese, discussion following video on effective meetings management--facilitated by Martha McKee and Cori Bossenberry, Director SOM Human Resource Group |

Announcements and further description of each workshop will be distributed to departments prior to the workshop date, along with instructions for registration.

Other initiatives supporting the Respectful Workplace include Supervisory Essentials, a seven-week course that provides tools to assist supervisors in creating and maintaining a respectful workplace and includes discussion on the expectations of supervisors. Additionally, staff from HRG, the Campus Office of Training and Organizational Development and the Department of Medicine are developing a two-part workshop on Conflict Resolution - which will be announced in early 2006.

If you have any questions on any of these initiatives or presentations, please contact the Human Resource Group at 5-8607. I strongly encourage you to attend these

presentations and to continue modeling respect and compassion in our dynamic and diverse workplace.

Events

A number of exciting and important events transpired during the past week, among which were:

- ***The 7th Annual Thomas J Fogarty, MD Lecture: Focus on Innovation*** – featured a thoughtful and informative presentation by Dr. Bill Brody, President of Johns Hopkins University – and an MD/PhD graduate of Stanford.
- ***Stanford Synapses: A Meeting of the Minds*** featured a symposium sponsored by the Stanford University Medical Alumni Association and led by the Neuroscience Institute at Stanford. Professors Bill Mobley, Robert Sapolsky, Susan McConnell, Nobuko Uchida and Rob Malenka gave excellent presentations. This was a far-reaching event that encompassed the interplay between stress and brain damage, developmental neurobiology, neural stem cells and brain plasticity. The symposium was followed by a dinner presentation by Dr. Tina Seelig on the interesting topic of “The Mind Metaphor: Building Businesses that Behave like the Brain.”
- ***Dr Harvey Cohen***, the Arline and Peter Harman Professor and Chair of Pediatrics was honored at an event naming him the first incumbent of the Adalyn Jay Chief of Staff at the Lucile Packard Children’s Hospital. Congratulations to Dr. Cohen.
- ***The California Institute for Regenerative Medicine*** hosted its first scientific meeting entitled Stem Cell Research: Charting New Directions for California. The Symposium was held in San Francisco on October 1-2nd, A webcast of this meeting is available at <http://www.cirm.ca.gov/>.

Awards and Honors

- ***Three More Pioneers***: This has been an exciting week for three members of our Stanford faculty and, thanks to their accomplishments, for the School of Medicine and Stanford University. When the NIH announced the 13 winners of the highly prestigious Pioneer Award, three of them came to Stanford. Given the competition for this award, a medical school would be proud to have even a single award. Having three of the 13 awards come to Stanford is extraordinary – but I would argue quite appropriate given the outstanding faculty we are so fortunate to have in our community. (See also <http://mednews.stanford.edu/releases/2005/september/pioneer-award.htm>).
Special congratulations to our three new NIH Pioneer Awardees
 - ***Karl Deisseroth, MD, PhD***, Assistant Professor of Bioengineering and Psychiatry
 - ***Pehr Harbury, PhD***, Associate Professor of Biochemistry
 - ***Tom Rando, MD, PhD***, Associate Professor of Neurology and Neurological Sciences

- **One More MacArthur Awardee:** In addition to being named a recipient of the NIH Pioneer Award, **Dr. Pehr Harbury** was also named a recipient of a MacArthur (genius) Fellowship this past week. Obviously incredibly wonderful news. Biochemistry now has two MacArthur Fellows since Dr. Julie Theriot was named a recipient of this extraordinarily prestigious award last year.

Upcoming Events

Stanford School of Medicine Fall Forum on Community Health and Public Service

Tuesday, October 4, 2005
5:00 - 7:30 pm
Frances C. Arrillaga Alumni Center
326 Galvez Street, Stanford University*

Keynote Address: Dr. Sheri Fink

Author of *War Hospital: A True Story of Surgery and Survival*
http://med.stanford.edu/community/models-mentors/sheri_fink.html

The 4th Annual Fall Forum will feature a wide range of service and partnership research projects undertaken by Stanford students in underserved communities here and around the world.

This event is free of charge and open to the public.

If you will be attending, RSVP to fallforum2005@yahoo.com to assist us in our planning.

Organized by Stanford Medical Students with the support of the School of Medicine's programs in Community Health and Public Service. For more information, see <http://med.stanford.edu/community/>.

*Directions: <http://www.stanfordalumni.org/aboutsaa/saamap.html>

15th Annual Jonathan J. King Lecture

Doctors as Storytellers

Neal Baer, MD

Wednesday, October 26, 2005 at 5:00 pm

Fairchild Auditorium

Dr. Neal Baer is Executive Producer of the NBC television series *Law & Order: Special Victims Unit*. Prior to his work on *SVU*, Dr. Baer was Executive Producer of the NBC series *ER*, for which he was nominated for five Emmys. Dr. Baer graduated from Harvard Medical School and trained in Pediatrics at Children's Hospital, Los Angeles. He has received honors from the American Medical Association, the American

Association for the Advancement of Science and Physicians for Social Responsibility for his contributions to public understanding of medicine via the media.

For more information, please call the Center for Biomedical Ethics at 650-723-5760 or visit <http://scbe.stanford.edu/events/king.html>

Dean's Newsletter

October 17, 2005

Board of Trustees Approves Concept and Site for the Learning and Knowledge Center

On Monday, October 10th the Land & Buildings Committee of the Stanford University Board of Trustees voted unanimously to recommend "Concept and Site" approval for the School of Medicine's Learning and Knowledge Center (the LKC). This recommendation was approved by the full Board of Trustees on Tuesday, October 11th. While a number of important milestones lie ahead, this approval was a very important step for the LKC project, in part because it allows for the creation of a timetable for its completion. Indeed, if the project moves forward according to the current plan, we will now carry out a competition for architectural selection with the goal of initiating the design phase in early in 2006. Construction would begin in the fall of 2007, and the LKC would be completed in the summer of 2009. This date would be significant, since 2009 represents the 50-year anniversary of the move of the School of Medicine to the Stanford campus from San Francisco in 1959!

As many of you know, planning for the LKC has been going on for some time. We formally initiated planning in the summer of 2002 in tandem with our efforts to substantially revise the curriculum for both medical and graduate education. While there had been previous plans to renovate the School's education and library facilities that predated my arrival in April 2001 (the so-called GALE Project), I recommended that this plan be scrapped since it had not been carefully aligned to the education and learning programs that would define our future. The development of the New Stanford Curriculum under the leadership of Senior Associate Dean Julie Parsonnet in partnership with the Medical School Faculty Senate, as well as our efforts to further enhance graduate student education and postgraduate training, allowed us to better define the requirements for a new education facility. Similarly, the plans for a future library have undergone fundamental change with the rapidly expanding digitization of printed journals and texts. Ms Debbie Ketchel, Associate Dean for Knowledge Management and Director of the Lane Medical Library and Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, have provided the leadership in the evolution our plans for a Knowledge Management Center.

Based on these new program definitions, the Learning & Knowledge Center will be housed in one new building and two renovated ones (portions of Lane and Alway). Collectively, these buildings will transform our education and learning programs. Equally importantly, the new LKC, which will be located on the site of the Fairchild Auditorium, will serve as the new front door of the School of Medicine. It will provide a vital connection to the University campus, particularly to the Science and Engineering Quads, as well as to the major research buildings of the School, including its close proximity to the Clark Center. The LKC will also be a crucially important portal to Stanford Hospital & Clinics and the Lucile Packard Children's Hospital.

As currently configured, the new 120,000 gross square feet LKC will house a new and highly flexible Conference Center, the Learning Commons and Classrooms, the Knowledge Center and the Center for Immersive and Simulation Based Learning. It will consist of a basement level and three above ground floors and will, I hope, be the active hub and gathering site for our undergraduate and postgraduate students and trainees as well as faculty and community visitors. Additional information about each of these components follows:

- The new ***Conference Center*** will be housed on the basement level and will be designed to have external light exposure. It will include a ballroom style facility seating up to 350 people that will be divisible into three smaller rooms. There will also be a breakout rooms adjacent to the Conference Center.
- The ***Learning Commons and Classrooms*** will be housed on the first floor and will include small and larger classrooms designed in a highly flexible manner to accommodate a wide range of teaching formats, from lectures to case-based learning. Twenty-four hour accessible student study areas will be housed here as well as in the top floor. There will also be an Executive Board Room/Meeting Room on this floor.
- The new ***Knowledge Management Center*** will be housed on the second floor. This will be the new digital Lane Library, and it will serve as the hub of a highly distributed wireless knowledge center that will permeate the entire school. The Knowledge Management Center will also house a variety of student study facilities.
- The ***Center for Immersive and Simulation-Based Learning (CISL)*** will be located on the third floor. The Center will be guided by Dr. David Gaba, Associate Dean for Immersive and Simulation Based Learning. It will provide state-of-the-art learning using exciting new technology as well as serving as a testing ground for future developments. This Center will also be a hub and will connect to: the Center for Simulation at SHC, directed by Dr Tom Krummel, the Center for Advanced Pediatric Education (CAPE) at LPCH directed by Dr. Lou Halamek, and the Simulation Center at the Palo Alto VA directed by Dr. Gaba. Together with the Information Resources and Technology office (IRT) and the Stanford University Medical Media and Information Technologies (SUMMIT),

these programs are forging a strong environment for both general medical education and specific training, with applications across the age and disease/discipline spectrum.

The CISL is being designed to provide a hands-on learning environment for clinical, procedural and interpersonal skill development using simulation learning (including mannequin simulators, virtual and haptic models) as well as standardized patients (e.g., live actors). Further, the learning environments will replicate everything from outpatient clinic rooms, inpatient rooms, ICU, operating rooms, etc. These varied settings and modalities will permit scaled learning opportunities for undergraduate medical students as well as graduate students and postdoctoral trainees. The CISL will also be attractive for continuing medical education and for courses for undergraduates as well as members of the community.

To fully develop the Learning and Knowledge Center environment, the project will include, in addition to the new facility, renovations of portions of the Lane and Alway buildings. It is likely that these renovations will undergo further revision as we move to the next phase of the project. At this time, however, we envision that the Lane project could be designed to house 25% of the current Lane Library collections that are not stored off-site, although this plan may change if more of the collections are moved off-site. In addition, the Lane renovation plans currently include study and gathering areas for students, on-call rooms for medical students, bioscience graduate student services and the Dean's administrative offices.

Current plans for renovations in the Alway building include student services, lounge and meeting rooms and an expanded café. A virtual reality facility complementing CISL will be housed on the first floor and will focus on education, research and patient care simulations. In addition, the recently renovated Fleishman labs will undergo a modest expansion.

Taken together, the new LKC construction along with the renovations in the Lane and Alway buildings should define one of the most exciting and important education and knowledge centers in the country – and it will be commensurate with the status of Stanford as a leading research-intensive school of medicine.

To bring this vision to fruition and to integrate the LKC project with the 10-20 year master facility plan for the School of Medicine, a “connective elements project” will accompany the new construction and renovations. It will include an integrated plan for above and below ground communications and transportation programs, as well as the necessary linkages that will draw the medical campus together – and ultimately better align it to both the University and the hospitals. This will be especially important as new research facilities (e.g., the Stanford Institutes of Medicine) also come on line in the next couple of years.

Needless to say, a project of this size and scope is expensive – not only for the construction and renovations but also for the infrastructure supports (i.e., “connective elements”), technology and various fees for building on the Stanford campus. Although the cost will change (and only downward will be tolerated) it is currently projected that this will be a \$156M project (\$86M for new construction, \$42.4M for the Lane/Alway renovations, and \$27.6M for the “connective elements”). We are working on the funding plan for the project and recognize that multiple sources will be needed, including school resources, philanthropy and debt financing. Because this is a project that affects every member of our medical school community, it is also my hope and expectation that everyone will feel and take ownership of the LKC and think about how they can help. Clearly the realization of this project will help define the School of Medicine both for individuals and collectively.

This project will be transformative to the School of Medicine and will serve as a fitting way to celebrate the 50th anniversary since our move from San Francisco to the Stanford campus. There is no doubt that the 1959 move helped propel Stanford into the front league of American medical schools and fostered an amazing environment of interaction between the Schools of Medicine, Engineering, and Humanities & Sciences, among others. I truly believe that the LKC project will further enhance this bond and make our alignments even stronger and more compelling.

The LCME Visit is Live – and Hopefully Well

As you read this, the site visit team from the Liaison Committee on Medical Education (LCME) is in the midst of conducting a comprehensive review of the School of Medicine with the goal of determining our accreditation status. In general LCME reviews occur every 8 years (assuming all has gone well) and include both a detailed self-study period and then an actual on-site visit. As I have written in prior Dean’s Newsletters (see http://deansnewsletter.stanford.edu/archive/07_25_05.html#5, http://deansnewsletter.stanford.edu/archive/09_20_04.html#3), the preparations for this visit have been extensive and have involved hundreds of faculty, students and staff and thousand’s of pages of detailed program description and analyses. The site visit team will make their recommendations to the LCME, which is governed equally by the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA).

The agenda for the site visit is, for the most part, proscribed by the LCME and is quite comprehensive. It began with a meeting with me on Sunday evening, October 16th to review the visions, plans, accomplishments and challenges of the School of Medicine.

On Monday, October 17th, the team reviewed the education program for the MD degree, focusing the current and evolving education programs as well as their implementation, management and evaluation. This was followed by a review of the library and information services, focusing on our knowledge management center and its integration into the planned Learning and Knowledge Center (LKC). The team then toured some of the existing facilities (Lane Library, computer learning facilities, lecture halls, small classrooms, labs and study areas) prior to a lunch meeting with a self-selected group of

pre-clerkship students. Next the site visit team met with the program directors for the required preclinical courses and the required clinical clerkships.

On Tuesday the site visit team will meet with faculty and deans regarding the academic advising and learning environments. In addition they will address electives and fourth year courses, as well as our special and unique programs for joint degree training and our novel approaches to education. They will also meet with the Admissions and Financial Aid Office to review their programs and will evaluate our counseling and health services for students. The team will also meet with self-selected clinical students and tour the Anatomy Teaching Suite, SUMMIT – Collaboration and Skills Room and the Radiology Learning Center – Lucas Center.

A review of medical center finances will be conducted along with an assessment of the School's resources for clinical education. These reviews will be followed by meetings first with the basic science chairs and then with those clinical science chairs who have oversight over required student clerkships.

On Wednesday, October 19th the site visit team will begin their day by meeting with a group of junior faculty and then with senior deans and school and hospital leaders to review institutional faculty issues. These meetings will be followed by a review of the graduate programs and our basic science research programs.

Clearly this will be a very comprehensive visit – touching on virtually every aspect of the School's missions in education and research. After the team has reviewed and reflected on their findings and analyses, I will meet with them in an exit interview on Wednesday, October 19th. I will of course keep you informed about the outcome of this important visit.

Facilitating Clinical and Translational Research: *The Stanford/Packard Center for Translational Research in Medicine*

At the October 7th meeting of the School's Executive Committee, Dr. Steven Alexander, Professor of Pediatrics, and his colleagues on the planning group for the Stanford/Packard Center for Translational Research in Medicine (SPCTRM) announced that, after more than two years of preparation, SPCTRM will launch its clinical research services on November 1. Unfortunately I was unable to attend that meeting and this report was prepared by Dr. Alexander and members of the SPCTRM team [thanks, but I really did no writing on this one, except for the last paragraph!]. According to them, the services that SPCTRM will provide include:

- 1) **Biostatistics Consultation Services:** SPCTRM's first consulting biostatistician, Alex McMillan, PhD, joins the team on November 1, where he will be available by appointment for one-hour consultations. Details of the services Dr. McMillan will offer can be obtained by calling SPCTRM Program Manager, Linda Walker at 498-7425. After October

24, Linda can also assist investigators in obtaining appointments with Alex.

- 2) **Informatics Consultation Services:** In conjunction with the Center for Clinical Informatics, SPCTRM will also arrange consultations for investigators with a team of informatics and data management specialists who will assist in the design of HIPAA-compliant data management strategies. Biostatistics and informatics consultations will be coordinated to optimize study design at the earliest stages of development.
- 3) **A New Approach to Study Budgets:** All sponsored projects involving human subjects will now be budgeted by Research Process Managers at RMG using new methodology that relies heavily on input from PIs and Study Coordinators at the initial budget meeting with the RPM. Training for Study Coordinators in the use of the newly designed process has begun and will continue as an ongoing educational series (see below)
- 4) **Improved Hospital Discount Structure:** SPCTRM, LPCH and SHC have developed a new research discount structure for hospital services and supplies that is intended to be more competitive. Hospital discounts will be applied on a go-forward basis, by your RPM, to studies budgeted after November 1.
- 5) **Automated Billing:** A unique automated study billing process will allocate study charges according to the study's budget, providing frequent reports on study activity to coordinators and PI's.
- 6) **Improved Contracting and Accounts Receivable:** The Office of Sponsored Research has been working closely with SPCTRM to improve the contracting and accounts receivable process. New OSR staff have been designated Clinical Research Contracting Specialists and a fully automated clinical study account management system is on the horizon.
- 7) **Regular Compliance Reviews:** SPCTRM will begin educational compliance reviews of individual studies to assist investigators in maintaining the high standards now demanded of all clinical research.
- 8) **SPCTRM SuperUsers Workshops:** Coordinators are invited to become SPCTRM SuperUsers by attending a series of workshops devoted to the new SPCTRM processes. Please contact Linda Walker at 498-7425 for details and to reserve a seat in an upcoming workshop.
- 9) **Continued SPCTRM Clinic and Coordinator Services:** SPCTRM will continue to offer free outpatient clinic space for clinical research, and will maintain the full menu of coordinator services previously provided by ACCESS including orientation, education, training, health screening and competency testing.

Dr. Alexander noted that the SPCTRM Core Team is available to answer your questions. The team consists of:

- Steve Alexander, MD, Medical Director sralex@stanford.edu, pager # 13674
- Nick Gaich, Chief Operating Officer: ngaich@stanford.edu
- Connie Hartnett, Co-director, RMG: Hartnett@stanford.edu
- Anna Hu, RN, Director of Coordinator Services: 498-7425

- Linda Walker, Program Manager: 498-7425

I want to thank all the members of the SPCTRM planning group for their extensive efforts in establishing these services: Steven Alexander, Sara Bible, Nick Gaich, David Haray, Connie Hartnett, Ann James, Steve Jung, Carole Klove, Phil Lavori, Henry Lowe, Gary May, and Pamela Webb. The launch of SPCTRM is a major accomplishment, and I am confident that its activities will allow us to make major strides in our capacity to translate discoveries and bring new therapies to our patients.

New Office for Community Health

On Tuesday, October 4th, our medical students hosted the Fourth Fall Forum to feature their highly diversified contributions to community service and research. Special thanks go to Anna Minta, SMS II, and Lynn Rosen, SMS II, who served as the 2005 Fall Forum Coordinators – and who did a superb job. The Forum consisted of poster presentations as well as selected oral presentations. The offerings were highly diversified and ranged from topics impacting local communities and patients to international efforts and research projects. I am extremely pleased by the wealth of excellent qualitative and quantitative research conducted by our students. Some carried out their projects as part of their participation in the Scholarly Concentration on Community Health and Public Service, whereas, for others, the research shown at the Fall Forum complemented their efforts in different areas of science and medicine.

I was also pleased to announce at the Fall Forum that the School is initiating a new Office of Community Health under the direction of Dr. Marilyn Winkelby, Associate Professor of Medicine. Stanford has a long tradition of commitment and excellence in community service locally, nationally and internationally. Until now there has been no central home or umbrella to organize or orchestrate these efforts. It is my hope, and that under the leadership of Senior Associate Dean Julie Parsonnet and Ann Banchoff, Associate Director of PriSMS, that the new Office of Community Health will serve this important integrating function. Among the important functions that will align with the Center for Community Health are the Arbor and Pacific Care Free Clinics, the Center of Education in Family and Community Medicine, the Office of Diversity, the Center of Excellence, the Haas Center for Public Service and our new Scholarly Concentration in Community Health and Public Service. International initiatives will also be embraced by the Center as they develop.

Enhancing Diversity and the Center of Excellence

The Stanford University Center of Excellence (COE), which is led by Drs. Ron Garcia and Fernando Mendoza, has a long and distinguished role in supporting medical students to be effective with an ever-increasing diverse population. The COE offers a panoply of education and research opportunities that have had an enduring impact on students and faculty. They have played an important role in enhancing the diversity of our medical student class and improving the pipeline of students who apply to medical school from diverse backgrounds. They have also nurtured and supported students and helped promote and enhance their career development (see <http://coe.stanford.edu/> for details)

One of the ways that diversity is enhanced at Stanford Medical School is through the work and leadership of our students and the various organizations they represent. At the COE Fall Social on Tuesday, October 11th student leaders from various organizations reported on their specific activities and goals for the year. By doing so they weaved a remarkable web of programs that are individually unique as well as diverse – and that make the whole clearly greater than the sum of its parts.

There is much to be proud of at Stanford – including the commitment of our students, faculty and staff to respecting and enhancing diversity. I am extremely proud and appreciative for their efforts. We surely have much more to do but there is no doubt that over the years significant progress has been made – and that there is a commitment to achieving further excellence in diversity.

Drug Marketing and Television Ads

I must confess that I don't watch much television so I am likely late in taking note of what is a worrisome trend. Sure, I had seen advertisements regarding drugs to help men with erectile dysfunction – but the nearly exclusive showing of those ads during sports events says a lot about marketing – and marketing abuse. But I was quite chagrined the other night when an ad popped up on a TV show (I think it was during a news hour) that was promoting the use of colony stimulating factor for patients about to undergo cancer chemotherapy. As a pediatric oncologist I am well aware of the significant toxicities that accompany chemotherapy, including neutropenia (a low white blood cell count) and the consequent heightened risk for infections. Indeed, during one phase of my own career I spent considerable time and effort defining approaches to address these complications, based on laboratory and clinical research studies. One of the advances in the armamentarium for neutropenia is the use of recombinant hematopoietic colony stimulating factors (G-CSF). In a number of settings the use of G-CSF can shorten the duration of neutropenia and reduce or attenuate infectious complications. Because these agents are expensive and have side effects and limitations, the American Society of Clinical Oncology (ASCO) and other societies have come forth with guidelines to help better define their use. I have worked on the previous guideline committees for ASCO and, interestingly, have been in the midst of working with the committee to revise these guidelines based on data that has become available during the past several years. We hope that these new guidelines will be published in the 2006.

Within that context I must admit that I was quite distressed to see the ad related to one of these G-CSFs since it truly misrepresented its appropriate use. It implied, misleadingly, to patients who are being diagnosed with cancer that the use of this specific G-CSF would definitely improve their lives – reduce complications, make it more possible to receive chemotherapy on time, etc. Not surprisingly, the ad played to the emotions of cancer patients. While I can support attempts to empower individuals facing the challenge of serious life-threatening disease, it is sad to see this being done for what are clearly financial motivations on the part of the drug company.

In past issues of the Dean's Newsletter I have expressed my concerns regarding the ways in which medicine is violating the public trust. I think ads like this one are yet another example. And while I recognize that I have a limited sample of experience, I doubt that what I am describing is unique or unusual. Sadly.

Honors and Awards

- **Dr. Ira Glick**, Professor of Psychiatry and Behavioral Sciences, has been recognized as a leading physician in conjunction with the 2005 Mental Illness Awareness Week Thank You Campaign sponsored by the National Alliance for Mentally Ill (NAMI). Congratulations to Dr. Glick.
- **Dr. Jeffrey Gould**, Robert L. Hess Professor in Pediatrics, was installed as the first incumbent of the Robert L. Hess Endowed Professorship in Pediatrics at a celebratory event on Tuesday, October 11th. Dr Gould is the director of the Perinatal Epidemiology and Health Outcomes Research Unit in the Division of Neonatology. He also directs the California Perinatal Quality Care Collaborative, a network of more than 100 California hospitals that provide intensive care to newborns and share outcome data and service improvement initiatives. He is internationally recognized for his important work and has been a member of the Stanford faculty since 2003. Congratulations to Dr. Gould.
- **Dr. Ralph Greco**, Johnson and Johnson Professor of Surgery, has been selected as one of the ten outstanding program directors in the nation to receive the Parker J. Palmer "Courage to Teach" award. Dr. Greco, who has been Director of Stanford's General Surgery Residency Program since 2000, will be recognized at a special awards dinner hosted by the Accreditation Council of Graduate Medical Education. Congratulations Dr. Greco.
- **Dr. Allan Reiss**, Howard C. Robbins Professor of Psychiatry and Behavioral Sciences and Director of Child and Adolescent Psychiatry, will be receiving two notable awards this month. First is the George Tarjan Award, given in recognition of the child and adolescent psychiatrist and AACAP member who has made significant contributions in a lifetime career or single seminal work to understanding or caring for those with mental retardation and developmental disabilities. In addition, Dr. Reiss will be honored by the National Alliance for Research on Schizophrenia and Depression (NARSAD) with their Ruane Prize. This award recognizes scientists who give particular promise for advancing our understanding of psychotic, affective or other severe psychiatric disorders having their onset in childhood or adolescence. Congratulations to Dr. Reiss.

Events

- *"Opportunity of a Lifetime,"* a documentary that follows high school students involved in the Stanford Medical Youth Science Program (SMYSP), debuts on KQED-TV October 23rd at 5 p.m. The 30-minute film focuses on the ethnically diverse group of teenagers who take part in SMYSP, a five-week summer residential program on our campus that provides hands-on training in science and medicine. Participants are from very low-income backgrounds, and many credit SMYSP with giving them the confidence and skills to apply to college and seek out scientific and health-related careers. Each year, 24 students from northern and central California are selected for the summer program, which was established in 1988 by Marilyn Winkleby, Ph.D., and Associate Professor of Medicine. For more information about the program: <http://smysp.stanford.edu>
- "Sensation to Action," the 2005 Beckman Symposium, will be held on Wednesday, October 26, 8:00 am – 6:00 p.m. at the Clark Center Auditorium. Among the speakers are two Nobel Laureates -- Linda Buck, whose studies focus on the processing of olfactory signals by higher centers, and Eric Kandel, whose pioneer work in signal transduction in the nervous system provided the foundation for understanding how changes of synaptic function are central for learning and memory.
- "Doctors As Storytellers," the 15th Annual Jonathan J. King Lectureship, will be held on Wednesday, October 26, 2005 at 5:00 pm in the Fairchild Auditorium. The guest speaker will be Dr. Neal Baer, Executive Producer of the NBC television series *Law & Order: Special Victims Unit*. Prior to his work on *SVU*, Dr. Baer was Executive Producer of the NBC series *ER*, for which he was nominated for five Emmys. Dr. Baer graduated from Harvard Medical School and completed his internship in Pediatrics at Children's Hospital, Los Angeles. He received the Jerry L. Pettis Memorial Scholarship from the American Medical Association as the most outstanding medical student who has contributed to promoting a better understanding of medicine in the media. The American Association for the Advancement of Science selected Dr. Baer as a Mass Media Fellow. In 2003, he was honored by Physicians for Social Responsibility for "accomplishment in crafting compelling health messages." This event is free and open to the public. For more information, please call the Center for Biomedical Ethics at 650-723-5760.

Appointments and Promotions

- **Roland Bammer** has been appointed to Assistant Professor (Research) of Radiology, effective 10/01/05.
- **Katrin Chua** has been appointed to Assistant Professor of Medicine (Endocrinology, Gerontology and Metabolism), effective 10/01/05.
- **Peter Fitzgerald** has been appointed to Professor (Research) of Medicine, effective 10/01/05.

- ***Jin Hahn*** has been promoted a continuing term of Professor of Neurology and Neurological Sciences and of Pediatrics, effective 10/01/05.
- ***Brian Hargreaves*** has been appointed to Assistant Professor (Research) of Radiology, effective 10/01/05.
- ***Nihar Nayak*** has been appointed to Assistant Professor of Obstetrics, effective 10/01/05.
- ***Tracey McLaughlin*** has been appointed to Assistant Professor of Medicine (Endocrinology), effective 10/01/05.
- ***Donald Olson*** has been promoted to Associate Professor of Neurology and Neurological Sciences, effective 10/01/05.
- ***Anna Penn*** has been appointed to Assistant Professor of Pediatrics, effective 10/01/05.
- ***Stephen Skirboll*** has been reappointed to Assistant Professor of Neurosurgery, effective 10/01/05.
- ***Margo Thienemann*** has been reappointed to Assistant Professor of Psychiatry and Behavioral Sciences, effective 10/01/05.

Dean's Newsletter

October 31, 2005

Update on the LCME Accreditation Process

The last issue of the Dean's Newsletter came out in the midst of our site visit by the Liaison Committee on Medical Education (LCME), which, as I indicated then, was a very extensive review of virtually all of our programs and missions (www.lcme.org). I met with the site visit team for exit interviews, one of which included Provost John Etchemendy, and was informed of the process that now follows. At the exit interviews the site visit team read the executive summary of the report they will file. We will receive the complete report in about a month, when we will have the opportunity to correct any factual errors. The report, after review by two additional LCME readers, will go to the February meeting of the LCME, where the LCME will consider and vote on the report and its recommendations. We should receive the final product in late February or early March, when we will be able to make it public. Until then the contents of the report and the committee's recommendations must remain confidential.

While fully respecting the process I think it is fair for me to say that I was quite pleased with the comments of the reviewers and am sure you will be as well. Moreover, I believe I am able to convey one important point I heard in different settings with the site visit team that I think we can all be pleased with: namely, how impressed the site visit team was by the energy, excitement, collegiality and interactions they perceived among our faculty, students and staff – and how well expressed these were in our novel and important interdisciplinary efforts in education, research and patient care. For that I want to thank and compliment all of you, since I too think this is one of our greatest strengths. Indeed, continuing to create a highly interactive environment will offer us, in the future as it has in the past, unique opportunities to fulfill our vision and to be a true role model among the nation's leading academic medical centers.

I want to thank all who participated in the visit and who shared their viewpoints, perspective and passion with the site visit team. I want especially to express my appreciation to those who worked so diligently over the past year to prepare for the visit. While this also includes many individuals, I want to thank in particular Ms. Rebecca Trumbell, LCME Program Manager, Dr. Oscar Salvatierra, Faculty Leader, and Ms. Kendra Baldwin, Administrative Associate for the project. Their efforts, along with yours, made this visit highly successful – and for that we can all be appreciative.

STRIDE Takes a Step Forward

The following summary, from a presentation to the Executive Committee on October 21st, has been provided by Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology. I am pleased to share it with you.

In 2003 the Institute of Medicine issued a report on the challenges facing the national clinical research enterprise (see Sung NS et al. *JAMA*. 2003 Mar 12;289(10):1305-6.). This report identified a number of obstacles to effective translational research, including the lack of standards-based research information systems that can interface with the emerging electronic health record model. To address this "translational block" at Stanford, the School is developing a high performance research information system called STRIDE (Stanford Translational Research Integrated Database Environment). This project, based in the Stanford Center for Clinical Informatics, within the Office of Information Resources and Technology (IRT), is creating a HIPAA-compliant biomedical data repository based on emerging national informatics standards.

The overall goals of the STRIDE project are to provide a robust research data management platform to the SUMC community and to create a data warehouse of clinical and biomedical research data supporting SUMC's translational research mission. The first phase of the STRIDE project is nearing completion and the system is receiving clinical data from information systems at both SHC and LPCH. STRIDE currently supports a number of research projects at SUMC using its tissue banking, clinical trials, disease registry and outcomes data management functionality. Through its use of national informatics standards, STRIDE supports interoperability with clinical systems and with research systems both inside and outside of Stanford. A longer term goal of the STRIDE

project is to create a database of linkages between clinical and research data that will support both research cohort identification and computer-assisted knowledge discovery. More information on the STRIDE project is available at: <http://stride.stanford.edu>

Budget Reflections for 2005 and 2006: The Ups and Downs

The School's FY05 fiscal year officially closed on August 31, 2005, and we are assembling the final results for the year. We report our results as both a school-wide consolidated summary and by departments, institutes, administrative units (including the Dean's Office) and other school functions and entities. It is important to note that, while these reports are useful, they represent only a snapshot in time and are influenced by commitments that may have been made but not yet implemented.

It is also important to note that while we may feel financially challenged (and in fact we are), the School of Medicine does benefit from a significant endowment (market value is \$1.644 B as of August 31, 2005). However, the vast majority of the endowment is highly restricted to specific activities (such as student financial aid and specific areas of research) and cannot be used to fund new initiatives outside the scope of their designation. Approximately a quarter of the endowment dollars reside in departments but the range is quite wide (from \$14,000 to \$75,249,000), as is the variation in the size and complexity of the departments themselves. Except in unusual circumstances, endowments cannot be expended. These funds generate an annual payout of approximately 4.5%, which can be used to fund expenses that are in line with the endowments' designated purposes.

In addition to endowment resources, the School (as represented by the Dean's Office), departments and institutes have expendable reserves. At the close of FY05 these totaled \$367.4M, of which \$141.2M resided in the Dean's Office and \$226.2 in the departments/institutes. As with the endowments, there is a wide variance among departments in expendable reserve balances, ranging from \$114K to \$50.3M.

These funds have been accrued over the years by a combination of fiscal prudence and investments, gifts, royalty income, and clinical income. It is also important to note that the opportunities to accrue reserves or endowment by departments is highly variable, and, it should go without saying, every department would like to have a reserve balance - although only a handful truly do have such a balance. That said, these funds are extremely important to the health of the departments and, as a consequence, of the School, since they are used to support recruitments, program and capital investments, etc. Indeed, in many ways they are a resource that helps Stanford to achieve and maintain its stature as a leading research-intensive school of medicine.

As you know, during the past several years the School has been investing in its Strategic Plan, *Translating Discoveries*. We anticipate further investments during the years ahead - as well as increased incoming resources from new grants and support from foundations and individual philanthropy. But we are at somewhat of a crossroads. If new resources do not soon compensate for our investments we will need to scale back programs - which

would be most unfortunate. Until now, the School's consolidated financial performance has been positive (indeed there was a \$12M consolidated surplus in FY05). However, for FY06 we are now projecting a \$24M deficit (or use of reserves), exclusively from the Dean's office, primarily because of continuing support for interdisciplinary initiatives, education, information technology and capital investment projects. The latter include primarily the renovation of the Arastradero research building and early investments for the Learning and Knowledge Center and Stanford Institutes of Medicine #1.

The primary components of the \$48.1M of Dean's Office investments are:

- Capital and program support for the Stanford Institutes of Medicine and Interdisciplinary Programs
- Education
- Departmental faculty recruitments
- Interschool initiatives (e.g., BioX and Bioengineering)
- Information technology
- Departmental support to cover shortfalls due to implementation of the new funds flow model with Stanford Hospital & Clinics and for the school's new operating budget

Each of these investments is meritorious but all will need to be carefully evaluated pending the availability of new funding sources in FY07 and FY08.

To guide our planning for this current year and beyond, we are completing our School of Medicine long-term forecast, which will help us monitor and titrate future investments. We have a number of exciting opportunities before us along with some major challenges – especially for new and expensive facilities. While I am confident that we will be successful in the long run, it is important that we carefully assess our shorter term objectives and needs so that we can truly optimize our future institutional success.

Stanford Institutes of Medicine

On Saturday, October 29th I held a half-day retreat with the Directors and Associate Directors of the Stanford Institutes of Medicine and the Stanford Comprehensive Cancer Center. This is the second of an ongoing series of meetings. My overarching goal for these sessions is to enhance dialogue and communications among the Institute leaders and foster ways of the continued development of their Institutes. An important facet of this meeting was to assess where each Institute (as well as the Comprehensive Cancer Center) is in its individual development; we focused specifically on things that have been accomplished that would not have likely occurred if there were no institute. Another important topic was to address how the Institutes are coordinating their efforts with the School's basic and clinical science departments – again with the goal of enhancing interactions across our missions of education, research and patient care.

It was clear to me that significant progress is being made in developing core support services that will cut across the institution and provide help to faculty and students. In addition, each of the Institutes is engaged in helping to create additional resources that can be shared with departments (e.g., research support grants, support for faculty

recruitments/retention) and that will help make the overall institution stronger and more successful.

An additional goal is to further examine the progress of our three Strategic Centers (Genomics and Human Genetics, Imaging and Informatics) as individual entities and as integrating components with the Stanford Institutes of Medicine in enhancing our overarching objective of *Translating Discoveries*. We will further this discussion at a mini-retreat in December as a prelude to a broader discussion at the School's Leadership Retreat in January 2006. While there is clearly more to be accomplished I am pleased by how much progress has been made and, in particular, by the increased interactions that are occurring among the Institutes. The continuing dialogue with the Strategic Centers and the Departments will further define the ways that we can align and interconnect our resources within the School to truly make our "sum greater than the whole of its parts."

Honoring Teachers and Educators

On Thursday, October 20th Dr. Julie Parsonnet, Senior Associate Dean for Medical Education, and I hosted a thank you reception for the numerous faculty and community physicians who have contributed so much to our education programs. Each year countless members of the full time faculty and adjunct clinical faculty spend time with our students, residents and fellows sharing knowledge and experience. We are deeply indebted to each of these individuals and were happy to offer them our appreciation at this annual reception. Without their efforts Stanford would not be as outstanding a school of medicine as it is today. Thanks to all!

Wellness and Choice

A thank you luncheon for university staff and faculty was hosted by University Department of Human Resources on Tuesday, October 25th at the newly opened Arrillaga Family Sports Center. I had not been in this new facility until then but I can now say it looks wonderful. Particular notable are the extraordinary exercise facilities that are currently open from 7 .am. through 11 p.m. (there is a different schedule for the weekend). My only personal regret is that it opens so late in the morning – but hopefully that will change in time! These new facilities complement the many other resources available to the Stanford employees and students, which may be among the most remarkable for any university in the nation. The new facility prompted Provost John Etchemendy to encourage the Stanford community to pursue wellness as part of their daily routine – something that he has taken to heart during the past couple of years, especially given all the resources available to our community.

I would like to add to that wise advice. The data are quite conclusive that physical activity and exercise approximating 1000 kcal per week is enough to significantly reduce cardiac morbidity. This can be achieved by a whole variety of activities – from walking, biking, swimming – and of course running. Additional data suggest that physical activity and exercise reduces joint disease and even helps sustain mental acuity with aging (something that I am surely counting on). While that is the good news, it turns out that only about a third of Americans actually engage in a regular exercise routine. This small

percentage includes children as well as adults and certainly contributes to the rising incidence of obesity in the USA and globally, with all of its associated co-morbidities.

I think that the School of Medicine and Medical Center should be the role model for the university and broader community in promoting and taking part in programs that improve wellness and exercise. The resources to do so on campus are enormous and if those are inconvenient, I would hope that alternatives could be found in home communities. Of course I am aware of the time pressures so many of us face and the demands of trying to balance work and family. But in this regard the benefits for better health are worth the time involved. Plus, this year the university is planning to help provide a financial incentive to employees who engage in wellness as part of the University Benefits Program. See <http://benefitsu.stanford.edu/medical/medical/wellness.html>. So, I hope you will choose a physical activity and exercise that you enjoy – and then do it, every day if possible!

NIH Loan Repayment Programs (LRP) Application Cycle

Please be aware that The NIH Loan Repayment Programs (LRP) Application Cycle will close in less than 5 weeks on December 1, 2005. The five LRPs offered by the NIH include the Clinical Research LRP, Clinical Research LRP for Individuals from Disadvantaged Backgrounds, Contraception and Infertility Research LRP, Health Disparities LRP, and Pediatric Research LRP.

Through these programs, the NIH offers to repay up to \$35,000 annually of the qualified educational debt of health professionals pursuing careers in biomedical and behavioral research. The programs also provide coverage for Federal and state tax liabilities.

To qualify, applicants must possess a doctoral-level degree, devote 50% or more of their time (20 hours per week based on a 40-hour work week) to research funded by a domestic non-profit organization or government entity (Federal, state, or local), and have educational loan debt equal to or exceeding 20% of their institutional base salary. Applicants must also be U.S. citizens, permanent residents, or U.S. nationals to be eligible.

All applications for 2006 awards must be submitted online by 8:00 p.m. eastern time, on Thursday, December 1, 2005.

The online application and detailed information about the LRPs are available at www.lrp.nih.gov or by calling 866-849-4047.

Avian Flu 2005

There is hardly a newspaper or magazine that does not feature concerns about a potential pandemic from Influenza H5NI (also known as the avian flu). It goes without saying that these concerns are real. We know from history that such pandemics arise when a brand new strain, to which humans do not have prior exposure and immunity, arises and spreads

from person to person. We are all aware of the pandemic of 1918-1919 and the smaller but still serious ones of 1957-58 and 1968-69. Most everyone knowledgeable in infectious diseases acknowledges that another pandemic is probable in the immediate future. The question is when and with which strain of influenza and, of course, with what level of morbidity and mortality.

Certainly the reports to date are concerning, but they still demonstrate that the virus is largely spread among birds – including of course migratory flocks, which is one of the most alarming features of this virus from the point of view of global spread. In addition human infections to date have been restricted to those having close contact with infected birds, and a virus mutation that permits human-to-human transmission has not yet occurred. However, whether and when that might happen is a major source of concern. Based on the current epidemiologic data, a number of experts, including Dr. Tony Fauci, Director of the National Institute of Allergy and Infectious Disease, currently believe that such a mutation promoting human-to-human spread is unlikely this year – but all acknowledge that this is really just an educated guess.

While of course hoping that the virus transmission remains restricted to non-human hosts, I am convinced that it is imperative to make significantly greater efforts to assure an adequate supply of antiviral drugs (now in very short supply in the USA) and an effective vaccine (currently under development). As we have learned from recent natural disasters, planning for an avian flu pandemic will require local, regional and national coordination. At Stanford emergency planning efforts are underway, but these will be further ramped up to address epidemics and other potential disaster scenarios. But should (or when) an avian flu pandemic occur(s) we would need very close coordination with federal and state agencies as well as with drug and vaccine suppliers. This is the time to make sure that those connections are being made – while there is still time – since we may not have time at some point in the future, even in the next couple of years.

Parenthetically, while it still seems unlikely that we will see a pandemic with H5NI this year, we will certainly have a season of influenza. Accordingly, it is important for all eligible individuals (health care workers, young children, older adults, and those with compromised immune systems) receive an influenza vaccine – if not already done – in the next days to weeks.

To further inform you about epidemic preparedness, I am including the statement below from Dr. Martin J. Blaser, President of the Infectious Diseases Society of America.

Joint Position Statement of the Infectious Diseases Society of America and Society for Healthcare Epidemiology of America on Antiviral Stockpiling for Influenza Preparedness
The Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA) recognize the importance of a coordinated national response to the threat of pandemic disease. Effective preparation for such a threat includes the development of safe and effective vaccines, comprehensive

infection control plans, and the thoughtful use of antiviral medications. Available antivirals are important adjuncts to influenza vaccination and infection control measures for responding to both seasonal and pandemic influenza disease. Indeed, greater use of antiviral agents for treatment and prevention of seasonal influenza will increase familiarity with these drugs by patients and practitioners and lead to increased production capacity. With the influenza season soon upon us, we must be mindful that antiviral medications will be needed for patients this year. In addition, because of the threat of pandemic influenza, IDSA and SHEA members, who have particular expertise in the area of infection control and prevention, should participate in the design and implementation of practical and effective policies for antiviral stockpiling for their health care institutions and patients.

Although many experts are concerned that the expanding avian influenza A H5N1 outbreak may result in a pandemic, it is not known when, or if, a pandemic might come, the specific virus that will ultimately emerge, and the associated health impacts. IDSA and SHEA recognize that accurate assessments of the impact of any strategy are difficult to predict prior to the pandemic, and that continuous refinement will be necessary as information becomes available. Currently, there are insufficient doses of antiviral drug available to protect the United States and the world against a pandemic influenza outbreak. Roche, the manufacturer of oseltamivir, is working to increase the supply. The company also recently has taken steps to assure the drug's availability during this year's influenza season by restricting its shipment to pharmacies until the isolation of influenza in the community.

National Stockpile

IDSA and SHEA advocate preparation, including greatly increased national antiviral stockpiling, for a pandemic threat. Currently the federal government has only enough oseltamivir treatment courses for approximately 1 percent to 2 percent of the population. The existing national antiviral stockpile is insufficient to meet the needs of all persons nationwide requiring treatment and/or prophylaxis if a severe pandemic occurred in the near future. This supply would be primarily targeted for short-term early treatment of affected persons, e.g., persons requiring hospitalization or persons at risk for severe influenza, and allow for prolonged prophylaxis only for highly selected risk groups. IDSA has strongly advocated expanding our national stockpile to include sufficient antivirals to treat at least 25 percent and ideally 40 percent of the population. The U.S. government has announced plans to substantially increase the national antiviral stockpile. However, the exact target is not public at present and substantial delays in procurement are expected.

Institutional Reserves

Health care facilities should have access to antiviral medications to reduce hospitalizations and mortality and maintain social order and function in the event of a severe pandemic. IDSA and SHEA advocate the involvement of our members

in the development of health care institutional antiviral policies and reserves to be used for treatment of patients and affected staff due to a pandemic or major influenza epidemic. The current shelf-life of newly manufactured oral oseltamivir capsules and of inhaled zanamivir disks is five years. Consequently, one minimal stockpiling approach would consist of a rotating stockpile that contains approximately five times as much drug as used in an average influenza season. Given the current shortage of antiviral drugs, institutions should not stockpile drug for prophylaxis of health care workers, as this strategy requires much greater drug supplies than early treatment, and could deplete the reserve necessary for treatment on a national level. However, if antiviral drug availability increases in the future, IDSA and SHEA recognize that post-exposure prophylaxis to control nosocomial outbreaks may be justified when one considers the cost and work disruption associated with illness and lost work time in health care workers, particularly at a time of critical need.

Personal and Family Stockpiles

Neither IDSA nor SHEA support the strategy of personal or family stockpiling of oseltamivir (Tamiflu) to prepare for influenza. This is consistent with the World Health Organization's recommendations. Oseltamivir is expected to be available in the private sector for prevention and treatment of seasonal influenza this flu season. However, excessive personal stockpiling would deplete these supplies and make less overall drug available for treatment of priority groups should a pandemic arise in the near future. Personal stockpiling would likely lead to inappropriate use and wastage, as well as foster antiviral drug resistance emergence under some circumstances. IDSA and SHEA also are mindful that neuraminidase inhibitors, such as oseltamivir, are expensive and, if shortages occur, persons who do not choose to stockpile or cannot afford to stockpile would have less access to the drug.

The CDC website (www.cdc.gov/flu) provides excellent information for families concerned about protection against seasonal or pandemic influenza. Education on cough etiquette, hand-washing, and annual influenza vaccination are highly appropriate. In the pandemic setting, additional measures may be recommended by public health authorities.

Appointment of Dr. Phil Lavori as Chair of Health Research & Policy

I am very pleased to announce that Dr. Phil Lavori, Professor of Health Research & Policy (HRP) has agreed to become the next Chair of the department of HRP at Stanford. Dr. Lavori, who trained as a mathematician, is an internationally recognized leader in biostatistics, clinical trials, longitudinal studies and trial design. He served as the Director of the VA Cooperative Studies Program Coordinating Center from 1992-2005, and he has been also playing a significant role in our planning to become an NCI-designated Comprehensive Cancer Center.

During the past couple of years we have been working with the department and co-chairs, Drs. Alice Whittemore and Rob Tibshirani, to help rebuild HRP, particularly in clinical epidemiology. I am extremely grateful to the work of Drs. Whittemore, Tibshirani and

their colleagues. Indeed, considerable strides have been made thanks to their efforts. We now look forward to work with Dr. Lavori and the faculty in HRP to continue to advance the department's important work biostatistics, epidemiology and health policy research. Please join me in welcoming Dr. Lavori as the new chair of HRP.

Appointment of Dr Geoff Rubin as Associate Dean for Clinical Affairs

I am pleased to announce that Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs, has recommended Dr. Geoffrey Rubin, Associate Professor of Radiology, as the Associate Dean for Clinical Affairs. Dr. Rubin will dedicate approximately 30% of his time to this effort. He will work with Dr. Rizk on the strategic planning of clinical program development, the interface between patient care and clinical research, and refinements in the new funds flow process, among numerous other issues. Dr. Rubin has many wonderful skills and attributes and I am most pleased that he has agreed to serve in this important role.

Some Selected Events

2005 Beckman Symposium. On Wednesday, October 26th the 15th Beckman Symposium was held in the Clark Center Auditorium. This annual symposium has featured cutting edge science and has been a standard bearer of excellence. This year's symposium was entitled "*Sensation to Action*" and was sensational. Thanks to the efforts of Dr. Lucy Shapiro, Director of the Beckman Center, the Symposium Organizers Professors Richard Tsien and Liqun Luo and the Neuroscience Institute at Stanford, a remarkable series of speakers and presentations were held. The day was book-ended by 2004 Nobel Prize winner Linda Buck and 2000 Nobel Prize winner Eric Kandel. In addition, exceptional speakers from the international and Stanford community addressed leading edge research and clinical applications. Special thanks to the organizers and to the Beckman Center and the Neuroscience Institute at Stanford for putting together a truly remarkable event.

Jonathan King Lecture: The 15th Annual Jonathan King Lectureship was held on Wednesday evening. This year's lecturer was **Dr. Neal Baer**, former Executive Producer of ER and current Executive Director of Law and Order: Special Victims Unit. Through the medium of television Dr. Baer illustrated how he has used storytelling to raise awareness of challenging and compelling medical and ethical conundrums. He also illustrated how his important work has helped raise public awareness and education and thus reminded us of the important role we all have in helping to educate and enlighten each other and the public by sharing our real life experience as storytellers.

Thank you to Dr. Mary Lake Polan. On Thursday, October 27th, the friends, colleagues and trainees of Dr. Mary Lake Polan gathered in the Stanford faculty club to offer their thanks and appreciation for her 15 years of service as the chair of Obstetrics and Gynecology at Stanford. Under her leadership the department developed a highly regarded program in research, education and patient care – and we are all indebted to her many contributions. Dr. Polan's personal career has

go through a number of impressive stages. Her initial goal was to focus on basic research, and she prepared for that by receiving a PhD in Biochemistry and Biophysics at Yale, followed by postdoctoral training at the NIH. Recognizing that she wanted to apply research to improve human health, Dr. Polan returned to Yale to complete her MD, trained in obstetrics and gynecology, and began a productive career as a physician-scientist. She followed this with the impressive effort of building an excellent department of obstetrics and gynecology at Stanford that emphasizes excellence in patient care, research and education. Dr. Polan's career has continued to evolve and has expanded to address important international issues, which have as their hallmark her efforts in Eritrea. Dr. Polan is currently completing a sabbatical at Columbia University in NYC, and it was great to have her back at Stanford so that we could honor her for her tremendous years of service as Professor and Chair of Obstetrics and Gynecology, 1990-2005.

New Endowed Professorships

During the past two weeks I had the privilege of hosting two events to honor newly named endowed professorships. Both were the result of the efforts of the Lucile Packard Foundation for Children's Health, and each was named in honor of a former Stanford faculty member who has made enduring and significant contributions to child health and academic medicine.

The Richard E. Behrman, MD Professorship in Child Health and Society has been named in honor of one of the true leaders and pioneers in neonatology and academic medicine. The first incumbent of this new professorship is Dr. Paul Wise, an internationally recognized expert in health outcomes research and international medicine.

The Lawrence Crowley MD Endowed Professorship in Child Health honors Dr. Larry Crowley, former Dean and Vice President of the Medical Center, who was instrumental in bringing the Lucile Packard Children's Hospital to realization. The first incumbent of this new chair is Frank L. Hanley, Professor of Cardiothoracic Surgery, one of the most respected and accomplished pediatric heart surgeons in the world. Dr. Hanley has played an important role in helping LPPH achieve its current status as one of the nation's leading academic children's hospitals.

We had the distinct honor of having the individuals for whom the newly created chairs were named – as well as their first incumbents – at these special events. Please join me in congratulating Drs. Richard Behrman, Paul Wise, Larry Crowley and Frank Hanley.

Upcoming Events

Community Lecture Series, Wednesday, November 2, 2005 at 7 p.m. in the Clark Center Auditorium. Thomas Krummel, MD and Michael Longaker, MD, will present: *Surgery Outside the Box: Translating Discoveries to Improvements in Patient Care*. They will discuss the groundbreaking work in the field of tissue engineering as their search for

replacement tissues and “spare parts” moves from an unsolved problem at the bedside to the laboratory bench.

Awards and Honors

- ***Drs. Emmanuel Mignot and Steve Fortmann*** were elected to the Institute of Medicine. As noted by its President, Dr. Harvey Fineberg, election to the Institutes of Medicine of the National Academy of Sciences “*recognizes those who have made major contributions to the advancement of the medical sciences, health care, and public health. It is considered one of the highest honors in these fields.*” Accordingly it is a great pleasure to share with you that Dr. Emmanuel M Mignot, Professor of Psychiatry and Behavioral Sciences and Investigator, Howard Hughes Medical Institute and Dr. Stephen Fortmann, CF Rehnborg Professor of Medicine and Director of the Stanford Prevention Research Center, were among the 64 new members elected to the IOM on October 24, 2005. Please join me in congratulating Drs. Mignot and Fortmann.

Appointments and Promotions

- ***Michael Clarke*** has been appointed to Professor of Medicine (Oncology), effective 11/01/05.
- ***Geoffrey Rubin*** has been promoted to Professor of Radiology, effective 11/01/05.
- ***Upinder Singh*** has been reappointed to Assistant Professor of Medicine (Infectious Diseases and Geographic Medicine), effective 11/01/05.

Dean’s Newsletter November 14, 2005

Science and Religion

I have previously commented on the evolving anti-science mood in this country and elsewhere (see: http://deansnewsletter.stanford.edu/archive/10_03_05.html). This disturbing trend was clearly and, in my view, distressingly, demonstrated in last week’s vote in the state of Kansas to redefine science to make it less evidence based – presumably to open the door to teaching creationism in public schools. In contrast, the citizens of Dover, Pennsylvania voted to remove members of their school board who were proponents of teaching “intelligent design” in public schools. However, I was quite disconcerted by the Reverend Pat Robertson’s wrathful reaction to this result; he virtually condemned the citizens of Dover. I should quickly add that I respect the right of citizens everywhere to have their point of view and to express it in ways supported by our republic. But I also must admit to being deeply concerned by the seemingly widening gulf that separates blue states from red states (or, more accurately, blue and red

communities within states) or that increasingly seems to be promoting theocracy over democracy. Among the founding and still fundamental principles of our nation are freedom of religion and the separation of church and state. I recognize that interpretation of these principles is open to debate and discussion but certainly, from my perspective, extremism on any account is unacceptable.

I also hasten to add that I am equally disturbed by public positions of scientists that are disparaging of religion and faith. Science and faith are not mutually exclusive; they are different aspects of our human experience and should each be respected. In my opinion it is not productive to attempt to apply scientific methodology to faith or religion or to invoke religion to explain the underpinnings and evidence of science. However, such confusion is taking place in various sectors of our society and, to varying extents, is even being promoted. This becomes even more distressing when one group attempts to dominate others, as is being done by some Christian Evangelical groups in ways that ignore or dismiss other religious or faith based beliefs or traditions. When potential religious oppression becomes politically based, the fine line is crossed between democracy and theocracy – something deserving our vigilance and engagement if we are to protect the freedoms we enjoy.

In this context it is not ironic that on November 4th and 5th the School of Medicine joined with the Office for Religious Life to co-host a visit to Stanford of His Holiness the 14th Dalai Lama. Three events took place. The first offered a meditation experience led by the Dalai Lama and the opportunity to hear his views on Buddhism and the human condition. The second addressed the important issue of non-violence in a dialogue between the Dalai Lama and Scotty McClennan, Dean for Religious Life. The third was an all day conference with the Dalai Lama sponsored by the School of Medicine entitled “*Craving, Suffering and Choice*.” The conference brought together neuroscientists and Buddhist scholars to share their perspectives and opinions about how each interprets, understands and brings clarity to these dimensions of human experience. Planning for this conference was nearly a year in the making and was wonderfully led by Dr. William Mobley Cahill Professor in the School of Medicine, Professor of Neurology and Neurological Sciences, and Director of the Neuroscience Institute at Stanford. The entire day’s events have been archived and are available for viewing at <http://www-med/events/dalailama/index.html>. Articles and videos about all of the events can be found in the November 9th **Stanford Report** (see: <http://news-service.stanford.edu/news/2005/november9/dalai-110905.html> and <http://www.med.stanford.edu/events/dalailama/index.html>).

I want to thank the numerous individuals who made this visit possible – beginning with my wife, Peggy Pizzo, who was the inspiration for the event, and whose collaboration with Tenzin Tethong, President of the Dalai Lama Foundation of Palo Alto and Lecturer in the Continuing Studies Program, facilitated the official invitation that came from Dean McClennan and me. But the visit would never have been as wonderful as it turned out without the incredible efforts of a large group of individuals lead by Kathy Gillam, Special Assistant to the Dean, as well as Kristin Goldthorpe and Neyll Vargas from the

Dean's Office, along with the wonderful work of Elaine Enos, Executive Director, Stanford Public Events and her staff.

From my perspective, what defined the Stanford event, and differentiated it from some of the more acrimonious debates and divisions occurring across our nation, was the acknowledgement that science and faith are separate and discrete and that each deserves respect and value. Eschewing extreme positions, the participants in our conference were willing to share perceptions and data respectfully and to allow evidence to help explain and elucidate the human experience. There was no attempt to redefine science or religion; rather, there was agreement to respect each for what it brings and contributes to our discourse. There is no question that most humans treasure faith and that it takes on various forms of expression and belief. It can offer solace in a world often lacking comfort and security, especially at the boundaries of the human experience. However, at its core faith is unlikely to ever be defined empirically. And while faith can offer a context for human experience it is also unlikely to elucidate the principles of cosmology, physics or biology.

It is for these reasons that I believe that a shared respect for the differences between faith and science is vitally important and that conversations such as those we shared with His Holiness the Dalai Lama are extremely valuable. I recognize that such discussions are difficult and that history has not often embraced them. But history has also taught us the consequences of imposing one viewpoint on another – and the dangers that can emerge when religion and fervent righteousness become political forces. We need to move forward in our human evolution and not regress to the flawed passions of the crusades, the suppression of science by religion, or the intolerance of theocracy over freedom of the human spirit.

The State of Stem Cell Research

A year has passed since the historic vote by nearly 60% of the citizens of California to support stem cell research through a \$3B bond initiative known as Proposition 71. The passage of Proposition 71 resulted in the California Institute of Regenerative Medicine (CIRM), which is overseen by the 29- member Independent Citizens Oversight Committee (ICOC), on which I serve. On Saturday, November 12th, the Net Impact Conference sponsored by the Graduate School of Business provided an opportunity to reflect on the state of stem cell research in California and elsewhere. I chaired a panel discussion at the conference that included Bob Klein, Chair of the ICOC and the inspiration and driving force behind Prop 71, Hank Greely, Johnson Professor of Law and Professor of Genetics and an expert in health policy as well as bioethics, and Amy DuRoss, Chief of Staff of the CIRM and a graduate of the GSB. Our panel discussion afforded an opportunity to reflect on where we are – and the problems and challenges that remain to be overcome.

There is no question that the passage of Prop 71 was an historic event that has propelled the debate regarding stem cell research throughout the USA and world. Stem cell research engages science and politics (at the local, state, federal and global levels) along with religion, ideology, ethics, money and intrigue. It is a unique case study of the

opposing forces of science and religion (see above) and raises fundamental questions about the origins of life, the value of research and how strongly held positions are bridged or breached.

The vast majority of Californians and the majority of citizens of the US are of the view that embryonic stem cell research should be supported and funded. However, there are states in the US where it has been outlawed, bills before Congress that would criminalize it, and a UN proposition (sponsored by the US) that would ban it. Ironically, this area of research offers exceptional promise to elucidate the mysteries of human development, better understand the genesis of serious disease and provide platforms to develop new therapeutic or preventive strategies. I strongly believe that research in both adult and embryonic stem cells should proceed under the regulations published by the National Academy of Sciences (NAS) earlier this year. Indeed we have prepared for this effort through the initiation of the Stanford Institute for Stem Cell Biology and Regenerative Medicine and its related Program in Regenerative Medicine that encompasses education, research (and facilities), policy and ethics.

During the past year the CIRM and the ICOC, in tandem with the efforts of the NAS, have made considerable strides in defining standards for stem cell research. In addition, we have developed principles for grant review, appointed a nationally recognized scientific review group, surveyed leading researchers from throughout the world to define the scope of needed stem cell research, and approved the first group of training grants that will help develop the pipeline for future investigators. Ironically, despite these examples and considerable other progress, funding has not yet begun because the constitutional right of the state to issue the bonds has been challenged by at least two lawsuits. And while these legal challenges will have an important benchmark on November 17th when they come before the Judge in Alameda County, it is also likely that these legal entanglements will continue – further delaying the ability of the CIRM to distribute funds. Most everyone believes that they will ultimately be dismissed, but by then funding for the CIRM could have been delayed for nearly 2 years. Given the broad support for Prop 71 it is sad that the actions of a few are holding up what promises to be an incredibly important area of investigation.

Despite these delays I remain very optimistic. We have put a lot of systems in place during the past year – at Stanford, in California and nationally – that will help assure that stem cell research is carried out with the highest ethical standards and integrity. Moreover, we have continued to make important discoveries and have attracted significant scientists from outside California to join our efforts. We have continued to educate the public and have achieved increasing support to permit this extremely important area of research to proceed. Of course, this will not truly happen until the funding lines are open, but I do very much believe that this will occur in 2006. But we all need to remain engaged to make sure this happens – for the sake of the future generations who will be the beneficiaries of these efforts.

Appointment of Jonathan Berek as Chair of Obstetrics and Gynecology

I was very pleased to announce on Monday November 7th that Dr. Jonathan Berek, Professor and Executive Vice Chair of the Department of Obstetrics and Gynecology at UCLA, accepted my invitation to come to Stanford as our next Chair of the Department of Obstetrics and Gynecology. Dr. Berek will begin his work at Stanford on December 15th and he will transition during the weeks and months ahead.

Dr. Berek is an internationally recognized academic leader with special expertise in gynecologic oncology and is the co-editor of the major textbook in this field, *“Practical Gynecological Oncology.”* In addition, the Berek and Novak edition of *“Gynecology”* is also in press. He is a highly regarded physician, clinical investigator, educator and administrator and has won the praise and respect of colleagues around the nation. I am confident that he will be an outstanding new leader at Stanford and I am most pleased to welcome him to our community.

Dr. Berek will succeed Dr. Mary Lake Polan, who served as chair during the past 15 years and who helped build the department’s outstanding clinical and research programs. I want to thank Dr. Polan for the many contributions that she has made to Stanford over her highly productive career here (see also Dean’s Newsletter <http://deansnewsletter.stanford.edu/#11>).

I am also very pleased to announce that Dr. Berek has advised me that he has asked Dr. Maurice Druzin to serve as the Vice Chair of the department. I am very pleased by this recommendation in light of Dr. Druzin’s many contributions over the years – including his very admirable service as acting chair during various transition periods.

I also want to thank Dr. Linda Shortliffe, Professor and Chair of the Department of Urology for her leadership as the chair of the Search Committee that identified Dr. Berek as the chair candidate. Many thanks as well, of course, to the search committee for their wonderful work.

We are at a juncture of important transitions and opportunities at Stanford and I am very pleased that Dr. Jonathan Berek will play an institutional leadership role on behalf of women’s health and the future of obstetrics and gynecology. Please join me in welcoming Dr. Berek to Stanford.

Facilitating “Translating Discoveries”

Dr. Lucy Shapiro, Virginia and D. K. Ludwig Professor and Professor of Developmental Biology, and Director, Beckman Center for Molecular and Genetic Medicine, has informed me that eight new Beckman Interdisciplinary Translational Research Program (ITRP) Awards have been made. Each of the eight new awards provides research funding in the amount of \$150,000 over a three-year period. This important program – which helps to facilitate “translating discoveries” – is supported by funds from the Beckman Center and the Dean’s Office.

The Review Committee for the ITRP Awards received 38 outstanding applications this year and was able to make 8 awards. The 18 faculty members receiving research funding

from these awards represent 13 separate disciplines from three separate schools at Stanford (Medicine, Engineering, and Humanities and Sciences). This wide array of disciplines certainly speaks well for the interdisciplinary and collaborative spirit of research that is fostered here at Stanford University. They include the following:

2005 Beckman ITRP Award Winners

Project:	Dendritic Cell Function During Viral Infection
Faculty:	Edgar G. Engleman, MD, Professor of Pathology Karla Kirkegaard, PhD, Professor of Microbiology and Immunology
Project:	Development of a High Throughput Experimental System for the Mammalian Oocyte and Embryo
Faculty:	Stephen R. Quake, PhD, Professor of Bioengineering Mylene W.M. Yao, MD, Assistant Professor of Obstetrics and Gynecology
Project:	Development of Integrated Optical Bio-sensors and Fluorescent Molecular Imaging Probes for Continuous Real-time Monitoring of Stem Cells in Living Subjects
Faculty:	Sanjiv Sam Gambhir, MD/PhD, Professor of Radiology James S. Harris, PhD, Professor of Electrical Engineering
Project:	Investigation of Movement-Related Neural Activity from Premotor Cortex in Patients with Parkinson's Disease
Faculty:	Jaimie M. Henderson, MD, Assistant Professor of Neurology and Neurological Sciences Krishna Shenoy, PhD, Assistant Professor of Electrical Engineering
Project:	Minimally Invasive Cellular Level Imaging in the Inner Ear for Diagnosis Intervention using Fluorescence Microendoscopy
Faculty:	Mark J. Schnitzer, PhD, Assistant Professor of Biological Sciences Nikolas H. Blevins, MD, Assistant Professor of Otolaryngology
Project:	Optimizing Microdialysis for Monitoring Organ Failure in the Intensive Care Setting
Faculty:	Steven R. Alexander, MD, Professor of Pediatrics Harvey Cohen, MD/PhD, Professor of Pediatrics Joseph DiCarlo, MD, Assistant Professor of Pediatrics Paul Yock, MD, Professor of Bioengineering
Project:	Proteomic Analysis of Immune Complexes in Rheumatoid Arthritis
Faculty:	Mark C. Genovese, MD, Associate Professor of Medicine William H. Robinson, MD/PhD, Assistant Professor of Medicine Richard N. Zaire, PhD, Professor of Chemistry

Project: Translating Hydrogel Technology into Novel Engineered Liver Tissues
Faculty: Curtis W. Frank, PhD, Professor of Chemical Engineering
Jeffrey S. Glenn, MD/PhD, Assistant Professor of Medicine

This is a great collection of exciting projects - congratulations to all the award winners!

A Pediatric Exemplar of Translating Discoveries

The recruitment of Dr. Michael Edwards to Stanford to lead the pediatric neurosurgery program at the Lucile Packard Children's Hospital has been transformative. An internationally esteemed neurosurgeon, Dr. Edwards has contributed significantly to the Department of Neurosurgery's clinical programs as well as its research and education missions. At the Board of Directors meeting of LPCH on Tuesday November 1st, Dr. Edwards described some of the unique features he has found since joining Stanford just over a year ago. Among the most notable is the close connection of the hospitals (both LPCH and SHC) with the School of Medicine and University. He noted that this physical proximity has played an important and essential role in fostering his opportunity to truly advance the field of pediatric neurosurgery and neuroscience.

Dr. Edwards highlighted the important role that the Neuroscience Institute at Stanford has been playing in fostering interdisciplinary research and cited in particular the exciting opportunities now emerging in the study of pediatric brain tumors. Central nervous system malignancies in children represent the most common solid tumor in pediatrics and are second only to leukemia in their prevalence. Unfortunately, unlike the success story of progress in curing childhood leukemias, most pediatric brain tumors have been refractory to therapeutic intervention., Dr. Edwards described the collaborations now emerging through the Neuroscience Institute at Stanford in conjunction with LPCH that will hopefully lead to new and novel approaches in the future. The diversity of the collaborations is noteworthy. They include Dr. Matt Scott, Professor of Developmental Biology and Genetics and Bioengineering and Program Director for BioX, and Dr. Paul Fisher, Associate Professor of Neurology and Neurological Sciences, and of Pediatrics, and by courtesy of Neurosurgery, among others.

These collaborations provide tangible evidence that when outstanding clinical leaders join with exceptional scientists new opportunities for dialogue and for advancing the field of medicine and science occur. They are great exemplars of interdisciplinary research, translational medicine and the collaboration between the Stanford Institutes of Medicine with basic and clinical science departments. I am pleased that these interactions are occurring and look forward to the findings and innovations that will emerge in the years ahead.

University Institute Initiatives

As you know from prior Dean's Newsletters, considerable progress is being made in aligning the University under an overall umbrella that define how Stanford can help impact the world in important ways. Three major themes have been delineated:

Improving Human Health, Sustaining and Protecting the Environment and the Stanford International Initiative. In each area new program development is taking place, and I want to call your attention to some of the areas of progress as they evolve. One of these took place at the October 27th meeting of the Senate of the Academic Council, when Professors Elisabeth Pate-Cornell and Chip Blacker, Co-chairs of Stanford University's International Initiative, announced the **Presidential Fund for Innovation in International Studies**, a \$3 million fund to support collaborative, interdisciplinary faculty research of international scope. They presented a Request for Proposals and strongly encouraged all faculty to apply. I am reprinting the Request below for your information, and I encourage School of Medicine faculty to apply.

The Office of the President and the Freeman Spogli Institute for International Studies at Stanford University are pleased to announce the establishment of the Presidential Fund for Innovation in International Studies. The purpose of the fund, which is an important component of Stanford's new International Initiative, is to stimulate the formation of interdisciplinary teams of Stanford faculty interested in exploring critically important issues in international studies, including their historical or cultural antecedents. Preference will be given to scholarly collaborations that focus on three sets of issues: enhancing the prospects for peace and security worldwide; improving and reforming governance in all its forms and at all levels of society; and advancing human wellbeing. The competition for funding is open to faculty from all seven of Stanford's schools, as well as senior fellows associated with the University's research institutes and centers and the Hoover Institution. The sponsors anticipate that the Presidential Fund for Innovation in International Studies will support three to four new projects in each of the next three years ('05-'08) for periods ranging from one to three years. Proposals to secure support should conform to the following guidelines:

- Projects must have an international focus, with priority in funding being accorded to those proposals emphasizing peace and security, governance, and human wellbeing.
- Projects must be based on collaborative research and teaching, involving faculty from two or more disciplines and, wherever possible, from two or more schools. They must give evidence of true interdisciplinarity in the design of research questions and in the proposed implementation and dissemination of research findings (which may include new curricular offerings at both the graduate and undergraduate levels).
- Funds will be awarded on a competitive basis. Project awards may be of any amount, but will typically be in the range of \$50-100,000 per year for a maximum of three years. The awards are not renewable.

- Funds may also be allocated to support research and teaching of a more preliminary nature. These planning grants will be no more than one-year in length (non-renewable) and on the order of \$10-15,000.
- The deadline for submitting proposals is December 31, 2005. Awards will be announced on or about February 1, 2006. Faculty interested in securing support through the Presidential Fund for Innovation in International Studies should obtain details on the PFIIS website:
<http://fsi.stanford.edu/pfiis/>.

In addition, at the November 10th Senate of the Academic Council, Dr. Jeff Koseff, Professor of Civil & Environmental Engineering & Senior Fellow at the Stanford Institute on the Environment (SIE) gave an update on the Environmental Initiative. He began by reviewing the mission of the SIE, which he chairs, and notes the three major goals: To generate new ideas and approaches; to educate and train the next generation of leaders; and help decision makers solve problems. Stanford is uniquely poised to address these issues, given the excellence of our existing academic programs, our co-location on a single campus and the clear history and spirit of interdisciplinary collaboration and interaction in research and education. Professor Koseff described ways of accomplishing the goals, including a “Ventures Project” that provides seed funding for transformative interdisciplinary research. The Institute has already sponsored its first round of funding, usually \$75,000 for two years – and they have received exciting proposals (in a manner similar to the Beckman Interdisciplinary Translational Research Awards noted above). In addition the Institute is proposing to sponsor 4-6 strategic collaborations to pursue exciting themes (e.g., a Center for Oceanic Studies).

A common thread among the university initiatives and those being developed in the School of Medicine is interdisciplinary research and education – and ways to foster and encourage them at Stanford. These are truly exciting and will surely help to transform our university – and hopefully, as a consequence, the world we live in.

Update on Stanford Medicine magazine

The Fall issue of Stanford Medicine magazine focuses on neuroscience. Among the contents in the special report are:

- Introspection on having brain surgery from Pulitzer-winning writer Jimmy Breslin.
- Excerpts from the Dalai Lama's discussion on Buddhism and neuroscience with the director of Stanford's Neuroscience Institute, William Mobley, MD, PhD.
- The latest research on pain. Stanford scientists explain: It's all in your head.
- Tips on preparing the mind for learning.
- A report on attempts to heal stroke damage by injecting neurons into the brain, featuring the work of neurosurgery professor Gary Steinberg, MD, PhD.

The issue also offers medical center news, research updates, an alumni profile and an in-

depth look at a tool that revolutionized research and is starting to make an impact in patient care-the DNA micro array, invented by biochemistry professor Patrick Brown, MD, PhD.

Look for the magazines in departmental offices and online at <http://mednews.stanford.edu/stanmed/2005fall/>. To obtain copies, please send e-mail to sharknes@stanford.edu.

Honoring Dr. Oscar Salvatierra

On Friday evening November 11th colleagues and friends of Dr. Oscar Salvatierra, Professor Emeritus of Surgery and Pediatrics, gathered at the Palo Alto Sheraton Hotel to offer gratitude and tribute to his remarkable career. Sponsored by the School of Medicine, the Department of Surgery and the Division of Transplantation, the evening was masterfully hosted by Dr. Carlos Esquivel, the Arnold and Barbara Silverman Professor of Pediatric Transplantation and of Surgery and Chief of the Division of Transplantation. The evening featured commentaries delivered in person or by video from leaders in transplantation from around the nation as well as colleagues and patients of Dr. Salvatierra. From these a common theme and portrait was apparent – which is once I share. Namely, Dr. Salvatierra is a remarkable individual – an outstanding surgeon, innovator, investigator and caring and compassionate physician who is beloved and respected by his colleagues and patients. But equally, the picture is one of a selfless individual who willing shares credit, supports and mentors young people and who believes in his life and words that actions and accomplishments are a reflection of a community and team working together. It is, in his words, about people and their relations one with another that are transformative.

While Dr. Salvatierra has reached the point in his career where he will no longer be performing surgery, he thankfully has much more to give to our academic community. His recent wonderful contributions as the faculty leader for our recent LCME review are but one example of his leadership and advocacy. I am also confident that his new role as a Faculty Advisor to medical students will be a wonderful contribution for the future.

Please join me in thanking Oscar for all that he has done during his career and since coming to Stanford – and in continuing to look for ways that we can benefit and learn from his knowledge and compassion.

Upcoming Events

On Wednesday, December 6th, Drs. Michael McConnell, Geoffrey Rubin, Alan Yeung, and Kai Ihnken will present: *Advances in the Diagnosis and Treatment of Coronary Artery Disease*. These Stanford heart specialists will provide educational information about the latest innovations in the diagnosis and treatment of coronary artery disease, which is the most common type of heart disease. This Community Lecture Series will be held at 7 pm in the Clark Center Auditorium.

Awards and Honors

- **Rebecca Ihrie** was among eleven doctoral students selected as the first Lieberman Fellows. These fellowships are for graduate students who intend to pursue careers in university teaching and research, and who have demonstrated potential for leadership roles in the academic community. Congratulations to Rebecca for her wonderful achievements.
- **Dr. Emmet Keefe**, Professor of Medicine has been elected to the American Clinical and Climatological Association, as well as American College of Physicians – two wonderful honors. Congratulations to Dr. Keefe.
- **Dr. Chang-Zheng Chen**, Assistant Professor, Baxter Laboratory, Microbiology and Immunology, and **Dr. James Chen**, Assistant Professor, Molecular Pharmacology, have been appointment to be the Terman Fellows to represent the School of Medicine. Congratulations to both.
- **Dr. Marlene Rabinovitch** will delivery the Dickinson W. Richards Endowed Lectureship of the Council on Cardiopulmonary Perioperative and Critical Care on November 15th at in the 2005 Annual American Heart Association Scientific Sessions in Dallas, Texas. Congratulations to Dr. Rabinovitch.

Appointments and Promotions

- **Anthony Burgos** has been reappointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 6/01/06.
- **Luis DeLecea** has been appointed to Associate Professor of Psychiatry and Behavioral Sciences, effective 11/01/05.
- **Jason Dragoo** has been appointed to Assistant Professor of Orthopaedic Surgery, effective 11/01/05.
- **David Drover** has been promoted to Associate Professor of Anesthesia, effective 11/01/05.
- **Rebecca Fahrig** has been reappointed to Assistant Professor (Research) of Radiology, effective 6/01/06.
- **Alice Guardino** has been appointed to Assistant Professor of Medicine (Oncology), effective 11/01/05.
- **Paul Heidenreich** has been promoted to Associate Professor of Medicine (Cardiovascular Medicine), effective 11/01/05.
- **Robert Siegel** has been reappointed to Associate Professor (Teaching) of Microbiology and Immunology, effective 9/01/06.

- **Eric Sokol** has been appointed to Assistant Professor of Obstetrics and Gynecology, effective 11/01/05.
- **Jacques Van Dam** has been reappointed to Professor of Medicine (Gastroenterology and Hepatology), effective 4/01/06.
- **Robert West** has been appointed to Assistant Professor of Pathology at the Palo Alto Veterans Affairs Health Care System, effective 11/01/05.
- **Jeffrey Yao** has been appointed to Assistant Professor of Orthopaedic Surgery, effective 11/01/05.

Dean's Newsletter

November 28, 2005

Our March Toward Enhancing Diversity

At the November 18th Executive Committee, Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership, presented an update on the progress she and her colleagues are making toward our goal of enhancing diversity and leadership throughout the School of Medicine. The Strategic Planning Working Group, established by Dr. Valantine to develop a strategic plan for the Office of Diversity and Leadership, has defined the following vision statement for the School in this area: *"The Stanford University School of Medicine is a global model for diversity and leadership. Our faculty champions a diverse and inclusive community which is the inspiration and foundation for our excellence and achievements."*

The Office of Diversity and Leadership, which we launched a year ago, is committed to a diverse community of faculty, students, trainees and staff. In the initial phase of the work of the Office, Dr. Valantine is focusing on faculty. The Office seeks to accomplish greater faculty diversity through recruitment and retention efforts and stronger faculty leadership through a variety of faculty development opportunities. These goals, while laudable, are a challenge to implement and require time and commitment to fully achieve. But we are committed to them. In her presentation, Dr. Valantine delineated five overarching strategic initiatives and discussed the steps that will be taken to achieve them. I will summarize her comments briefly:

Initiative #1. *Develop and monitor policies, strategies and resources for the recruitment of a diverse faculty:* To accomplish this initiative, Dr. Valantine proposes, among other activities, to instill increased departmental accountability for faculty searches in the area of developing and considering more diverse candidate pools. I support this objective. To assist departments in their efforts in this area, Dr. Valantine intends to develop expanded databases and other resources to identify diverse and talented pools of potential faculty candidates. Part of this initiative includes the possibility of a visiting scholars program that would bring

potential faculty to Stanford for a limited time. Of course, the ultimate selection of individuals (be they faculty, students, or staff) must be based on the consideration of candidates who will sustain Stanford's position as a leading research- intensive school of medicine.

Initiative #2. *Develop and monitor policies, strategies and resources for the retention of a diverse faculty. Develop mechanisms to coordinate and integrate diversity programs and resources across the School of Medicine community.* To advance this initiative Dr. Valentine will conduct meetings with faculty to review the outcomes of the 2003 Provost's Quality of Life survey and to seek ways to improve outcomes and areas of dissatisfaction. Importantly, she and her colleagues will seek ways to develop improved community networking in order to find ways to overcome the sense of isolation reported by some faculty and students. Improved mentoring for all faculty is another key objective. And, to retain talented members of our community, the Office of Diversity and Leadership will work with the Office of Academic Affairs to provide support to faculty in order to make their retention at Stanford the most desirable prospect.

Initiative #3. *Recognize, reward and hold faculty accountable for leadership and diversity activities.* To accomplish this goal it is important to develop the incentives and levers that hold all School leaders accountable for improving and enhancing diversity (e.g., awards for leadership and diversity). Sharing best practices among the departments and divisions of the School will be helpful and important in heightening awareness and opening a broad dialogue within the School about ways to foster and improve diversity and leadership.

Initiative #4. *Identify and develop individual leadership potential at early stages of faculty careers and develop a menu of leadership opportunities to meet individual needs.* A number of actions are now being taken to launch this initiative, including the announcement of a "School of Medicine Faculty Fellows Program" (see below) and the recently initiated "Physicians Leadership Program." Additional activities will include starting mentoring programs and sending promising individuals to national programs designed to enhance leadership skills.

Initiative #5. *Define and promulgate a shared understanding of faculty leadership in a diverse community and a shared understand of diversity and its value to the School of Medicine.* Key to this initiative will be designing and implementing a broad series of activities to build a sense of community among our faculty, students and staff and to engage senior leaders in the school to act as change agents committed to enhancing diversity and to finding new ways to accomplish this goal.

I fully recognize that a commitment to diversity and leadership is long-term effort, but we already know we can be successful at it if we are fully engaged. For example, the success of our medical school admissions and increasingly our graduate admissions is testimony to concerted efforts by key leaders over long periods of time. We need to do the same for

postgraduate training and, most importantly, for faculty development. One of our biggest challenges is the loss of highly talented individuals once they graduate from our MD or PhD programs. We need to find ways to better balance those losses and permit highly qualified graduates to continue at Stanford (or to return) once they have completed their education. I am often reminded of the success we learned about from Drs. Scott Bass and Freeman Hrabowski in improving diversity at the University of Maryland, Baltimore County. They attribute their success to an embracing of diversity by the entire community and a broad commitment to achieving and sustaining it. We too must embrace that commitment if we are to be successful in achieving our goals. I certainly share that goal.

Announcing the School of Medicine *Faculty Fellows Program: Diversity and Leadership*

As part of our initiatives on improving diversity and leadership (see above), Dr. Hannah Valantine, Senior Associate Dean of the Office of Diversity and Leadership has recently announced the launch of the ***Faculty Fellows: Diversity and Leadership*** program.

In this new program a select group of 10-12 assistant professors will be chosen as Faculty Fellows for the 2005-06 academic year. The purpose of the Faculty Fellows program is to identify and develop the leadership skills of a diverse group of junior faculty who have the potential to become leaders in the School of Medicine.

During the year, Fellows will meet together approximately once a month for an informal dinner with key University leaders. During these sessions Fellows will learn more about leadership philosophy, strategy and style – under the banner of “Personal Leadership Lessons.” Fellows will dialogue with colleagues and explore their own ideas on how to address leadership challenges as their careers develop. On a monthly basis they will also meet in small groups with a senior faculty member or professor emeritus, who will be their assigned mentor. Each Fellow will also be assigned a personal coach and will meet regularly with this individual to explore personal career and leadership issues.

If you are interested in being nominated for this opportunity, please speak with your Department Chair or Dr. Hannah Valantine (hvalantine@stanford.edu). Nominees should be assistant professors who have demonstrated an interest in and potential for leadership roles in the School of Medicine. Such individuals need to be respected by their colleagues and have demonstrated an ability to influence others. In addition, they should be advocates for change and for increasing the diversity of the School of Medicine. They should have demonstrated the ability to think strategically and systemically and lastly, they should be interested in taking on leadership roles in the future.

Nominees should have the potential for leadership and have demonstrated an interest in taking on leadership roles in the School of Medicine. Such individuals should have the respect of their colleagues, and should have demonstrated the ability to think strategically and systemically and influence others. In addition, they should be advocates for change and for increasing the diversity of the School of Medicine.

You can obtain a nomination form by contacting Barb Miller at bemiller@stanford.edu or at 5-8402. Nominations are due by December 16, 2005. Our selection committee, co-chaired by Dr. Valentine and myself, will announce the selected Fellows by mid-January.

The Physician and Society

I grew up with the notion that physicians play an important role in society. And I still believe that the contract between the doctor and patient – whether an individual or a population – remains worthy of respect and care. At the same time I have communicated my increasing concerns that during the past years that medicine has had a more troubled relation with society and in some instances has fractured or even lost the public trust. Clearly we need to do all we can to better align the role and value of the physician in society.

At the November 15th meeting of the Health Science Policy Board of the Institute of Medicine, which I have chaired during the past three years, we heard presentations on a spectrum of important issues that challenge the role of physicians in society. These included the emergence of new technologies and innovations that permit us to better probe the human consciousness in ways that might permit the selection (or denial) of individuals for certain positions or responsibilities. These innovations might also predict individuals at risk for certain types of behavior. Such advances are leading to the emerging field of neuroethics, in which Stanford is already playing a leading role, thanks to the work of Dr. Judy Illes, Professor Hank Greely and others. Obviously continued progress in this area will open new vistas as well as challenges for defining the role of physicians and other professionals in broader societal issues. Similar issues were discussed around the topic of stem cell research – where Stanford is also playing a role.

In contrast, two disturbing issues were also discussed. One was the commercial influences on medical practice – a topic I have previously addressed in a Dean's Newsletter story that was based on the observations of Dr. Jerry Kassirer, former Editor of the New England Journal of Medicine and author of the recent book "*On the Take*" (www.onthetake.net). While further review and discussion of this topic is important – and will no doubt occur – an issue that I must admit we have not had sufficient discussion about was presented by M. Gregg Bloche, MD, JD, Professor at Georgetown University Law School and Visiting Fellow at the Brookings Institution. Professor Bloche highlighted the very troubling issue surrounding the role of doctors in interrogation, focusing on Iraq and Guantanamo. What is particularly disturbing is the extent to which the rules defining the boundaries of human torture have been recently interpreted at the highest levels in the United States and the assumption that military physicians can monitor the interrogation process – and even that ethics do not need to apply under the assumption that the physician who assists in interrogation isn't acting as a doctor and thus is not bound by medical ethics!

We have learned so painfully from our past how dangerous it is – to medicine and society – when physicians cross the lines of medical ethics on behalf of war and war crimes. That such serious violations of human trust are being repeated today is horrifying. I would

encourage all of us to become more familiar with this topic. Professor Bloche provided an Op-Ed on this topic entitled “*Doing Unto Others as They Did Unto Us*” in the November 14, 2005 issue of the New York Times that is worth reading (<http://www.brookings.edu/views/op-ed/20051114bloche.htm>). From my perspective it is not possible or appropriate to expect that physicians can separate ethics from human suffering in matters of human torture. While we can all appreciate the impact of terrorism in its modern forms and our desire to stem or eliminate it, it is important that we don’t cross the line of humanity in doing so. I fear that has been happening and that we will learn more about this sad chapter in our history in the not too distant future. Regardless, we must do all we can to protect the important role of the physician in society and our commitment to be responsible leaders for human health and well-being.

Upcoming Accreditation Visit

From December 6-9th the Association for the Accreditation of Human Research Protection Programs (AAHRPP) will conduct a site visit to review Stanford’s programs. These encompass the University and affiliated Hospitals (including Stanford Hospital and Clinics (SHC), Lucile Packard Children’s Hospital (LPCH), Veterans Affairs Palo Alto Health Care Services (VAPAHCS) and the Palo Alto Institute for Research and Education (PAIRE)). Under the leadership of Dr. Artie Bienenstock, Vice Provost and Dean of Research and Graduate Policy, Stanford is seeking accreditation from the AAHRPP as evidence of its commitment to excellence in clinical research and patient protection – an issue that has assumed increased importance for the public in recent years.

According to Dr. Ann Arvin, Associate Dean of Research, considerable preparation has already occurred through our institutional self-assessment study, which addressed the large number of requirements and expectations from the AAHRPP having to do with clinical protocol performance, Institutional Review Board and related activities – all focusing on how we protect human research participants.

During their site visit, the team will meet with protocol directors, study coordinators, IRB chairs, faculty members and staff as well various institutional leaders. They will also conduct audits of active protocol files. The inspection findings will then be reviewed by the AAHRPP Council to determine whether Stanford has fulfilled the requirements for accreditation. To date 24 institutions have fulfilled the AAHRPP requirements for accreditation – and we need to do all we can to support Stanford’s inclusion in the list of universities accredited by AAHRPP. Obviously more details will follow.

Appointment of Daria Mochly-Rosen as Senior Associate Dean for Research

I am extremely pleased to announce that Dr. Daria Mochly-Rosen, George D. Smith Professor in Translational Medicine and Professor, by courtesy, of Neurosurgery, has accepted my invitation to serve as Senior Dean for Research. In this capacity Dr. Mochly-Rosen will work closely with Dr. Harry Greenberg to oversee the School’s broad mission in basic and clinical research and the important relationships between them that surround our mission in “Translating Discoveries.”

Dr. Mochly-Rosen has had a very distinguished career in science and medicine. Following the completion of her PhD at the Weizmann Institute she joined the Koshland Laboratory at UC-Berkeley for postdoctoral training. She then joined the faculty at UCSF in Neurology and the Program in Biological Sciences. She came to Stanford in 1993 as an Associate Professor of Molecular Pharmacology. Dr. Mochly-Rosen also served as the Reed-Hodgson Professor of Human Biology from 1996-2001, when she was named chair of the Department of Molecular Pharmacology. Her laboratory has focused on the mechanism of protein kinase C-mediated signal transduction in various disease models. She hypothesized that activated PKC isozymes bind differentially to receptors at different subcellular sites in a concentration-dependent, saturable and specific manner as “receptors of activated C-kinase” or RACKs.” Based on this and related work she and her colleagues identified novel isozyme-selective inhibitors that have specific functional impacts on normal and diseased states. She has furthered this work through a collaboration with Kai Pharmaceuticals (where she worked during an administrative leave from Stanford) to the point where at least one novel agent is now in clinical trials for heart failure. This is an exceptional example of translational research emanating from Dr. Mochly-Rosen’s basic research to a potential disease application and now an ongoing clinical trial.

Dr. Mochly-Rosen will continue to remain an active and vibrant faculty member but will commit a portion of her time to the role of Senior Associate Dean for Research. In that capacity she will serve as an important liaison with our basic science faculty, championing the important role that Stanford will continue to play in basic science research, while also working collaboratively with Dr. Greenberg to foster connections between basic and clinical science faculty. She will have specific oversight over our very important research cores and will also work to support the mission of the Stanford Institutes of Medicine, in tandem with our departments, in fostering “Translating Discoveries.”

Dr. Mochly-Rosen succeeds Dr. John Boothroyd, but unlike John she will not have oversight over graduate students and postdoctoral fellows in her portfolio. We will be seeking an additional individual to oversee those critically important missions. As she assumes her new role, Dr. Mochly-Rosen will step down as chair of Molecular Pharmacology.

I am very pleased by Dr. Mochly-Rosen’s decision to serve as our Senior Associate Dean of Research in partnership with Dr. Harry Greenberg. Please join me in welcoming her to her new leadership position in the School of Medicine.

Transitions in the Dean’s Office

On November 17th Mike Hindery communicated his decision to step down from his position as Senior Associate Dean for Finance and Administration after ten very productive years at Stanford in this very challenging and demanding role. I want to thank Mike for his tremendous commitment, diligence, hard work and dedication to the School of Medicine, the Medical Center and University. Mike served Stanford during a decade

of tremendous change and challenge - spanning the spiral of the merger and de-merger to our more recent trajectory toward "Translating Discoveries." He has contributed to virtually every facet of our missions and I am very grateful for all that he has accomplished. I will miss him but I also understand his desire to pursue new opportunities and different challenges. I hope you will all join with me in thanking him for his many important accomplishments and to wish him well in his new endeavors.

I will soon begin a search for the next Senior Associate Dean of Finance and Administration (a position that I view as comparable to the role of a Chief Operating Officer) and hope to have that process completed by next spring. In the interim I am very pleased that Ms. Marcia Cohen, our CFO and Assistant Dean for Fiscal Affairs, has agreed to serve as the interim Senior Associate Dean for Finance and Administration. Since she joined Stanford Marcia has performed in a splendid manner and I am grateful that she is willing to assume these additional important responsibilities for the challenging period ahead. I have every confidence in Marcia and ask for you to work with her - and of course to support her - during the months ahead. Mike Hindery will officially leave at the end of January 2006 and in the interim he will work on special projects. But in order to make the transition as smooth and as well informed as possible, we have agreed that Marcia will begin her new responsibilities immediately - with Mike serving as a consultant and advisor during the transition period.

I recognize that change is always filled with challenges as well as opportunities - for institutions as well as individuals. I look forward to continuing to work with you on behalf of Stanford Medicine and have every confidence that we will continue to make great strides in our quest to be a true leader among academic medical centers.

Awards and Honors

Richard Olshen, Professor of Health Research & Policy (Biostatistics) and, by courtesy, of Electrical Engineering and Statistics, has been elected a Fellow of the IEEE (Institute of Electrical and Electronic Engineers). It is unusual for a statistician to be elected to the IEEE, and we recognize that this honor is a tribute to the scope of his achievements. Kudos to Richard Olshen!

Appointments and Promotions

- **Alejandro Sweet-Cordero** has been appointed to Assistant Professor of Pediatrics (Cancer Biology), effective 12/01/05.
- **Albert Wong** has been appointed to Professor of Neurosurgery, effective 12/01/05.
- **Anton Wyss-Coray** has been promoted to Associate Professor (Research) of Neurology and Neurological Sciences, effective 12/01/05.

Dean's Newsletter

December 12, 2005

Where Are We?

The adage that it is sometimes easy to lose sight of the forest for the trees has particular relevance when institutions are changing on multiple fronts simultaneously. Certainly that is true of the School of Medicine. Four years ago, in January 2002, we launched our multifaceted strategic plan entitled “*Translating Discoveries*.” As many of you will recall, the plan was purposefully broad and included our missions in education, research and patient care as well as the mechanisms by which we could support and enhance them. So where are we now – and how do all the moving parts fit together? And, of course, what does this all mean for individual faculty members, students and staff?

Over these past four years we have initiated a New Curriculum for Medical Student Education, made changes and refinements in Graduate Education (including the Masters in Medicine Program highlighted below) and have begun to focus on resident and postdoctoral training. Each of these changes is aimed at enhancing the importance of scholarship, research and leadership in our students and trainees and in graduating students and postdocs who are more likely than in previous years to seek roles in academia. While a number of significant changes have been made, our education programs remain very much a work in progress. Additional developments as well as the fruits of programs already initiated will be better defined during the next several years. Hopefully our efforts will be measured by increased numbers of students pursuing research and scholarship.

At Stanford we are most fortunate in having outstanding basic research programs. Certainly sustaining and enhancing this essential component of our School are central to our future success as an academic medical center and university. At the same time we have put considerable effort into seeking ways of bringing knowledge from the research laboratory to the patient. These efforts include funding translational research pilot programs in conjunction with the Beckman Center, developing such underpinning programs as our new joint department of Bioengineering and related programs in BioX, and developing our Stanford Institutes of Medicine and the Stanford Comprehensive Cancer Center. Each of these programs has been designed to bring together communities of basic and clinical scientists from the medical school – and from throughout the university – to address new problems and opportunities, especially when they could have an impact on human health.

As might be expected at this point in their gestation, each institute is developing on its own trajectory, which includes creating new intersections with departments, other institutes and other schools. While they are best viewed as still being in an early stage of development, it is clear to me that progress is being made – although much work remains to be done. That said, the Institute for Stem Cell Biology and Regenerative Medicine has made some excellent recruitments in conjunction with clinical and basic science departments. It has also developed an outstanding training program that will surely be

funded by the California Institute of Regenerative Medicine as soon as the legal hurdles impeding bond issuance are resolved (which will likely happen over the next 6-8 months). Equally important, the leadership of the Stanford Comprehensive Cancer Center has made tremendous progress and will be submitting their proposal to the NCI in February – a monumental achievement in its own right.

In addition to our institutes we are making progress with our integrating Strategic Centers in Genomics and Human Genetics, Imaging, and Informatics and envision further progress in the early part of 2006. Together with the underpinning programs in Bioengineering, BioX and BioDesign, an integrated matrix to shape our research agenda for the next decade is emerging. While at the end of the day it is faculty – working alone or in teams – who are ultimately responsible for the research agenda, it seems clear that having overarching themes will best enable us to align our efforts and in particular to be competitive for NIH funding. This funding is surely going to be more restricted and proscribed as funding is constrained and as both politics and, most likely, the NIH reauthorization direct additional research dollars into more applied funding – which thankfully includes translational research.

To further prepare for our efforts in translational research, the School and clinical departments – as well as Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH) – have been working on the infrastructure to support a more expanded effort in clinical and translational research. The recent launch of SPCTRM (Stanford/Packard Center for Translational Medicine) and supporting databases will help with this effort. So too will our efforts in developing the Stanford Comprehensive Cancer Center and its related cores, along with other core support services centers. Hopefully these programs will be even further enhanced when we are successful in receiving funding for our proposed Center for Translational Research. In addition, Stanford's very successful General Clinical Research Center (GCRC) program adds further substance to these efforts; we hope to extend these through an application in 2006 for an NIH-supported Clinical and Translational Science Award (CTSA). Taken together these and related programs should help to further enable our faculty and students to conduct cutting edge clinical and translational research.

We have also spent considerable time linking our education and research programs to patient care activities, innovations and improvements at SHC and LPCH. Our major strength lies in bringing innovative therapies, based on research, to clinical programs. Accordingly, both SHC and LPCH have developed clinical strategic centers that are aligned with our Stanford Institutes of Medicine and the Comprehensive Cancer Center. This is permitting us to define and delineate areas of need and development and has played a major role in faculty recruitments during the past four years. And, without question, clinical faculty performance has played a dominant role in helping both SHC and LPCH to become financially successful. We are furthering these alignments and integration between the School and Hospitals by coordinated planning around our key initiatives as well as by the financial support that is provided or shared, as is the case with the new “funds flow model” with SHC that went into effect this past September.

Another critical component of our future success is enhancing leadership. We have been fortunate in recruiting some outstanding clinical chairs – and faculty - during the past several years including Drs. Rob Jackler (Head & Neck Surgery – Otolaryngology), Bill Maloney (Orthopedics), Frank Longo (who joins Stanford as chair of Neurology in January 2006), and Jonathan Berek (who will become chair of Obstetrics/Gynecology also in January 2006). We also have searches underway for the next chairs of Medicine and Pediatrics and hope to fill these critically important positions in the first quarter of 2006. These new clinical leaders, in conjunction with our already existing group of clinical chairs, are making a major difference in improving patient care and in the effectiveness of the interface of patient care with research and training.

A key to the success of our programs is not only defining their direction and the ways of enhancing and integrating them, but also supporting them through program development as well as administrative and financial support. Accordingly, we have redone the funds flow formulas that define the “Operating Budget” within the School and the “funds flow model” between SHC and the School, to better align and support key programs. We have also redone the funds flow model with the University and are now in the midst of assessing our financial forecast during the next decade so that we can do everything possible to optimally support our programs in a manner most consonant with our strategic directions in education, research and patient care.

Perhaps one of the most important supports that we need going forward is new and additional space for education, research and patient care. Accordingly the School as well as SHC and LPCH have worked individually on long-term facilities plans (over a 20 year horizon) as well as collectively on a medical center wide integrated facilities plan. These efforts have helped define each of our needs and priorities, how one relates to another, and how we will support them financially as well as operationally, tactically and politically. As you know we are now in the midst of architect competition for the Learning and Knowledge Center (LKC) and expect to choose the winner in January – with the hope and goal of ground breaking in 2007 and completion of this facility in 2009. We are also doing program planning for the Stanford Institutes of Medicine Building #1 which will house faculty in the Comprehensive Cancer Center, Institute for Stem Cell Biology and Regenerative Medicine and the Neuroscience Institute. All of these faculty will also have departmental appointments and thus will enhance both departmental and institute development. In tandem with our master facilities plan on the campus we have also leased space off-site and are in the midst of exploring additional lease space to support departmental research programs during the next decade. Given our current space shortages, these explorations are critical to our short and long-term success.

Another key area of support that will surely define our future is the use of information technology and its role in education, knowledge management, research – including clinical research – and of course, patient care. This is a rapidly moving and expensive area and our investments require orchestration and integration. Here too we have attempted to facilitate this through senior leadership within the school and departments – as well as at the hospitals and the university.

We are also supporting our program development by better definition of the roles and expectations of faculty. A key component is our strong desire to help make every one of our faculty successful. I am cognizant of how challenging life in academic medicine (as well as medicine in general) has become. While there are some things we cannot change, we certainly want to do all that we can to improve the quality of life of faculty. We are also seeking ways to enhance the diversity of our faculty, staff and students – and have established an office and senior leadership to facilitate this. This is an important issue in its own right and one that will require commitment over many years to come.

Achieving our goals and objectives requires understanding and support by the communities we serve. Accordingly we have put considerable effort into improving our communications and public relations services, including the materials we produce as well as our interface with the local and national media. Given the array of issues and challenges we face there are always going to be some controversial issues– but I think we have made progress in improving the Stanford image. I also believe it is important for us to take responsibility and leadership in speaking out on some of the major issues facing medicine, science and society. And, at the end of the day, we need to be seen as a resource for the community – and as a place that community members can turn to for guidance and information. Building that type of image is also a work in progress.

Having a more clearly defined vision and set of goals has been the foundation of our strategic planning and implementation activities over the past several years. A bold vision surrounding translating discoveries and a plan for achieving this vision through our education programs and research efforts - including the Stanford Institutes of Medicine and their relation to the clinical centers at SHC and LPCH - offer our best hope for obtaining the resources needed to bring these ideas to life and to sustain them. As you know, this is all directed to the capital campaign that we are now initiating. We hope that, in conjunction with partners across the medical center and university, we will be successful in the campaign and, of course, in our ultimate goal of improving health.

Clearly each of these efforts is at a different stage of development and, depending on where one is, it is easy to lose sight of the forest for the trees. It is also easy for any individual to become frustrated since the plans at hand may not be influencing his or her life or program at the moment. I understand that, and I also recognize that frustration can arise during periods of dynamic change. And of course I also appreciate that change can be uncomfortable for some – depending on one's personality and relative level of comfort with the status quo. But we cannot be satisfied with the world as it currently exists and must continue to prepare for a world of continued change in which, I hope, we can be leaders. That is where we are now – and obviously we have still a long way to go. I know that I have asked on many occasions to get feedback from you regarding your own assessments and reactions to our current world – and the one we hope to shape. Here I have tried to give you an institutional perspective on where we are (and, to an extent, on where we have come from during the past several years). But I am also eager to learn more about where you are. Let me know.

Striking Out

Beginning at 5 AM this morning, December 12th, the Service Employees International Union (SEIU) Local 715 launched a one-day strike at Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. The union represents 1,412 out of 8,432 employees at the hospitals. These positions include hospital support employees in jobs such as housekeeping, food service, nursing assistants, and certain technicians. In order to be prepared, both hospitals have been contingency planning to ensure that if any form of work stoppage occurred, both hospitals could continue normal operations. In tandem, SEIU Local 715 University Employees, under a different contract, also went on a one-day strike on December 12th. These include technical, service and maintenance workers, a number of who are employed by the School of Medicine.

The Hospitals have presented a fair and competitive offer to the SEIU for the benefit of their employees represented by the SEIU. The offer is responsive to the needs identified by the SEIU-represented employees and addresses wage increases, health insurance/retirement/ and educational enhancements and other benefits. Both hospitals have emphasized that they value the contributions made by their SEIU-represented employees to the missions of each organization. They are prepared to return to the bargaining table when the SEIU makes a meaningful written response to the offer that LPCH and SHC put on the table some two weeks ago. Similarly, the University is bargaining in good faith with SEIU and remains convinced that it is among the most progressive employers and that it is committed to helping employees care for their families and prepare for a better future.

Recognizing Our Dedicated Staff

On Tuesday evening, November 29th the Annual Dean's Staff Recognition Dinner was held in the Faculty Club to honor employees who have been part of the School of Medicine for five or more years. This year we recognized 341 honorees, 61 (17.8%) of who have been members of our Stanford community for 20 or more years. The commitment and dedication of our employees are deeply appreciated. Indeed, without the quality and high-level performance of our wonderful staff, we simply could not achieve excellence as a leading research-intensive School of Medicine. I want to thank this year's honorees as well as the other 3,500 members of the medical school for all that they do on our behalf.

As in past years, two exceptional members of our staff were selected by their co-workers to receive the School's Employee of the Year Spirit Award. Robin Brown from the Department of Radiation Oncology and Brenda Lavell from the Department of Medicine (Division of General Internal Medicine) were named the 2005 Spirit Awardees, and I want to offer my special congratulations to them. You can read more about these awardees at <http://news-service.stanford.edu/news/2005/november30/med-spirit-113005.html>.

While thanking each of our employees for the efforts, I think it is appropriate to specifically mention those who have served the School for 20 or more years. Among this group 12 have been employees for 30 or more years and one for 40 years! That is remarkable dedication. These individuals include:

20 Years of Service

Sharon L. Brannaman.
Elizabeth C. Colvin
Ann N. Davis
Karen Denny
Stephanie R. Edelman
Maria L. Hernandez
Diane L. Hill
Teresa E. Hinkle
Brooke M. Hollak
Donna Jones
Ann L. McGrath
Douglas Randle Menke
Barbara Munoz
John Adam Reuling
Judith A Roberts
Dawna K Robinson
Evangelina M. Salazar
Elisabeth Sherman,
Grete Sonderstrup
Wai Chi Teo
Marilyn L Tinsley
Virginia Tse
Samson Wu-Shiang Tu
Margaret Tuggle
Roy C Viado
Hans M. Warrick
Deryl A. Wicks

Path/Blood Center
SOM/SA Dean Med Inf/Learn Tech
SOM/Student Affairs
FuncRest/Orthopedics
RadOnc/Operations
Neurobiology
Path/Blood Center
SOM/Research Mgmt Group
Med/Cardiovascular Medicine
Path/Blood Center
Peds/Adolescent Medicine
RadOnc/Radiation Biology
FuncRest/Orthopedics
Rad/Operations
Ophthalmology
RadOnc/Radiation Therapy
ObGyn/Operations
Psych/Behavioral Medicine
MicroImmun/Operations
Otolaryngology/Head&Neck Surg
SOM/Lane
Anes/Operations
Med/SMI
Molecular Pharmacology
SOM/Lane
Biochem/Operations
Psych/VA & Geriatric

25 Years of Service

Samuel W. Brain
Calvan E. Brodbeck
Mary Jo Dorie
Donna R. Fullington
Maryse H. Gascard
Joanne Halsey
Connie Lyn Hartnett
Adriana Krauss
David M. Kunis
Susan Leamons
Mae Lim
Alice A. Lin
Susan C. Molloy
Douglas R. Monica
Eugenia M. Rocca

RadOnc/Radiation Physics
Path/Blood Center
RadOnc/Radiation Biology
SOM/Human Resources Group
SOM/Lane
Med/Oncology
SOM/Research Mgmt Group
Med/SPRC
Neurosurgery
Peds/Operations
Neurology
Genetics
SOM/IRT Operations
SOM/Student Affairs
SOM/IDP/Cancer Biology

Corrine L. Sanchez
William L. Scharfenberg
Valerie E. Scott
Karen E. Thompson
Tamaray A. Vayntrub
Blanca Y Vazquez
Ruby M. Wong

CTSurg/Operations
Anes/Operations
Med/Pulmonary & Critical Care
Path/Blood Center
Path/Blood Center
Med/Medicine Operations
HRP/Biostatistics

30 Years of Service

Grant E. Hoyt
Gale L. Lubben
Mary T. McKenna
Cecele C. Quaintance
Bach-Hong T. Tran
Hendrik J Vreman
Judith G. Washburn

CTSurg/Operations
Path/Blood Center
Orthopedic Surgery/Operations
Peds/Neonatology
SOM/Research Mgmt Group
Peds/Neonatology
SOM/Lane

35 Years of Service

Virginia Fowkes
Timothy F. Gadus
Bernice S. Moos
Anne Schwarzkopf

SOM/Family & Community Medicine
SOM/Facilities Planning & Mgmt
Psych/VA & Geriatric
Med/Cardiovascular Medicine

40 Years of Service!

Claus Heubner

Biochemistry/Genome Center

The Respectful Workplace Goes Awry

Unfortunately at the Staff Recognition Dinner described above, an incident occurred which was most surprising and which many in the audience and I found deeply troubling. Because this was such an infraction of the spirit of our respectful workplace – and indeed the very purpose of the event itself - I feel compelled to relay it to you.

One of the members of our faculty, Dr. Jared Tinklenberg, Professor of Psychiatry and Behavioral Sciences at the VA, in lauding the efforts of an honoree, used a phrase and a description about the honoree that was offensive to the audience and me. Statements of this kind made by Stanford faculty (or indeed any leader in our community) are inappropriate at a Stanford sponsored event. I met with Dr. Tinklenberg following the event and informed him of my strong feelings about his actions. He has assured me that he regrets making the statements and that he will not make such statements again. Dr. Tinklenberg is aware that I am making this public statement in the Dean's Newsletter as a reminder of how important I believe it is to have a "respectful workplace."

I should add that immediately after the incident, Dr. Tinklenberg realized he had offended the audience and he apologized to the honoree. Dr. Tinklenberg also sent Cori Bossenberry, Director of Human Resources, and me written apologies for his

actions. He apologizes to all who attended and heard his comments – and wishes me to convey that as part of this message.

I believe that comments like those made by Dr. Tinklenberg, even if stated privately between two people, should not occur in the workplace. Often, even if one of the parties says they don't mind, they may have become inured to the longstanding "joke" or simply be resigned to the fact that that is "just the way it is here." As Dean of the Medical School, I am personally committed to a workplace where all are treated with respect and each member of our community feels that the School will afford them a safe and dignified environment in which to work and learn.

If you have any comments or questions, please contact either Cori Bossenberry or me.

Thanking Perry Everett

On Thursday evening December 1st the School held its farewell to honor (really roast) Perry Everett who retires on January 13, 2006 as Controller of the School of Medicine. Perry has been a member of the University community for 29 years and has made consistent and exceptional contributions. As those who know Perry will readily acknowledge, he is a truly unique and multi-talented individual. Despite his characteristic (and much admired) direct style, Perry has many soft sides. He is deeply dedicated to the School and its employees and is a great public citizen, world traveler, multi-linguist, chocolatier, Hawaiian shirt scholar, and much more. I have attended many farewell events in the past few years and while each evokes deep support for the honoree, none was as well attended or as ebullient as Perry's farewell fest. People came from far and wide to bid Perry a fond farewell and express their thanks (and not because they were glad he was leaving) for his tremendous and enduring contributions. Regardless of what position he has held, Perry is hard to replace. We will all miss him – and I want to add my personal thanks for his remarkable dedication and exceptional work and support.

Appointment of Dr. Jim Ferrell as Chair of MCP

I am very pleased to announce that Dr. James Ferrell will be the next Chair of the Department of Molecular Pharmacology, succeeding Dr. Daria Mochly-Rosen, who has been appointed Senior Associate Dean for Research. Jim Ferrell is an MD-PhD graduate of Stanford whose research centers on the signal transduction pathways that trigger *Xenopus* oocyte maturation. His research addresses fundamental issues in understanding fertility and reproduction as well as numerous other biological systems. He and his colleagues are leaders in computational biology. Jim has served as Associate Chair and Interim Chair of the Department and is highly respected by his colleagues in the Department and throughout the School. He is a superb educator – and also a musician (favoring his rock band as a venue). I am very pleased that Jim has accepted this important role and look forward to working with him and his colleagues in the years ahead.

Thanks to Ben Barres for His Leadership in Education

I want to thank Ben Barres, Professor of Neurobiology and of Developmental Biology and of Neurology and Neurological Sciences, for his leadership and tremendous efforts in

successfully establishing the new degree of Masters of Science in Medicine that was approved by the Faculty Senate of the Academic Council on December 1st. I also want to acknowledge the support that Dr. Barres received from Dr. Ellen Porzig, Associate Dean for Graduate Education, which enabled the proposal for this new program to be so successfully received. This new program will help train leaders in translational medicine by focusing on students who have already been admitted to an existing PhD program at Stanford. This will be a rigorous two-year program based on existing courses that will more directly expose PhD graduate students to the challenges of clinical medicine – and the importance of translational research. When fully operational the Masters of Science in Medicine program will accommodate 10 students per year, but it will be launched on a smaller level contingent on program funding. This is an exciting new program that complements the recent major revisions in the MD curriculum and that further supports our overarching efforts in “*Translating Discoveries*.” Additional information about this exciting new program is available at: <http://news-service.stanford.edu/news/2005/december7/med-degree-120705.html>.

Update from the Career Center

One of our important initiatives of the past two years was the establishment of the Stanford School of Medicine Career Center under the Directorship of Michael Alvarez. The Center is dedicated to the development of career-related resources and programs for our extended community of biomedical trainees. The goal has been to offer support for well-informed career decision-making that enhances the successful career development of our trainees, including MS, PhD, MD students, Postdoctoral Scholars, Residents and Alumni.

In collaboration with Schools, Departments, and Programs across the University as well as with external partners, the Career Center coordinates seminars and information sessions to raise awareness about the full range of career options and opportunities available to our research and clinical trainees. For example, this fall the Career Center partnered with the Medical Center Alumni Association to host the Neuroscience Symposium and an Alumni Career Networking Luncheon. The event brought both current and former trainees from research and clinical backgrounds together in a common environment to discuss career interests. It stimulated dialogue among members of various disciplines, helped to dissolve perceived barriers between the groups, and fostered a shared sense of community.

A new resource that was recently launched is the School of Medicine Career Center Job Posting email distribution list. This enables employers to send information about academic, research, clinical, government, non-profit, and consulting position openings directly and exclusively to the Career Center, where they are gathered and packaged for targeted distribution twice monthly to all who subscribe (participation requires Stanford affiliation). Nearly 200 of our trainees have already subscribed for this service and the number of employers and job opportunities grows each week. The Center anticipates that within the next year it will have a robust system with over 300 participating employers and several hundred trainees and alumni.

The Career Center is also pleased to introduce an exciting School of Medicine Career Center initiative just under way - the development of a formal Career Advisory Network (CAN), providing current trainees with more direct access to alumni for information about career pathways they have traveled. Through this web-based system, alumni who decide to participate will be able to connect with one another and/or consult with current students regarding career opportunities, considerations, and experiences. For further information about how to participate in CAN, please contact the Career Center at somcareers@stanford.edu.

For additional information about the Career Center and the resources and materials that are available online, see: <http://med.stanford.edu/careercenter>, or feel to visit the Career Center office in CCSR 4245.

Office of Diversity and Leadership Community Networking Groups

Dr. Hannah Valentine, Senior Associate Dean for Diversity and Leadership, has let me know that, as part of the implementation of the strategic plan for her Office, she is launching a community networking initiative. This initiative is aimed at bringing faculty together in informal settings to exchange information, support one another, and build community. The topics and activities of the networking groups will be determined by the groups themselves, but may include such issues as the challenges of dual career families, single parenting, day care, and other realities of the busy lives that faculty lead.

Faculty interested in discussing these challenges and in meeting other colleagues who have similar interests and dilemmas should contact Barb Miller, Associate Director of Diversity and Leadership at 5-8402 or bemiller@stanford.edu. In your communication, please let her know what issues are most pressing for you and what time of day would be most convenient for you to meet (such as breakfast, lunch, or late afternoon).

I encourage interested faculty to take advantage of this opportunity to come together with other faculty with similar interests and concerns.

Appointments & Promotions

Kwabena Boahen has been appointed to Associate Professor of Bioengineering effective 12/16/05.

Dean's Newsletter January 9, 2006

A New Year Begins

A new year always seems to offer a sense of renewal and opportunity – both for individuals and for institutions. Since my first January at Stanford, in 2002, we have used

this time to plan for the future and have used the annual “Leadership Retreat” as an opportunity to focus our collective energies on our major goals and objectives. When we originally configured our overarching School of Medicine plan of ***Translating Discoveries*** in 2002, our attention was directed toward developing the programs in education, research and patient care that would serve as the cornerstones of our future efforts. Since then we have made considerable progress in implementing various aspects of our strategic plan – but we still have a long way to go, especially in our need for the facilities to house and support many of our important education, research and clinical activities. Thus, as we begin this New Year, my primary goal and challenge are to continue to find and develop the resources that will enable us to accomplish our collective aspirations.

In doing so, I fully recognize that each of us has our own hopes and aspirations and that, while we may be happy to support broader initiatives, we also want to know that our own needs are being met. This is true for individuals, departments, institutes and beyond. The challenge is how do we accomplish this in the most successful manner and in a way that allows “all the boats to float upwards with the rising tide.” As I have said previously, I am well aware that when institutional priorities are crafted, a double-edged sword is created. On the one hand, making priorities clear and well defined allows for focus and the opportunity to delineate a bold and integrated message. However, such a focus can also create a sense of being left out or even worse, a feeling of being undervalued on the part of those who do not seem to find themselves on the “priority list.” The challenge is to prioritize and integrate while also being inclusive.

One of the most important areas in which this prioritization and integration is taking place is in our efforts to develop an integrated fund-raising plan. This plan will include the School and Stanford Hospital & Clinics (SHC) and, in parallel, the School and the Lucile Packard Children’s Hospital (LPCH). At the Fifth Annual Leadership Retreat since my arrival at Stanford, scheduled for January 26-28, we will have a broad discussion of how this plan is evolving and how the department chairs, institute directors, center leaders and others can help bring it to fruition.

In our integrated development plan, we have established the following overarching priorities with the understanding that a very significant proportion of our efforts within the school will benefit from fundraising successes in these areas. For each of these areas we will be seeking philanthropic support for facilities and program development. They include:

- ***The Stanford Cardiovascular Institute and its related clinical programs at SHC and LPCH***
- ***The Stanford Institute for Immunity, Transplantation and Infection and its related clinical programs at SHC and LPCH***
- ***The Stanford Neuroscience Institute and its related clinical programs at SHC and LPCH***
- ***The Stanford Institute for Regenerative Medicine and its relationship to other Institutes, academic programs and clinical programs***

- *The Stanford Comprehensive Cancer Center*
- *Medical and Biomedical Education*
- *Orthopedic Surgery and Sports Medicine*
- *Bioengineering (in conjunction with the School of Engineering)*

While on the surface these priorities may appear to represent only a selective portion of the school and our faculty, they are indeed quite broad-based. We know from prior analyses that over 85% of the faculty's programs can be encompassed within one or more of these collective areas. We have set ambitious goals but, with a clearly defined vision and message, I am confident that we will be successful. Perhaps more accurately, I intend to increase my personal commitments even more toward making these efforts successful. That said, I will also be counting on faculty and school leaders to help in the important effort to garner resources that will allow us to "translate discoveries" and truly make Stanford an even more successful academic medical center.

Facilities Planning for the School of Medicine – an Update

During the past several years I have shared with you the various issues and challenges we face in delineating the School of Medicine's Facilities Master Plan. An important aspect of the plan has been to develop the medical school campus in a manner that continues the close proximity and integration between the basic and clinical sciences, between the school and the university, and between the school and the affiliated hospitals. There are many challenges to maintaining and even enhancing this continuity, which was first achieved when the School of Medicine moved to the Stanford campus in 1959. However if we are to sustain our uniqueness and excellence, every effort must be made to also sustain the special contiguities that have characterized Stanford Medicine for nearly half a century.

The need to address the education and library facilities was one of my immediate mandates when I arrived as Dean in April 2001. Thanks to the efforts of key school leaders and many faculty, students and staff, we have made considerable progress in defining the future of medical and graduate student education. We have also configured an exciting digital library plan that culminated in the most recent proposal for the Learning and Knowledge Center (LKC). The LKC is comprised of a new 120,000 gasf (gross available square feet) building on the site of the Fairchild Auditorium and extensive renovations in the Lane and Alway buildings. Together these will define a comprehensive and integrated state-of-the-art, leading edge education and knowledge facility. As you know from prior Dean's Newsletters, we received "Site and Concept" approval from the Stanford University Board of Trustees on October 11th for the Learning and Knowledge Center (LKC). This approval enabled us to make a highly successful presentation to the Liaison Committee on Medical Education (LCME), which accredits all U.S. medical schools, during their October 16-19 site visit. We will be selecting the lead architect for the LKC later in January; we anticipate a design phase this year and ground breaking in 2007. We currently foresee opening the LKC in 2009 in conjunction with the celebration of the Fiftieth Anniversary of the School's move from San Francisco to the Stanford Campus.

In addition to the LKC, we are planning other onsite facilities construction and renovation projects. Foremost among these is Stanford Institutes of Medicine #1 (SIM1), which will be a 200,000-gasf-research building housed on the parking lot south of CCSR. SIM1 is also slated for completion in 2009/2010. In addition to providing research space for faculty associated with the Stanford Institute for Stem Cell Biology and Regenerative Medicine, the Stanford Comprehensive Cancer Center and the Neuroscience Institute at Stanford (all of whom will have departmental appointments as well as Institute affiliations) SIM1 will also permit a much needed expansion of the Research Animal Facility (RAF). Thus SIM1 will provide opportunities for faculty affiliated with both the Institutes of Medicine and School of Medicine departments.

In tandem with new facility planning, we are also actively exploring much needed infrastructure renovations of the 1959 facility (aka the GALE complex) that will allow us to update wet and dry laboratories and related administrative space. Because these facilities are of critical importance to our immediate future, these renovations are also expected to occur during the next several years. Further, we will soon begin the planning for SIM2 with the hope that this facility can come on line between 2010 and 2015.

While my major goal remains developing research and education facilities that are closely linked to the current medical school, medical center and university campus, we are also developing off-site plans, some interim and some potentially more permanent. We have leased the 1050 Arastradero facility, a 70,000-gasf research building, which will house portions of the Regenerative Medicine and the Neurosciences Institutes until SIM1 is completed. This facility is currently being renovated, although portions of it are being occupied now. In addition, the Pathology Department has relocated the Blood Center, as well as several important research laboratory programs, to Hillview Avenue in the Stanford Research Park near the VA complex. We also continue to lease space on California Avenue for the Genomics Centers and other off-site space for animal facilities. We are also seeking additional research space to help various departments and will soon decide on the site and development plans for that site.

All told, you can see that we have significant plans for renewing and redeveloping our medical school facilities. One of the additional and very important benefits this planning offers is the opportunity to develop a far more integrated School of Medicine campus that would more optimally align the school to both our affiliated hospitals and the university. Highly relevant to these goals are the plans for the Science and Engineering Quad 2 (SEQ2) that are currently under development. SEQ2 will house a new Energy and Environment Building along with engineering facilities, including a new Bioengineering Building, which relates to the Department of Bioengineering, a joint department of the Schools of Engineering and Medicine. It will connect to the School of Medicine by a walking mall along what is now Via Ortega. In addition, both Stanford Hospital & Clinics and the Lucile Packard Children's Hospital are planning revitalization and renovation projects that will offer additional opportunities to develop a more integrated medical center campus. Without question, the Stanford Medical School of 2015 – and the Medical Center and University – will have a more integrated, exciting and up-to-date

functionality than it does today. Your roles as stewards and leaders of this transformation will be important – and of course, much appreciated.

Needless to say, financing these facilities will be an important and significant challenge. This challenge is one of the reasons why I have felt so strongly the need to craft a development plan that is focused – but also bold and far-reaching. As noted above, considerable time and energy – certainly on my part – but also from other members of our community will be needed to meet our goals. Over the past 2-3 months we have worked on a 10-year financial forecast for the school that has enabled us to develop a funding plan that uses school and university resources along with philanthropy to fund these projects. There is no denying that this will be a challenge to achieve – but I do believe we can and will be successful. Our ultimate success depends to a great degree on our mutual and shared investment in each other and the future of the school. I believe we have an opportunity to further propel Stanford in the very highest echelons of research-intensive schools of medicine. But to do so it will necessary for each of us – students, faculty, departments, institutes and school – to be aligned and to share in shaping a future of true success.

The Infrastructure Charge and An Attempt to Provide Some Mitigation

During the past couple of months department chairs and faculty have raised a number of concerns about the impact of new infrastructure charges that went into effect on September 1, 2005. These new charges, which were put in place by the university, were having a negative effect on training fellowships and related grants, particularly those available for fellows and junior faculty. In response to these concerns, I have been working with Marcia Cohen, Acting Senior Associate Dean for Finance and Administration, and Doug Stewart, Associate Vice President, Office of Medical Development, to determine what options the school might have. As important as the infrastructure charges may be – and I believe they are important - they are having a number of unintended consequences. It was our goal to mitigate some of these consequences as much as possible.

As a result of our deliberations, we have decided that the Dean's Office will provide the funding for the infrastructure charges on expendable gifts and grants (including fellowships) from foundations and associations that provide written confirmation of their policy not to pay indirect overhead costs. This policy change was communicated to the School's Executive Committee on January 6th. However, when it is determined that the sponsor will pay indirect costs, the infrastructure charges will need to be funded from the sponsor/donor or another departmental source. The Dean's office will only cover the costs when there is written confirmation that the foundation or association does not pay indirect charges.

I should add that in accepting these fellowships and grants we are incurring real costs - but I believe that it is worth doing so in order to support trainees and junior faculty. We estimate that this change in policy will cost the Dean's Office approximately \$1M in 2006 and likely nearly twice that in 2007. Clearly this will have consequences in our ability to provide funding to other important areas or needs.

The Research Management Group (RMG) and the Office of Medical Development (OMD), in conjunction with the Office of Sponsored Research, will work with faculty who are submitting grant proposals or accepting donations and awards to ascertain whether the sponsor will pay indirect costs. Again, in cases where it is determined that the foundation or sponsor will pay indirect costs, the infrastructure charges (or sponsored project indirects, as appropriate to the type of funding) should be funded from the sponsor/donor funds (or another departmental source).

I hope that this plan, which we have made retroactive to September 1, 2005 (the date the new university policy went into effect), will be of help to you, your students/fellows and faculty. We will re-evaluate this plan in three years.

Welcome to Our New Chairs

I am very pleased to officially welcome Drs. Jonathan Berek, who is joining Stanford this month as our new Chair of Obstetrics and Gynecology, and Dr. Frank Longo, who commences his leadership role as our new Chair of Neurology. It is wonderful to include these two new leaders in our Stanford Medicine community.

I also want you to know that the searches for the next Chairs of Medicine and of Pediatrics are actively underway. Candidates for both positions began visiting Stanford and will continue to do so during the weeks ahead. I hope by late spring to early summer we will be able to announce the new Chairs of Medicine and Pediatrics.

Awards and Honors

Richard Myers, PhD (Director of the Stanford Human Genome Center) recently delivered the commencement address at his alma matter, University of Alabama, Tuscaloosa. Myers captivated the audience with his description of advances in the field of genetics that are leading to the development of personalized medicine. In addition, Dr. Myers received an Honorary Doctorate in Humane Letters from the University of Alabama. Congratulations to Dr. Myers!

Hans Ringertz, MD, Ph.D, (Visiting Professor of Radiology – Pediatrics) has been elected Honorary President of Computer Assisted Radiology and Surgery at the 20th International Congress and Exhibition, sponsored by the Science Council of Japan. Congratulations to Dr. Ringertz!

Atul Butte, MD, Ph.D, (Medicine – SMI) and **Amar Das, MD, Ph.D** (Medicine - SMI) received Research Starter Grants from the Pharmaceutical Research and Manufacturers of America (PhRMA). Considering the organization makes up to three such awards each year nationally, it is remarkable that both of these doctors from Stanford Medical Informatics received the grants in the same year! Hats off to Drs. Butte and Das!

Appointments and Promotions

- **David Cornfield** has been appointed to Professor of Pediatrics (Pulmonary), effective 12/16/05.
- **David Paik** has been appointed to Assistant Professor (Research) or Radiology, effective 01/01/06.
- **John Pringle** has been appointed to Professor of Genetics, effective 12/16/05.

Dean's Newsletter January 23, 2006

The NIH Now and in the Future

On January 17th I attended a rather sobering invitational meeting sponsored by the AAMC (Association of American Medical Colleges). Its purpose was to review and discuss current and future funding scenarios by the National Institutes of Health Deans and university leaders from the more research-intensive schools of medicine attended the meeting along with the AAMC policy staff and leadership. Background information was provided by Sue Quantias, House Labor-HHS-Education Appropriations Subcommittee; Bill Hoagland, Director of Budget and Appropriations, Office of the Senate Majority Leader; and Morton Kondracke, Executive Editor, *Roll Call*, along with the AAMC policy group. The news we heard is challenging at best and, while we would all prefer not to be in this situation, the goal of the meeting was to plan actions we might take to change or at least modify the course of currently unfolding events. I want to share my own perspective and analysis to make you aware of what the current perceptions in DC appear to be and to suggest what we need to do to impact the current situation. Importantly, I am also interested in soliciting suggestions or recommendations from you about this enormously important issue.

I am well aware that many of you are quite concerned about NIH funding and that some of you have already begun to experience challenges and problems. It is ironic that it was just several years ago that we were riding the crest of the NIH doubling, and many individuals and institutions expected those halcyon days to continue for many years to come. Indeed, many of our peer institutions went through a building boom to create significant new laboratory space with the expectation that faculty size and institutional success would grow along with NIH funding. And, of course, I would be remiss if I didn't acknowledge the fact that the NIH budget did double from \$13.7B in 1998 to \$27B in 2003 and that this remarkable increase occurred at a time when many other federal programs were flat-to-reduced in funding. The doubling represented the significant and sustained efforts by a number of congressional champions, along with disease advocacy groups, professional societies and others. However, it also created a number of

expectations, some quite unrealistic. Looked at from a different perspective, except for a very small number of years, the NIH budget has actually increased by an average of about 8% per year since 1960. And, of course, it is because we have had a relatively robust NIH that the United States has been the world leader in biomedical research.

That said, the NIH budget in FY06 (the current fiscal year) is down 0.1% from last year and, when adjusted for inflation, is down 3.1%. It was also down compared to constant dollars by 1.2% in FY05 and by 0.7% in FY04. Moreover, it is widely expected that the President's budget proposal that will come out in February will show the NIH budget to be flat for FY07. While there have been downturns previously (albeit only three times) in the NIH budget, this has not previously occurred for two or more consecutive years – making the current scenario even more concerning. Based on what we heard from the congressional pundits and budget directors, it seems unlikely that relief is in sight. The reasons are multi-factorial and include the federal deficit, which is likely to be in the \$400B range and which is made more difficult by the current tax policy, and the war in Iraq (which appears likely to require an additional supplement of \$50-100B in the months ahead), along with other major calls on discretionary funding.

Although we still have some champions for the NIH, the general perception is that their voices are not being heard and the more general sentiment is that the NIH has had its day in the sun - at a time when other agencies did not – and that the funding should not increase. Some apparently even argue for decreases! It also appears that many of the disease advocacy groups have been quieter in the past 2-3 years than earlier, perhaps becoming a bit more complacent after the efforts to achieve the aforementioned doubling. But more concerning is the view – which we were told was quite prevalent – that the NIH has not fulfilled its promise in delivering breakthroughs or cures as a consequence of the budget doubling. As is obvious to those of us in biomedical science, it is unrealistic to expect that kind of success after such a short time. It is more relevant to examine what has been achieved in improving health outcomes by the NIH funding that occurred for basic research during the past 10-30 or so years. Through that lens the impact on health and wellbeing has been startling – a consequence of both fundamental and applied research. Clearly, in addition to the fiscal constraints we now face, there is also a significant information gap between biomedical scientists and the public and policymakers.

In fact, while it is true that most Americans, when queried, have a positive view toward biomedical research *per se*, most have never heard of the NIH. When congressional staffers were questioned about where NIH funded research was being conducted, nearly 20% thought it was all going on in Bethesda, 40% indicated that the research took place in medical schools and academic medical centers and the remaining 40% said they had no clue! Add to this the fact that over 40% of Americans believe in creationism and the rising tide of anti-science in the nation, as I have discussed in previous Dean's Newsletters (see http://deansnewsletter.stanford.edu/archive/11_14_05.html), and it is obvious that education of the public as well as the congressional staffers and leaders has to be one of our highest priorities – although this must be viewed as a long-term effort.

In addition to the expressed viewpoints that NIH has received its “fair share” of the HHS/Labor budget and that it hasn’t met the expectations of major disease breakthroughs or cures, we heard the sentiment that many in the Congress believe that NIH should not be emphasizing science but rather health. Clearly this misses the point that improvements in health are a dividend of scientific research – often following decades of research investment.

Perhaps ironically, the message that is resonating – in part because of the advocacy of University leaders - is that funding needs to be placed in the physical and engineering sciences if the US is to remain competitive in the global science and technology arenas. Certainly this is true, and there is no doubt that these important areas have been underserved and that without increased support the US will lose its lead – or may already have done so. This message seems to have struck a cord (which is encouraging), and there is an expectation that not insignificant funding (perhaps in the order of \$10B over the next several years) could find its way to the National Science Foundation to help address this important need. And while this deserves our support, an unintended consequence is that biomedical research could be compromised, given the overall fiscal crisis facing the federal government.

Along with these changes in expectation and funding, a prevailing view appears to be that the NIH should be engaged in more translational research, although the definition and indeed understanding of what that means is highly variegated. In addition to the NIH Roadmap efforts, there has been a proposal by Senator Lieberman (D-CT) to set up an organization that would focus specifically on translational medicine and cures – likely funded by money taken from NIH. Hopefully this will not come to pass. But it does seem probable that some facet of the NIH reauthorization could occur during the next congressional session, at least on the House-side, given the strong position and leadership of Congressman Barton. This could also have the effect of moving more dollars into a “common fund” (potentially up to 5%) to support translational research and director initiatives – which could further limit the funds available for investigator-initiated research. And while a number of advisory groups, including the National Academy of Science (NAS) and the Institute of Medicine (IOM), have recognized the importance of strengthening the NIH Director’s authority and creating more interdisciplinary research, these recommendations occurred at a time when a growing NIH budget was envisioned. Given the current situation such tradeoffs would certainly be undesirable.

As distressing as these scenarios are, they also need to be set in a broader context. Looming in the not too distant future is the impact of entitlement programs, especially Medicare, on the federal budget and the impact they could have on overall financial solvency. Coupled with this is the aging population along with the fact that healthcare in the USA is in such disarray. The problems of access, rising costs and the impact on employers are rapidly shifting health care costs to consumers. At the same time many large companies (most recently, General Motors) are facing serious problems leading to significant changes in employee benefits – which will place additional strains on the health care system. And while Americans have not yet accepted the need for fundamental change in health care expectations, this will almost certainly change as they bear

additional costs during the years ahead. As you likely know from prior comments I have made on this topic, I believe radical change is needed to reform (or even develop) a functional and credible health care system in the United States.

Certainly the situation I am describing is sobering and distressing. But it is important to note that even while the forces in play are somewhat different at this point than in the past – and while they are potentially more refractory to facile remedies – it is incumbent on us to find solutions. I noted at the January 17th meeting that when faced with issues like these we often seem to develop a reactionary response rather than crafting a plan that extends over time. When this occurs, it is easy to lose sight of the issues and to run the risk of not developing more enduring solutions.

Clearly our efforts need to be directed to issues within our own institution as well as to addressing them in a context that is regional, national and global. At Stanford it is particularly important that we think creatively about how we can support our students, trainees and faculty to weather the NIH funding storm – especially since the current budgetary downturn could represent the beginning of a multi-year cycle. We need to program resources to create some bridge funding that we can use for critical interventions. The Dean's Office will work with the Executive Committee to come up with plans about how to do this. Clearly we also need to be sure that the investments we make are wise and to seize the funding opportunities that are available.

I believe that because of the work we have done to implement *Translating Discoveries*, we should be competitive for NIH funds that will emphasize interdisciplinary or translational research through the NIH Roadmap and its further evolution. But we need to address finding new funding opportunities as they develop. For example, while funds for the physical and engineering sciences will impact discrete areas in those disciplines, there are many connections between the physical and life sciences that have been well established by Stanford faculty – and that should be further developed as these opportunities emerge. In addition, it seems likely that funding will be available for addressing the prospect of influenza pandemic, and we should be thinking about how to be competitive for those funds as well. And, of course, in California we have the prospect of considerable state-supported funding for stem cell research through the California Institute for Regenerative Medicine – once the litigation is resolved – and that will surely help compensate for limitations in federal funding for biomedical research, at least in selected areas.

These potential funding opportunities, coupled with the reality that we have among the most successful faculty in the nation in the competition for NIH funding, mean that the situation at Stanford is not as likely to be as bleak as in a number of other institutions. And while one of our biggest current constraints is the lack of research space we are, ironically, lucky that we have not constructed a lot of space with the expectation of an increasing share of a growing NIH research pie. At least as we bring on new research space it will be planned for areas where we have high confidence of success – and the likelihood that we will attract faculty who will make that success achievable.

In addition to addressing issues within Stanford, we also need to focus on the regional and national challenges. Clearly the continuing education of our community about the important linkage between basic research to translational research and improvements in patient care is essential. We have in fact been actively engaged in this over the past several years, and those efforts must continue. It is incumbent on all of our faculty and students to do what they can to further foster the educational dialogue with our community.

We must also reach out to the business community. As a member of the Board of Directors of the California Healthcare Institute, which is comprised of CEOs from the biotechnology and pharma, as well as academic leaders, I am convinced that it is essential that this community be engaged in making the case for the importance of fundamental research and for the critical linkage between academia and industry in the development of drugs, biologicals and devices. Such messages need to be carried more broadly to our state and federal government leaders and officials by visits to Sacramento or Washington or by hosting congressional visits to Stanford. Thanks to the efforts of Ryan Adesnik, Director of Federal Relations and Paul Costello, Executive Director of Communications and Public Affairs, we have already initiated such programs both at Stanford and in Washington. Obviously, additional efforts are needed.

Ideally we need to work collaboratively with our professional societies to shape as common a message as we can. Work through FASEB (Federation of American Societies for Experimental Biology) is achieving this in part. We were told during the AAMC meeting that asking for additional funding or pleading the damage that will be done to the biomedical research enterprise under the current budget plans will likely fall on deaf ears. While I understand that there may be congressional ears that are indeed deaf to requests for more funding, I don't agree that we should step back from advocacy. In fact, it seems obvious that not engaging the policy makers would be a mistake and could lead to even further erosion of funding. Certainly nothing will be gained by pitting science against itself, so that arguing for biomedical science versus the physical and engineering sciences would be counterproductive for all. But making the linkages clear could help, as would thoughtfully describing how research – even when it takes decades – can produce remarkable changes in human health. This is self-evident to all of us in the biomedical research community, so it is shocking to recognize that many Americans, including our government leaders, don't understand or appreciate this. As I have stated frequently, we have considerable education to do, but we also need to make sure that our message is clear and is spoken in a manner that is understood by our audience.

I fully recognize that many of my comments will prove disturbing to most readers. I have tried to not be hyperbolic, but I have not hesitated to convey what I have heard in a number of settings, most recently the AAMC meeting I just attended. While denial would be easy, this is a time when we all need to take some steps back and reflect on how we can better make our case. Whether we like it or not, the current situation makes it evident that we have missed the mark in changing the minds of our government leaders. I will certainly continue to do my part, but it is clear that we all need to join in. If you have additional suggestions or recommendations I would welcome hearing them.

The Many Faces of Compliance

On January 10th I co-chaired a workshop on compliance sponsored by the Association of Academic Health Centers (AAHC). The stimulus for this meeting was the view emerging from many academic medical centers (AMCs) that the regulations impacting universities, medical schools and teaching hospitals are rapidly increasing and are consuming ever more resources and time— especially at those institutions engaged in research, particularly clinical research. While there are many credible reasons for care, scrutiny and regulation about the work we carry out in AMCs, the increasing time and money spent to support the required regulations and reports are ever more burdensome – and seemingly without end. Accordingly, the goal of this workshop was to review the broad landscape of compliance issues and compare experiences among leaders in the field on how we might better address them. Some of the increased compliance requirements are the consequences of errors or problems that have arisen in various centers, and, to a degree, they reflect a lack of trust or confidence by the public or regulatory agencies.

In anticipation of this meeting I asked Steve Jung, Director of Internal Audit and Institutional Compliance, to share with me the major concerns he faces in assuring that Stanford avoids infractions that could damage its reputation or result in adverse consequences to faculty, schools or the university. His concerns were based on his own assessment as well as shared experiences from peer institutions, and they were far-ranging. Included among the issues creating potential vulnerability are: individual or institutional conflict of interest, problems in faculty effort reporting, failure to abide by NIH salary caps, failure of PIs to properly and timely certify effort, lack of certification or documentation of proper training in human subject research, inadequate security of confidential information within university databases and networks, safety or biohazard laboratory infractions or inability to identify “restricted persons”, lack of compliance with Medicare billing rules or lack of documentation for billing in clinical research, lack of compliance with reporting under the Patriot Act or in export controls, improper treatment of laboratory animals, etc.

At the workshop we spent a considerable effort delineating the issues surrounding these and other compliance challenges and then focused on how we could better address them going forward. A strong sentiment was expressed about the need to build better bridges to the groups imposing the increased rules and regulations, in order to better understand their perspective (if possible) and to engage in a proactive dialogue that brings the parties together before the rules are formulated and imposed. Naturally attention also turned to seeking ways to make the demands more harmonized and less counterproductive, given the manner in which they impact our missions in education, research and patient care. There was also the recognition that a likely factor promulgating increased regulation is the heightened distrust of the AMC or university that has been spawned by noteworthy (and often newsworthy) scandals. Hence, a greater focus on professionalism as a core value in our medical centers, for students and faculty, is an imperative.

Needless to say, the coupling of decreased federal support for research (see above) with increased regulation constitutes a serious impediment to our success – and morale. Since both of these challenges can be related, at least in part, to failure to educate our constituencies or better secure the public trust, it is evident that we have considerable work ahead of us.

Institutes, Strategic Centers, Departments and the School of Medicine

In previous issues of the Dean's Newsletter I have written about the ongoing progress that is taking place to further develop our Stanford Institutes of Medicine and Strategic Centers. In doing so I am cognizant of the changes that these new programs will bring and mindful of how they will interact and interface with important existing programs in departments and throughout the School. A major reason for championing the Institutes as a key facet of our overarching plan of *Translating Discoveries* is my belief that big bold ideas that link faculty and students/trainees across the School and University to address important issues in bioscience and human health will capture the attention of our community and help us to raise the funds needed to carry out our important work throughout the School. To help further link and connect these efforts I chaired another in our series of mini-retreats with Institute and Strategic Center Directors on Saturday, January 14th.

While I have stated the following in numerous other settings, I still feel compelled to underscore that the Institutes, Strategic Centers and other broad initiatives could not take place without the remarkable foundation in basic science that exists at Stanford. Without that we would be building on sand. But given our strong foundation – and its continuing organic strengths – I am confident that we can create new organizational alignments that we can all be proud of.

Among our five Institutes (I count the Cancer Center among these) continued progress is being made, although some are ahead of others at this juncture. Indeed, I would say that the Comprehensive Cancer Center is now the leading edge and is surely being further catalyzed by the rapidly approaching February 1st deadline for submission of our grant proposal to the National Cancer Institute. I am pleased with the progress that has been made to date and deeply appreciative of the leadership of Drs. Irv Weissman, Bev Mitchell and Steve Leibel, who together encompass the spectrum of basic research, translational medicine and patient care. They are also building on the seminal efforts of Dr. Karl Blume during the past three years. The very positive reviews we have received from external advisory boards and scientific consultants over this time are gratifying and, while our success in securing the grant is by no means guaranteed, I know that we will make a good showing. It may have taken 35 years for Stanford to finally make a submission to the NCI to become a designated comprehensive cancer center, but I am pleased that we will now do so.

Perhaps the next most established Institutes are Stem Cell Biology and Regenerative Medicine and the Neurosciences Institute at Stanford. Of course they are also among the oldest of our Stanford Institutes of Medicine. While the goal of each institute is to engage

faculty from across the University, the broad mandate for these two Institutes is actualized in many constituencies. Of course, assuring that faculty and students from different disciplines feel fully engaged valued and responsible is not an easy task but is an essential one to fulfill. The fact that executive steering committees have leadership from different schools is one way of accomplishing that goal.

It is notable that the Cancer Center and the Stem Cell Biology and Regenerative Medicine Institute have already begun to fulfill one of the key factors for their success – namely, competing for and garnering significant financial resources. And at this point I believe that the NIS is at the cusp of similar success. During the next year we anticipate continued progress, particularly thanks to the very positive changes that continue to unfold in our Office of Medical Development.

Both the Cardiovascular Institute and the Institute for Immunology, Transplantation and Infection are also making continued progress, but they are still evolving in their leadership and planning. Nonetheless, I am pleased with the directions they have taken to date.

Since the last interaction of the Institutes and Strategic Centers a lot has transpired behind the scenes. Imaging continues to be particularly strong thanks to the vision of Dr Gary Glazer and the significant efforts of Dr. Sam Gambhir in the increasingly exciting domain of molecular imaging. This is also a field that engages very broad faculty interest and commitment. Also noteworthy is the continued development of a broader mandate for Genomics and Human Genetics under the leadership of Dr. Rick Myers. Together these areas touch a broad community and, while they are both unique disciplines in their own rights, they are also important enablers for the Stanford Institutes of Medicine and various school-wide activities. Underpinning these efforts are the ever-increasing interactions among the physical and life sciences at Stanford, codified some years ago as BioX and now embraced in our new Department of Bioengineering. And to further facilitate handling large databases are fields in which there is considerable expertise at Stanford, including biostatistics, bioinformatics and clinical informatics.

Given the reality that significant components of NIH funding are now being closely tied to interdisciplinary research and education, our Stanford Institutes of Medicine and emerging Strategic Centers represent an important resource for our broad faculty community. The alignments they create should make us even more competitive and thus provide a resource to our basic and clinical department throughout the School.

Women's Health – Emerging Initiatives

Thanks to the vision of Dr. Robert Robbins, Director, Stanford Cardiovascular Institute and Chair, Department of Cardiothoracic Surgery, and with the help of the Office of Medical Development, a wonderful gathering and presentation highlighting women's health was held on Friday, January 13th. The guest speaker was Dr. Nanette K. Wegner, Professor Medicine at Emory University School of Medicine and Chair, Department of Cardiology at Grady Memorial Hospital.

Heart disease has emerged as the number one killer of women in the United States. In response to this, the Women's Heart Health at Stanford program has been developed to carry out risk assessment, diagnostic evaluation, risk management, education and coordinated care. For additional information about this program contact Ms. Mary Sweeney (msweeney@stanford.edu).

In her lecture, Dr. Wenger reviewed the recommendations that have emerged from the American Heart Association (AHA) "*Evidence-Based Guidelines for Cardiovascular Disease Prevention in Women*" that were published in *Circulation* 2004;109:672-293. The evidence-based guidelines for women continue to evolve as data is accrued and analyzed, and Dr. Wenger updated some findings that have emerged since the publication of the aforementioned guidelines. Because readers of the Dean's Newsletter include individuals with medical backgrounds as well as many who have other areas of expertise I thought it would be helpful to briefly outline some of the key factors.

While a number of the AHA recommendations are generic, those published in the aforementioned article have been determined from specific studies in women. The recommendations are stratified on the basis of risk for cardiovascular heart disease (CHD) over a 10-year period as optimal or lower risk (<10% risk), intermediate risk (10-20% risk) and high risk (>20% risk). Modifying risk factors include a prior history of CHD, diabetes, metabolic syndrome, first degree relatives with early-onset (age: <55 years in men and <65 years in women) of atherosclerotic CHD. Among the important recommendations are:

1. Lifestyle Interventions

- *Smoking cessation*
- *Physical activity* (a minimum of 30 minutes of moderate-intensity physical activity on most and preferably all days of the week).
- *Heart healthy diet* in which fat comprises <10% of calories, cholesterol <300mg/day and trans fatty acids are limited.
- *Weight maintenance* through balance of physical activity, caloric intake and where necessary formal behavioral programs to achieve a BMI between 18.5-24.9 kg/m² and a waist circumference of <35 inches.

2. Major risk factor intervention

- *Blood pressure* – should ideally be <120/80 mm Hg.
- *Lipid profile* should have LDL <100 mg/dL, HDL >50mg/dL and triglycerides <150mg/dl.

Modification of risk factors may be achieved non-pharmacologically but may require drug therapy. Of note, one of the myths that Dr. Wenger emphasized is that hormones do not protect women from getting CHD and that estrogen replacement may actually cause complications.

I have presented a fairly superficial and high-level overview of some of the most significant factors that are relevant for women. You can learn more about this by

attending a special event on February 2nd from 5:30-7:30pm in the Clark Center Auditorium as part of the Stanford Go Red for Women Events sponsored by The Stanford Prevention Research Center, Women's Health @Stanford and the Stanford Cardiovascular Institute. For additional information about this important event call 650 723 7717 or email essmith@stanfordmed.org.

Thanks to Dr. Javaid Sheikh

I want to thank Dr. Javaid Sheikh for his exceptional five years of leadership and service as the Chief of Staff at the Palo Alto Veteran's Administration Medical Center. It has been a pleasure to work so effectively with Dr. Sheikh on a number of important issues that have impacted faculty, the VA and its interactions with Stanford. Dr. Sheikh, who is also Professor of Psychiatry and Behavioral Sciences, will continue in his role as the leader of the Cooperative Studies Program. Dr. Larry Leung, the Maureen Lyles D'Ambrogio Professor and Chair of the Department of Medicine at the VA, will serve as the acting Chief of Staff pending the outcome of a search for the permanent successor.

Please join me in thanking Dr. Sheikh.

Winter Writers Forum and Workshop Announcement

Dr. Audrey Shafer, Associate Professor of Anesthesia, asked me to share the following announcement with you.

Please join us Thursday, February 16th at 5:00 pm in the Clark Center Auditorium to celebrate the publication of two books by Stanford medical students. Shannon Moffett's book, ***The Three Pound Enigma: The Human Brain and the Quest to Unlock Its Mysteries***, and Joshua Spanogle's medical thriller, ***Isolation Ward***, will be featured. Both students received Stanford Arts and Humanities Medical Scholars grants. Also featured at the event will be David Watts MD, NPR commentator and author of ***Bedside Manners: One Doctor's Reflections on the Oddly Intimate Encounters Between Patient and Healer***. Sharon Bray PhD, professional writer and workshop leader (***A Healing Journey: Writing Together Through Breast Cancer***), will announce the launch of the writers workshop series scheduled to begin Tuesday, February 28 at 7:00 pm in the Stanford Center for Biomedical Ethics conference room.

For further information on the February 16th Forum, contact Dona Tversky dtversky@stanford.edu. For information and to sign up for the workshop series contact Paula Bailey - pbailey@stanford.edu.

These events are supported by a grant from the Drs. Ben and A. Jess Shenson Funds and sponsored by the Arts, Humanities and Medicine Program, Stanford Center for Biomedical Ethics.

The Community Education Series Continues Successfully

On Wednesday evening January 18th, Dr. Mark Davis, Burt and Marion Avery Professor in Immunology and Director of the Stanford Institute for Immunity, Transplantation, Infection, spoke to the packed Clark Center Auditorium on the role of the immune system in fighting or preventing infections, cancer, autoimmune disorders, graft rejection and related topics. The audience was keenly interested in Dr. Davis' comments and many stayed for nearly an hour after his lecture to explore questions with him. This is good evidence of how we can positively impact the community, as noted above in my commentary on the NIH.

The next Community Lecture series lecture will be held 7:00 - 8:30 pm on Wednesday, February 1st in the Clark Center Auditorium. Dr. Irv Weissman, Director of the Stanford Institute for Stem Cell Biology and Regenerative Medicine, will present "Stem Cell Science and the Future of Chemotherapy."

Awards and Honors

Effective January 1, 2006, Richard Olshen, Professor of Health Research & Policy (Biostatistics) and, by courtesy, of Electrical Engineering and Statistics, became an Institute of Electrical and Electronics Engineers, Inc. (IEEE) Fellow, with the accompanying citation:

for contributions to theory and design of decision trees and tree-structured classifiers and codes.

The IEEE Fellow is one of the most prestigious honors of the IEEE, and is bestowed upon a very limited number of Senior Members who have made outstanding contributions to the electrical and information technologies and sciences for the benefit of humanity and the profession. The number of IEEE Fellows elected in a year is no more than one-tenth percent of the total IEEE voting membership. This year 271 new Fellows were elected. Congratulations to Richard Olsen.

Appointments and Promotions

- **Steve Alexander** has been reappointed to Professor of Pediatrics (Nephrology) at the Lucile Salter Packard Children's Hospital, effective 1/01/06.
- **Bruce Buckingham** has been promoted to Professor of Pediatrics (Endocrinology) at the Lucile Salter Packard Children's Hospital, effective 1/01/06.
- **Joan Frisoli** has been reappointed to Assistant Professor of Radiology, effective 10/01/06.

- **Isabella Graef** has been appointed to Assistant Professor of Pathology, effective 2/01/06.
- **Daniel Kim** has been promoted to Professor of Neurosurgery, effective 1/01/06.
- **James Koch** has been appointed to Associate Professor of Otolaryngology – Head and Neck Surgery, effective 1/01/06.
- **Robert Shafer** has been promoted to Associate Professor (Research) of Medicine, effective 1/01/06.
- **Heng Zhao** has been appointed to Assistant Professor (Research) of Neurosurgery, effective 2/01/06.

Dean's Newsletter

February 6, 2006

Retreating Forward

The fifth annual School of Medicine Strategic Planning Leadership Retreat took place on January 26-28th at Carmel Valley. Its purpose was to assess where we have been as a school during the past several years, where we are now, and where we are going in the future. The first of the leadership retreats that have occurred during my tenure as Dean took place in January 2002. At that retreat we codified the nearly ten months of prior planning that led to the School's strategic plan, *"Translating Discoveries."* The retreats since then have assessed our progress and helped refine – and where necessary redefine – our course and direction. Equally important, these annual gatherings have helped bring our diverse community together to share a common understanding and, ideally, to move forward with a more unified resolve to address current and future challenges.

Approximately 90 individuals attended this year's retreat. Attendees included department chairs, senior associate deans, hospital and university leaders, university trustees, and representative staff, student, resident and fellow leaders. The breadth of this group reflected the varied constituencies that comprise a modern academic medical center. Indeed, one of the noteworthy challenges faced by Academic Medical Centers, including Stanford, is that one or another of our core missions (i.e., education, research and patient care) could become at odds with another – or with the overall directions or changes we need to engage in order to be a leader among research intensive schools of medicine.

This year we invited two guests who helped frame the dynamic changes that are now impacting academic medical centers writ large and that are likely to cause increased rifts if we do not anticipate and plan for them nationally. One of these, the Honorable John Edward Porter, former 21-year Congressman representing the 10th district of Illinois, spoke on the evening of January 26th about the political forces impacting science and

technology, including the NIH. You may recall that recent issues of the Dean's Newsletter addressed both the current challenges to funding from the National Institutes of Health (see <http://deansnewsletter.stanford.edu/>) and the impact of religion on science (see http://deansnewsletter.stanford.edu/archive/11_14_05.html). During his tenure in office, Mr. Porter was a true champion of the NIH, and he helped frame the case for the doubling of its budget that occurred in the 1990's. In looking at the current situation, he expressed similar concerns to mine regarding the impact of the budget reductions on the nation's investment in biomedical research.

Mr. Porter also previewed for us the American Competitive Initiative that was discussed in the President's State of the Union speech on January 31st. Increased funding for science and technology is important and welcome, and the American Competitive Initiative will hopefully have an impact on better supporting the physical and engineering sciences. At the same time, as I discussed in my last Newsletter [http://deansnewsletter.stanford.edu/archive/1_23_06.html], annual increases of funding to support biomedical research are also essential to our competitive edge. Needless to say there are many opportunities for the intersection of the physical and life sciences at Stanford – as is so evident from the Bio-X initiative. Indeed, we are likely better poised for such interdisciplinary research than virtually any other research university.

The message we heard from Mr. Porter echoed many of the concerns I raised in my last Newsletter, and I am more convinced than ever that it remains incumbent on us to seek creative solutions. One idea that Mr. Porter commented on – and that Ryan Adesnik, Director of Federal Relations, reaffirmed in his presentation at the retreat – is the importance of forging an alignment between academia and industry to better convey the importance of the nation's investment in biomedical research. (They pointed to the collaboration between industry and the physical and engineering sciences communities to make the case for the American Competitive Initiative.) Accordingly, I took this message to the Board meeting of the California Health Care Institute, which includes CEOs of major California Biotechnology as well as Pharma and academic leaders, on February 1st. Thankfully, there was considerable receptivity to my message, and we will now plan how to bring that more unified message to Washington this spring.

In addition to the important message from Mr. Porter, we also heard a provocative and thought-provoking speech from Victor Fuchs, Henry J. Kaiser, Jr. Professor of Economics and of Health Research and Policy, Emeritus and Senior Fellow at the Institute for International Studies, on the evening of January 21st. He spoke about the current and future challenges in health care and its impact on academic medical centers. Professor Fuchs has long been one of the nation's leading experts in health care economics, and he raised a number of important questions for all of us to ponder. He readily acknowledges the many deficiencies of our current health care system and, together with Ezekiel Emanuel, Chair of the Department of Clinical Bioethics at the Warren G. Magnuson Clinical Center at the National Institutes of Health, has offered an insightful alternative based on a voucher model (see "*Health Care Vouchers – A Proposal for Universal Coverage*". *NEJM* 2005; 352:1255-1260). Professor Fuchs believes this approach is much more viable than a single payer system, and he also

proffered that the recently proposed Health Savings Accounts are unlikely to control costs. In fact, in a statement related to the President's health care proposal, he noted that "these accounts are mostly just another tax shelter for high-income people...I don't see them solving the significant health problems of our time."

I certainly concur with this viewpoint and would argue that we need a much more fundamental overhaul of our health care system in the United States. Indeed, despite the excellence of care provided in some sectors (and of course I would like to include Stanford in that mix) the USA is a world leader only in the amount of money that it spends on health care (now above 16% of the GDP) and on administrative overhead!

Professor Fuchs' comments regarding the future of academic medical centers were also sobering in light of the high cost for our core missions in education, research and patient care – which may prove unsustainable over time. Indeed, he remarked that the fact that we AMC's have three missions (or "product lines" as he preferred to call them) constitutes one of our significant challenges, especially given not only the costs for education and research but also the likely decreases in future margins in patient-care revenues. He pondered whether there was a way to align these "product lines."

While I would argue that each of our missions is important in its own right, I believe that we have made more progress at Stanford than is likely the case at most academic medical centers in better aligning these discrete areas under our banner of ***Translating Discoveries***. I must immediately confess, however, that I have not been thinking about our missions as "product lines," although I can see the relevance of that way of thinking in assessing the economic impact of or threats to these areas. That said, the level of integration we have achieved was apparent in the presentations that took place at the retreat. This is not accidental - it has been very much my intent to seek ways to more optimally align our missions in education, research and patient care. Achieving that goal clearly requires close collaboration with all of our important constituencies across the School and University.

Indeed, by focusing our educational programs on training future physicians and bioscience students to pursue careers that include discovery, innovation, translation and leadership, we are more closely aligning our training programs to research and patient care missions. Further, as we discussed at the retreat, we have taken a comprehensive approach to educating leaders across all of our programs. These include:

- The Scholarly Concentrations featured in the new medical school curriculum, which have been developed under the leadership of Senior Associate Dean Julie Parsonnet.
- The opportunities available through the MD/PhD programs (which we are seeking to expand) that are led by Professor Greg Barsh.
- The soon to be introduced Masters in Medicine for PhD students led by Professor Ben Barres.

- The future Advanced Residency Training at Stanford (ARTS program) for residents and clinical fellows that is being developed by Professor Sam Gambhir.

Each of these programs is aimed at equipping graduate and post-graduate students with the knowledge and skills to discover, innovate and, where appropriate, translate research to improve patient care.

We are also in the process of drawing these missions more closely together by featuring educational opportunities, such as Scholarly Concentrations, in each of the major research disciplines presently represented in the Stanford Institutes of Medicine. And, as you know, the Stanford Institutes of Medicine themselves are closely aligned to specific clinical centers at Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. Indeed, at the retreat we heard some terrific progress in how each of the Institute programs are engaging members from the broad university community and creating opportunities for innovation and discovery related to clinical challenges. Thus, while the distinctions among our three missions must be respected because of what they do in their own right, we have also developed a path to connect them – which will surely place us in a stronger position in the future. Further, we have also developed closer connectivity with other Schools in the University through our education programs and the Stanford Institutes of Medicine. This should provide an additional source of excellence and strength to help buffer us through the changing landscape of health care financing that we will surely experience in the years ahead.

There is no question that we have made progress in each of our key initiatives. But there is no doubt that we have a long way to go in order to fully secure the future of these initiatives. This is an effort that will require ongoing diligence, planning, coordination and cooperation. I am grateful to all who have worked so hard to get us to this point – but it will only be through our cooperative efforts that we will make the necessary progress in the months and years ahead.

If you are interested, the reports and proceedings of the 2006 Leadership Retreat will soon be available on our Website <http://medstrategicplan.stanford.edu/>.

Learning About Medical Development

While strategic planning is an essential component of our programmatic future, the full realization of our programmatic and capital needs requires considerable funding and support. In the January 9, 2006 issue of the Dean's Newsletter, I reported on the comprehensive facilities plan that we have for the School of Medicine (see: http://deansnewsletter.stanford.edu/archive/01_09_06.html#2). In addition, we have enormous programmatic needs that have been developed collaboratively between the School and Stanford Hospital & Clinics as well as the School and the Lucile Packard Children's Hospital. Indeed, in totaling all the various needs we have identified to date (as well as those that will emerge from basic and clinical departments) we are looking at upwards of \$1B in fundraising needs during the next 5-7 years. Achieving these

significant goals will require enormous efforts from our faculty leaders and tremendous support and cooperation from our Office of Medical Development.

On Friday afternoon of the retreat we turned our attention to the exciting opportunities and challenging needs we face in raising more private support to achieve our vision. Martin Shell, the University's Vice President for Development, updated us on the status of the major fundraising campaign that Stanford is planning. This will be Stanford's first "comprehensive" campaign in nearly two decades, meaning that it will embrace all of the University's various units and programs. The Medical Center will play a major role in this endeavor. Doug Stewart, Associate Vice President for Medical Development and Alumni Affairs, updated us on the progress made by the Office of Medical Development, which is moving swiftly to hire impressive new staff and align those staff and other resources around our campaign priorities. Doug and his colleagues explained the planning process that OMD has led during the past ten months to bring greater specificity or "granularity" to the visions of the Institutes and other major priorities from the School and Hospitals, an exercise that has already helped us build credibility among key University leaders. The fundraising opportunities that emerged are exciting and embrace the entire range of our educational, clinical and research agendas. More work will be continuing in the coming months to refine the goals.

Saturday morning saw a change of gears as we launched our "Development Academy" -- a program intended to give School of Medicine faculty greater appreciation of their roles in the development process and to enhance their effectiveness in engaging prospective donors and working with the development office and institutional leaders to maximize gift potential. Doug Stewart shared his insights about how generational differences affect individuals' attitudes about money, philanthropy and institutions, and led us through an exploration of the many perspectives and motivations of donors. The "Cycle of Successful Development," from identification of prospective donors, through their engagement and eventual solicitation, was covered.

To make some of the theory come alive, the morning concluded with several exercises that involved retreat participants playing roles in fundraising situations with prospective donors. I think everyone agreed this was a fascinating and useful program that made all of us aware of our important roles in the development process.

You will be hearing more about the Development Academy soon. Seminars are planned on topics including how clinical faculty can work effectively with prospective donors, and how all of our faculty can identify and engage effectively with foundations.

A Milestone for Our Nascent Cancer Center

Following three years of planning, Stanford's 1,200 page proposal to become a National Cancer Institute designated Comprehensive Cancer Center was submitted to the National Institutes of Health on February 1st. This represents the first time that a proposal to become a Comprehensive Cancer Center has actually left Stanford, and it is a milestone in the evolution of our institutional planning in cancer research, treatment and prevention.

During the past three years many dozens of individuals have worked diligently to achieve this benchmark. I want to particularly thank each of our faculty leaders and, in particular, Dr. Karl Blume, Professor of Medicine Emeritus, who nearly single-handedly laid the foundation for the grant by bringing together members of our basic and clinical science community – along with colleagues across the university – to formulate the initial planning for the grant submission. He also played a key role in establishing the very important affiliation with the Northern California Cancer Center, which adds considerable strength to the population science components of the grant. This also led to the recruitment of Dr. Dee West as Professor of Health Research and Policy. Dr. West is a highly recognized authority in this area of investigation and is now working with the Stanford community to enhance our programs in population science.

A major step forward in our march to apply to the NCI occurred last summer with the recruitment of Dr. Bev Mitchell, Professor of Medicine and Associate Director of the Comprehensive Cancer Center, from the University of North Carolina. Dr. Mitchell has worked tirelessly along with Drs. Steve Leibel, Medical Director of the Clinical Cancer Center, and Dr. Irv Weissman, Virginia & D.K. Ludwig Professor for Clinical Investigation in Cancer Research, Professor of Developmental Biology, and Principal Investigator for the Comprehensive Cancer Center. Each of the Project and Core Program leaders did an outstanding job in the preparation of the exciting proposal that has now been submitted to the NCI. While we will need to wait for the formal review process, I am encouraged by the excellent feedback that we received from two external advisory committees and consultants, and I am optimistic about our ultimate success. That said, this is a highly competitive process and we all envision that our proposal will be highly scrutinized during the review process. Currently we anticipate a site visit in May and news about our success (note I am not mentioning failure) sometime in the summer. If we are successful we will be on three-year interim cycle with the final approval occurring at that time (likely about 2009).

I also want to thank Ms. Joanne Murphy, Associate Director for Administration, and the many other individuals who worked so hard to bring this project to its current state of fruition. Regardless of how it turns out it is a great credit to our Stanford community that we achieved this important milestone. Obviously additional updates will follow in time!

Emergency Preparedness

On Tuesday January 24th the Stanford University Medical Center hosted a community education session entitled “Emergency Medicine at Stanford”. I co-hosted this event with Ms. Martha Marsh, President and CEO of Stanford Hospital & Clinics.

We are all cognizant of the dramatic realizations about community readiness that have occurred in the wake of 9/11 and Hurricane Katrina – and that are now being anticipated for an influenza pandemic. These events have all too poignantly revealed the vulnerability of our support services, and they underscore the importance of becoming better prepared – as individuals, medical centers and communities. While national preparedness is important, the stark reality is that when a natural or man-made disaster

does occur its impact is local – and the affected community is often on its own for the first days. Certainly the Medical Center has been actively involved in emergency preparedness, but we also recognize that our resources would be limited in the event of a major event. – This realization underscores the importance of developing a more integrated plan that encompasses the university as well as our regional communities. In this regard, the University has also been refining its Emergency Management Program and has recently presented its findings to the University Cabinet and Senate, as recently described in the Stanford Report (see <http://news-service.stanford.edu/news/2006/february1/planning-020106.html>).

The focus of the January 24th presentation was on medical preparedness and was led by Drs. Paul Auerbach, Clinical Professor of Emergency Medicine, and Robert Norris, Chief of the Division of Emergency Medicine in the Department of Surgery. They reviewed the current status and range of programs and their efforts to further enhance them for future serious events. In addition, a series of presentations focused on more specific areas of interest including “Prepared for Disaster” by Dr. Eric Weiss, “Weekend Warriors” by Dr. Daniel Garza, “Life-Threatening Emergencies” by Drs. James Quinn and Rebecca Smith-Coggins and “Wilderness Medicine” by Dr. Robert Norris.

Attendance was robust and interest high in the topics that were presented. I want to offer my thanks and appreciation to the program leaders and faculty for outstanding jobs and to the Office of Medical Development for their care and attention in coordinating the event and making it so successful.

SUMMA 2006

The 2006 Annual Stanford University Minority Medical Alliance (SUMMA) Conference occurred on Saturday February 4th. Second Year Stanford Medical Students Chioma Agbo, Alex Red Eagle, and Reza Ehsanian organized the conference. SUMMA is a coalition of Stanford medical students, including representative from Student National Medical Association (SNMA), Latino Medical Student Association (LMSA), and Stanford American Indigenous Medical Students (SAIMS) that is committed to recruiting and retaining underrepresented medical professionals. The goal of the SUMMA is to increase the number of minorities in the health professional fields in order to better serve African American, Latino and Native American communities.

Each year, SUMMA hosts the largest minority premedical conference on the west coast, typically drawing 400-600 attendees each year. While the majority of attendees are in college, a number of high school students also attend. The goal of the conference is to increase the number of minority applicants to the health professional fields. It provides both broad educational topics as well as focused practical advice, including how students can become better applicants to medical school, such as the actual application process, MCAT preparation, interviews, etc. The conference is organized and run by students – and represents a major commitment of their time and energy. I want to thank Chioma, Alex and Reza for all they did to make the conference so successful

Clearly, enhancing opportunities for minority students to better establish their interests in medicine and science and to be successful in gaining admission to professional and graduate school is a high priority for the School of Medicine and University. This is also a major focus of a number of faculty whose commitment to improving diversity has impacted significantly on the School. While numerous faculty are engaged in this effort, I want to thank in particular Drs. Ron Garcia, Gabe Garcia, Fernando Mendoza and Hannah Valantine.

An Update from the Office of Diversity and Leadership

Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership, and Barb Miller, Associate Director, have provided two updates regarding our efforts to continue leadership development as an essential component of career growth in the School of Medicine.

First, they report that the first group of School of Medicine Faculty Fellows has been chosen. This program was announced in November and represents an important component of our leadership enhancement efforts throughout the School and Medical Center (see: http://deansnewsletter.stanford.edu/archive/11_28_05.html#2). Importantly, thanks go to all of the nominators who took time to put candidates forward. In fact, fifty-six nominations were received, and the selection committee consisting of Drs. Hannah Valantine, Fernando Mendoza, Oscar Salvatierra and Bill Mobley, had a challenge to narrow the group down to those who could be offered entry to this year's program. While the original plan was to limit the size of the group to 10 individuals, because there were so many outstanding applicants, the inaugural group was expanded to 17.

The first School of Medicine Faculty Fellows are: Drs. Janice Wes Brown, James Chen, Clifford Chin, Sheila Coogan, Myriam Curet, Ricardo Dolmetch, Ramona Doyle, Tracy George, Iris Gibbs, Sabine Girod, Hayes Gladstone, Anthony Oro, Minnie Sarwal, Eric Sibley, Eric Sokol, Karl Sylvester, Sharon Williams. I will have the opportunity to speak at the Faculty Fellows program and I look forward to getting to know each of the Fellows better.

Second, Dr. Valantine asked me to let you know that a series of workshops on leadership for women will be initiated in February. The information about this program follows:

Women and Leadership Conference

12-5:30 pm Thurs., Feb 16, and 8:30-5:30 pm Friday, Feb. 17.

<http://ethics.stanford.edu/wlconference/index.html>. **To register, send an email message to bmore@stanford.edu.** Registration will be limited.

Workshop on Leadership, Management, and Influence

Professor Neale and her Graduate School of Business colleague Professor Deborah Gruenfeld in February and March. The sessions will be from 12 - 5 pm on Fridays Feb. 24, March 3, and March 10; and from 9 am - 12:15 pm on Saturdays Feb. 25, March 4, and March 11, with a closing lunch

from 12 - 1 pm on Sat. March 11. **To register, send an email message to facultydevelopment@stanford.edu** Registration will be limited.

Where There's a Woman There's a Way: the Path to Leadership in Higher Education

The Northern California Chapter of the Office of Women in Higher Education of the American Council on Education is sponsoring a daylong workshop about academic leadership in San Francisco on Friday, March 24 for women faculty at Northern California colleges and universities. Stanford is one of the sponsoring universities. The program and instructions on how to register can be found at <http://www.sonoma.edu/socsci/ace-owhe/index.htm>. *There is a \$75 early registration fee, but the Faculty Development Office will reimburse the fee for women faculty who attend, so save the receipt you will receive and send it to us after the conference.* Registration will be limited.

In addition, Dr. Valentine has invited all participants at the February 16th program to join her for dinner afterward. Please let Barb Miller know if you are interested in joining Dr. Valentine for dinner and if you are attending any of the workshops. Barb Miller can be reached at bemiller@stanford.edu.

Leadership Training in Pediatrics

At the Lucile Packard Children's Hospital Board of Directors Meeting on Tuesday, January 31st, Dr. Ken Cox, Chief Medical Officer (LPCH) and Senior Associate Dean for Pediatrics and Obstetrics, provided an update on the Physician Leadership Program, entitled Packard Basics 2012, which he is leading with Mr. Chris Dawes, President and CEO of LPCH, and Jane Binger, RN, EdD. This is a seven-year initiative designed to foster and develop leadership and performance skills for the 81 physician leaders currently at LPCH. It is based on the highly relevant view that strong administrative leadership skills are necessary to assure that LPCH – and the School – achieve their strategic initiatives.

The program is divided into modules. The first includes a self-assessment, workshops and discussion groups, 360-feedback and goal setting. To further enhance this program an online LPCH Knowledge Bank is being developed to provide new leaders with facts and resources to handle leadership challenges.

This is an important program and I certainly commend Dr. Cox, Mr. Dawes and Dr. Binger for their own leadership and efforts. Of note, a leadership forum is also being sponsored by SHC thanks to the efforts of Dr. Joe Hopkins. Putting together the Hospital programs with those of the School shows that we have an increasing array of leadership development opportunities now available across the medical center – which is certainly welcome and important news.

Awards and Honors

We are proud to announce that two Stanford MD students - ***Yashar Kalani and Dora Castaneda*** – have just been awarded Soros Fellowships. The Paul and Daisy Soros program was established in 1997 and recognizes the extraordinary academic achievements of immigrants or children of immigrants. Others currently in the MD class with Soros fellowships awarded in previous years include Gabriel Tsao, Rajesh Gupta, Amy Chow and Katie Gladysheva. Since the Foundation selects only 30 students per year nationwide out of 1000, this is a tremendous track record for Stanford and a great honor to the students. Congratulations to Yashar and Dora!

Appointments and Promotions

- ***Firdaus Dhabhar*** has been appointed to Associate Professor of Psychiatry and Behavioral Sciences, effective 2/01/06.
- ***Phyllis Gardner*** has been promoted to Professor of Medicine, effective 2/01/06.

Dean's Newsletter February 21, 2006

Understanding Bias

I want to bring to your attention an important upcoming lecture by Dr. Jo Handelsman, Co-Director of the Women in Science and Engineering Leadership Institute and Howard Hughes Medical Institute Professor, Department of Plant Pathology, University of Wisconsin-Madison. Dr. Handelsman will speak on Thursday, February 23rd at 2 p.m. in Fairchild Auditorium on "Understanding our Biases and Assumptions: Male and Female." Dr. Handelsman and her colleagues have been clear spokespersons for career development and the impact of bias. I am particularly grateful to Dr. Suzanne Pfeffer, Professor and Chair of the Department of Biochemistry, for her leadership in inviting Dr. Handelsman to visit to Stanford so that she can share her observations with us.

As a prelude to her presentation, Dr. Handelsman writes, "We all like to think that we are objective scholars who judge people based entirely on their experience and achievements, but copious research shows that every one of us brings a lifetime of experience and cultural history that shapes the review process. The results from controlled studies in which people were asked to make judgments about subjects demonstrate the potentially prejudicial nature of unconscious assumptions we make. Examples range from physical and social expectations or assumptions to those that have a clear connection to hiring and awarding fellowships and tenure."

In her lecture, Dr. Handelsman will summarize research on bias in academic contexts and present strategies for using an understanding of biases to correct them. This promises to be an extremely worthwhile event and I encourage everyone to attend. I am sorry that I will be out of the country at the time of her visit, but I will be most interested in what our community learns from attending this important presentation.

Improving Health

Among the three major Stanford University initiatives for the next decade is “improving health” – along with sustaining the environment and international affairs and issues. These are all part of Stanford’s effort to use its extraordinary intellectual and creative resources to help improve the world condition – an important role for a university at a critical juncture in global history.

But how should we go about “improving health?” Along with Dr. Matt Scott, Professor of Developmental Biology and of Genetics and Program Director of BioX, I had the opportunity to offer some reflections on this issue to the University’s Campaign Steering Committee on Monday February 13th.

There are a number of intertwining themes that work either in synchrony or in conflict concerning the health of our community, nation and world. As a small research intensive School of Medicine and Academic Medical Center we must be circumspect in how we address the currently polarized forces of continued advances in biomedical research, on one hand, and a defective and fragmented health care system in the USA, on the other, along with broad global challenges that could either enhance or seriously compromise the health of our nation or world.

Without question what Stanford does best is contributing to fundamental discovery and innovation. Accordingly, this must be the core of our efforts in “improving health.” Over the past several years we have attempted to galvanize the School of Medicine’s fundamental missions in education, research and patient care under the umbrella of “**Translating Discoveries**” (<http://medstrategicplan.stanford.edu>). Indeed, if **Translating Discoveries** serves as our overarching vehicle for improving health, it is important to reflect on its fundamental foundation and governing organization.

At Stanford, the foundation for **Translating Discoveries** is our continued commitment to fundamental basic science discovery and innovation. We have the unique advantage of carrying out this work with highly talented faculty, students and staff who work in an environment that fosters novel approaches to scientific discovery. Furthermore, Bio-X, the faculty-initiated initiative that creates innovative intersections among the physical, engineering, computational and life sciences has become a Stanford hallmark. The fact that these interdisciplinary interactions have arisen at Stanford relates to our environment, in which all schools are in close proximity, and to our culture, which fosters interaction and a willingness to engage in non-traditional thinking. These fundamental underpinnings will assure that Stanford remains at the forefront of discovery – but they also mandate

that we continue to support and foster these efforts. This is even more important at this juncture, when the funding for biomedical research is challenged.

Themes emerging from our basic and clinical departments related to important disease or discipline- based opportunities are built on the fundamental underpinning of faculty-driven basic science and Bio-X and must also be fostered. In order to further optimize our impact we are also building the interdisciplinary and interschool Stanford Institutes of Medicine in Stem Cell Biology and Regenerative Medicine; Cancer; Neuroscience; Cardiovascular; and Immunity, Transplantation, Infection. All of these draw faculty from throughout the University and are also connected to clinical centers at both Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. In these ways we are creating a bi-directional continuum that connects scientific discovery with improving health. It also links innovations throughout the university with opportunities for translation in the Medical Center and ultimately the nation and world.

In addition to improving health through research and its application to patient care, educating and training future leaders comprise an essential and defining aspect of our capacity to translate discovery and foster innovation. The various changes we have made – and continue to make – in our education and training programs also contribute to the disciplinary alignments and workforce supply that will be needed to assure the future success of Stanford and the biomedical research enterprise (the latter is all too challenged in many academic medical centers because of limited resources or a less focused mission).

In many ways our core mission of translating discoveries through education and research offers a paradigm for how we can most optimally expand our efforts both nationally and internationally. As mentioned in prior Newsletters, recently we have been thinking carefully about how the School of Medicine should relate to the University international initiatives being developed through the recently named Freeman Spogli Institute for International Studies (see: <http://fsi.stanford.edu/docs/about/>). While our thoughts are still formative, it would seem that developing teams and relationships, analogous to those so creatively delineated by Dr. Paul Yock, the Martha Meier Weiland Professor in the School of Medicine, Professor and Co-Chair of the Department of Bioengineering, and founder of the Stanford Biodesign Program (see <http://www.stanford.edu/group/biodesign/>), might provide a means to anchor our efforts. Indeed, creating teams that include participants from Stanford and other nations could well provide an important linkage between *Translating Discoveries* and *Improving Health*. And such efforts could further provide connections between Stanford, biotechnology and public agencies, including the NIH, along with other global partners.

But these efforts will not achieve their optimum impact in improving health if we do not also address the systems for health care access, quality, economics, public policy, public health and preventive medicine. This means, of course, that the initiatives described above must be coupled with innovative research and discovery around these important social and societal factors impacting health nationally and globally. Much of the expertise in these areas resides in other academic units and collaborating centers throughout the

University, but their linkage to improving health is as critical as bioscientific research discovery, innovation and translational medicine. The good news is that there are remarkably talented faculty and students working on these issues – although they are not necessarily aligned at this point under the overarching banner of the University initiative. Clearly these areas need to be another important facet of the initiative in improving health

In sum, the goal of improving health is multifaceted and – at least for Stanford – must emanate from our core missions in discovery and innovation. These must be cross-disciplinary and address the most important challenges in bioscience and ultimately in the translation of knowledge to improve human health. A focus on preventing disease is critical, as is addressing ways to improve the health care system in the USA. By aligning our School of Medicine initiatives to the important Stanford University international health initiatives we will have every reason to be confident that Stanford will an important leader and innovator in improving the health of our community, locally and globally, in the 21st century.

Interactions with Pharmaceutical and Other Industry Vendors – Towards an SUMC Policy

As you likely know, I have been concerned about the pervasive presence of the pharmaceutical industry in the medical profession for some time and have discussed it in the June 30th and July 25, 2005 Dean's Newsletters (see respectively http://deansnewsletter.stanford.edu/archive/06_30_05.html and http://deansnewsletter.stanford.edu/archive/07_25_05.html). We have had an ongoing series of discussions and deliberations surrounding this, spawned in part by a presentation last summer at the Executive Committee by Dr. Gilbert Chu, Professor of Medicine and of Biochemistry, who laid out the issues clearly and unambiguously. During the fall, I asked Dr. Harry Greenberg, Senior Associate Dean for Research, to head up a working group to develop a policy for the entire Medical Center that would govern our interactions with the pharmaceutical industry. At the Executive Committee meeting on Friday, February 17th, Dr. Greenberg presented a progress report of the group's work to date.

The working group has five policy elements under consideration. It is interesting to note that, during the course of the deliberations of the working group, the scope of the policy expanded beyond pharmaceutical companies to include device and research equipment companies. It is also notable that during this same time an article was published by Brennan, TA et al entitled "*Health Industry Colleagues That Create Conflicts of Interest. A Policy Proposal for Academic Medical Centers*" (**JAMA** 2006. 295: 429-433) that has generated considerable press coverage and discussion. In addition, the Yale University School of Medicine also posted policies that it is now putting into effect that bear significant similarity with those being contemplated at Stanford.

Over the next weeks we would like to define a Stanford policy that can be adopted by the entire Medical Center. In doing so, it is important to solicit as much input and discussion as we can – since that at the end of the day our success in implanting a policy will depend

on each member of our community. Accordingly, I want to share with you the draft formulations of the policy with the hope of getting comments and feedback from you. For simplicity sake it is divided into five sections:

I. Gifts

Under the policy, no tangible, personal gifts of any kind, no matter how small (e.g., including pens, food), and educational materials (including textbooks, pamphlets, and journal articles) would be accepted at any location in the Medical Center.

II. Access by Vendors

Under this policy, vendors providing tangible, personal gifts, food, entertainment, drug samples, or the like would have no access to the School of Medicine or hospitals. The policy would encompass vendors representing:

- Pharmaceutical companies (Note: requests for information re: new drugs in the formulary, including requests that pharma reps come to campus for a faculty-sponsored event, would be directed to hospital Pharmaceutical and Therapeutics Committees.)
- Medical device companies (Note: in-service training for devices already purchased or faculty-invited vendor visits for consideration of new purchases would be allowed.)
- Research equipment companies

III. Support of Stanford-sponsored Activities

- The sponsorship of Stanford activities by industry would be governed by policy provisions based on the Standards for Commercial Support recently promulgated by the Accreditation Council for Continuing Medical Education (ACCME). These standards specify, for instance, that funds received must be unrestricted with respect to content and speakers.
- Under the policy, funds could be received centrally or by departments or divisions, but this policy would be followed wherever the funds are received.

IV. Education

Under this policy, it would be required that new medical and graduate students, postdocs, fellows, residents and staff receive some education about conflicts of interest and the role of pharmaceutical gift giving on prescribing practices.

V. Other Faculty Activities

- Participation in non-CME pharma-sponsored activities that do not follow CME or CME-like guidelines would be strongly discouraged. Use of Stanford name (including the use of one's Stanford professorial title) in non-Stanford, non-CME events would be prohibited.
- Faculty would be prohibited from publishing articles under their own names that are ghostwritten by pharma industry employees.

Needless to say, these policy elements engendered lively and thoughtful discussion. Most chairs were in favor of a policy with provisions along the lines recommended by the working group. There was recognition that implementing such a policy will involve changing the culture of medicine, but there was agreement that such change is necessary.

The next steps will be to further refine these recommendations and prepare the final policy, which will be reviewed by both hospitals as well as the Executive Committee. ***I welcome your comments and hope you will relay them to me.***

My thanks to the working group, which consists of: Harry Greenberg, Senior Associate Dean; Mildred Cho, Associate Professor of Pediatrics; Gilbert Chu, Professor of Medicine; Barbara Flynn, Manager, Conflict of Interest Review Program; Kathy Gillam, Senior Advisor to the Dean; Ann James, University Counsel; Shashank Joshi, Assistant Professor of Psychiatry and Behavioral Sciences; David Magnus, Associate Professor of Pediatrics; Daria Mochly-Rosen, Senior Associate Dean; Julie Parsonnet, Senior Associate Dean; Geoff Rubin, Professor of Radiology; Christy Sandborg, Professor of Pediatrics; Sheetal Shah, Director, Risk Management Controls and Education; Larry Shuer, Chief of Staff, SHC; Kelly Skeff, Professor of Medicine; Ian Tong, Chief Resident, Department of Medicine.

Architects Selected for Design of the LKC

In my January 9, 2006 Newsletter I delineated the facilities master planning we have been conducting, which lays out our 10-15 year plan for the School of Medicine (see: http://deansnewsletter.stanford.edu/archive/01_09_06.html#2). Among our highest priorities is the Learning and Knowledge Center (LKC), which will include a new 120,000 sq ft state-of-the-art building on the site of the Fairchild Auditorium in conjunction with renovations in the Lane and Always Buildings. It must be clear to all that since 1959, when the School first moved to the Stanford campus, the medical school facilities have grown up somewhat opportunistically, without clear attention to developing an integrated medical campus. Our long-term master facilities plan will seek to ameliorate this and will include, in addition to the LKC, four Stanford Institutes of Medicine (SIM) research buildings that will be constructed in the next 10-15 years. At this point, however, we will begin with the LKC and in the very near future, with SIM1, which will be housed on the parking lot just south of CCSR. We are currently proceeding with the design for the LKC with the hope that construction will commence in 2007.

In addition to housing a new conference facility, classrooms, the Knowledge Center (as a library of the future) as well as a Center for Immersive and Simulation Learning, the LKC will also serve as an anchor and new front door to the medical school. To accomplish this purpose a whole series of site preparation and infrastructure requirements (referred to by the rather unexciting name of “Connecting Elements”) will be carried out – and which will help pave the way to the integrated medical school and center campus that will unfold during the years ahead.

Because one of our goals is to draw the Medical School closer to the University, the LKC will have a southern opening (off Campus Drive), not far from Via Ortega – which will itself be transformed into a major walkway linking the School of Medicine to the Science and Engineering Quads. Accordingly, it is essential that the LKC have an attractive and welcoming appearance that signals its importance to the broader community. To help accomplish this objective, a competition was held to select the lead architect. In the late fall a short list of four architect firms were invited to submit proposals. We reviewed preliminary submissions in early December, and on January 24th each of the four firms made formal presentations to the University Land and Buildings Group and School of Medicine Facilities Group. Selecting officials included the President, an Ad Hoc Committee of University Trustees and myself.

Based on the technical and preliminary design proposals we decided to proceed with the NBBJ architect firm. Over the next year they will carry out the design for the LKC (including the new facility, renovations and connecting elements) and, as part of the process, will be gathering input from our broader community. I will naturally provide updates on their progress – along with coverage in the Stanford Report – during the months ahead. I view this is the next stage in the important transformation of Stanford Medicine for the 21st Century.

Forecasting our Financial Future

To fully realize our strategic plan “*Translating Discoveries*” and our other big dreams, we have major needs that will have to be fulfilled over the next decade and beyond. This requires significant investments in facilities and programs that will enhance every facet of the School of Medicine and our missions in education, research and patient care.

Our ten-year facilities plan includes new buildings (the LKC and SIM1), renovation and seismic improvements of the 1959 complex (i.e., the Gale, Alway, Lane and Edwards buildings), as well as off-site facilities (including the Arastradero building, which requires considerable renovation, as well as the lease of additional research space to support departmental and institute needs). The high cost of construction in the Bay Area (which has only been rising) along with additional costs required by the University and county, results in a rather staggering price tag of \$544M (not including the costs for SIM2 and beyond), based on December 2005 estimates. It is important to note that this is quite an organic process and that many of the assumptions and projections are subject to change and modification. Because of the magnitude of these financial needs, we have done a comprehensive 10-year financial forecast that has been reviewed with the

President, the Provost and the University Finance Group, as well as the Provost's Budget Committee and the School of Medicine's Executive Committee. In particular, I want to thank Ms. Marcia Cohen, Interim Senior Associate Dean for Finance and Administration, and her team for a very thoughtful and comprehensive analysis – which has continued to be adjusted as new data become available that affirm or modify our underlying assumptions.

The important bottom line is that we think our capital and related plans are achievable as long as we are also successful in the continued growth of our major revenue sources (particularly sponsored research, clinical revenues, patent/royalty income, endowment earnings and, of course, fundraising) and as long as we are judicious and flexible in our management. You can certainly appreciate that each of these elements are subject to some volatility – as evidenced most recently by the downturn in NIH funding, for example. We also want to assure that our capital needs do not adversely impact on program development (the institutional equivalent of becoming “house poor”).

Key components of our strategy for the capital projects noted above include the use of short and long-term debt financing, philanthropic support, school and departmental reserves and resources and contributions from the University. The projected fundraising goal for facilities (which constitute less than 20% of the overall School of Medicine fundraising campaign goal) is approximately \$171M. We view this as a “basement level,” and we will endeavor to raise additional funds from private sources – recognizing that aspects of these projects, especially the infrastructure and renovation needs, are likely to be much less desirable to donors than other gift opportunities. Accordingly, we will complement the funding targets with debt financing (currently projected at \$169.5M), while recognizing that this carries a significant increase in our debt service payments – the equivalent of home mortgage payments. Because we plan to have the Dean's Office – and not departmental funds - handle the debt service—we have carefully projected our ability to meet these additional costs over the next decade and beyond. In doing so, we need to meet stringent university guidelines to assure that we can afford the debt servicing with a margin of financial security. I am pleased that we have been able to meet those important benchmarks. I am also pleased that our basic and clinical science chairs and leaders have agreed to help support these efforts, especially for the LKC, through the voluntary contribution of limited department reserves, by an increase in the infrastructure tax and by a five-year reduction in operating budget allocations.

Obviously we are embarking on a set of major initiatives that will help further transform the School of Medicine during the years ahead. Because of the magnitude of what we are seeking to accomplish – and the very substantial costs that will be borne as a consequence – I think it is imperative that you fully understand the scope of the activities we will be taking on. In sharing this financial forecast with you, I am also looking to each of you – and members of the Medical School and University community – to help us achieve the goals that will, I hope and believe, benefit you as well as future generations of students and faculty.

Getting the Facts On Animal Research

Over the years there have been numerous expressions by various groups about animal experimentation. As someone who spent his life doing research (that is, before a terminal but hopefully not apoptotic differentiation to becoming Dean), I have personally witnessed the ways in which appropriately conducted animal research can help shed light on important biological processes and ultimately result in tremendous advances in medical care – in my own case for serious childhood illnesses. While I respect the right of others to have different opinions about animal research, I am concerned when those feelings are expressed by threats, assaults or attacks – either verbally or on people or property. During the past several months several non-violent protests have been staged at the Medical School to express strong opinions about animal research at Stanford. Our Comparative Medicine Department and a number of our faculty have made important and meritorious efforts to provide information and address concerns that have been raised – and I thank them for their efforts. But some of the rhetoric surrounding these concerns is being expressed in more official communications – and not always with the greatest veracity. One recent exchange of this type included a commentary by Dr. Linda Cork, Professor and Chair of Comparative Medicine (published in the Feb 17th issue of the Stanford Daily). Because of its importance, I requested and received permission from Dr. Cork to print her commentary in the Dean's Newsletter as well, since I thought a wide audience of readers should see it. Dr. Cork writes as follows:

Matthew Liebman's opinion piece on animal research is misleading and distorts the facts. On Jan. 21, 2005, he and Claire Wagenseil spent more than two hours with me and the Attending Veterinarian for Stanford, toured Stanford's animal facility and learned in detail the way Stanford and its Animal Care and Use Committee and veterinarians work to protect animals in research, including rats, mice and birds. It now appears that Liebman's goal during the meeting and tour was to promote his own slant rather than present a fair and objective view of animal research at Stanford.

Contrary to Liebman's claims that regulations do not restrict actual experiments, the Animal Care and Use Committee of an institution reviews all uses of animals whether it is for teaching or research. This review occurs before animals can be purchased and is designed to insure animal welfare. Scientists who want to use research animals must describe in detail the purpose of the research, the value of the research, why animals must be used, and how the number of animals to be used was determined.

In addition, they must describe in detail all their procedures involving animals. If these procedures might cause the animals to experience more than momentary pain or distress, they are required to provide anesthetic or analgesic drugs to alleviate this pain or distress, or explain why these drugs or other treatments cannot be used to fully alleviate pain or distress. In case of the latter, the investigator will perform a literature search to document why pain and distress cannot be avoided.

More importantly, a scientist cannot simply claim "scientific necessity" to avoid the use of anesthetics or analgesics as Liebman claims, but this must be proven to

a skeptical group of scientists, veterinarians and nonscientists. The examples of "research" he gives are not credible.

Although the Animal Welfare Act excludes rats, mice and birds, the other federal agencies do not exclude these animals. Institutions which receive funds from federal agencies must file an Assurance with the federal government that they will abide by the Guide for the Care and Use of Animals and other federal regulations. The Guide has the force of law and spells out in detail the animal housing, sanitation, caging, veterinary care, etc. that laboratory animals must receive. Contrary to what Liebman says, the Guide includes all vertebrate species, including mice, rats, birds, frogs, etc.

The United States Department of Agriculture (USDA) is responsible for administering the regulations in the Animal Welfare Act and its revisions. USDA inspectors make unannounced inspections. During these visits, they review the animal care committee's work and visit all facilities where USDA-regulated species are held to actually see these animals and how they are being housed and treated. They will also conduct a detailed audit of records to insure that what the scientist tells the animal care committee will be done is actually taking place. USDA inspectors are thorough, and the USDA can fine institutions that fail to comply.

Unfortunately, the USDA has a limited number of categories for defining non-compliance, and these can be misleading - as was explained to Liebman during his visit. They also have no mechanisms for reporting or documenting the good work that is done to protect and insure the well-being of the animals. The USDA inspection reports and the records of the numbers of animals "used" at Stanford are available on the USDA web page. It is not a secret.

The Association for the Assessment and Accreditation of Laboratory Animal Care (AAALAC) is a voluntary organization that uses the Guide as its yardstick for evaluating the processes an institution uses to ensure quality laboratory animal care. Stanford University is proud to have been AAALAC-accredited since 1988. AAALAC's site visitors receive a description of the animal care program before they arrive; Stanford's AAALAC document is more than 200 pages in length. While at Stanford, site visitors, including experienced scientists and veterinarians, inspect how the animal care committee reviews animal protocols. They observe how facilities are maintained, visit all the animal facilities and check all records ranging from the way clinical cases are managed to whether the temperature at which cages are washed is appropriate. Although the AAALAC site visits are planned ahead of time, these visitors know how things are supposed to be managed and where to look for problems. Therefore, hiding problems would not be as easy as Liebman implies. Stanford University is proud to be AAALAC accredited, because it is considered the "Good Housekeeping Seal" of quality animal care.

Stanford has an excellent history of compliance. Federal animal welfare laws and regulations require an institution to self-report problems it discovers. Failure to

"self-report" is a violation. Stanford complies by self-reporting issues that arise; it does not try to hide problems from regulatory agencies. Yet, Liebman points to Stanford's compliance with this reporting requirement as evidence that it is noncompliant. On the contrary, it proves that Stanford takes its responsibility seriously and notifies federal officials promptly and investigates concerns about animal welfare.

Liebman opposes the use of animals in research - that is his privilege. But animal research enables millions of human beings to live healthier, more comfortable lives. Animal research led to treatments for diabetes, for vaccines for polio, measles, hepatitis, meningitis, pneumonia and other infectious diseases. At Stanford the late Dr. Norman Shumway used dogs to develop the techniques to transplant hearts and prevent immunologic rejection of transplanted organs. The list of accomplishments of animal research is extensive and has resulted in many Nobel prizes, both for understanding basic biologic processes and also for developing treatments for diseases.

Rejecting animal research means that we also reject learning how bodies function in health and disease, and it rejects developing treatments for AIDS, Alzheimer's disease, Parkinson's disease, SARS, influenza and a host of other yet-to-be discovered diseases. I don't believe that is what most human beings want for themselves or their families. Liebman knowingly misrepresents the animal care program at Stanford and nationally. Animal research at Stanford is carried out humanely with concern for the animals' welfare and for science of the highest quality.

Linda Cork, D.V.M., Ph.D., the Chair of the Department of Comparative Medicine and the Director of the Veterinary Service Center wrote this piece. She can be reached at lcork@stanford.edu

Physician Workforce Needs

I last wrote about the Physician Workforce projections from the AAMC in the September 19, 2005 issue of the Dean's Newsletter (see: http://deansnewsletter.stanford.edu/archive/09_19_05.html#7). At the Administrative Board meeting of the AAMC (Association of American Medical Colleges) that I attended on February 15-16th, this important issue was revisited. The Task Force examining this important issue has evaluated the shortages of physicians being reported in an increasing number of states, including California, as well as the shortages in various specialties and subspecialties, including primary care physicians. Based on a number of important factors, including changing practice patterns and career choices (some influenced by gender and lifestyle), as well as the changing demography (including population growth, the aging population, age-related disease prevalence, shifts to ambulatory practice [now projected to increase by 24%], aging physician workforce, expanded activities by nurse practitioners, physician's assistants) significant increases in the physician workforce needs are projected beyond 2020 – perhaps beginning around 2016.

As I mentioned in the September 19th Newsletter, a major concern is that the pipeline of trainees in allopathic medicine has remained static while expansions in programs in osteopathic medicine are growing along with the “for-profit” off-shore medical schools, which are also significantly increasing in class size. Indeed, if the patterns are unchanged, the percentage of physicians in the USA who have been trained at LCME approved medical schools could fall below the majority in the years ahead – with potential serious impacts on both the face and quality of medicine. Based on these and other concerns, the AAMC’s Workforce Recommendations, which are under active discussion, include the following:

1. Total enrollment in LCME-accredited medical schools should be increased by 30% from the 2002 level over the next decade. This expansion should be accomplished by increased enrollment in existing schools as well by creation of new medical schools.
2. The aggregate number of graduate medical education (GME) positions should be expanded to accommodate the additional graduates from accredited medical schools.
3. The AAMC should take a leadership role to assist medical schools in expanding reenrollment in a cost effective manner; assure appropriate medical education for traditional and non-traditional students; and increase the number and improve the preparedness of applicants.
4. The AAMC should continue to advocate for and promote efforts to increase enrollment and graduation of under-represented minorities from medical school; and promote the education and training of leaders in medical education and health care from under-represented minorities.
5. The AAMC should examine options for development of: (1) a formal voluntary process for assessing medical schools outside the US; and (2) a mechanism for overseeing the clinical training experiences in the US of medical students enrolled in international medical education programs.
6. AAMC should take a more active role in supporting and assisting associations of medical schools in other countries, especially in less developed parts of the world. AAMC should work with its members to expand collaboration between medical schools and teaching hospitals in the US with those in less developed parts of the world.
7. Non-US citizen graduates of foreign medical schools entering GME programs in the US should be required to obtain a J-1 Visa.
8. National Health Service Corps (NHSC) awards should be increased by at least 1500 per year to help meet the need for physicians caring for underserved populations and to help address rising medical student indebtedness.

9. Studies of the relationship between physician preparation (i.e., medical education and residency training) and the quality and outcomes of care should be conducted and supported by public and private funding.
10. Ongoing and stable funding should be provided to track the physician workforce, including monitoring the supply of, and the demand for, and the contributions made by IMGs (International Medical Graduates)
11. The Association believes that the nation is best served by allowing individual graduates to determine for themselves which are of medicine they wish to pursue.

When I first learned about some of these findings and projections last year I asked the Medical Education group at Stanford to consider what our response should be to expanding our class size – at that time by 10-15% (and not the 30% now being advocated). Because of our current education facilities, faculty-student ratio and potential impact on financial assistance, the recommendation was to not expand the class size at this time. That said, the availability in the next 3-4 years of new and expanded education facilities as well as modest increases in faculty size and increases in endowment support for financial assistance will allow us to revisit this important question. Of course it must be recognized that the focus of our education programs is increasingly directed at training leaders and physician scholars, but, since these are also in short supply, Stanford will be in a position to complement another facet of the physician workforce requirement.

I should also quickly add that while the AAMC's workforce projections appear to have some validity, there are concerns about the recommendations being made; this was actively discussed at the AAMC Board Meeting mentioned above, and I am greatly interested in getting your reactions as well. For instance, if there is a significant change in the "system" of health care in this nation (which seems inevitable at some point in the not too distant future), the projections of the need for physicians, as compared to other health professionals, could be modified. In addition, I am also personally concerned that simply increasing the pipeline of physicians will not necessarily address the projected health care needs unless there is more stringent regulation of GME programs and career choice.

While it has been argued that the match between health care needs and training programs is best served by the market place, I would counter that this hasn't worked very well in the past as witnessed by the dramatic shifts in the perceived and actual needs for anesthesiologists, radiologists (among others) during the mid-1990's or the projections for primary care physicians. We have all witnessed the reactive nature of medical work force positions (e.g., the drive to cut specialists and increase primary care physicians in the early 1990's, which resulted in some serious shortfalls in the early part of the 21st Century). This underscores the importance of having a finer control over the size and scope of GME programs at the same time that medical school classes are being increased.

There are many other important issues that would need to be addressed concomitantly – including the rising indebtedness of medical education (which is a lesser, albeit still

significant, problem at Stanford), the balance of allopathic physicians vs. other medical professionals, the length of medical training among others. Clearly this is a topic that requires additional reflection and debate – and, as mentioned earlier, I welcome your comments.

More on the Impact of the Federal Budget

In the January 23rd issue of the Dean's Newsletter I reviewed the unfortunate events impacting NIH funding (see: http://deansnewsletter.stanford.edu/archive/01_23_06.html). Since then the President has issued his 2007 Budget proposal which, except for defense and homeland security, carries reductions or zero percent levels (which are actually losses when inflation is factored in) for a number of extremely important programs. By now you are aware of the recommendations concerning the NIH, but it is also worth noting the impact on other health programs and entitlements. The following table displays the sobering news:

Program	FY 2005 Actual	FY 2006 Appropriation	FY05-06 Variance	FY 2007 President's Budget	FY 06-07 Variance
<i>NIH</i>	\$28.653 B	\$28.587 B	-0.2%	\$28.587 B	0%
<i>Title VII</i>	\$300 M	\$145 M	-52%	\$10 M	-93%
<i>Title VIII</i>	\$151 M	\$150 M	-0.7%	\$150 M	0%
<i>AHRQ</i>	\$319 M	\$319 M	0%	\$319 M	0%
<i>Pediatric GME</i>	\$301 M	\$297 M	-1.3%	\$99 M	-67%
<i>NHSC</i>	\$131 M	\$127 M	-3.5%	\$127 M	0%
<i>CDC</i>	\$6.210 B	\$6.176 B	-0.5%	\$5.809 B	-5.9%
<i>VA Medical Care</i>	\$27.699 B	\$29.498 B	6.5%	\$33.075	12.1%
<i>VA Research</i>	\$402.3 M	\$427 M	6.1%	\$414 M	-3.0%
<i>NSF Total</i>	\$5.473 B	\$5.581 B	2.0%	\$6.020 B	7.9%
<i>NSF Research</i>	\$4.221 B	\$4.332 B	2.6%	\$4.666 B	7.7%

Traditionally the Congress has nearly always modified the President's budget before it becomes finalized. That said, there is considerable concern that the limited amounts of discretionary dollars will make the budget process much more challenging in FY07 and in the immediate years ahead than in the past. Indeed, if enacted as proposed, this would be the fourth consecutive year that the NIH budget failed to keep pace with inflation, as measured by the Biomedical Research and Development Price Index (BRDPI). Based on this Index, the NIH will have lost 9.3% of its purchasing power between FY2003 and FY2007. When inflation adjusted, except for NIAID [National Institute of Allergy and Infectious Diseases] (largely because of support for bioterrorism and Avian flu) and the Office of the Director (both of which would increase) the constant dollars available to

most institutes would be cut by 7.8% and 8.5% between FY2005 and FY2007. While it is hard to predict what this means for the numbers of competing research grants, it seems likely that the success rate for grants will decline from about 30% in FY 2003 to 19% in FY2007 – with all the attendant consequences. In my January 23rd Newsletter (http://deansnewsletter.stanford.edu/archive/01_23_06.html) I addressed some of the important advocacy issues that need to be addressed to help change or at least stabilize these disturbing trends.

The news is also potentially very serious for Title VII programs that support scholarships and support for disadvantaged students. Stanford has been successful in receiving such support for truly important programs that are now in serious jeopardy. This too is an area where major advocacy will be needed.

I also can't help highlighting the impact on GME support for children's hospitals that would take place under the Administration's budget proposal. This is an issue I worked on intensively when I was in Boston, and it is enormously distressing to see it become such a target, especially because of the potentially broader implications of a severe budget cut. Specifically, because independent children's hospitals (including LPCH) receive very little support from Medicare (with the exception of some payments for end stage renal disease), they traditionally received no support for GME – in contrast to adult teaching hospitals where both DME (Direct Medical Education) and IME (Indirect Medical Education) are contained within Medicare. Accordingly, during the mid to late 1990's children's hospitals across the country, along with the National Association for Children's Hospitals (NACH) carried out an effective campaign that by 2000 resulted in a special appropriation to provide GME support for children's hospitals. Like Boston and Massachusetts, the California contingent was active in the campaign, and our Congresswoman Anna Eshoo played an important role in the legislative process. While this has made a major difference for children's hospitals, the funding mechanism has remained in a separate bill (unlike embedding GME in Medicare) and is thus subject to the political process – as now being evidenced. Hopefully the Congress will see the wisdom of restoring this support to children's hospitals – but these events also demonstrate the vulnerability of GME writ large. Indeed, a few years ago there was a move to separate GME from Medicare, which could have similar consequences. That said, the challenges that are now being placed on Medicare almost certainly will rekindle the GME debate in the not to distant future.

Of course, the good news in the table above is the increased funding for NSF for physical and engineering sciences – which as I noted in previous Newsletters is most welcome and needed. But the lesson here should be to learn from the past rather than to repeat its errors. By under funding NSF over the years we have begun to lose our competitive edge in science and engineering. If we now under fund our prior investment in biomedical research, or support for programs that enhance the diversity of our workforce, or the ability to train future pediatric specialists (who are already in short supply), we will only weaken those investments in the immediate future. Clearly we need a more reasoned approach to our investments in biomedical research – something that will require our very concerted advocacy to help secure.

Stem Cell Research in California – What’s Coming

It has been 15 months since the California Institute for Regenerative Medicine (CIRM) was founded, thanks to the vote of nearly 60% of Californians for Proposition 71. And while litigation has prevented CIRM from accessing any of the \$3B of bonds that are contained in Prop 71, there has been considerable progress in CIRM and at least strong hope for the future.

On Friday February 10th Stanford hosted the most recent meeting of the 29-member ICOC (Independent Citizen’s Oversight Committee) to which I was appointed in early November 2004. At this recent ICOC meeting, Dr. Zach Hall, the President of CIRM, gave an update on what has transpired during the past year despite the many challenges that the ICOC and CIRM has faced. I would begin by stating that one of the accomplishments was finding and appointing Zach Hall to be the first President –he has done an outstanding job in my opinion. In turn he has appointed some very talented staff to support the CIRM, although this effort too has been limited by the financial constraints consequent to the ongoing litigation.

Among the additional positive accomplishments of the ICOC and CIRM have been the formation and appointment of members to the Working Groups for reviewing grants and developing standards. Indeed, outstanding individuals from across the country have been appointed to the grants review working group. In addition, policies for grants management have been developed along with policies for intellectual property, conflict of interest, and ethical standards for egg procurement. Furthermore, the ICOC carried out a statewide competition for housing the headquarters of the CIRM in San Francisco. In addition, last summer the CIRM and its Working Group reviewed applications for training grants, which were presented to the ICOC for approval. This was an impressive accomplishment, even though the grants remain unfunded at this time. Hopefully this will be addressed in the immediate future thanks to the Bond Advancement Notes (BAN) for which Mr. Bob Klein, Chair of the ICOC, is currently seeking private support.

The CIRM has been the center of international attention, and other nations are carefully observing its progress as well as its challenges. Indeed, as an exemplar of the standing of stem cell research in the USA it is notable that both the International Stem Cell Forum and a leadership group from the UK have asked California and CIRM to represent the USA in forging relationships to foster stem cell research.

Without question, the most important immediate issue facing the CIRM – and accordingly the immediate future of stem cell research in the USA – is the litigation that has challenged the constitutional authority of the State of California to issue the bonds that were voted for by a majority of Californians. Clearly this is a situation in which a minority of citizens is using the legal system to arrest the formation of CIRM. Currently, the trial for this litigation is set to begin on February 27th in Alameda. I, along with all of the ICOC members, have been deposed for this trial, and we are awaiting notice about whether we will also be called as witnesses. In part because of the national prominence of

this trial, the show “**60 Minutes**” is scheduled to do a piece on stem cell research in California that will feature work done at Stanford, UCSF and UC-Irvine. It is currently scheduled to air on Sunday evening February 26th.

Stanford Dance Marathon for Pediatric AIDS

Despite the progress in preventing maternal fetal transmission of HIV in developed nations, the prevalence AIDS in children and adults in developing nations remains alarming. In fact in 2005 nearly 5 million individuals were newly infected with HIV, with Sub-Saharan Africa continuing to bear the brunt of the infection. Programs to treat or prevent HIV infection in developing countries are being supported by the public and private sector. One organization that has played a long-standing role in this effort is the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), a non-profit organization with which I have been involved since it was first formed in 1988. I am very pleased therefore that Stanford students decided to donate the earnings from the 2006 Stanford Dance Marathon to the work of the EGPAF. The 24-hour Dance Marathon began on Saturday afternoon February 18th and ended on Sunday February 19th. I had the opportunity to speak to the participating students on Saturday and to thank them for the commitment and contributions. I am personally grateful that they did not ask me to participate as a dancer! Although I am still running in 2-3 marathons a year, the very thought of dancing for even an hour (much less 24) moves me to apoplexy.

I should also add that in the otherwise grim portrait of AIDS in developing nations, some encouraging positive results have been recently reported in **Science** by Gregson et al (2006;311: 664-666) demonstrating a decline in HIV prevalence in eastern Zimbabwe between 1998-2003 – especially in young adults – due largely to changes in risky behavior. This is certainly encouraging news, which we can only hope will be sustained and extended to other countries.

HHMI Supports the Masters in Medicine at Stanford

In the December 12, 2005 Dean’s Newsletter I described the new Masters in Medicine Program that Dr. Ben Barres, Professor of Neurobiology and of Developmental Biology and of Neurology and Neurological Sciences, has put together. I am now happy to share with you the wonderful news that the Howard Hughes Medical Institute (HHMI) has selected Stanford as one of its awardees for programs that combine Medicine and Science. Because HHMI wants to shorten the time it takes to translate basic science discoveries into new medical treatments by challenging graduate schools to change the way students are trained, it has awarded \$10 million to fund 13 innovative graduate programs that will introduce Ph.D. students to the world of clinical medicine. Stanford is one of the programs selected – thanks largely to the efforts of Ben Barres.

In the announcement of the awardees, Dr. Tom Cech, President of HHMI, noted “*We, like many others, are concerned by how difficult it is becoming for scientists to harness the explosion of new biomedical research information and translate it into medical practice. At a time when science and medicine must work hand in hand to solve problems*

of human health and disease, we want to help change graduate education to increase the pool of scientists who are doing medically oriented research.”

The goal of this new HHMI program is to produce researchers who have the knowledge and skills to address clinically important biological problems from the perspective of basic science. HHMI received applications from 82 institutions and a distinguished panel of graduate educators, biomedical researchers, and physician scientists helped in selecting the awardees. Graduate students will earn certificates or Master's degrees in molecular medicine, translational medicine, or medical science, in addition to their Ph.D. The additional coursework and clinical mentoring will prepare them to understand the symptoms, treatments, and unmet needs of patients whose underlying disease mechanisms they may be studying.

Please join me in thanking Ben Barres.

Striking the Right Balance

Dr. Margaret (Minx) Fuller, Professor and Chair of Developmental Biology, shared some news with me that clearly seem to strike the right balance. At the next annual meeting of the American Society of Cell Biology, eleven of the 22 invited plenary speakers are women scientists – all highly regarded. In addition, of these 22 speakers, three are from Stanford –Lucy Shapiro, Minx Fuller and David Kingsley. The ASCB seems to be finding the right balance (of course including the numbers of Stanford speakers) – something that other societies should emulate!

Medical Student Authors

At last week's Winter Writers Forum, the Stanford community celebrated the publication of two books by Stanford medical students. Shannon Moffett's book, "The Three Pound Enigma: The Human Brain and the Quest to Unlock Its Mysteries," and Joshua Spanogle's medical thriller, *Isolation Ward* were featured at this meeting. Both students received Stanford Arts and Humanities Medical Scholars grants. Congratulations to both Shannon and Joshua for their respective accomplishments!

Medical Students Lead Initiative on Fertility Issues in Childhood Cancer Treatment

Their collaboration began in anatomy and led to a research project and presentation at Pediatric Grand Rounds on Friday February 17th. Second-year Stanford medical students Tess Goodwin and Elizabeth Oosterhuis began exploring the approach to fertility planning by pediatric oncologists – along with the perceptions of this issue by patients and families. In addition to presenting their interesting findings, they put together a valuable resource package entitled "Fertility Issues In Childhood Cancer Treatment". Tress and Liz have done a most impressive job. Congratulations!

A Message From Dr. Marilyn Winkleby, Faculty Director of the Community Partnership.

We are pleased to announce the official launch of the Office of Community Health (OCH) website at <http://och.stanford.edu>. The Office of Community Health (OCH) was

created to institutionalize, expand, and sustain the School of Medicine's community partnerships, and to support student and faculty engagement in meeting the self-identified needs of underserved populations.

Since we began a few months ago, we have strengthened our partnerships with nine local community organizations and developed community health assessment and advocacy projects in which over 100 medical students and 20 undergraduate students are engaged. Nearly all of these projects address health concerns in underserved and low-income populations. Each fall we host the Annual Fall Forum in Community Health and Public Service; last year 36 medical student and undergraduate projects in community and international health were showcased and the event was attended by approximately 200 students, faculty, and community members.

In the next several years, we expect the OCH to play an essential role in enhancing the culture of service and civic engagement at Stanford, and in meeting the School of Medicine's mission to promote "the humane and caring practice of medicine and a sense of obligation to improve the health of the public."

Our new website will enable us to serve as a central source for information on Stanford's community health partnerships and linked academic programs, as well as student and faculty research and service activities in community health.

We will continue to refine and enhance the site in the coming months. All comments and suggestions are welcome!

Nominees Sought for Hewlett Award

The Albion Walter Hewlett Award was developed by the Department of Medicine as a recurring award to honor an extraordinary physician with ties to Stanford. Nominees are welcome from all departments and are not confined to the Department of Medicine. The award committee invites your nomination for a possible award presentation in 2006. Nominees should be from among those living who have made a substantial investment in Stanford (past or present students, house officers, fellows or faculty) and who have consistently, over decades, demonstrated the exemplary combination of a scientific approach to medicine and sensitivity to patients. They should be consummate physicians and role models for future academicians in medicine. Their work should be well known at least at Stanford and, optimally, nationally. Nominations are due by March 6, 2006. For more information please check out the website at <http://medicine.stanford.edu/hewlett/>

Awards and Honors

- ***Richard Chiu (SMS II)*** won the Klea D. Berakis Award for the top presentation at the Western Medical student Research Forum. Approximately 500 students presented! Richard's presentation was entitled "Polymethylmethacrylate Particles Inhibit Osteoblastic Differentiation of Bone Marrow Progenitor Cells in Vitro" His advisor is Dr. Stuart Goodman, Professor of Orthopedic Surgery. Congratulations to Richard.

- **Dr. Gary Glover, Professor of Radiology and Director Radiological Sciences Laboratory**, is one of 76 scientists elected to the National Academy of Engineering on February 10th *“For research and engineering in the development of computed tomography and magnetic resonance imaging”*. As noted in the Academy’s press release, “election to the National Academy of Engineering is among the highest professional distinctions accorded to an engineer. Academy membership honors those who have made outstanding contributions to "engineering research, practice, or education, including, where appropriate, significant contributions to the engineering literature," and to the "pioneering of new and developing fields of technology, making major advancements in traditional fields of engineering, or developing/implementing innovative approaches to engineering education." Congratulations to Dr. Glover!

Virginia Fowkes, FNP,MHS, Senior Research Scholar in the Center for Education in Family and Community Medicine received an award from the State of California's Healthcare Workforce Policy Commission, acknowledging her 30 years of service to primary care and the work of the Commission in California. Congratulations to Virginia.

In the last Newsletter we announced that two Stanford MD students - **Yashar Kalani and Dora Castaneda** -- have just been awarded Soros Fellowships. We are proud to announce that two additional Stanford MD students – **Achal Achrol** (born in Kaipur, India) and **Gabriel Brat** (born in Israel to Argentine parents) have been awarded Soros Fellowships. Congratulations to Achal and Gabriel!

Myriam Curet, Associate Professor of Surgery (General Surgery) at the Stanford University Medical Center, has been chosen as a recipient of this year’s Association for Surgical Education’s Outstanding Teacher Award. The award is presented annually by the Association for Surgical Education to recognize the dedication of surgical educators. It is meant to reward teaching excellence and to further emphasize teaching as an important area of academic expertise. She has been selected to receive this award because of her dedication to and excellence in surgical education. Congratulations, Myriam.

Out of 22 entries, **Stanford Medicine** has received the top award – the Award for Excellence – from the AAMC in the category, External Audience Periodicals. Congratulations to Paul Costello and his staff for an excellent publication!

An endowed professorship is one of the highest honors bestowed on a member of the faculty, and we would like to congratulate the following:

David N. Cornfield, M.D., has been appointed as the first holder of the Anne T. and Robert M. Bass Professorship in Pediatric Pulmonary Medicine in the School of Medicine.

Kenneth I. Weinberg, M.D. has been appointed as the first holder of the Anne T. and Robert M. Bass Professorship in Pediatric Cancer and Blood Diseases in the School of Medicine.

Norman W. Rizk, M.D., has been appointed as the Berthold and Bell N. Guggenhime Professor in Medicine in the School of Medicine.

Beverly S. Mitchell, M.D., has been appointed as the George E. Becker Professor in Medicine in the School of Medicine.

Congratulations to all of you, and thank you for your contributions at Stanford.

Appointments and Promotions

- **Amin M. Al-Ahmad** has been appointed to Assistant Professor of Medicine (Cardiovascular Medicine), effective 2/01/06.
- **Martin Angst** has been promoted to Associate Professor of Anesthesia, effective 2/01/06.
- **Ramsey Cheung** has been reappointed to Associate Professor of Medicine (Gastroenterology & Hepatology) at the Veterans Affairs Palo Alto Health Care System, effective 12/01/06.
- **Rajinder K. Chitkara** has been reappointed to Associate Professor of Medicine (Pulmonary and Critical Care Medicine at the Veterans Affairs Palo Alto Health Care System, effective 3/01/06.
- **Waldo Concepcion** has been appointed to Associate Professor of Surgery, effective 2/01/06.
- **Soheil Dadras** has been appointed to Assistant Professor of Pathology and Dermatology, effective 2/01/06.
- **Ricardo Dolmetsch** has been reappointed to Assistant Professor of Neurobiology, effective 3/01/06.
- **Lawrence V. Hoffman** has been appointed to Associate Professor of Radiology, effective 2/01/06.
- **Gloria M. Kardong** has been promoted to Adjunct Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 2/01/06.
- **David P. Lee** has been reappointed to Assistant Professor of Medicine (Cardiovascular Medicine), effective 4/01/06.

- **Meritt Maduke** has been reappointed to Assistant Professor of Neurobiology, effective 9/31/06.
- **Darius Moshfeghi** has been reappointed to Assistant Professor of Ophthalmology, effective 8/01/06.
- **Andrew Shelton** has been reappointed to Assistant Professor of Surgery, effective 2/01/06.
- **Mark A. Singleton** has been promoted to Assistant Professor of Molecular and Cellular Physiology, effective 9/31/06.

Dean's Newsletter

March 6, 2006

Tribute to a Stanford Pioneer

A special memorial service to celebrate the life of Norman Shumway, MD, PhD, who passed away on February 10 at the age of 83, will be held on **Friday, March 17** at Stanford Memorial Church. Services will start at 3 pm, followed by a reception at the Stanford Faculty Club, 439 Lagunita Drive, at 4 pm. Seating is limited, so please arrive early. Free parking will be available at the Stock Farm West parking lot. A shuttle to the church and back will run between 2-6 pm. If you have questions or special needs, please call 234-0621.

As you know, Dr. Shumway was one of the most remarkable figures in American Medicine during the 20th century. He was an incredible visionary, leader and pioneering surgeon. His work transformed cardiothoracic surgery and had a major impact on Stanford Medicine – locally and globally. While he is surely missed, his legacy will continue deep into the future.

Should you wish to make a contribution in his memory, the family asks that you please make a donation to the Stanford Heart and Lung Transplant Patient Care Fund, Department of Cardiothoracic Surgery, 300 Pasteur Drive, Stanford, CA 94304-5407.

Continuing On

You may have noted in the recent issue of the **Stanford Report** (<http://news-service.stanford.edu/news/2006/march1/pizzo-030106>) that President Hennessy and Provost Etchemendy asked me to serve a second term as dean of the School of Medicine.

I am honored to accept their invitation and will do my best to continue serving the School, Medical Center and University.

It is hard for me to imagine that in April I will have been in my role for 5 years. In many ways it has been a time of considerable change and progress, thanks to the efforts and contributions of extraordinary faculty, students and staff. I have been most fortunate to work with a remarkable leadership group in the dean's office, along with exceptional department chairs and senior leaders throughout the School. I am particularly pleased that our Stanford community has drawn more closely together with the common goal of fostering discovery and innovation to improve human health and that we have forged a closer relationship with our colleagues across the University.

I began my tenure as dean at a time when the medical school was just emerging from the challenging merger and de-merger with UCSF – a period of low morale, damaged image and financial difficulty. Fortunately we were able to unite under the banner of ***Translating Discoveries*** and together redefine and then better align our missions in education, research and patient care. Today we are considerably stronger and healthier – and have a clear sense of mission and purpose.

There is no question that we have many challenges ahead and that some of the progress we have made will be impacted by forces within and outside of the medical center. But I am confident that we can – indeed must – play a leadership role in better defining the future of academic medicine and its value to our community locally and globally. I will do all that I can to help Stanford achieve the greatest success possible and both appreciate and count on your continued support – and especially your creativity, energy and commitment to Stanford Medicine.

And finally, I guess this means that the Dean's Newsletter will continue on – at least for the next 5 years!

Thinking Globally

We are increasingly part of a global community that is being radically transformed by technology, transportation, economics, and of course disease and global health. While Thomas Friedman's widely read "***The World is Flat. A Brief History of the Twenty-First Century***" (Farrar, Straus, Giroux, 2005) illustrates how technology is equalizing the economic playing field for a number of nations, it is also clear that there are widening divisions between technology- wealthy nations and those that remain poor and impoverished. That said, these divides can be crossed and seriously impacted by emerging infections – including the prospect for a global pandemic such as with Influenza H5N1. Preparing for such events is essential – but so too is achieving more harmonious partnerships with global partners.

The recently announced Freeman Spogli Institute for International Studies (see <http://fsi.stanford.edu/>) offers a unique opportunity for Stanford to define its role and place on the world stage. To better delineate the role that the School of Medicine should play in international programs I brought together a group of faculty and students to help

define our future directions. This is a work in progress but I want to share some of our interim observations with the hope of getting feedback from you. Among the major working principles are:

- ***Alignment with strategic goals of the School of Medicine.*** While we will continue to foster individual faculty and student international initiatives, it is important that broader efforts be as aligned with the mission of the School of Medicine as possible. Our strategic plan, *Translating Discoveries* defined the mission of the Stanford School of Medicine *to be a premier research-intensive school of medicine that improves health in the 21st century through discoveries, leadership, and innovation in education, biomedical research and patient care.* Accordingly, whatever new initiatives we undertake in the international area should be consistent with our core mission and values – which emphasize discovery and innovation.
- ***Alignment with the Stanford University International Initiative.*** We are in an exciting era of interdisciplinary research with the noteworthy potential of the application of research discoveries to real world problems. Because of its relatively small size and porous inter-departmental and inter-School boundaries, Stanford has the potential to make significant advances in addressing pressing needs on a global scale – including in global health. However, this can only be done if faculty and students across all the schools come together, and accordingly, we are enthusiastic about participating in and fostering alignments across the university.
- ***Focus on basic research and innovation.*** Our great strength lies in innovation and discovery that evolves from basic research. The committee concluded that at least one venue that has the potential to engage international team efforts could be modeled on the exciting Biodesign Program that has been pioneered at Stanford by Dr. Paul Yock, Martha Meier Weiland Professor and Co-Chair of the Department of Bioengineering. As currently delineated, the Biodesign program fosters interdisciplinary teams charged with identifying specific problems and designing solutions to them, and thus might provide a paradigm to anchor new international efforts. Indeed, creating teams that include participants from Stanford and other nations could provide an important linkage between *Translating Discoveries* and improving global health. There could also be alignments with scholars of policy and policy makers that might be very beneficial.
- ***Geographic focus.*** Our working committee also noted that we would have the greatest impact if we focus our efforts geographically. In this regard, we are looking at Asia, specifically at India and China. These areas have enormous need and significant potential for progress through the kind of interdisciplinary, problem-based approach at which Stanford science excels, coupled with the policy expertise that Stanford scholars can bring to bear.

- ***Enhanced and guided student experiences.*** It has been clear for some time that we need to provide greater coordination and oversight of student international experiences. In addition, we want to build on the strong student interest in international medicine so that we can offer them a greater array of opportunities. Again, the Biodesign model might provide one paradigm, but other approaches will also be entertained.
- ***Identification of a leader.*** In order to bring a plan to fruition, we need to identify a senior leader. The “phenotype” of this leader is yet to be determined – i.e., whether we should seek a senior scientist in an area such as infectious diseases or whether this position calls for an individual who has significant experience and accomplishment in the arena of international health policy. The question is: where should the area of deepest knowledge reside – in laboratory science, in the translation of basic science to clinical application, or in the broader world of public health applications and policies? Regardless of how we resolve this question, we will be looking for an individual who can move the agenda forward internally as well as externally. This will include such elements as: mobilizing faculty and student interest within the school, engaging faculty interest in other Stanford schools and at the Freeman Spogli Institute, developing a strategic plan for School international efforts, establishing an office that oversees and enhances student international experiences, leading the efforts to establish new international projects and collaborations, and so forth.

There are exciting opportunities and challenges before us – but clearly they are ones that we should wish to address. Please let me know your ideas. My plan is to move our agenda to a new level in the months ahead.

Commonwealth Club Award for Stem Cell Research

On Wednesday evening March 1st the Commonwealth Club of California presented their 18th Annual Distinguished Citizen Award to institutions and individuals for achievements in life science, biotechnology and stem cell research. Stanford and UCSF were the two institutions that were honored along with Brook Byers, Bob Klein and Bill Bowes. Dr Irv Weissman, Director of the Stanford Institute for Stem Cell Biology and Regenerative Medicine and Virginia & D.K. Ludwig Professor of Pathology accepted the award for Stanford.

In honoring the scientists and leaders in California who have been pioneers in the still nascent field of stem cell research, the Commonwealth Club also offered an important affirmation in support of this important area of investigation, which has, unfortunately, remained unfunded in California due to lawsuits challenging the constitutional right of the State to issue the bonds - despite the approval of nearly 60% of the voters of California in November 2004. Ironically, on the same day of this award ceremony, the trial challenging the right of the state to issue the bonds that voters approved in Proposition 71 was proceeding in the Alameda County Court under the guidance of Judge Sabraw. While a 2-3 week trial was anticipated (the plaintiff indicated that they would call over 70 witnesses) the actual trial lasted only three days and virtually all reports

indicate that the plaintiff's case was quite weak. An opinion piece on this topic by Russell Korobkin, Professor of Law at UCLA and a senior fellow at the UCLA Center for Society and Genetics, which you may find of interest, was published in the March 3rd LA Times (see: <http://www.latimes.com/news/opinion/commentary/la-oe-korobkin3mar03,1,7368002.story>).

It is expected that Judge Sabraw will render her decision within the next several weeks. It is also anticipated that if the decision is against the plaintiff they will appeal the decision to a higher court – but hopefully the case will be dismissed or negated on appeal. With that the funds approved by the voters of California will become available.

As you may know, I have been a member of the Independent Citizen's Oversight Committee (ICOC), which has overseen the California Institute for Regenerative Medicine since its inception in November 2004. The ICOC has worked tirelessly on behalf of the State of California to get the systems into place to support high quality stem cell research. In my opinion remarkable progress has been made, and it is a tragedy that at this point we are still unable to carry out the wishes of the voters by funding and supporting stem cell research. I hope that this will soon change and that the important science that can and must be done has the opportunity to proceed.

More From 60 Minutes

Hopefully many of you had the opportunity to see the segment about stem cell research on the 60 Minutes show that aired on Sunday February 26th. Dr. Bobby Robbins, Chair of Cardiothoracic Surgery and Director of the Stanford Cardiovascular Institute, did a terrific job in representing his research and Stanford (see <http://mednews.stanford.edu/stemcell-60min.html> for details).

Unfortunately, because the producers of 60 Minutes decided that they needed to devote more time to the port authority issue, they eliminated the interview they had done with Dr. Irv Weissman – which was most unfortunate. However, they have now posted that interview on their website and if you are interested you can view it at: <http://www.cbsnews.com/stories/2006/02/23/60minutes/main1341635.shtml>.

Stanford Receives Major Award for Nanotechnology

The National Cancer Institute has awarded Stanford University a \$20,000,000 U54 grant to establish a Center of Cancer Nanotechnology Excellence (CCNE) (http://nano.cancer.gov/funding/nanotech_centers_of_excellence.asp). This grant is an excellent example of team-based science. It involves the Schools of Medicine, Engineering, and H&S as well as investigators from UCLA, Cedars Sinai, Fred Hutchinson, UT Austin, General Electric and Intel. Dr. Sam Gambhir, Director of the Molecular Imaging Program at Stanford (MIPS) (<http://mips.stanford.edu>) and Professor of Radiology and Bioengineering, is the Principal Investigator.

The grant will focus on bringing together *in vitro* diagnostics and *in vivo* molecular imaging to develop strategies to monitor patients undergoing cancer therapy. The goals are to develop novel strategies based on nanosensors (magneto and nanotube) for looking

at early changes in blood proteins after therapy and to develop nanoparticles (e.g., quantum dots) for molecular imaging, also to monitor responses to therapy.

In addition to Sam Gambhir, a number of Stanford investigators are involved in this project, including: Hongji Dai of the Department of Chemistry; Rob Tibshirani of the Departments of Health Research & Policy and of Statistics; Michael Kelly, Bob Sinclair and Robert Wilson of the Department of Materials Science and Engineering; Dean Felsher and P.J. Utz of the Department of Medicine; Garry Nolan of the Departments of Microbiology & Immunology and of Molecular Pharmacology; Xiaoyuan Chen, Samira Guccione, David Paik, Sylvia Plevritis, Jianghong Rao and Meike Schipper of the Department of Radiology, and Ed Myers, Yoshio Nishi and Mary Tang of the Stanford Nanofabrication Facility.

Congratulations to Dr. Gambhir and his collaborators.

Graduate Student Selection Weekend

March 1-5th is the Annual Graduate Student interview and selection weekend for students interested in Stanford's Bioscience programs. These include 12 home programs that are either departmentally based or are interdisciplinary programs – along with programs in biomedical informatics and bioengineering. The 2005-06 Biosciences Brochure which describes these programs can be downloaded from the PhD Program website (see: <http://med.stanford.edu/phd/>).

Based on a review of applications submitted in December, approximately 250 applicants were invited for interviews over this past weekend. From everything I have heard so far, the students who visited Stanford were outstanding. Each of the programs and departments will be finalizing their selections and offers for the 2006 incoming class will be delivered to students early this week. In addition to being outstanding candidates I was also pleased to note the diversity of the individuals who visited Stanford and am hopeful that this next class will be outstanding and diverse.

Commission on Graduate Education -- Report Available Online

The report of the Commission on Graduate Education (see Dean's Newsletter http://deansnewsletter.stanford.edu/archive/10_04_04.html#4) can now be downloaded from the President's website (<http://www.stanford.edu/dept/president>). Hard copies of the report also may be requested on a limited basis by contacting Miranda Tuttle at mtuttle@stanford.edu (the report will be sent via ID mail).

President John Hennessy formed the commission in 2004 to study possible enhancements to graduate education at Stanford. Drs Julie Parsonnet, Senior Associate Dean for Medical Education and Dr. John Boothroyd, then Senior Associate Dean for Research and Graduate Education, represented the School of Medicine on this effort. The commission presented its report to the Faculty Senate in December 2005 and made a number of recommendations to enhance multidisciplinary opportunities to expand leadership training and break down institutional barriers to encourage collaboration among departments.

President Hennessy announced recently that the university would adopt the commission's recommendation to create the position of vice provost for graduate education to oversee many of the reforms. The university also has approved the development of three new pilot programs for graduate students that incorporate some of the recommendations of the commission.

Asian Pacific American Medical Student Association (APAMSA) Meeting

On Saturday, March 4th the 2006 APAMSA Western Regional Conference that was jointly sponsored by Stanford and UCSF was held in Cole Hall at UCSF with more than 150 medical students from California and beyond in attendance. I was pleased to be invited to provide opening remarks on behalf of Stanford - and to recognize the breadth and depth of the program that had been assembled. The Conference was entitled "Taking Action: Responding to the health needs of the Asian Pacific American Community," and it featured a broad array of topics ranging from social justice and protecting patients to the impact of Hepatitis B and HIV.

Special thanks must go to our Stanford students who helped organize this excellent conference including Emiley Chang (who served as co-chair) along with Organizing Committee Members Rena Patel, Andrew Poon, Kaushik Roy, Ricky Tong and Wei Gu.

Promoting Diversity and Leadership

The first session of the Faculty Fellows Program organized by the School of Medicine's Office of Diversity and Leadership met on Tuesday evening, February 28th in the Faculty Club. Participants had the opportunity to attend sessions dealing with such important practical issues as journal writing and mentoring – and also had the opportunity to get to know each other. One feature of each of these sessions will be a personalized description of the leadership journey of various Stanford faculty and leaders. I had the privilege of giving the first of these sessions.

I again want to thank the leaders of this important effort including Dr. Hannah Valantine, Barbara Miller and Julie Moseley.

Stanford Medicine, Spring Issue

The Spring issue of Stanford Medicine offers a special report on pediatric challenges. Its underlying message is that for many children good health care is the exception, not the rule, despite the extraordinary advances being made in pediatric care.

This print run is the publication's largest in a decade: 65,000. The run's size is due to an additional 50,000 printed for LPCH, which is planning to distribute the issue widely among pediatricians and the media.

Highlights in this issue include:

- The lead story discusses the struggle for pediatric health-care funding. It refers to this year's outrageous "Deficit Reduction Act" and describes the tendency for legislation to favor adults vs. kids.

- A piece on the dire straits facing pediatric health workers (and children) in sub-Saharan Africa. Media relations director Ruthann Richter traveled to Kenya and interviewed health-care workers, children and families there.
- -A feature on the history of children's hospitals, their importance, and their precarious financial footing. This includes a sidebar on LPCH's origins.
- -A "ticktock" of the days leading up to Children's Hospital New Orleans' evacuation in the wake of Hurricane Katrina. Two LPCH residents put us in touch with a resident there. He provided a diary of his experiences. The hospital's leaders provide context.

The Stanford Medicine magazine may be viewed online at:

<http://mednews.stanford.edu/stanmed/2006spring/> . Hard copy of the issue may be obtained by contacting the Office of Communication and Student Affairs at (650) 723-6911.

Call for Nominations

Nominations are now being accepted for the 2006 Alwin C. Rambar-James B.D. Mark Award for Excellence in Patient Care. Nominations are open to all Stanford physicians, regardless of whether they work at Stanford University Hospital and Clinics, Lucile Packard Children's Hospital, or any other location where a Stanford physician is delivering care. The Award, which is presented at Medical School Commencement, was established in 1984 to recognize and honor a Stanford physician who excels in patient care, exemplified by his or her ability to meld competence with compassion, and who works productively with all members of the health care team. Last year's recipient was Dr. George Fisher.

Please submit your nomination for the 2006 award to Lisa Joo, Medical School Office Building, 251 Campus Drive, Room XC041, Stanford, CA 94305-5460 or by email at lisa.joo@stanford.edu. Nominations are due by April 10, 2006.

Awards and Honors

- The School of Medicine has been awarded the ***Diversity Spirit Achievement Award (2006)*** from the Diversity Recruiters Network (DRN) for its active support of Diversity in the Community and the Workplace. This is a national awards program that recognizes organizations for their accomplishments and outstanding support of diversity in the workplace and community. The School of Medicine was one of only two Bay Area employers honored in a recent presentation ceremony. Nancy Koski, HRG's Compensation and Employment Specialist, accepted this award on behalf of the School of Medicine. Special thanks to our Department of Human Resources.
- ***Dr. Sanjiv "Sam" Gambhir***, Professor of Radiology and Director of the Molecular Imaging Program at Stanford (MIPS), was recently in London where

he received the prestigious Hounsfield Medal for his work in Molecular Imaging. This medal is named after Sir Godfrey Hounsfield, who received the Nobel Prize for Medicine in 1979 for his work on developing computer-assisted tomography (CAT scanning). Dr. Gambhir's research focuses on multimodality molecular imaging with an emphasis on novel strategies for cancer diagnostics and management. Congratulations to Dr. Gambhir for this honor.

- **Dr. Michael Longaker**, the Deane P. and Louise Mitchell Professor has been elected President Elect of the Society of University Surgeons – a wonderful accolade for Dr. Longaker.
- **Dr. Tom Krummel**, the Emile Holman Professor and Chair of the Department of Surgery at SUMC and Susan B. Ford Surgeon-in-Chief at LPCH was elected the Secretary Treasurer of the prestigious Halstead Society. He will serve a 3-year term and then become Vice President, and in 2009-10 he will serve as President. Congratulations to Dr. Krummel.

Appointments and Promotions

- **Subbhas Banerjee** has been reappointed to Assistant Professor of Medicine (Gastroenterology and Hepatology) effective 3/1/06.
- **Stephanie Chan** has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 12/1/2005.
- **Michael Harbour** has been promoted to Clinical Associate Professor of Medicine, effective 3/1/2006.
- **Peter Henry Johannet** has been promoted to Clinical Assistant Professor (Affiliated) of Surgery, effective 5/1/2005.
- **Sanjay Kurani** has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 12/1/2005.
- **Christopher Longhurst** has been promoted to Clinical Assistant Professor of Pediatrics, effective 2/1/2006.
- **Frank Longo** has been appointed to Professor of Neurology and Neurological Sciences, effective 3/1/06.
- **Robert Menard** has been promoted to Clinical Assistant Professor (Affiliated) of Surgery, effective 5/1/2005.
- **Andrew B. Nevins** has been promoted to Clinical Assistant Professor of Medicine, effective 3/1/2006.

- **Tom Ormiston** has been promoted to Clinical Assistant Professor (Affiliated) of Medicine effective 12/1/2005.
- **Mark A. Singleton** has been promoted to Adjunct Clinical Professor of Anesthesia effective 2/1/06.
- **Laszlo Vaszar** has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 1/1/2006.

Dean's Newsletter

March 20, 2006

Dr. David Stevenson Appointed Vice Dean

I am very pleased to announce that Dr. David Stevenson, Senior Associate Dean for Academic Affairs, has accepted my invitation to take on the additional role of Vice Dean of the School of Medicine. It has been my privilege to work closely with Dr. Stevenson since my arrival at Stanford five years ago. He has done a wonderful job in his current role and has led initiatives that have resulted in significant improvements in the organization and responsibilities of the professoriate, in improved clarity around the appointments and promotions process, and in a heightened commitment to enhancing diversity and improving the quality of life of our faculty and staff. He has also played a pivotal role in dealing with challenging faculty issues – and has done so with a sense of fairness and transparency.

As we build on the agenda of Translating Discoveries that we have developed during the past several years, it is clear that a focused effort is needed to bring all of our plans to realization. Dr. Stevenson will work even more closely with me to help this happen and to meet the important challenges we face in such areas as aligning the medical center, furthering the development of the Stanford Institutes of Medicine, supporting and developing additional leaders and improving our connectivity with the University. These challenges will be even more notable as we embark on an ambitious capital campaign in the next several years. It goes without saying that Dr. Stevenson has a deep love and commitment for Stanford and a strong desire to help our School, Medical Center and University succeed in every way possible. I look forward to working even more closely with Dr. Stevenson and I am very pleased that he is willing to take on even more responsibilities.

Please join me in congratulating Dr. Stevenson in his new role as Vice Dean and Senior Associate Dean for Academic Affairs.

Match Day 2006

On Thursday, March 16th, at the same time across the nation (corrected, of course, for geographic time zones), more than 15,000 graduates of US allopathic medical schools

opened their envelopes to find out where they “matched” and would begin their residency training this summer. Approximately 94 Stanford students participated in the 2006 Match. Overall some 26,715 applicants participated in this year’s match, which is run by the NRMP (National Residency Match Program). 11,707 of these were physicians who had already graduated from medical school or students from osteopathic or non-USA schools. The latter group has been increasing, as I noted in a recent Dean’s Newsletter story regarding the relative decrease in graduates from allopathic schools of medicine (see http://deansnewsletter.stanford.edu/archive/02_21_06.html#7).

Overall, internal medicine attracted the largest number of graduates (22%). An important trend seems to be changing in general surgery since all but one of its positions nationally were filled. This was the first year for a match in Otolaryngology. As in recent years “lifestyle” specialties fared well with all dermatology positions filled (93% from USA medical schools), and anesthesia had 97% of its positions filled. In contrast, primary care specialties have shown declining interest in recent years.

Looking nationally, 84.6% of students matched to one of their top three program choices (60.1% to their first choice). At Stanford, our still preliminary data show that 92% matched to one of their top three choices and 80% of our graduating students matched to their top choice – which is quite excellent.

The top residency selections among our Stanford students include Internal Medicine (19.6%), Pediatrics (11.9%), Emergency Medicine (7.6%) and General Surgery and Orthopedic Surgery (each at 6.5%). In the aggregate, 33.7% of our graduates have chosen residency training in Internal Medicine, Pediatrics or Med/Peds programs, and 29.3% chose General Surgery or Surgical Specialty programs.

The list of residency programs to which our Stanford students matched (for those who agreed to share their results) follows. Please join me in congratulating all of our students – who will graduate in 90 days!

Stanford University School of Medicine
2006 Residency Match Results

Adams, Winifred	Stanford Univ Progs-CA	Urology
Alemi, Farzad	UC San Francisco-CA	General Surgery
Alvarez, Antonio Granados	Kaiser Perm-Santa Clara-CA Rhode Island Hosp/Brown U-RI	Medicine-Preliminary Radiology-Diagnostic
Bari, Ali Sina	Stanford Univ Progs-CA	Plastic Surgery
Bartolotta, Roger	Mt Sinai SOM/Cabrini-NY NYP Hosp-NY Cornell-NY	Medicine-Preliminary Radiology-Diagnostic
Becker, Rob Jurgen	Santa Barbara Cottage Hosp-CA	Medicine-Preliminary

	Stanford Univ Progs-CA	Anesthesiology
Bekkers, Erik Jan	Santa Clara Valley MC-CA Stanford Univ Progs-CA	Transitional Radiology-Diagnostic
Bhakta, Nirav Rati	UC San Francisco-CA	Internal Medicine
Bowman, Kendra Gayle	U Michigan Hosps-Ann Arbor-MI	General Surgery
Brown, Katherine Kristine	Stanford Univ Progs-CA Northwestern McGaw/NMH/VA-IL	Medicine-Preliminary Dermatology
Bruce, Benjamin Guerard	Rhode Island Hosp/Brown U-RI	Orthopaedic Surgery
Caadium, Suzanne Cowley	UC Davis Med Ctr-Sac-CA	Psychiatry
Cayley, Mary	Orlando Reg Healthcare-FL	Emergency Medicine
Chan, Joanna Lai-Hwa	Kaiser Perm-Santa Clara-CA U Texas SW Med Sch-Dallas-TX	Medicine-Preliminary Dermatology
Chang, Grace C.	Santa Clara Valley MC-CA Massachusetts Eye&Ear Infrmry-MA	Transitional Ophthalmology
Chinosornvatana, Nina	Mt Sinai Hospital-NY	Otolaryngology
Corcoran, Ryan Bruce	Massachusetts Gen Hosp-MA	Internal Medicine
Cornidez, Eric Guillermo	U Arizona Affil Hosps-AZ Mayo Graduate SOM-AZ	Surgery-Preliminary Anesthesiology
Daly, Megan Eileen	Santa Clara Valley MC-CA Stanford Univ Progs-CA	Transitional Radiation-Oncology
Dermon, Jamie Dubois	U Arizona Affil Hosps-AZ	Emergency Medicine
Devine, Walter Patrick	UC San Francisco-CA	Pathology
Eneriz-Wiemer, Monica V.	Stanford Univ Progs-CA	Pediatrics
Epstein, Noah	Stanford Univ Progs-CA	Orthopaedic Surgery
Felix, Roberto	Stanford Univ Progs-CA	Internal Medicine
Flyckt, Rebecca Lynn Rakow	Case Western/U Hosps Clevlnd-OH	Obstetrics-Gynecology
Flynn, Darin Mark	Arrowhead Reg Med Ctr-CA Stanford Univ Progs-CA	Transitional Anesthesiology
Garcia, Jamie Edwardo	UC Irvine Med Ctr-CA	Internal Medicine
Gladysheva, Ekaterina S.	Massachusetts Gen Hosp-MA	Internal Medicine
Golzari, Mana	UC San Francisco-CA	Pediatrics-Primary
Griffiths, Courtney Elizabeth	Stanford Univ Progs-CA	Pediatrics
Heninger, Carly Anne	Stanford Univ Progs-CA	Pediatrics
Hirsch, Karen Genevieve	Stanford Univ Progs-CA	Medicine-Preliminary

Ho, Hoai-Ky Vu	Johns Hopkins Hosp-MD Arrowhead Reg Med Ctr-CA Univ of So California-CA	Neurology Transitional Ophthalmology
Ho, Hong Hung (Hailey)	Alameda Co Med Ctr-CA Baylor CoM-TX	Transitional Ophthalmology
Hsiao, Leal Kang	Duke Univ Med Ctr-NC	Family Practice
Hua, Ying	Massachusetts Gen Hosp-MA Massachusetts Gen Hosp-MA	Surgery-Preliminary Urology
Jacobson, Lara Michelle	Johns Hopkins Hosp-MD	Pediatrics
Kao, Lily	Stanford Univ Progs-CA	Internal Medicine
Karamchandani, Jason Raj	Stanford Univ Progs-CA	Pathology
Kim, Donna Hyunchung	Santa Clara Valley MC-CA Stanford Univ Progs-CA	Transitional Ophthalmology
Kobashi, Brent	UC San Francisco-CA	Medicine-Primary/UC
Kopelman, Andrew Michael	UC San Francisco-CA	General Surgery
Le, Phuoc Van	Massachusetts Gen Hosp-MA	Med-Peds/Harvard Cmb
Liess, Anna Marie	Brigham & Womens Hosp-MA	Internal Medicine
Ma, Trisha Jui-Hsia	Stanford Univ Progs-CA	Emergency Medicine
Maeda, Lauren Shizue	Stanford Univ Progs-CA	Internal Medicine
Martin, Gladys	NYP Hosp-NY Cornell-NY	Internal Medicine
Meade, Kristin Elinor	Duke Univ Med Ctr-NC	Medicine-Pediatrics
Mei, Hong	Yale-New Haven Hosp-CT	Medicine-Primary
Mendenhall, Matthew Lewis	Denver Health Med Ctr-CO	Emergency Medicine
Menon, Anil Samoilenko	Stanford Univ Progs-CA	Emergency Medicine
Meza, Francisco Ahuitzol	Kaiser Perm-Orange Co-CA	Family Practice
Minn, Ann Yuriko	Santa Clara Valley MC-CA Stanford Univ Progs-CA	Transitional Radiation-Oncology
Miranda, Ana Elizabeth	UC San Francisco-CA	Medicine-Primary/SFGH
Moffett, Shannon Elizabeth	Alameda Co Med Ctr-CA	Emergency Medicine
Morrow, Ellen Hunt	Stanford Univ Progs-CA	General Surgery
Mosher, Pamela Jane	Rhode Island Hosp/Brown U-RI	Peds/Psych/Child Psych
Nguyen, (Marie) Huong Thien	U Washington Affil Hosps-WA	Internal Medicine
Nichols, Scott David	Stanford Univ Progs-CA	Medicine-Preliminary

Nomoto, Edward Kazuhisa	UCLA Medical Center-CA	Orthopaedic Surgery
Osuji, Obi U.	Howard Univ Hosp-DC	Orthopaedic Surgery
Otanez, Oscar H.	Stanford Univ Progs-CA	Pathology
Paquin, Marcela Marie	U Colorado SOM-Denver-CO	Pediatrics
Pate, Lisa Lee	Stanford Univ Progs-CA	Pathology
Patel, Jay Jitendra	UC Irvine Med Ctr-CA	Orthopaedic Surgery
Perez-Baron, Gina B.	Contra Costa Reg Med Ctr-CA	Fam Prac/Martinez
Prapong, Wijan	Stanford Univ Progs-CA	Internal Medicine
Rhee, Michelle Sang Min	O'Connor Hospital-CA	Family Med/San Jose
Richburg, Delene Adunni	Emory Univ SOM-GA	Pediatrics
Rieger, Kerri Elyse	Santa Clara Valley MC-CA Stanford Univ Progs-CA	Transitional Dermatology
Rivera, Frain Servando	Stanford Univ Progs-CA Stanford Univ Progs-CA	Trans/Anes Santa Clara Anesthesiology
Rivera, Kahealani K.	University of Hawaii-HI	Internal Medicine
Rose, Amy Elizabeth	NYU School Of Medicine-NY NYU School Of Medicine-NY	Surgery-Preliminary Urology
Rosenberg, Abby Rachel	U Washington Affil Hosps-WA	Pediatrics
Salles, Arghavan	Stanford Univ Progs-CA	General Surgery
Santarelli, Justin Gregory	Stanford Univ Progs-CA	Neurological Surgery
Schader, Elizabeth Merritt	San Mateo Co Mental Hlth Svcs-CA	Psychiatry
Serrano, Oscar Kenneth	Johns Hopkins Hosp-MD	General Surgery
Shah, Anup Ramesh	U Washington Affil Hosps-WA	Surg-Prelim/Urology
Shaw, Robert Bruce	U Rochester/Strong Mem-NY	Plastic Surgery
Simoneau, Tregory Claire	Childrens Hosp Boston-MA	Peds/Childrens Hosp
Singh, Naileshni Sanjinita	Santa Clara Valley MC-CA UC Davis Med Ctr-Sac-CA	Transitional Anesthesiology
Soller, Marie Valentine	San Mateo Co Mental Hlth Svcs-CA	Psychiatry
Stoltey, Juliet Elizabeth	Brigham & Womens Hosp-MA	Internal Medicine
Udani, Vikram	UCLA Medical Center-CA	Surg-Prelim/Neurosurgery
Warme, Bryan August	U Iowa Hosp/Clin-Iowa City-IA	Orthopaedic Surgery
Wong, Jenise Colleen	UC San Francisco-CA	Pediatrics
Wu, Peggy A.	Santa Clara Valley MC-CA	Transitional

	Barnes-Jewish Hosp-MO	Dermatology
Yeh, Iwei	Santa Clara Valley MC-CA	Transitional
	U Washington Affil Hosps-WA	Dermatology
Young, Kimberly Kristine	Oregon Health & Science Univ-OR	Family Practice
Zeman, Alenka Marie	Massachusetts Gen Hosp-MA	Pediatrics
Zink, Anne Braun	U Utah Affil Hospitals-UT	Emergency Medicine

In addition to the match results for our graduating medical students I am also pleased to note that all of the residency programs affiliated with Stanford Hospital & Clinics and the Lucile Packard Children's Hospital were also very successful. So overall, Stanford fared exceedingly well in the 2006 Match!

Support for the NIH: Specter and Harkins Rise to Advocacy

In recent newsletters I have addressed with considerable concern the funding challenges that NIH and, as a result, extramural researchers are facing in a difficult federal budget environment (see http://deansnewsletter.stanford.edu/archive/01_23_06.html#1 and http://deansnewsletter.stanford.edu/archive/02_21_06.html#7). As I discussed in the January 23, 2006 Newsletter, this fiscal year NIH is operating under a budget that is slightly below last year's funding level. This represents the first funding cut NIH has experienced in over three decades. Furthermore, this year's budget continues a trend that has brought a third consecutive year in which NIH is funded at a level significantly below the Biomedical Research and Development Price Index (BRDPI). As many of you know, this circumstance has tangibly impacted researchers across the country. At Stanford we are trying to ameliorate the situation as best we can.

Last month the President presented Congress with a budget that recommended flat funding for NIH in the next fiscal year. In response, Senator Arlen Specter (R-PA) and Senator Tom Harkin (D-IA), with the support of both of our California Senators, proposed and fought for an amendment to add \$7 billion to the Senate Budget Resolution to increase funding to health and education programs that did not fare well in the Administration's budget proposal. This amendment specifically recommends an additional \$2 billion in NIH research funding. To support the proposal, a group of our peer institutions, professional societies and disease advocates banded together in an intensive campaign to communicate the urgent need to support the Specter/Harkin amendment. On Friday, March 17th, the Specter/Harkin amendment passed on the floor of the Senate with 73 votes. We owe great thanks to Senators Specter, Harkin, Feinstein and Boxer. I would also like to thank Ryan Adesnik, Director of Federal Government Relations at Stanford, for his tremendous leadership on this issue.

While the Specter/Harkin amendment is a very positive opening salvo, we have many remaining challenges in this year's federal budget process. The House of Representatives, where proposals to add funding face a higher political hurdle, must also pass a budget resolution. That House resolution would then have to be negotiated with

the Senate. Issues like these are very hard to negotiate, especially in an election year, but the high level of Senate support for NIH will be very helpful. In addition, it is important to understand that budget resolutions have had greater impacts in recent years, but they are still viewed as a general guideline for the appropriations process.

Another important issue I wish to bring to your attention is the extreme funding cut approved last year to the Title VII Health Professions Accounts at the Department of Health and Human Services (HHS). Title VII initiatives such as the Health Professions Training for Diversity Centers of Excellence and Health Careers Opportunities programs have supported some extremely successful work led by Fernando Mendoza and others at Stanford to encourage minority students from middle school through college to enter medical schools and to pursue careers in clinical practice and academia. In my opinion this funding cut is a very serious problem, and it represents a very unfortunate direction by the current Administration. Many leaders across the country are working very hard in what is clearly an uphill battle to restore these cuts – and I also want to acknowledge the advocacy role that a number of our medical students are playing in this effort as well. In the House of Representatives Congressman Charlie Norwood (R-GA) and Congresswoman Diana DeGette (D-CO) are circulating a letter in support of these programs. The letter has so far garnered signatures from 171 House members including our local Congresswoman, Anna Eshoo (D-CA). A companion Senate letter is currently in the works.

Separately, the Senate also approved on March 16th the Feinstein-Mikluski-Collins Amendment to provide an additional \$390 Million for cancer research and prevention programs in the FY07 budget. This amendment would impact the NIH, CDC (Center for Disease Control) and HRSA (Health Resources and Service Administration).

We will remain extremely active in the coming months in support of NIH and Title VII programs. If you have any questions or suggestions please do not hesitate to contact me or Ryan Adesnik, our Director of Federal Government Relations, at radesnik@stanford.edu.

Official Report from the LCME

The official report from the Liaison Committee on Medical Education (LCME) was sent to President John Hennessy in early March. It is something we should all be proud of – certainly compared to prior reports. The final 205-page report represents the work of the Site Review Committee that visited Stanford on October 16-19, 2005, coupled with a review by the LCME Council at its February 22-23 meeting. Based on the review we received a full eight-year accreditation, and our next full site review will take place in 2013-2014. In their official communication, the LCME identified some areas of strength (i.e., those that are above and beyond the expectations of the LCME) along with some areas that require continued attention during the years ahead. I share these comments with you in an unedited fashion in order to provide the greatest degree of transparency in this very important matter.

As stated in the letter to President Hennessy, the LCME concurred with the Site Review Committee in their assessment of areas of institutional strength, including:

1. Dean Philip Pizzo has demonstrated his commitment to medical student education in a number of concrete ways, including making significant financial and other resources available and taking an active role in the conceptualization and planning of the new curriculum. Dr. Pizzo is recognized by faculty and students as a catalyst for bringing about curriculum change.
2. There is a climate of collegiality among faculty that transcends departmental boundaries. This is exemplified by significant amounts of cross department and inter-school teaching and research.
3. Average medical student debt is less than one half that of other private schools. This is made possible, in part, by endowment income that is committed to scholarship support. Students also receive comprehensive debt counseling.
4. The medical school has made a major investment in information technology to support the medical education program. This permits the utilization of innovative computer based applications in the teaching and evaluation of medical students.
5. The medical school, through the leadership of the library staff, has created a “library without walls” allowing students and faculty to have access to information from any location. Library staff are widely involved in curriculum planning and in medical student education.
6. The medical school has committed significant resources, such as funding and personnel, in a targeted and coherent way to facilitate educational program change. The system to allocate funding to departments for teaching activity has facilitated the participation of faculty in teaching. A number of administrative positions, which are filled with talented and committed individuals, have been added to support medical education.

In addition, the LCME identified a number of transitional areas that will require close monitoring as well as three issues that require specific attention. The so-called “transitional issues” – which can obviously become strengths or weaknesses – include, in the words of the LCME:

1. The medical school is working to resolve scheduling conflicts between medical school courses and required courses in the scholarly concentrations. In this context, a system to monitor student workload will be necessary.
2. The Committee on Courses and Curriculum has been examining the teaching of clinical skills across the curriculum, based on concerns about student performance in the final clinical skills examination and student concerns about the level of clinical skills teaching during clerkships.

3. The system for student advisement, including academic and career counseling, has changed in recent years. Student satisfaction with and utilization of the new advisory system are mixed.
4. A plan has been approved for a new medical school education building (the Learning and Knowledge Center) with groundbreaking scheduled for 2007.

I agree with these issues and know that each area is currently being worked on by the Medical Education group and student services. In addition to these transitional issues, the LCME stated three areas of concern, as follows:

1. At the time of the survey visit, departments were in the process of implementing a mid-clerkship review of patient encounter data but the process had not been completed in all departments.
2. The implementation of a more systematic process to ensure formative feedback during the surgery and obstetrics-gynecology was underway at the time of the survey visit.
3. Faculty diversity currently is limited and does not approach that of the student body.

Based on this, the LCME wishes to have follow-up addressing the following important areas in 2007: a) Monitoring patient encounters; b) Providing formative feedback; c) Promoting faculty diversity; d) Coordinating student schedules; e) Teaching clinical skills; f) Advising students; g) Constructing the Learning and Knowledge Center.

Overall this is a terrific report and I want to thank again the many dozens of faculty, students and staff who worked so hard to bring this to fruition. While we have important issues to address, we have made major progress and the LCME had praised us for these accomplishments. More importantly, regardless of LCME oversight, each of the areas identified represent issues that we ourselves want to address in our efforts to make Stanford as outstanding as it can be – for our students and for the nation.

Updates from Stanford Hospital & Clinics (SHC)

At the SHC Board of Directors meeting on Tuesday March 7th, two important updates were provided. First, the Board approved a 5- year plan to support the implementation of the Epic clinical information technology. This plan is designed to transform SHC's current systems and provide an important segue to developing an Electronic Medical Record System. The process that was followed to achieve this decision was engaging and timely and, over time, should significantly improve the satisfaction of patients, faculty, community and referring physicians, and employees as well as improving hospital and clinic operations. Many of our faculty were involved in the selection process for Epic. Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology,

provided School leadership and worked closely with Ms. Carolyn Byerly, the SHC Chief Information Officer, and Dr. Kevin Tabb, SHC Chief Quality & Medical Information Officer. This investment by SHC, while enormously costly, is a huge step forward and will ultimately have a major positive impact on the quality and delivery of patient care.

Second, the Board meeting was held at the new North Campus facility in Redwood City.. This site, which was purchased by SHC in December 2005, will be a major ambulatory facility. A number of the School's clinical departments (including Orthopedics, Dermatology, the Pain Clinic, Spine Program and an Imaging Center) will move to the North Campus when renovations are completed in 2008. This will be a wonderful site for patient care and will represent a new paradigm for the School and SHC as we strive to deliver outstanding clinical services at both the Medical Center and this new and exciting North Campus facility.

Judith Cain Appointed Assistant Dean for Academic Affairs.

I am pleased to announce the appointment of Ms. Judith Cain as Assistant Dean for Academic Affairs. Ms. Cain will work with Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, to develop School policy and practices that support and promote our increasingly complex faculty and organizational structure. Of overarching significance in this area are the appointment and promotion process and the support of faculty career development. Judith joins our School's senior management team and, among many other projects, will be working on the implementation of the recommendations of the Appointments and Promotions Task Force, including the development of FastFac, a web-based system designed to improve the speed of long form assembly and review that was recommended by the task force chaired by Dr. Rob Jackler.

Judith comes to the SOM after serving the Deans of the School of Humanities and Sciences since 1990. For the last three years, she was Senior Advisor for Faculty Affairs and from 1995-2003, she served as Assistant Dean for Faculty Affairs. Judith brings a wealth of experience to the Office of Academic Affairs and a reputation for being a trusted advisor and colleague to Deans, Chairs, faculty and staff alike.

Congratulations and welcome Judith!

Awards and Honors

Karl Blume, Professor of Medicine, Emeritus, has received the Lifetime Achievement Award from the American Society of Blood and Marrow Transplantation. This is their highest honor, and we congratulate Dr. Blume!

Sarah Donaldson, the Catharine and Howard Avery Professor of Radiation Oncology, was recently elected to the Board of Directors for the Radiological Society of Northern America (RSNA), the world's largest radiology professional society. In the role as liaison-designate for science, Donaldson will be able to participate in the research component of the annual scientific program, work with the Research & Education Foundation and help formulate the research and development, along with the scientific direction of the Society. Congratulations to Dr. Donaldson!

Robert Negrin, Professor of Medicine (Bone Marrow Transplantation), has been recently instated as the President of the American Society of Blood and Marrow Transplantation Society at their annual meeting in Honolulu, Hawaii. Congratulations to Dr. Negrin!

Medical student **Sepideh Saber** has been awarded a 2006 Carolyn L. Kuckein Student Research Fellowship by the Alpha Omega Alpha Honor Medical Society. The Fellowship will support her research on "Progenitor cell dysfunction and impaired vasculogenesis in diabetic complications." Congratulations, Sepideh!

John D. Scandling, Professor of Medicine (Nephrology), received the National Kidney Foundation of Northern California's highest honor, the Champion of Hope Award, for his contributions to that organization, including Chairmanship of the Medical Advisory Board and to the care of patients with kidney disease. This is the fourth consecutive year the Kidney Transplant Service at Stanford has ranked first in the nation. Congratulations, Dr. Scandling!

Dean's Newsletter

April 3, 2006

Thank You

On April 2, 2001 I published the first of my biweekly Dean's Newsletters. It was my first day at Stanford and I felt it was important to share some of my thoughts regarding the future of the School of Medicine and the Medical Center with my new colleagues. Now 5 years (and 121 Newsletters) later I want to use the occasion of this anniversary to thank the entire Stanford community for the incredible work that all of you do – in education, research, patient care, administration and service to our communities. It has been a privilege to be a member of the Stanford family, whose greatest strength is the excellence and commitment of all who work, study and provide service. I believe we have come a long way together – but we have a tremendous amount yet to accomplish. I look forward to continuing to work with and serve you and this community. Thank you.

It Must Be April: US News and World Report Rankings are Out Again!

Last Friday U.S. News and World Report (USN&WR) posted its rankings of graduate and professional schools. While nearly everyone says that these rankings are not important, few actually refrain from looking at them – and no one who has done well stays silent. This year the School of Medicine was ranked #7 overall (for its MD program – which is up from #8 last year) and the PhD program in Biological Sciences (which includes the basic science programs in the medical school as well as H&S) was ranked #1. We can certainly be proud of these ratings, which are a tribute to our faculty and students.

As you may know from prior communications on these rankings, I have had considerable concern about some components of the methodology used to rank the “research” medical schools. The rank is determined by “quality assessment, research activity, student selectivity and faculty resources.” More specifically, USN&WR weights total NIH grant support most heavily as the measure of research activity. Unfortunately, because of the much smaller size of our faculty compared to peer schools, we are not at the top of the list on this metric. Last year USN&WR included a listing of NIH grant funding per faculty member – where Stanford clearly excels – after several years of my petitioning the editors for this change. And while research/faculty is now included in the score it is weighted far less than overall funding – so at the end of the day size still trumps quality. So, there is still more work to be done with the editors!

Overall, Stanford did extremely well in each of its graduate and professional school programs. It is truly a great university.

Education and the Community

I have previously discussed the evolution of our community health initiatives, which are now under the umbrella of the Office of Community Health (OCH) headed by Dr. Marilyn Winkleby (<http://och.stanford.edu/>). In addition to having outstanding programs in research, education and patient care, it is important that the School and Medical Center have a strong presence in the community, that we provide valued services and that our students and faculty have the opportunity to contribute to and learn about community initiatives. It is also important that the programs associated with the School of Medicine have associated analytic metrics to help validate whether they are truly making a difference.

I am pleased by the recent accomplishments of the OCH in providing support, advice and courses for our students in community health assessment, research methodology and patient advocacy. Additionally, in tandem with the efforts of the Dean’s Office in medical education, just over 20 medical students have enrolled in the Scholarly Concentration in Community Health this year (bringing the total to 40 students), and an additional 11 medical students are pursuing Masters in Public Health degrees at either our joint program with UC Berkeley or at another institution.

In addition to increasing the available course offerings in community education in the medical curriculum, the OCH is promoting student research activities. A number of

meritorious publications have appeared in the medical literature based primarily on work conducted by medical students. OCH is also facilitating advocacy projects for students enrolled in the “Practice of Medicine” course (one of the foundational courses in the medical curriculum) and is also building links to the Stanford Medical Youth Science Program, the Biomedicine training programs and numerous pipeline programs including the Center of Excellence and the Stanford University Medical Alliance. The Cardinal Free Health Clinics constitute another important resource for students to have an opportunity to both learn and contribute to the health maintenance and monitoring of those with limited access to health care.

Looking forward, the OCH plans to develop a population health core curriculum for the Practice of Medicine course. In addition, plans are underway to develop a database of faculty and community research mentors and to jointly sponsor workshops and lectures relevant to community based scholarship and public service. An important goal is to increase the number of students doing original research related to community health challenges and issues and to form partnerships with School of Medicine and University groups involved in community partnerships – including such programs as the Haas Center, the Office of Diversity, the Center for Ethics and Bioethics, the Center of Excellence, and the Cardinal Free Care Clinics.

To support these programs, efforts have begun to raise financial resources from foundations and other sources of private funding. This is particularly important given the likely very serious cutbacks that are proposed by the Administration for Title VII programs. These cutbacks will have a very negative impact on our ability to sustain excellence in these areas.

While our clear focus and mission is that of a research-intensive school of medicine, strong programs in community health and service are also needed, and they further demonstrate the important role that we play as an academic medical center. I am pleased by the progress to date but also recognize the considerable efforts that lie ahead. If you have questions or recommendations please address them to Dr. Winkleby at winkleby@stanford.edu.

Planning the LKC and Launching C-Sim

Work is progressing to further enhance our leadership in medical education. On Monday evening, March 27th, I hosted an appreciation event for members of our community who have contributed to the simulation center that has been pioneered and championed by Dr. Tom Krummel, the Emile Holman Professor and Chair of the Department of Surgery at SUMC and Susan B. Ford Surgeon-in-Chief at LPCH. This center, which will open at the end of 2006, will be an integral component of the Learning and Knowledge Center at Stanford.. Thanks to generous contributions, the center will be known as the Goodman Simulation Center at Stanford. It will house state-of-the-art robotic, haptic and virtual reality devices that simulate surgery and that can be used by students, residents/fellows and faculty to enhance their surgical skills or even prepare for surgical procedures. This will be a unique center not only because of the resources it will provide, but also because

of its location near the operating rooms at Stanford Hospital & Clinics. This is truly a very exciting and important project.

In tandem with the establishment of the Goodman Simulation Center, the NBBJ architects have begun to further refine and develop the design and schematics for the Learning and Knowledge Center, which will include new construction as well as significant renovation. An update of this exciting project appeared in the March 8th issue of Stanford Medicine (see <http://news-service.stanford.edu/news/2006/march8/med-architect-030806.html>).

Sexual Harassment Training

The Respectful Workplace has been an important initiative and goal for the School of Medicine during the past several years. In conjunction with the University, the School monitored the mandatory training of faculty and supervisors in sexual harassment. Some 1,740 individuals in the School of Medicine were required to take this training and I am pleased to say that as of March 30 compliance for the School was 100% -- meaning that every individual who needed to take the training has now done so. I will be especially gratified if this knowledge helps assure that sexual harassment or other infractions of the Respectful Workplace are eliminated from the School of Medicine. That said, if members of our community have concerns, they should bring them to Ms. Martha McKee, Ombudsperson, Ms. Ellen Waxman, Director of Faculty Relations, or Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs. We are committed to doing all we can to sustain as respectful a workplace as possible.

Update on the Pediatric/Obstetric Faculty Practice Organization Planning

During the past several years a major transformation has occurred in Stanford Pediatrics and the Lucile Packard Children's Hospital. Without question the Children's Health Initiative played a critical role in catalyzing and driving this transformation, which has resulted in many new and enhanced programs and in the recruitment of more than 45 faculty. Thanks to the efforts of many individuals, most notably Drs. Harvey Cohen, Alan Krensky, Ann Arvin, David Stevenson, Tom Krummel, and Ken Cox from the School of Medicine, along with Chris Dawes, Sue Flanagan, Cynthia Haines and Bonnie Whalen from LPCH, and the support of the Lucile Packard Foundation for Children's Health and the LPCH Board of Directors, Stanford Pediatrics today is at a whole new level – with much promise ahead.

Despite the progress and accomplishments that have occurred to date, considerable challenges remain. These include the further building of excellence in clinical and academic programs, which itself includes the recruitment of junior faculty and future leaders and the transformation of the training programs to be more consonant with the strategic direction of the School of Medicine. With the continued expansion of the clinical programs at LPCH, plans for developing and implementing a pediatric/obstetric faculty practice organization (FPO) continue to move forward. The goal of the FPO will be to *“advance the missions of the Stanford School of Medicine and Lucile Packard*

Children's Hospital where they intersect in the delivery of professional medical services." The FPO will endeavor to improve the efficiency and effectiveness of the physician practice and to improve the quality of patient care based on two principles: first, that the faculty are responsible and accountable for the operations of the practice, and, second, that incentives are aligned between LPCH and the pediatric/obstetric clinical practice for the purpose of improved performance. The Peds/Ob FPO is jointly governed by the LPCH and the School and will be led by a Management Committee chaired by Dr. Ken Cox. There will be functional committees: Quality (chaired by Dr. Larry Hammer), Operations (chaired by Dr. Christy Sandborg) and Finance (chaired by Dr. Bill Kennedy). A recent retreat by the leadership of the Pediatric/Obstetric FPO delineated a number of operational, financial and quality performance goals and objectives (for patients and the practice) and they will be working to further refine these goals and implement changes during the next year.

More on Diversity and Leadership

This past week Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership, submitted a very useful progress report to me and I want to share some of the highlights with you. As you know from a previous Dean's Newsletter, (http://deansnewsletter.stanford.edu/archive/11_28_05.html), the primary purposes of the Office of Diversity and Leadership (ODL) is to promote the recruitment and retention of a diverse faculty, and to develop faculty to their full potential as academic and community leaders. Here are some of the areas in which the Office has been active since its inception:

1. **Strategic Plan:** The first step was to create an Executive Advisory Committee comprised of senior faculty and staff. This group developed a strategic plan focused on the five areas delineated below. This is the first strategic plan the School has had in these areas and is in itself a significant achievement. Copies are available from Barb Miller, bemiller@stanford.edu.
2. **Recruitment:** ODL has worked collaboratively with the Office of Academic Affairs to revise the search process to enhance the attention to diversity at all stages of the search and to allow for real-time monitoring. ODL has also provided search committees with new tools as well as education about the important issue of unconscious bias in selection processes. One of Dr Valantine's near-term goals is to increase the diversity of search committees.
3. **Retention:** Faculty Gains and Losses data for recent years indicate that departure rates of women faculty are a significant limiting factor in the growth in their numbers and percentage of the faculty. Understanding the reasons for departures and exploring the development of more effective retention strategies will be a priority for ODL's work in the next six months.
4. **Leadership:** ODL has inaugurated the Faculty Fellows program, a 9-month leadership development program for a select group of faculty who have been

identified as having significant leadership potential. I was very pleased to be one of the speakers in this program. In addition, the Office has also co-sponsored, with Stanford Hospital and Clinic, a year long Physician Leadership program. Twenty of our women faculty participated in a series of women in leadership workshops sponsored by the Provost's office. ODL is also developing a Leadership Competency Model that will be piloted with the Faculty Fellows.

5. **Rewards and Accountability:** ODL is developing a series of faculty and staff awards that will acknowledge the efforts of those who are seen by others as diversity advocates. Please begin thinking about who is deserving of acknowledgement. In addition, Dr. Valentine will be working with me and with others to develop appropriate accountability measures for diversity and leadership development activities.
6. **Communication:** The Office is developing a web site and is engaged in collaborative efforts with the Office of Communications and Public Affairs to increase the awareness of both achievements and concerns that we need to address.

I want to re-emphasize my commitment to diversity and to the development of strong leadership at all levels of the School. Dr. Valentine and her staff have begun important work in these areas, and I look forward to seeing further progress in the coming months.

Awards and Honors

Please join me in congratulating **George Fisher, Associate Professor Medicine (Oncology)**, as this year's recipient of the American Cancer Society's St. George Medal of Honor Award. This represents the Society's highest honor and is given to an outstanding volunteer who has made a significant contribution to the achievement of the Society's goals over an extended period of time. Dr. Fisher has certainly been an ardent volunteer for the ACS and is most deserving of this special honor.

I am pleased to announce that three awards were granted to Division of General Internal Medicine faculty and affiliated physicians at the California Regional meeting of the Society of General Internal Medicine on Friday, March 17th:

Rex Chiu, MD (SMG): California SGIM Community Service Award for his efforts as Medical Director of the Pacific Free Clinic. This award is intended to recognize SGIM members who have made significant contributions to improve the health of their community.

Yeuen Kim, MD (Willow Clinic): California SGIM Outstanding Innovation Award for her poster entitled "Working Smarter, not Harder: Redesigning Clinic

Visits," representing innovations in clinical practice at Willow Clinic to enhance productivity, patient and provider satisfaction.

Alan Garber, MD, PhD (PCOR): SGIM Clinician-Investigator Award

This award is intended to recognize a member of our region for excellence in research and teaching.

Well done, and congratulations, to all three awardees!

I am delighted to announce that **Sepideh Gholami**, President, Stanford Medical Student Association (SMSA), has been awarded a 2006 Alpha Omega Alpha Carolyn L. Kuckein Student Research Fellowship, to support her in part while doing her research on "Progenitor cell dysfunction and impaired vasculogenesis in diabetic complications." Congratulations, Sepideh!

Graduate Students Honored for Teaching

On Tuesday evening, March 7th, 12 Stanford Graduate students were honored for the outstanding contributions to teaching. The students who were recommended by department chairs and advisor, each received a letter of recognition and a check for \$1,000 in recognition of their contributions. I am very pleased to celebrate the contributions of our Graduate students and also want to thank Dr. Ellen Porzig for inspiring this award. The students who were honored include:

Matthew Evan Carter
Saul Abraham Villeda
Trent Alan Watkins
Daniel Ramot
Nancy Elizabeth Adleman
Zachary Scott Pincus
Simone Sigrid Marticke
Kirstin Suzanne Knox
Thomas Michael Johnson
Richard Daneman
Kristin Ann Maczko
Andres Bayani Tellez

HHMI Fellowship Awardees

I'm delighted to announce that 13 of our students will receive a Howard Hughes Medical Institute (HHMI) fellowship award. Congratulations are also due to all advising deans, particularly to Pat Cross who assisted students with these applications. Kudos to all!

Shimon Bababeygy
Pavan Bachiredy
Aadel Chaudhuri

Sudeb Dalai
Mani Foroohar
Geoffrey Krampitz
Mitchell Lunn
Nathan Morrell
Martha Noel
Laura Prolo
Louis Saddic
John Van Arnam
Jack Wang

Dean's Newsletter

April 17, 2006

National Advisory Committee Reviews School

The Stanford School of Medicine National Advisory Council (NAC) conducted their annual visit on Monday, April 10th. At my recommendation, the NAC was appointed four years ago to provide high-level guidance to the Provost and President about the progress of the School in fulfilling its strategic goals and initiatives. The NAC includes leaders in basic and clinical science as well as members of the University Board of Trustees. The chair of the NAC is Dr. Ed Benz, President of the Dana Farber Cancer Institute and Professor of Medicine at Harvard Medical School. The other NAC members are: Elizabeth Blackburn, Professor of Biochemistry and Biophysics at UCSF; Tom Boat, Professor and Chair of Pediatrics, U. Cincinnati and Physician-in-Chief, Cincinnati Children's Hospital; Mariann Byerwalter, Stanford University Board of Trustees and Chair, Board of Directors, Stanford Hospital & Clinics; Ying-Ying Goh, Stanford University Board of Trustees; Daniel Lowenstein, Professor Neurology, UCSF; James Madera, Dean, Pritzker School of Medicine, University of Chicago; William Peck, Dean Emeritus at Washington University; David Satcher, President of Morehouse College School of Medicine; Carla Shatz, Professor and Chair of Neurobiology at Harvard Medical School; William Stead, Director of Informatics Center and Associate Vice Chancellor for Health Affairs, Vanderbilt University, and Sam Wells, Professor Emeritus of Surgery, Duke University.

The scope of this year's visit was broad and began with my annual update on the "state-of-the-school" followed by an in-depth discussion of our progress in medical and graduate student education as well our efforts in postdoctoral training. These presentations highlighted our efforts to train and develop future leaders in medicine and bioscience and to provide enhanced opportunities for training and engagement in translational research and leadership. These include the Scholarly Concentrations in our MD curriculum, MD/PhD and other advanced dual degree programs, the Masters in Medicine program, and our plans for an advanced residency training program. The NAC was interested and seemed pleased with our efforts in these areas. They recognized the importance of Stanford's distinct niche relative to other schools of medicine and,

especially, the importance of our commitment to training future physician-scientists/scholars/leaders as well as leaders in the biosciences. The NAC also had the opportunity to meet with a diverse group of students and postgraduate trainees and to learn directly about their experiences at Stanford – which was informative and exciting.

In order to provide an example of our efforts in translational research, Dr. William Mobley, Director of the Neuroscience Institute at Stanford (NIS), and his colleagues, presented a status report to the NAC. As with all the Stanford Institutes of Medicine a primary goal of the NIS is to foster interdisciplinary research and education that transcends the boundaries of individual departments, draws connections among schools throughout the University, and forges connections to the clinical centers at Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. A primary focus of the NIS is to use the scientific strengths across the University to better understand neural networks: how they are organized and carry out their functions, how they can be disrupted in various disease settings, and how these processes can be visualized and monitored with powerful imaging and molecular profiling technologies. A couple of examples of broad interdisciplinary research were offered, including novel collaborations led by Dr. Brian Wandell, Professor of Psychology, in computational neuroimaging and the exciting collaboration emerging through the efforts of Dr. Dick Tsien, George D. Smith Professor of Molecular and Cellular Physiology, and his colleagues on the molecular foundations of autism. Indeed such interdisciplinary collaborations – some arising at the initiation of individual faculty and others facilitated through various “working groups” – offer opportunities to bring the amazingly diverse and deep scientific expertise at Stanford to bear on both fundamental questions and applied problems in neuroscience. NAC members seemed pleased and impressed by the progress of the NIS and the important role it will serve in the future of the School and University.

The NAC also heard an update on the progress being made in the still new Bioengineering Department (joint between the Schools of Engineering and Medicine), particularly in the areas of new faculty recruitments and the graduate education programs. Since the accomplishments that have been made in the past 2-3 years in Stanford's bioengineering efforts have been startling in their rapidity and excellence, it was easy for the NAC to be impressed. That said, there is still much work to do over the next 5-10 years in bringing the Bioengineering Department to maturity – but it is clear we are well on the way. In addition, an update on the Biodesign Program, which is housed in Bioengineering and BioX, was also presented to the NAC. This program, the brainchild of Dr. Paul Yock, Martha Meier Weiland Professor of Bioengineering and Medicine and Co-Chair of the Department of Bioengineering, is a prototype for bringing team-based discovery and innovation to a wide array of clinical and other problems. It has exciting potential applications both to our efforts here at Stanford as well as to those that might involve international collaborations.

Finally, the NAC heard an update from Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, on the extensive changes that have occurred in the past several years in clinical informatics in the School of Medicine. While a very broad array of innovations has been introduced during this period, Dr. Lowe focused on

those aimed at enhancing and facilitating our efforts in translational medicine. Among the most important of these is the STRIDE (Stanford Translational Research Integrated Database Environment) program, which is now becoming increasingly operational and interactive between the School and both SHC and LPCH. The NAC seemed very pleased by these programs and were highly encouraging about future work and development in this area.

The NAC visit concluded with an oral report to President Hennessy about the School's progress to date. This will be followed by a written report in the next several weeks. While the comments we heard at the meeting itself must be viewed as preliminary, I can report that they were highly laudatory of our progress to date, while also pointing out areas where we can address future progress. It is important to share our program developments with critical outside reviewers and to benefit from their recommendations and insights. I will look forward to receiving the official NAC report but I am pleased by the preliminary comments and recommendations.

I want to thank all the faculty and students who participated in this year's NAC review and also express my appreciation to the NAC members, who devoted their valuable time and energy to helping us become ever more successful as a School of Medicine and Medical Center.

Senior Associate Dean for Finance and Administration Appointed

I am extremely pleased to announce that Marcia Cohen has been appointed Senior Associate Dean for Finance and Administration in the School of Medicine. She succeeds Mike Hindery, who left this role in January 2006, after 10 years of service. Ms. Cohen has been the Assistant Dean for Fiscal Affairs and Chief Financial Officer for the School since she joined Stanford in 2003. She has also served as Interim Senior Associate Dean since November 2005. Her selection is the result of a national search that identified a number of highly qualified candidates, including three other finalists who visited Stanford for in-depth interviews a couple of weeks ago. My decision to appoint Ms. Cohen was based on her exemplary performance as CFO and more recently as Interim Senior Associate Dean and was reinforced by the comparative evaluative comments we received from a broad interview and advisory group that included leaders from the University administration, the School of Medicine and both hospitals – which placed Ms. Cohen as the clear choice.

Ms Cohen has had extensive experience in academic medicine as well as management consulting. Prior to joining Stanford she served for 7 years as the Director of Finance for the Department of Medicine at UCSF and prior to that as a Management Services Officer for UCSF's Department of Physiology. She had previous roles in national and international management consulting that covered a very broad array of areas and responsibilities. Ms Cohen received her BA in Economics (*magna cum laude*) from Carleton College, and she holds a Masters degree in Public and Private Management from Yale.

There is little doubt that the role that Ms Cohen will fill is one of the most important at Stanford. It is broad, demanding and has a major impact on the School, Medical Center and University. I am confident that Ms. Cohen has the professional and personal skills to carry out her new role with excellence, and I am pleased that we were able to identify someone who already knows so much about our programs and needs to take on these significant responsibilities. I look forward to a continued and productive working relationship with Ms. Cohen and ask that you please join me in congratulating her and welcoming her to this important position.

Dealing with Traffic Congestion

You have likely heard by now that the University is facing penalties under the General Use Permit (GUP) agreement if “GUP trips” exceed the limit placed on peak-hour vehicle traffic, including high costs for road improvement and long-term limitations on new square footage we have planned for research and other expansion. “GUP trips” are defined as car trips on campus between the hours of 7:30 and 9 am and 4:30 and 6 pm. You may recall comments this issue in the newsletters of August 9th (http://deansnewsletter.stanford.edu/archive/08_09_05.html#5) and October 3rd (see http://deansnewsletter.stanford.edu/archive/10_03_05.html#9) of last year, when the School implemented a survey to discover current commuting habits and educate faculty and staff about peak-hour traffic.

The Provost recently sent an urgent request to members of the University Cabinet and the University Management Group (UMG) that stated: “We must immediately introduce additional measures to reduce peak-hour trips that will lead to long-term changes in commuting habits. It is critically important for both the university and the surrounding communities that we do everything we can to live within the commute traffic limitations of the GUP.” In addition, the Provost personally contacted me and asked that the School of Medicine, as the largest and fastest-growing segment of the University, embrace this effort.

To respond to the Provost’s request, the School of Medicine has asked departments to immediately introduce (beginning today, April 17th) flexible hours for staff to ensure that no drivers leave campus between 4:30 and 6 pm one day per week. This will be a pilot program lasting several weeks while we create other long-term programs and incentives to achieve significant, permanent reductions in peak-hour traffic. The permanent programs will comprise data collection, implementation of and education on an array of alternative work and commuting options for staff, commitments from staff and departments for long-term changes in commuting habits or work hours/location, incentives, and changes in the culture of the institution to allow the implementation of these efforts. Our goal will be to cut peak-hour trips by at least 15% initially. As an added dividend, this review may also help us define more efficient and functional flexible work plans for our employees.

I realize that requests like this carry a number of challenges and implications, especially when imposed on a short time line. Accordingly, I ask that faculty, supervisors, staff and

students be as flexible and creative as possible, given the need for urgent change. Specifically, if you drive onto campus, please be aware of and avoid driving during peak hours. Department staff should be encouraged to use flex time (come in early and leave early, or vice versa) or, in the case of exempt staff, telecommute and be accepting of non-traditional work schedules.

To find creative solutions to the workflow and transportation problems, the Provost's office is also pursuing other novel programs. For example, the Health Improvement Program is sponsoring a class to teach about alternative travel options – including mass transit, biking, or carpooling. The payoffs are multiple – less stress, more exercise, less pollution, save money (in fact, Stanford will pay you up to \$204/year if you do not purchasing a parking permit), less greenhouse gas and more satisfaction from making a difference. If you are interested, the first class will be on April 21st between 12-1 pm at 655 Serra Street in the Magnolia Room. To register call 723 9649 or visit <http://hip.stanford.edu>.

Your help, flexibility and assistance are most appreciated.

Advocating for the NIH

The academic community is very concerned about the impact of reduced NIH spending on research and the consequences for medical schools and academic medical centers across the nation. I have described some our concerns and efforts underway to try to reduce some of the potential damage through Congressional remedies in recent Dean's Newsletters (see http://deansnewsletter.stanford.edu/archive/01_23_06.html). This is both a political as well as a financial challenge and it is imperative that we each do all we can to alter the course now being taken by the Administration. On Tuesday, April 11th, I published the following Op-Ed piece in the San Jose Mercury News – which I include below in case you missed it. While the Congress went into recess without dealing effectively with this issue, work is underway to try to address this when the next congressional session begins. Your advocacy, especially through your professional and scientific societies, is most important.

Budget pressures jeopardize the future of medical research

Philip A. Pizzo, MD

At the turn of the 21st century, the federal government doubled the budget for the National Institutes of Health with the goal of securing its status as the most powerful medical research enterprise the world has ever seen.

But later this week the House of Representatives could shed light on the government's vision for the future of this agency -- the driving force in the nation's effort to find cures for cancer, heart disease and scores of other maladies. When the chamber votes on a budget resolution that addresses the agency's funding, it will be a sign of whether a troubling budget trend has emerged: the ``undoubling" of the NIH.

The NIH has been at the forefront of developing the panoply of vaccines that has prevented serious illnesses. It has helped to realize new treatments that have reduced mortality rates from heart disease and strokes by 40 percent and 51 percent, respectively, since the late 1970s. In the last year, at Stanford University School of Medicine alone, NIH money has helped to make possible a vastly improved way to do stem cell transplants for curing leukemia, the development of a new class of drugs for treating the symptoms of rheumatoid arthritis, and the identification of a gene that could help doctors pinpoint and begin treating children at risk of schizophrenia before symptoms appear.

And that barely scratches the surface of the NIH-funded work that is taking place at Stanford and across the nation.

Unfortunately, after several decades of increasing NIH budgets -- under both Democratic and Republican presidents -- the current leadership in Washington has reversed this course. In this year's budget, funding for the NIH was cut for the first time in more than 30 years, and the administration's budget proposal for next year would freeze the NIH budget at that level. The amount provided next year to two of the NIH's biggest institutes, the National Cancer Institute and the National Heart, Lung and Blood Institute, would be cut by \$40 million and \$21 million.

The bottom line: The budget proposal would give the NIH 13 percent less, when adjusted for inflation, than it had in 2003, the end of the five-year period in which the budget had been doubled.

While the NIH's funding remains substantial, our research systems are fragile. A loss of support can quickly begin to unravel our progress, particularly as other nations launch unprecedented research initiatives. Vast new research programs have been built in China, Singapore and India, as well as in Europe.

Talented bioscientists and trainees who once considered the United States the only place to conduct their work now have other options. Over the last few years the tiny nation of Singapore, for instance, has successfully recruited three of the National Cancer Institute's most senior scientists with its commitment to long-term funding and its spacious, state-of-the-art laboratories.

Even more disturbing is that the pipeline of new talent to succeed these and other established scientists will be jeopardized as research funding becomes less available. It's already apparent that the growing challenge of obtaining NIH funding is sapping the morale of many in the field. The competition for grants has become brutal, with fewer than one in 20 applications winning approval. This year the number of new grants funded by the NIH is projected to be down by almost 15 percent from the number funded three years ago.

This increased competition for scarce resources isn't going to lead to better science. If the NIH dollars become tighter, it will become less likely that innovative ideas will flower. The best and brightest of our researchers will be less willing to take risks for fear of not being funded. Consequently, they may turn to more predictable, ``safer" funding proposals, potentially missing the opportunity for major breakthroughs.

The effect of under-funding on research is well illustrated by the challenges the nation now faces in the physical and engineering sciences. There is widespread concern that we are losing our competitive edge in fields in which we have long been leaders. To the president's credit, he has championed the American Competitiveness Initiative to ratchet up federal support in these areas.

But it would not be in the national interest to create the same problem in the biosciences that we are now seeking to address in the physical sciences -- especially at a time when the great advances of the future are likely to be found at the intersection of physics, engineering, computers and biology.

I certainly understand that federal dollars are a limited and precious resource, but the NIH's efforts cannot be measured strictly in annual budget cycles. Growth in funding must be sustained if we are to avoid undoing the foundation that has been so carefully laid. Fortunately, a number of leaders in Congress share that perspective. Under the leadership of Sens. Arlen Specter, R-Penn.; Tom Harkin, D-Iowa; Diane Feinstein, D-Calif.; and Barbara Boxer, D-Calif., the Senate approved a resolution recommending adding \$2 billion to NIH, bringing its budget to about \$30 billion. The House is slated to consider its budget resolution in the next few days.

This vote is but one step in the budget deliberations, though for medical scientists it will send an important signal. Will Congress remain steadfast in its commitment to research endeavors that can span decades but which offer the prospect of cures for future generations? Or will the NIH fall prey to a funding cycle that demands immediate gratification and instant results, thus losing sight of the future health of our nation?

Mentoring Guidelines for Postdoctoral Fellows

At the April 7th Executive Committee meeting, Ms. Chequeta Allen, Assistant Dean for Postdoctoral Affairs, along with Drs. John Boothroyd and Jody Puglisi, members of the Provost's Advisory Committee on Postdoctoral Scholars, presented a recommendation from the Committee to formalize postdoctoral scholar mentoring guidelines. A number of important concerns have been identified that require attention, including:

- Some postdocs – and Principal Investigators – find it difficult to initiate a mentoring meeting and discussion

- Some postdocs report a lack of mentoring by their PIs
- Others postdocs report that they experience a lack of feedback about their progress and goals
- Some PIs have asked for additional resources in this area

In response to these issues, the Provost's Advisory Committee has recommended the implementation of an annual career progress conversation, and they have devised guidelines to help facilitate this process. The guidelines have been incorporated into a mentorship discussion template document, which postdocs will complete and bring to the meeting. It includes sections about research progress, research growth and development (including plans for the upcoming year), and career development. It will be used as a framework for oral discussion and not as a written record. Postdoctoral scholars have had input into the development of these guidelines and have participated in piloting them.

The members of the Executive Committee endorsed this proposal and will work with their faculty to implement it. The expectation is that PIs will have this mentoring discussion annually with each of their postdoctoral research fellows, beginning in July, 2006, at the one-year anniversary of the postdoc's appointment. An educational session for postdocs on the mentoring guidelines is also planned for July. The Annual Postdoctoral Research and Career Progress/Mentorship Discussion Template may be obtained from Assistant Dean Allen (challen3@stanford.edu).

I am very pleased that this recommendation has come forward. Postdoctoral research scholars are a critically important part of our community, and we want to do everything we can to foster their careers while they are at Stanford and to prepare them for their future scientific careers.

Heading Toward Development

On Monday April 10th, I gave an update on the School's development plans to the University Board of Trustees, as part of a panel discussion that included Deborah Stipek, Dean of the School of Education, and Sharon Long, Dean of Humanities and Sciences. This was part of a series of updates to the Board on how the various Schools are preparing for a University-wide campaign.

As I have also detailed in other communications, I described to the Board the transformative changes we have been implementing during the past several years under the banner of our Strategic Plan *Translating Discoveries*. I pointed out why it was important to organize and coordinate our missions in education, research and education at this important juncture in history, given the tremendous progress in biomedical research during the past several years that is now juxtaposed against the deficiencies in our health care system. While it is true that most Americans indicate their respect for biomedical research, it is notable that an ever-increasing number are expressing their frustrations

about our healthcare system – or the lack thereof. This is important since, if the public does not understand or appreciate the important contributions made by academic medical centers and teaching hospitals to their current and future health and welfare, it is unlikely that they will be enthusiastic in their philanthropic or community support for our various endeavors. Accordingly, it is important that we address and communicate big and important issues in a bold and compelling manner.

Given our relatively small size, it is important for Stanford School of Medicine to be more focused and to capitalize on its unique attributes and opportunities. These include the extraordinary opportunities for interdisciplinary education and research that exists in partnership with the greater University and that extend to our teaching hospitals and the community in Silicon Valley. As much as possible our goals should be aligned and coordinated in the context of our primary commitments to training leaders, fostering innovation and discovery, and, where possible, applying new knowledge to improve human health. In my presentation I detailed how we are seeking to accomplish these goals through our education programs focused on developing and training future leaders, innovators and scholars.

I also discussed how important it is for us to continue to support our basic research efforts – ideally in an interdisciplinary manner, as exemplified by BioX and bioengineering. This support, which is really an investment in the future, also involves fostering an environment that brings together diverse communities from throughout the University to address important problems in human health. These efforts are currently codified in our Stanford Institutes of Medicine. While our five Institutes are moving forward on different timelines and with varying objectives, they are each creating broad based communities within Stanford and are drawing the connections between research and patient care. But to make them truly effective, considerable resources will need to be garnered, especially from the private sectors, to help support program development as well as essential capital projects.

To capitalize more optimally on our current strengths and on our vision for the future, the School has worked cooperatively with SHC and LPCH (separately and together) to develop an integrated fundraising plan that addresses the important linkages in program and capital project development. The scope of the integrated development plan for the School, SHC and LPCH is being delineated and will establish an ambitious fundraising target for the next 5-7 years – but it is what will be necessary to assure the School and Medical Center's success for the first part of the 21st Century.

In addition to a compelling fundraising case (which I believe we do have), it will also take a highly professional medical development team and highly committed and dedicated community volunteers to bring our plans to fruition. However, until Doug Stewart began as the Associate Vice President for Medical Development in October 2004, our development office was understaffed and without appropriate direction. This situation is changing, as a result of considerable financial investment and the identification of successful fundraising leaders, but rebuilding such a program takes time and considerable effort. While progress has certainly occurred, I would venture to say

that we are still at only about 50% of the strength level in personnel that we will need. I am committed to do all I can to support the efforts of the Office of Medical Development - I recognize that our future truly depends on its success. But philanthropic contributions of the size we will need are the result of years of successful prospect identification and stewardship. I am aware that during the early phases, when the groundwork is being laid, it is easy to be critical or impatient of the results attained. But this is a long-term investment of resources and effort, and we must get it right during these early phases in order to achieve the results we seek over the longer run.

Evidence that we are moving down the right path is beginning to come from the number of exceptional community leaders who are starting to align with the Medical Center efforts and be drawn to serve on one of our leadership councils. Further evidence is provided by some of the very major donations that have been received during the past couple of years precisely because we have come forward with big and bold ideas – like our research efforts in stem cell, cancer, neuroscience, cardiovascular and immunity/transplantation/infection and their translation to patient care.

There is much to be done during the next several years to achieve and sustain our dreams and aspirations – but we are getting traction on our development vision and planning and now need to continue and amplify our efforts.

Getting Ready for May 23, 2006

On May 23rd we will have our site visit by the National Cancer Institute (NCI) to review the program Stanford has put together in its application to become an NCI-Designated Comprehensive Cancer Center, which was submitted on February 1, 2006. The effort to become a Comprehensive Cancer Center dates back to shortly after my arrival in 2001 when I appointed a committee to review the question of whether we should submit an application at all and then determined that we should, in fact, proceed with the planning for such a submission. Just over three years ago, Dr. Karl Blume, Professor of Medicine Emeritus, initiated the early foundational planning for the grant, and we began working within Stanford and in conjunction with others (including the NCI) to move this process forward. Two years ago I appointed Dr. Irv Weissman to serve as the Principal Investigator for the Cancer Center, and we then recruited Dr. Steve Leibel to serve as the Medical Director. Last summer Dr. Bev Mitchell joined Stanford as the Deputy Director and, in tandem, Ms Joanne Murphy assumed the role of administrative leader. Since we began the process, over 200 faculty have come forward to become affiliated with the Stanford Comprehensive Cancer Center, and in the grant application, 10 major programs and 11 cores were identified as critical components of the Center. We now await the official feedback that will tell us whether our many thousands of hours of effort have been met with approval. And of course, we face this challenge at the very time that the NIH is facing its own significant financial stresses. Nonetheless, I am optimistic.

On Friday, April 14th, under the guidance of Drs. Weissman, Mitchell, Blume and Leibel and Ms. Murphy, a “mock” site visit was presented to a stellar group of critical external reviewers that included several Cancer Center Directors, a Nobel Laureate and

outstanding leaders in the field. In a marathon presentation effort, the External Advisory Board (EAB), heard presentations from each program and project leader. While noting that the science they heard was spectacular, the EAB – as was hoped – also offered critical and discerning comments, suggestions and recommendations on how to make the final presentation even clearer, stronger and more compelling. I had the opportunity to listen to all the presentations and was certainly impressed and pleased by what was being offered – and by how much it had improved during the past years of intense preparation. I want to thank Drs. Weissman, Mitchell, Blume, Leibel and Ms. Murphy for their leadership and tenacity. And of course I want to thank our faculty and program leaders for the quality of their proposals and presentations. Certainly we all recognize that when it comes to external site visits, we are at the mercy of the process – but I do very much believe that Stanford has made tremendous progress in anticipation of this moment. I look forward with anticipation (although not without some trepidation) to the May 23rd official NCI visit – and of course to success when the review process is completed.

Stem Cell Regenerative Medicine Training Grants Funded – a Beginning

As presented in the **Stanford Report** (see <http://mednews.stanford.edu/releases/2006/april/cirm-funds.html>)) and discussed in a recent interview with Dr. Michael Longaker, the Deane P. and Louise Mitchell Professor of Surgery and principal investigator on the grant (see <http://med.stanford.edu/spotlight/>), the School of Medicine has received \$1.2 million from the California Institute for Regenerative Medicine to train the next generation of stem cell researchers. The April 10 payment is the first of a three-year, \$3.7 million grant that was awarded in September. The grant will support 16 scholars—six graduate students, five postdoctoral fellows and five MD research fellows from departments across campus. This is an important step forward, and I want to thank Drs. Longaker, Minx Fuller and Irv Weissman for putting forth a very well constructed proposal.

But it is important to note that these training grants are not the beginning of the \$3 Billion of bond funds approved by a majority of Californians in the November 2004 election. Rather, this funding is the result of Bond Anticipation Notes (BANs) that represent contributions from philanthropists who have invested in the California Institute of Regenerative Medicine with the expectation that the approved bonds will become a reality. And while it is wonderful that the BAN funds now exist, it is a sad statement on the democratic process that the full funding of Proposition 71 has not yet commenced – and that it is still likely sometime in the distance before that happens. Indeed, at this time we are waiting the decision of Judge Subraw, who heard the case on February 27th – March 1st. While it is expected (I suppose “hoped” is the more correct term) that the plaintiff’s charges will be dismissed, it is also likely that the ruling will be appealed – which could add another year to the process, assuming that the case does not go to the California Supreme Court. So the funding for the training grants, as gratifying as it is, is just a beginning – and one that doesn’t have a clearly defined next step – other than delays – associated with it.

I certainly support the rights of citizens to express their opinion, whether by voting or by legal action. But in this case a clear minority of citizens is doing all it can to block the will of the majority. Unfortunately, this simply slows down the research process, defers the opportunity for discoveries that might have clinical application and further erodes our global position in the field of stem cell research. This is truly unfortunate and only further dashes the hopes of countless individuals who have pinned their hopes on the prospect that stem cell research will ultimately yield results that will favorably impact human disease. Since I believe this will ultimately be the case, even though it is hard to predict the timing, such delays are most disconcerting. And sadly, with these delays, I can predict that whatever discoveries do take place will only occur further into the future. Despite that, I remain hopeful that wisdom will prevail in a more expedited judicial process!

Natural Selection Goes Awry

I have previously written about the evolving anti-science mood in Washington (http://deansnewsletter.stanford.edu/archive/11_14_05.html) and the politics surrounding the appointment to advisory committees – or even the abandoning of scientific oversight committees, as was recently done by the President’s Energy Secretary (see **Nature** 2006; 440: 725). The impact of such decisions is to limit the opportunity for critical scientific input and, conversely, to reinforce an unchecked moral, religious or economic position.

While I have viewed these committee assignments and related activities with considerable concern, the process only became personal within the last couple of months. It began with a call from the Personnel Office at the White House indicating that I had been nominated for an important scientific advisory committee. While I not want to sound immodest, it was an appointment that I believe I would be well qualified to assume. However, since it was also a Presidential appointment, I needed to go through an interview and vetting process. Of course that is reasonable but when the questions turned to my position on stem cells or my “party” affiliation, it was clear to me that the selection process would likely be influenced by factors other than scientific expertise. Likely not surprisingly, I was not appointed to this committee. While I surely recognize that there may have been other justifications for this decision, I also believe that the various litmus test questions I was asked likely accounted for much of the final decision. I fully recognize that a political appointment process has been part of the “American Way” since the signing of the Constitution if not before. However, I believe it is unwise and even dangerous when such political factors are used to screen the selection of individuals for scientific advisory committees or scientific leadership positions. We run the serious risk of losing our excellence and prominence in science with such practices – which appear to be on the rise in Washington these days.

Medicine and the Muse

The Annual *Medicine and the Muse: An Arts, Humanities and Medicine Symposium*, will be held on Thursday, April 20th beginning at 5 pm in the Cantor Arts Center. The Symposium will feature art, presentations, posters and music by Stanford medical students.

This year's Keynote speaker will be Denise Grady, Science and Health Reporter for the New York Times, who will speak on "*Bridging the Gap: Communicating Health Knowledge*". Ms Grady has written more than 500 articles about medicine and biology for The Times and has edited two books, one on women's health and a second on alternative medicine. She has also authored a book about emerging viruses (*Deadly Invaders*) that will be published in the fall of 2006.

I want to thank Dr. Audrey Shafer for her leadership in this valued event and for the directorship provided by James Andrews (SMS II) and Seth Sherman (SMS I). I would encourage you to attend if at all possible. For further information, contact Paula Bailey pbailey@stanford.edu or visit <http://scbe.stanford.edu>.

Relay for Cancer Survivors

As the cures rate for pediatric malignancies has now exceeded 70%, an increasing number of young adults are survivors of childhood cancer, and there are many millions of adults who have survived cancer as well. On May 26-27th the "Relay for Life", a 24-hour flight against cancer, will be held at Roble Field at Stanford University. Sponsored by the American Cancer Society, the Relay for Life will offer an opportunity for teams of students or other interested individuals to provide support for cancer care and research.

To start a team for the Relay for Life contact Ana Pena at agp@stanford.edu or Maren Shipe at meshipe@stanford.edu. Or for additional information visit: http://www.cancer.org/docroot/PAR/Content/Par_1-Relay_for_Life.asp

Events

- **Cardinal Free Care Appreciation:** On Thursday April 13th an Appreciation Dinner was held in the Schwab Residential Center to celebrate and announce the formation of the Cardinal Free Clinic that merges the Pacific and Arbor Free Clinics. I want to thank the important leadership that has been provided by Lars Osterberg and Rex Chu and the important contributions from our Stanford medical students who serve in the clinics and the many physician volunteers who provide supervision and guidance. And of course I want to thank the members of our community who have provided financial support for the Arbor and Pacific Free Clinics. Now under a unified banner of the Cardinal Free Clinics, these programs will continue to provide support and care for citizens without resources. Indeed a sad testament to reality is that free clinics may be the only source of medical care for members of our community. Accordingly, I am proud of our students, faculty, physician volunteers and donors who help to support this important program.
- **Bing Lunch Series:** Dr. Frank Longo, Professor and Chair of the Department of Neurology gave the final presentation in the 2005-2006 lecture series. Dr. Longo addressed factors that contribute to dementia and cognitive loss and the value of exercise and lifestyle in attenuating or preventing their onset. It was an extremely

well received presentation and I want to thank Dr. Longo for his important contribution.

- **2006 LMSA Conference.** On Saturday, April 8th the Latino Medical Student Association hosted its annual meeting at Stanford with over 500 undergraduate and medical students attending. The topics presented were far ranging and included guidance on career development opportunities and specific challenges for the Latino community. This extremely well done forum required an enormous amount of preparation and a number of Stanford Medical students contributed significantly. I would like to thank each of them and especially Joey Bazan and Geoffrey Krampitz for the very special organizing efforts.

Awards and Honors

- **Dennis Farrey Family Professorship** was officially established on April and its first incumbent, Dr. Mark Kay, officially named as the chair holder. Dr. Kay is a pioneer in gene therapy and has made important and notable scientific contributions to the study of hemophilia and hepatic deficiencies, including viral hepatitis. Please join me in congratulating Dr. Kay.
- I am delighted to announce that Sepideh Saber, a first year medical student, has been awarded a 2006 Alpha Omega Alpha Carolyn L. Kuckein Student Research Fellowship, to support her in part while doing her research on "Progenitor cell dysfunction and impaired vasculogenesis in diabetic complications." We apologize that Ms. Saber was misidentified in the previous Dean's Newsletter. Congratulations, Sepideh.
- The American Medical Association (AMA) Foundation Seed Grant Research Program provides funds to round out new research project budgets. This year's 2006 medical students recipients include Mana Golzari, M. Yashir Kalani and Helen Liu. Congratulations to all.
- The HHMI-NIH Research Scholars Program is a one-year program at the NIH to conduct basic, translational or applied biomedical research under the mentorship of an NIH senior investigator. Congratulations to Reza Ehsanian and Gina Kwon, this year's Stanford recipients.

Appointments and Promotions

Barry Behr has been promoted to Associate Professor of Obstetrics and Gynecology, effective 4/01/06.

Ajay Chawla has been reappointed to Assistant Professor of Medicine (Endocrinology, Gerontology and Metabolism) effective 4/01/06.

Lawrence Crapo has been reappointed to Professor of Medicine (Endocrinology, Gerontology and Metabolism) at the Santa Clara Valley Medical Center, effective 4/01/06.

Jeffrey Feinstein has been promoted to Associate Professor of Pediatrics (Cardiology) at the Lucille Salter Packard Children's Hospital, effective 5/01/06.

Alex Macario has been reappointed to Professor of Anesthesia, effective 5/01/06.

Andrew Patterson has been promoted to Associate Professor of Anesthesia, effective 4/01/06.

Dolly Tyan has been appointed to Professor of Pathology, effective 4/01/06.

Heather Waklee has been appointed to Assistant Professor of Medicine (Oncology), effective 4/01/06.

Dean's Newsletter

May 1, 2006

More About Leadership

During the past several years we have initiated a number of leadership programs in the School and Medical Center. A primary goal has been to develop and train physicians and scientists who will shape the future of medicine and science and guide our mission-related programs at Stanford. While there are certainly "born leaders," many individuals benefit from programs that provide the knowledge and insights to further develop leadership skills. It is my hope that such skills will be acquired by our students and trainees and also by our faculty and staff. I have previously written about some of the programs that are underway under the guidance of Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership (see http://deansnewsletter.stanford.edu/archive/04_03_06.html#7) as well as about the recently launched leadership program for pediatric faculty in conjunction with the Lucile Packard Children's Hospital.

At the April 21st meeting of the Executive Committee, Dr. Joe Hopkins, Clinical Professor of Medicine, provided an update on the Stanford Physician Leadership Program, for which he is the Course Director. The School of Medicine and the Stanford Hospital and Clinics jointly fund this program, which is nearing the completion of its first year. It consists of nine modules spread over the academic year on such topics as assessing leadership skills; work-life balance; managing teams; change and project management; managerial finance; and the critically important issue of health economics vis à vis academic medical centers. Participants also undertake projects related to their

own work and present them to the group. The program is geared towards current physician leaders, including division and section chiefs, course directors, and clinic chiefs, as well as those who are viewed as having significant leadership potential.

This year's group consisted of 27 individuals from 11 departments. Next year's group will be selected from a pool of nominations that has been provided by department chairs, senior associate deans, and the senior leadership of Stanford Hospital and Clinics. The goal of the selection process will be to assemble the most qualified, diverse and inclusive mix of participants as possible. Please be in touch with Dr. Hopkins (joeh@stanford.edu) with any questions about the nomination process.

In addition to the Stanford Physician Leadership Program, the School of Medicine also sponsors the participation of our faculty in the Executive Leadership in Academic Medicine program (ELAM). This is a national program that focuses on the career development of women in medicine. Each year ELAM selects 45 Fellows from academic medical centers in the United States to participate in a yearlong program involving course work, networking and special programs and projects. This year Dr. Hannah Valentine served as a Fellow. I had the opportunity to participate in ELAM by joining Dr. Valentine for ELAM's 2006 Forum on Emerging Issues at the Gregg Conference Center outside Philadelphia on April 26-27th.

This year's Forum focused on "Tapping the Full Power of the Alpha Leader." Using tools such as the Myers-Briggs Type Indicator, researchers have defined a variety of personality types associated with leaders. One of the characteristic leadership profiles is called the alpha leader. Alpha leaders can generally be found in top leadership positions in business, where they can be highly successful. However, they may also have traits that can make them very challenging for colleagues and employees. Some of these negative features were well described in an article in the Harvard Business Review by Kate Ludeman and Eddie Erlandson entitled "Coaching the Alpha Male" (May 2004, pp 58-67). Drs. Ludeman and Erlandson facilitated the two-day ELAM session. Interestingly, when the Fellows and their Deans were evaluated for their alpha characteristics, virtually all fell into this category – regardless of gender, position, institutional affiliation, etc. Indeed, this phenotype may simply be characteristic of individuals who become leaders at academic medical centers, although it is unclear whether the personality characteristics are antecedent to the leadership responsibilities – or a consequence of them.

An important focus of the ELAM discussion was on how to permit alpha personalities to work more cooperatively and successfully and with less negative energy. We did recognize, of course, that there is a variety of so-called alpha types, including Commander, Visionary, Strategist and Executor. And while some individuals show a predominance of one of these alpha types (as was evident at the ELAM Forum), others appear to have a balance among them (this appeared to be true for my own portrait – about which I won't comment further!).

In addition to the problem solving sessions, I found the demonstrable skills, knowledge and evident leadership among the Fellows to be the most impressive part of the Forum.

One of the activities of the Forum attendees was the delineation of the major challenges facing academic medical centers today. Working independently, eight groups of Fellows and Deans presented their top two issues – which were remarkably congruent. First, virtually all focused on the lack of alignment of the missions of academic medical centers with the current state of disintegration of the health care “system” in the United States. Second, the shrinking support for research and the increasing clinical care demands on faculty, driven by the economic forces that have changed the face of medicine, have amplified the difficulty of finding time to educate students and to carry out the research needed to translate knowledge from the “laboratory to the bedside.”

Along with this congruence in identifying the key issues, there was a commitment by these women leaders representing medical centers throughout the nation to become more proactive and more engaged in helping to change this landscape. As a result, I left the ELAM conference more optimistic than when I arrived. If individuals such as the women attending this year’s Forum clearly emerge as leaders in academic medicine, the future can be much brighter than it might otherwise be – and for that I am grateful, pleased and impressed. ELAM clearly seems to be a leadership program that is fulfilling its objectives – and is making a real difference. For your information, ELAM is a core program of the Institute for Women’s Health and Leadership at Drexel University. If you are interested you can review additional information at www.Drexel.Edu/ELAM.

These are examples of leadership that can truly make a difference.

One Giant Step for Stem Cells

On Friday April 21st in a long anticipated decision, State Court Judge Bonnie Lewman Sabraw in Hayward ruled that the California Institute of Regenerative Medicine (CIRM), which was established by Proposition 71 to allocate the funds authorized by the Proposition, could begin raising and allocating research money. A minority of individuals had introduced litigation that challenged the constitutional right of the State to issue the \$3 billion of bonds that nearly 60% of Californians voters approved in November 2004. Sadly this legislation had brought the ability of CIRM to support promising stem cell research to a near halt until last month when Bond Anticipation Notes provided the resources to support training grants that had been approved last summer (see http://deansnewsletter.stanford.edu/archive/11_14_05.html#2). While Judge Sabraw’s decision is a giant step forward for stem cell research, we anticipate that the plaintiffs who brought the initial litigation will appeal the decision, since their major goal seems to be to delay the ability of CIRM to fund stem cell research. Needless to say, these delays are a tragedy for the development of the necessary scientific foundations that could ultimately lead to important clinical applications. And while the prospect of further litigation is disappointing and discouraging, Judge Sabraw’s decision does make its ultimate dismissal more likely – and, with that, the prospect for stem cell research in California more probable. That is certainly encouraging.

Academia-Industry Guidelines Coming Soon

Beginning last summer we have been discussing and developing guidelines to better define our interactions with the pharmaceutical, device and other industries. I have shared some of the issues we are grappling with in prior Dean's Newsletters (see http://deansnewsletter.stanford.edu/archive/02_21_06.html#3). This past week we had a detailed discussion about the latest version of the draft guidelines at our Senior Dean's meeting. We have also been receiving comments from various departments and faculty groups. The plan is to finalize the draft in the next couple of weeks and then to share it for comment with the School's Executive Committee as well as with the leadership at Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. With that we hope to have medical-center wide policy on Academia-Industry relations approved by June. Needless to say I will share this policy with you as soon as it is ready for more general circulation.

Legislating Scientific Review Committees

In the last issue of the Dean's Newsletter (see <http://deansnewsletter.stanford.edu/#9>) I commented on how politics may be influencing appointment to scientific committees. I have since learned that Senator Richard Durbin of Illinois has introduced a provision in the Department of Health and Human Services funding billing that attempts to address biased selection of scientific review committees or the dissemination of scientific information that is "deliberately false or misleading." And, importantly, the provision would prevent candidates from being queried about their political affiliation or voting history – as recently happened to me. Even if this legislation is passed (which seems remote), it would likely not have a major impact. However, even if this effort turns out to be only symbolic, it is important that congressional leaders are recognizing and discussing this important matter and suggesting ways to address the anti-science or even theocratic approaches now being employed by the current administration.

Update on the Faculty Appointments and Promotions Task Force

At the April 21st Executive Committee meeting, Dr. Robert Jackler, Chair of the Department of Otolaryngology-Head and Neck Surgery and Chair of the Faculty A&P Task Force, provided an update on the work of this committee. Dr. Jackler last reported to the Executive Committee in July 2005 (see http://deansnewsletter.stanford.edu/archive/07_25_05.html#4). Since that time the group has continued to focus on the overarching goal of aligning the School of Medicine A&P practice with the rest of the University. The major components of this alignment are:

- To have new faculty begin their employment fully appointed and thus to minimize the need for transitional appointments along with the associated problems that arise (e.g., inability to access housing benefits).
- To achieve reappointments and promotions on schedule and thus to minimize the need for one-year appointment extension.

- To expedite file assembly and reduce bureaucratic workload through simplification of process and development of an online file assembly and tracking system.

Dr. Jackler reported that significant progress has been made in four areas that support these components:

- Simplification and rationalization of the A&P process. Dr. Jackler described changes that have been implemented by the Office of Academic Affairs, under the leadership of Vice Dean and Senior Associate Dean for Academic Affairs David Stevenson. These include:
 - The requirement that a fraction of referee letters be in hand at the time of the closure of a faculty search.
 - Clarification of and, in some cases, decrease in the number of referee letters required as well as clarification of the mix of internal and external letters to better match the specific faculty appointment.
 - Flexibility in the formatting of the candidate's CV to save administrative time and effort (i.e., not having to redo the CV to the "Stanford format").
- The inclusion of School of Medicine actions in revised University A&P forms, and the setting of a launch date of May 1 for implementing them in the School. As of this date, for new actions, the School will stop using its 38 forms and begin to use the 5 University forms. Indeed, the very fact that so many different forms were being used only affirms how unnecessarily difficult this process has become – especially since much of this was self-imposed! Questions about this transition should be directed to Judith Cain, Assistant Dean for Academic Affairs, at jpcain@stanford.edu or Craig Spencer, Faculty Affairs Liaison, at cspence@stanford.edu.
- The approval, staffing, and launching of the online web based A&P system, the **Faculty A&P System Tracking File Assembly Completion system (FastFAC)**. The development of FastFAC is a major multi-year initiative led by Philip Constantinou, Associate Chief Information Officer, in partnership with the Office of Academic Affairs, which will be the system's business owner. When fully operational it will improve the speed and accuracy of long form assembly and review by providing an online guide through the long form; automated rules to reduce errors and speed processing; the ability to automatically alert responsible parties of delinquent tasks; and the capacity to provide performance metrics to School leadership.
- The development of benchmark metrics for tracking, by department and school-wide, the number of new appointments requiring interim appointments and the percentage of reappointments and promotions that are on-time versus those

needing extensions. Dr. Jackler provided two years of School-wide data, which showed how much room we have for improvement! Indeed, in 2003-04, only 22% of our new external appointments required no interim appointment, and in 2004-05, the same figure was 24%. Similarly, in 2003-04 only 12% of our reappointments and promotions were on time. In 2004-05, 31% were on time. The Office of Academic Affairs will be sharing each department's data with DFAs, FAAs, and chairs in the near future. The department data will also be provided to the Dean and Senior Associate Dean for Finance and Administration for review at the time of annual performance evaluations. These benchmarks will be tracked and disseminated annually.

Dr. Jackler concluded his presentation by pointing out the critical role of department chairs in the effectiveness of the A&P process. He encouraged the chairs to begin the appointments and promotions processes earlier, complete their own portions of the process in a timely way, emphasize to their faculty the need to actively participate, partner with and support their Faculty Affairs Administrator, and monitor progress of A&P cases on a regular, periodic basis. This is all excellent advice!

The Executive Committee and I are deeply appreciative of Dr. Jackler and the other members of the A&P Task Force for their continuing efforts in this area. In partnership with the Office of Academic Affairs they are transforming the way the School approaches its responsibilities in the faculty appointments and promotions process, and our faculty will be the beneficiaries of their efforts well into the future.

The members of the Task Force are, in addition to Dr. Jackler: Judith Cain, Philip Constantinou, Brian David, Sarah Donaldson, Kathryn Gillam, Jason Irwin, Annelies Ashoff Ransome, Craig Spencer, and Scott Walters. Thanks to all!

Lane Library Celebrates its Centennial

In 1906, two years before the Stanford Medical School was born from the assimilation of Cooper Medical College into the University, the Lane Library was founded in San Francisco. On Friday, April 28th, Lane Library celebrated its centennial – a 100-year history of innovation and excellence. In the years ahead, Lane will, further evolve to become the School's Knowledge Center for the 21st Century (see also <http://lane.stanford.edu/100years/index.html>). The Lane Knowledge Center will be housed in the Learning and Knowledge Center and will include a predominately digital library along with smart interfaces and search tools that will, according to Ms Debra Ketchell, Library Director and Associate Dean of Knowledge Management, “deliver the right information, at the right time, in the right context...anytime and anywhere.” This is certainly a bold vision for the Lane Library for its second century. If you are interested there is more background information on the website at <http://news-service.stanford.edu/news/2006/april26/med-lane-042606.html>.

The Intersection of Stanford Past and Stanford Future

On April 28-29th, students admitted to the 2006 medical school class visited Stanford at the same time that medical school graduates arrived for the 2006 Alumni Weekend. For alumni celebrating the 50th reunion, the School they remember was located in San Francisco. Indeed it was in 1959 when Wallace Sterling and other visionary leaders arranged for the medical school to move to the Stanford campus – thus transforming Stanford Medicine into its current research and academic powerhouse.

Prospective students will be assessing whether the school's renewed commitment to scholarship and the training of leaders in medicine in bioscience and medicine resonates with their own career objectives. The more than 60 students who visited the campus this past weekend had the opportunity to meet with faculty and students and to learn more about the Medical School's new curriculum, as well as its core programs and initiatives. They also had the opportunity to tour the Medical Center and University campuses – and to become as informed as possible about the future directions of Stanford and about whether it is the right institution to shape their careers in medicine.

In tandem with the events for prospective students, the Stanford University Medical Center Alumni Association hosted its annual Alumni Weekend. In addition to tours and opportunities to connect with colleagues and friends, alumni came together on Friday evening at the Arrillaga Alumni Center where the J.E. Wallace Sterling “Muleshoe” Lifetime Alumni Achievement Award was presented to Augustus A. White III, MD’61, PhD, the Ellen and Melvin Gordon Professor of Medical Education and Professor of Orthopedic Surgery at Harvard Medical School, and to Frances K. Conley, MD’66, MS, Professor Emerita of Neurosurgery, Stanford University.

A centerpiece of this year's Alumni Weekend was the Saturday morning Symposium entitled “The Role of Stanford Alumni and Faculty in International Health” that featured a remarkably talented panel of faculty and alumni who have truly had an impact on global health.

This crossroads between Stanford's past and its future provided a window into how Stanford became such a remarkable research-intensive school of medicine as well as an opportunity to preview some of the individuals who will help lead Stanford's future into the 21st Century.

Update on Graduate Admissions 2006

Dr. Ellen Porzig, Associate Dean for Graduate Medical Education, provided an update on the graduate admissions to Stanford in 2006. As of this writing, some 98 students have been selected to enter our 12 PhD programs this fall, from some 250 students who were interviewed at Stanford in March. The entering students will come from 59 different colleges and universities and will represent twelve countries, including Bangladesh, Brazil, Bulgaria, Canada, Germany, India, Malaysia, Mexico, People's Republic of China, Singapore, Sri Lanka and Taiwan, in addition to the United States. Of these 98 students, 63 will enter the School of Medicine graduate programs in Biochemistry, Cancer Biology, Developmental Biology, Neurosciences, Immunology, Molecular

Pharmacology, Microbiology and Immunology and Genetics. In addition, a dozen entering students are underrepresented minorities.

Everyone agrees that the students selected for the incoming class are truly a stellar group. Special thanks go to those who made this exciting outcome possible. Most important are the faculty and students who interviewed and helped select these excellent students – and who serve as the inspiration for why students want to attend Stanford.

Arts and Science of Medicine

In the April 17th issue of the New York Times, Randy Kennedy wrote an article entitled “At Some Medical Schools, Humanities Join the Curriculum.” In fact this has become an important feature of the Mt Sinai School of Medicine. But at Stanford as well, the arts and humanities feature prominently in the lives of our students – underscoring that achieving a holistic life in medicine encompasses both a love of science and an appreciation of the arts. For some of our students this is expressed by their participation in the Scholarly Concentration on Biomedical Ethics and Medical Humanities. For others it is manifested in artwork, music, poetry, literature writing, and a sundry of other impressive activities. These were celebrated at the annual “Medicine and the Muse” event that was held in the Cantor Arts Center on Thursday April 20th. To a standing room only audience, Stanford students demonstrated their remarkable repertoire of talents, which can only be described as amazing. I want to commend and thank all the students who participated and who made this year’s event so successful. I also want to thank Dr. Audrey Shafer for continued leadership for so many of these important initiatives.

Upcoming Events

Community Lecture Series

The next Community Lecture Series will take place on Wednesday, May 3rd at 7:00 pm in the Clark Center Auditorium. Dr. Greg Barsh, Professor of Genetics and Pediatrics, will talk about “Determinism, Chance, and Choice in the Era of Modern Genetics”. This lecture will explore fundamental issues in the discussion of nature vs. nurture in the context of obesity and diabetes, and will explain how advances in experimental and observational genetics provide new opportunities for improving health.

2006 Symposium on Improving Diversity in Graduate Education

On Thursday, May 11th at noon in Munzer Auditorium, the Stanford University School of Medicine and the Biosciences Office of Graduate Education will be sponsoring a symposium on diversity in graduate education. The speaker will be Claude Steele, Ph.D., who is the Lucie Stern Professor in the Social Sciences and Director for the Center for Advanced Study in the Behavioral Sciences at Stanford University. Dr. Steele will speak about “The Psychology of Social Identity: Its Role in Group Performance Differences and the Challenges of an Integrated Society.” Dr. Steele received his Ph. D. from Ohio State University, has honorary doctorates from Yale University and the University of Chicago, and is a member of the National Academy of Sciences. For more information please contact Anika Green, agreen1@stanford.edu .

Brainwave Entrainment to External Rhythmic Stimuli: Interdisciplinary Research and Clinical Perspectives

On Saturday, May 13th, the Stanford Institute for Creativity and the Arts (SICA) presents “Brainwave Entrainment to External Rhythmic Stimuli: Interdisciplinary Research and Clinical Perspectives” at the Center for Computer Research in Music and Acoustics (CCRMA), 660 Lomita Drive, Stanford.

This symposium will engage experts in an interdisciplinary dialogue on the hypothesis that brainwaves entrain to rhythmic auditory stimuli, a phenomenon known as auditory driving. Support for this hypothesis will come from lab research on auditory driving, photic driving, phenomenological fieldwork, and existing clinical applications of this research.

A better understanding of auditory driving may have widespread implications. New insights may extend to the fields of musicology and music cognition regarding the study of human reactions to groove and tempo. The fields of anthropology, religious studies, and ethnomusicology may gain potential insights into the widespread use of rhythmic, repetitive music in religious ritual. Implications for music therapy, psychology, cognitive science, and neuroscience may affect the study of consciousness, and may suggest new, relatively inexpensive methods to treat conditions like ADD, depression, anxiety, insomnia, and chronic pain through the systematic modulation of brainwave states via particular pieces of rhythmic music.

The symposium will combine 30-minute presentations with round table discussions. A public concert (8:30 pm – 10:00 pm) by the Italian tarantella group, Musicántica (<http://www.musicantica.org>) will follow. For more information and registration details, please visit the event website at: <http://sica.stanford.edu/events/brainwaves>.

Awards and Honors

The American Academy of Arts and Sciences last week announced the election of 175 new Fellows and 20 new Foreign Honorary Members. Included in this number are **Minx Fuller, Ph.D.** Chair of Developmental Biology and the Reed Hodgson Professor of Human Biology and Professor of Genetics, and **Sue McConnell, Ph.D.**, Professor in Biological Sciences. Founded in 1780, the American Academy of Arts and Sciences is an international learned society composed of the world's leading scientists, scholars, artists, business people, and public leaders. We congratulate Drs. Fuller and McConnell and are very proud of their accomplishments.

David Stevenson, M.D., Vice Dean, Senior Associate Dean for Academic Affairs and the Harold K. Faber Professor of Pediatrics and Professor, by courtesy, of Obstetrics and Gynecology, has just been selected as the recipient of the Virginia Apgar Award. The Section on Perinatal Pediatrics of the American Academy of Pediatrics gives this award annually to an individual whose career has had a continuing influence on the well being of newborn infants. Congratulations to Dr. Stevenson!

Appointments and Promotions

James Chen has been reappointed to Assistant Professor of Molecular Pharmacology, effective 6/01/06.

Dean's Newsletter May 15, 2006

Perceptions and Misperceptions on the Hill and Beyond

It is always surprising to observe how once treasured institutions or individuals can all – too rapidly fall from grace. For decades the National Institutes of Health (NIH) was widely recognized as the jewel in the crown of federal agencies and had broad bipartisan support from the Congress, Executive branch and beyond. And this support was well justified. Indeed, it is because our nation has invested in the NIH, Centers for Disease Control and Prevention and the National Science Foundation that we are today the world's center of biomedical research. While this investment remains strong, the proposed budgets (which are not adjusted for inflation) for the NIH and the CDC have created significant anxiety and concern throughout the biomedical research community. In recent weeks *Science*, *Nature*, the *New England Journal of Medicine* and other media have featured articles or opinion pieces regarding the impact and perceived consequences of the NIH budget. I have also written about this important issue in Dean's Newsletters over the past few months (see http://deansnewsletter.stanford.edu/archive/01_23_06.html, http://deansnewsletter.stanford.edu/archive/04_17_06.html#4).

A recent flashpoint occurred when Andy Marks, Editor of the *Journal of Clinical Investigation*, published a highly critical editorial on the direction the NIH has been taking through the "Roadmap" initiative that contained more direct personal criticisms as well (see *J. Clin. Invest.* 2006. 116:844). "The current state of the NIH," wrote Marks, "prompts me to say to its director, Dr. Elias Zerhouni: 'Obviously you are not a scientist.'"

While I think many of us agree with many of the concerns expressed by Andy Marks, nearly all of us (including myself) also wish that he had left out the personal attacks since they "became the story" and consequently deflected attention from the real issue – that the NIH needs bipartisan support and, at a minimum, must keep pace with inflation. The failure to do so could squander the incredible gains that have been made in recent decades and, equally, could result in the loss of a generation of trainees and young faculty who have been aiming their careers toward biomedical research.

One of the major debates has been whether the "NIH Roadmap" is consuming the funding that would have otherwise gone into the RO1 pool. There is considerable rhetoric about this issue but the fact is that – at least to date – only a small portion (less than 1%) of the NIH budget has gone into the Roadmap, which fosters interdisciplinary and translational research. While I certainly understand and support the view that our best

investment has historically been in basic undirected research, I also recognize that we currently have unique opportunities in translational medicine. Equally importantly, the Roadmap is a tangible way of conveying to the Congress and the public that the NIH is serious about doing what they most want – improving the diagnosis, treatment and prevention of human disease.

I spent a good portion of the last two weeks in Washington DC meeting with members in Congress, advocacy groups and NIH officials discussing the consequences of the NIH budget. And while I was somewhat distressed to hear from some NIH leaders that the problems are not as serious as they are being made out to be (which is not consistent with the rapidly falling paylines and the increased competition for a shrinking pool of research dollars), I was even more disturbed by the continued perception among important congressional leaders that NIH has had its day with the doubling of the budget and that it is unlikely that either the Administration or Congress would reverse the flat line for FY2007. This outcome would translate into the third consecutive year of below- inflation funding. Clearly we have much work and education to do – and we have to focus on the Congress and public advocacy groups – not on each other. This was well said in an editorial by former NIH Director Harold Varmus with his longtime colleague Mike Bishop that appeared in the April 28th issue of *Science*. Bishop and Varmus write: *“What then is to be done? First stop blaming the NIH – it is a victim, not a culprit, and it urgently needs our collective help. Second, redirect the hue and cry to Congress and the White House. Professional societies and disease-advocacy groups have taken up the cause, but investigators in the trenches have been singularly silent. And third, support the NIH in its efforts to manage resources prudently: Understand the nature of its difficulty and the rationale for restricting the size of awarded grants; encourage favored treatment of applications from scientists for their first awards; and accept opportunities to provide advice by serving on NIH’s advisory and review panels.”*

I agree that a call to action is important – and that our efforts should be directed at making the best case possible for the NIH. Whether one agrees or disagrees with the NIH Director, from all reports he has been quite effective in communicating a strong and effective advocacy message about the impact of the NIH research agenda on human health. A number of these messages are now posted on the NIH website under “Research Results for the Public.” I would strongly encourage each of you to review some of the cited examples and use them in your discussions and advocacy commentaries (see <http://www.nih.gov/about/researchresultsforthepublic/index.htm>). For example, among the impacts Zerhouni cites is that without the last 30 years of NIH investment, heart attacks would still account for 1.2 million deaths annually instead of the approximately 515,000 that now occur. Currently, the NIH is spending about \$95 per citizen on medical research and the cumulative investment over the past 3 decades has been about \$1334 per citizen or \$44 annually per citizen. In turn, life expectancy has increased by more than six years and aging is healthier than ever before.

We all recognize that we are on the cusp of continued and amazing breakthroughs in medical research and that among the best ways to improve health economics is to improve the effective treatment or prevention of disease. Of course this does not belie the

fact that our nation's spending on health care (as compared to research) is out of proportion to the benefits received and that major changes in our health care system are needed. But even if we addressed health care delivery by making it more efficient, cost-effective and quality driven, the benefits of the care being delivered today would not improve without continued research. For example, a major health care provider such as Kaiser may well be able to deliver lower cost care. However, without research done at institutions like Stanford and other academic medical centers, the health care being efficiently delivered today by Kaiser would not likely change in its outcome 10-20 years from now. Investments in biomedical research together with improvements in our health care system are the most effective ways of addressing our nation's health care crisis.

Given the perceptions and misperceptions of our Administration and Congress, it is incumbent on all of us to band together to support biomedical research. I am pleased to note that since my earlier writing on this matter just a couple of months ago, more than 786 organizations (including Stanford) have signed a letter of support urging that the final allocation for the House and Senate Labor, Health and Human Services, Education Appropriation Subcommittees reflect a \$7 billion increase above the President's budget. This increase is specified in the Specter-Harkin Bill, which has already passed the Senate by a vote of 73 to 27. This measure would at least keep the NIH budget at inflation and would, hopefully, help to avoid the undoubling of the NIH budget that will otherwise occur.

We will continue to work diligently on this important issue and I hope that each of you will as well.

Sharing Personal Histories: Students and Donors

We can pass in the hallway, meet in the classroom or on rounds and exchange commentaries about science or medicine. But even when we think we know something about a student or faculty member, it can be illuminating and even startling when people become personal about their own history and relate how their lives were directed toward medicine and science.

On Thursday evening, May 11th, we held the Annual "Financial Aid Dinner," which brings together donors who have provided financial support with the students they are supporting. It is always a remarkable evening. This year some 50 donors were joined by a nearly equal number of medical students along with faculty and staff. As I moved about the room from table to table it was clear that the personal bonding of students and donors had created a wonderful sense of connection, respect and mutual admiration. Generous support from donors has enabled Stanford students to graduate with among the very lowest amounts of debt in the country after four or more years of medical school. Indeed, whereas the national average of indebtedness for private medical schools exceeds \$145,000, Stanford students graduate with about \$62,000 of debt. While this is still quite significant, for most students it is low enough so as to not adversely influence their career path – enabling our students to follow their passions and interests. Clearly this is yet another facet that differentiates Stanford from all of its peers. While we are number one

in this area, it is not one of the measures that impact the ratings for *US News & World Reports* – although it is something we are even more proud of because of the impact it has on our students. And it is something that we are most grateful for since it represents how much our community values and cares about the wellbeing of our students.

I have no doubt that any of the 50 students who attended this year's dinner, or the other almost 400 who did not, have personal stories to tell that would be amazing and meaningful. As part of our tradition, three students were asked to share their personal history in a more public manner and to reflect on how Stanford and financial aid are contributing to their life trajectory. I want to thank Mr. Simon Bababeygy (SMS II), Ms Boy Kea (SMS III) and Mr. Goeff Krampitz (SMS II) for their courage and willingness to speak at this year's dinner about their personal experiences that influenced their choice of medicine and Stanford.. Indeed, each student presented a compelling and often heart-wrenching portrait of courage, resilience, dedication and commitment. Whether their early life was influenced by the ravages of war and terrorism, experience in a concentration camp, or a devastating family tragedy, each of these students demonstrated how otherwise negative forces helped transform their life choices toward medicine and science and how Stanford's financial aid program is permitting them to live their dream. For that we must all be grateful – and clearly our world will be better served as a consequence!

Addressing Barriers to Diversity

Stanford Medical School has one of the very best programs to enhance diversity in the nation. This didn't happen overnight. It is the product of decades of support and commitment by a number of individuals including Drs. Fernando Mendoza, Ron Garcia, Gabe Garcia, and Marilyn Winkleby, among others. Because of their dedication and advocacy, Stanford has benefited from a number of pipeline programs to encourage and enhance minority students to enter medicine. One of these programs is the Center of Excellence, which has been supported by Title VII and Title VIII grants. Unfortunately, the Administration has been seeking to eliminate these programs and in the FY07 budget it is virtually assured that this will happen unless interventions occur. The total amount of funding for Title VII and VIII is approximately \$550 million. While this is not insubstantial, it has had, we believe, major positive benefits – certainly at Stanford. In fact, in recent weeks I have received numerous letters and testimonials from students affirming how much these programs have positively impacted their lives and training.

Last week, Mr. Ryan Adesnik, Director of Federal Relations, and I met with a number of individuals in Washington to continue our advocacy and support for these programs. We were successful in getting the California Healthcare Institute, a public policy research and advocacy organization for California's biomedical industry, to support these programs – since biotechnology leaders in California clearly see the benefits of enhancing the diversity of their workforce. We also found some supportive staff members and Members on the Hill and we are now working with the American Association of Medical Colleges (AAMC) to further foster support for these important programs. Along with other leaders,

I intend to do all that I can to prevent these programs from being destroyed. I believe deeply that the best way to improve the diversity of medicine is to begin with supporting the career development of high school, college and medical students. It is clear that given the tenor of the current Administration this will be an uphill battle – but we will do our best to turn the tide and, hopefully, protect our future.

Board Members and Faculty Exchange Interests and Commitments

Most hospital Board of Directors meetings I attend focus almost entirely on hospital finance, operations, facility, quality and related issues. Certainly these issues are important, especially given the challenging health care environment we live in. And hospital board members, as the fiduciaries of their institutions, are certainly committed to these issues – and often have backgrounds in the corporate world that make them uniquely qualified to do so. But for academic medical centers, it is critically important that hospital Directors understand and appreciate the important and indeed intricate interrelations between, on one hand, the education and research missions of the medical school and university and, on the other hand, the business challenges facing the hospital. Attempts are made to do this on a regular basis at both the Lucile Packard Children's Hospital (LPCH) and the Stanford Hospital and Clinics (SHC). But at the LPCH Board of Directors meeting on Thursday May 11th, a novel and special exchange between board members and faculty was fostered by a unique program spearheaded by Mr. Chris Dawes, President and CEO, and Ms. Jane Binger, Executive Director of LPCH Leadership Development.

Rather than simply having a lecture about a research breakthrough, this Board meeting featured small group discussions between Board members and faculty on 4 topics. Small groups of Directors met with equally small groups of faculty and over a two-hour period had discussions that improved knowledge and understanding bilaterally. The topics included education, translational medicine, research and innovations in surgery. It was clear at the end of this time that everyone had both learned and contributed to each other's knowledge and understanding. This informal exchange, I believe, will help make LPCH Board Directors more aware of how closely related our missions in education, research and patient care truly are – and how much effort we must expend to assure that they are each sustained and enhanced. From my perspective as a participant in one of these discussions (as both a Board member and faculty member) I felt that the time spent was highly valuable and important. Clearly this agenda and format should be done regularly, and I know that this is indeed the intent.

I want to thank Mr. Dawes and Ms Binger for including these discussions in the busy Board agenda and for seeking ways to develop a better understanding of our shared missions – and an enhanced commitment to achieving them.

Valuing Leadership Development

In the last edition of the Dean's Newsletter I gave an update on the joint Leadership Development Program co-sponsored by Stanford Hospital & Clinics (SHC) and the

School of Medicine (see <http://deansnewsletter.stanford.edu/>). On Saturday May 13th, the 27 participants in the inaugural program presented the results of the projects they had worked on as part of the course and then had a “graduation ceremony.” I had the privilege of being present for that event and was extremely gratified to observe the enthusiasm and excitement of all the participants. Everyone remarked on how powerful and helpful the program had been and how much they had benefited personally and professionally from participating. Indeed, the overarching sentiment was a desire for their program to continue so that they could continue to learn from each other.

Among the important benefits of programs like this is the creation of new networks and improved understanding among individuals from varied backgrounds and disciplines. Given the demands on time, especially for clinical faculty, the opportunity to acquire new management and leadership skills and develop new perspectives is enormously important. It seems clear that this opportunity was realized for the first group of participants. At least one task will be how to keep this nascent network alive as well as how to benefit from the new skills they have acquired.

It is clear that continuing this program is important. We discussed with Drs. Joe Hopkins and Hannah Valentine, who lead this effort for SHC and SoM respectively, the idea that broadening the participants in future sessions to include faculty from basic as well as clinical science departments would enrich the program further. Equally importantly, it would enhance the dialogue and communication between these important communities and have the broader benefit of further aligning our missions and goals.

I want to thank in particular Dr. Joe Hopkins, who really led the way in putting this program to together. Clearly he also won the admiration of all who participated. I also want to acknowledge the partnership between Drs. Hopkins and Valentine, who have worked well together. It is clear that this joint program is off to a terrific start – and that our institutions as well as the individuals who participated will be the beneficiaries of this combined program.

Some Special Events

Cancer Education for the Community: On Tuesday evening, May 9th we held a special community forum entitled: *Beneath the Surface: How Biomedical Insights are Changing Cancer Care*. Some 70 community members attended the evening symposium and breakout sessions at the Bechtel Conference Center. Following a keynote address by Dr. Beverly Mitchell, Deputy Director of the Stanford Comprehensive Cancer Center and the George E. Becker Professor Medicine on “*Enhancing Connections Among Scientists, Clinicians and the Cancer Community*,” attendees had an opportunity to participate in two of four breakout sessions. These included:

Focusing on Prostate Cancer, led by Drs. Jim Brooks and Steve Hancock
Controlling Cancer Stem Cells, led by Dr. Mike Clarke

Detecting Women's Cancers, led by Drs. Ellie Guardino and Amreen Husain

Tracking Genetic Risks, led by Dr. James Ford

Each of these sessions was highly informative and, based on my own observations, much appreciated by the attendees. Especially in the context of the importance of continuing to educate our community, this event was a wonderful success. I want to thank our faculty for committing their time and energy to this community forum as well as the members of the Office of Medical Education for all that they did to make it so successful.

Improving Diversity in Graduate Education: On Thursday, May 11th the School of Medicine sponsored the 2006 Symposium on Improving Diversity in Graduate Education – the third in a series of such events. This year's speaker was Dr. Claude Steele, the Lucie Stern Professor in the Social Sciences at Stanford and presently, the Director for the Center for Advanced Study in the Behavioral Sciences. Professor Steele gave an enormously compelling presentation on the "Psychology of Social Identity: Its Role in Group Performance Differences and the Challenges of an Integrated Society." I want to thank Drs. Hannah Valentine and Ellen Porzig along with Anika Green and Barbara Miller, as well as the Committee for Graduate Admissions and Policy, for their efforts on behalf of this important symposium.

Awards and Honors

At the recent Pediatric Infectious Disease Annual Meeting **Manuel Amieva, MD, PhD**, Assistant Professor Pediatrics (Infectious Disease) was the recipient of the Young Investigator Award – a major recognition of his rapidly developing career as a physician-scientist. In addition, **Dr. David Hong**, Fellow in Pediatric Infectious Disease, won the Wyeth Laboratories Fellowship Award.

Anne Brunet, PhD, Assistant Professor of Genetics, is one of five Stanford faculty members to receive the 2006 Sloan Research Fellowship. The fellowships are designed to help promising young faculty members freely pursue their research interests.

Natalie Dye, Graduate Student in the Department of Chemistry, has been awarded the Lieberman Fellowship for the School of Medicine. This fellowship is named in honor of one of Stanford's most distinguished citizens, Provost Emeritus Gerald J. Lieberman, and honors the qualities of outstanding scholarship, teaching, and university service.

Peter Lee, MD, Assistant Professor of Medicine (Hematology), and **Jon Pollack, MD**, Assistant Professor Pathology, were among the 64 new members recently elected to the *American Society for Clinical Investigation*, an honor society of physician-scientists founded in 1908 to recognize individuals who have made significant contributions to the translation of knowledge from the laboratory to the advancement of clinical practice. Of the 2800 members in the ASCI, 51 are at Stanford.

Lubert Stryer, MD, Mrs. George A. Winzer Professor of Cell Biology, Emeritus has been nominated to the American Philosophical Society. The American Philosophical Society was founded by Benjamin Franklin in 1743. It honors extraordinary accomplishments in all fields, including the sciences and humanities.

Irv Weissman, MD, Virginia & D.K. Ludwig Professor for Clinical Investigation in Cancer Research, Professor of Dev Bio & by courtesy of Neurosurgery & Biological Sciences, and Director of the Institute for Cancer/Stem Cell Biology and Medicine, will receive an honorary doctor of science degree from Columbia University. Dr. Weissman's research extends to the possible stem cell origins of leukemias and other malignancies and has spawned new designs for more effective cancer therapies.

Congratulations to all!

Appointments and Promotions

- **David L. Berger** has been promoted to Adjunct Clinical Professor of Anesthesia effective 4/1/06.
- **Edmund J. Harris Jr.** has been promoted to Professor of Surgery effective 5/1/06.
- **Sabine Kohler** has been promoted to Professor of Pathology and Dermatology effective 5/1/06.
- **Natalie Rasgon** has been promoted to Professor of Psychiatry & Behavioral Sciences, effective 5/1/06.
- **Christy Sandborg** has been promoted to Professor of Pediatrics at the Lucile Packard Children's Hospital, effective 5/1/06.
- **Raymond Sobel** has been promoted to Professor of Pathology effective 5/1/06.
- **David Weill** has been appointed to Associate Professor of Medicine (Pulmonary and Critical Care) effective 5/1/06.
- **Cynthia Wong** has been appointed to Assistant Professor of Pediatrics at the Lucile Packard Children's Hospital effective 5/1/06.

Dean's Newsletter May 30, 2006

What is the Status of Our Medical School Education Programs?

Over the past five years, the partnership between the Dean's Office, led by Dr. Julie Parsonnet, Senior Associate Dean for Medical Education, and the Medical School Faculty Senate, led sequentially by Drs. Lorry Frankel, Oscar Salvatierra and Ray Gaeta, has resulted in the continued evolution and transformation of the Stanford Medical Student Curriculum. The New Stanford Curriculum was launched with the class that entered in the Fall of 2003. Some of the changes we made in the New Curriculum have

also been adopted by other medical schools, while others remain unique to Stanford, although these have attracted attention and will likely be copied by some of our peer schools, including Harvard Medical School. Since 2003, further development has occurred, and the New Curriculum continues to be very much a work in progress.

For example, over the past decade a number of medical schools across the country, including Stanford, have recognized the importance of better aligning science and medicine throughout medical school. This is a welcome departure from the increasingly outmoded “preclinical” (i.e., basic science) and “clinical” divisions of the curriculum that traditionally divided the four years of medical school into halves. The New Stanford Curriculum seeks to accomplish this alignment by starting the basic and clinical science components of modern medical education at the outset of medical school. However, the continued growth of knowledge in both science and medicine, as well as in their important interrelations, makes it crucial to look beyond medical school itself and to provide students with a lexicon and roadmap for lifetime learning. The New Stanford Curriculum attempts to provide these tools for lifelong learning, in part by continuing the integration of science and medicine throughout all years of medical education. I have long believed that we also need to continue this integration in a more coordinated manner during the transition from undergraduate medical education to residency and fellowship training. And while we have made a slight bit of progress in this area, we need to do much more. I hope we can successfully address this large unmet need during the years ahead.

One of the most distinctive aspects of the New Stanford Curriculum is the Scholarly Concentration, which is now required for all students who entered since August 2003. The Scholarly Concentrations are, in part, the result of an evolutionary process of change that goes back to the Medical Scholars Program and even further, to the so-called “Five Year Plan” that characterized Stanford Medical School in the 1960’s. Presently, there are 12 Scholarly Concentrations that offer a broad range of opportunities for learning and research or that permit students with specific interests or needs to define an individualized program of scholarship and research. From my point of view, the Scholarly Concentrations truly distinguish Stanford from other schools and emphasize both our academic strengths and our commitment to scholarship and research.

At the Medical School Faculty Senate meeting on Wednesday, May 17th, two presentations provided updates on the status and assessment of the Scholarly Concentrations. Dr. Russ Altman, Associate Professor of Genetics and Director of the Scholarly Concentration in Biocomputation, gave the first presentation. Dr. Altman reminded us of the mission statement that has guided the development of the Scholarly Concentrations:

Scholarly Concentrations are required, structured programs of study in the Medical Student Curriculum that promote in-depth learning and scholarship. The Scholarly Concentrations provide medical students with faculty-mentored scholarly experience in areas of individual interest combined with structured coursework to support this scholarship. This component of the MD curriculum

develops critical thinking, skills in evaluation of new data, and hands-on experience with the methods by which new scholarly information is generated. Building these essential skills for leadership in medicine and research supports the institutional goals of innovation and scholarship and fosters lifelong enthusiasm for the field of Medicine.

This is an ambitious goal, but one that I strongly support. Indeed, if we are to train and develop the leaders and scholars who so clearly will be needed in the future, it is imperative that we work diligently to assure the success of programs like the Scholarly Concentrations. That said, they are challenging, and for students seeking the MD degree, they need to be coupled with equal rigor and excellence in the teaching and learning of clinical knowledge and skills. While we certainly try to offer such a program in the traditional four-year curriculum, my own strongly held belief is that at least five years are needed if students are to have the opportunity to truly develop the foundations for their skills in scholarship, research and clinical medicine. Thankfully, at Stanford, students can do a fifth year without incurring a significant financial burden – something that also distinguishes us from virtually every other medical school in the nation.

Dr. Altman pointed out that the scientific rigor and quality of the Scholarly Concentration research proposals have become increasingly stronger and more impressive during the past couple of years. Also, because they are now so integral to the student experience at Stanford, a brief summary of the student's Scholarly Concentration is included in the "Dean's Letter." I am pleased by this change since it further helps to differentiate and distinguish the excellence of Stanford medical students.

Dr. Altman also briefly discussed the new Applied Biomedical Sciences Program (ABSP) at Stanford, which is designed to maintain a connection to the scientific basis of medicine for students doing clinical rotations. In the ABSP, students will attend plenary sessions hosted by each of the Scholarly Concentration programs throughout the year. This will be complemented by other course work that will be included in the ABSP and which will further assure the active connections between basic and clinical science and medicine.

Efforts are also underway to provide academic homes for Scholarly Concentrations within the relevant Stanford Institute of Medicine. While these types of linkages are important in better aligning our missions in education, research and patient care, it is also important to make sure we avoid having students become narrowly specialized too early in their careers. Careful advice and mentoring are essential to make sure students are making the most optimal choices for their career development.

We are also continuing to assess, evaluate and improve the overall quality and impact of the Scholarly Concentration program. In this regard, Dr. David Fetterman, Director of Evaluation, made the second presentation at the Medical School Faculty Senate meeting. He offered updates regarding the Scholarly Concentrations from the Student Body Survey that was done in preparation for the LCME site visit. It is certainly notable that over 80% of Stanford students had participated in research when the LCME survey was done in 2004-2005 (a percentage I would imagine has further increased) and that the

majority of students found it to be a valuable experience. They reported that their research experience had made them more well rounded, better able to pursue compelling topics, and more competitive in applying for residencies. At the same time, a number of important challenges were identified – all of which need to be (or are being) addressed. These include improving the orientation and communications about Scholarly Concentrations requirements and devising better ways to establish links between students and potential research supervisors. Thanks to the efforts of Dr. Pat Cross, Professor of Structural Biology and Associate Dean of Student Affairs, an on-line communication tool will soon be available to help address these issues. In addition to the need to ameliorate the scheduling conflicts that occurred during the initial phase of the program, students also identified the importance of better standardizing core requirements and expectations for the Scholarly Concentrations.

Importantly, there was considerable overlap in the student assessments of the Scholarly Concentrations and those of the faculty and a commitment to further improve the student experience. Given the stage of development of this program, it is not surprising that deficiencies as well as strengths have been identified. And while there is a commitment to work diligently to rapidly address the problems highlighted by students or faculty, I suspect that there will always be a need for further refinements and improvements in this program – and indeed, in our overall curriculum. No curriculum or programmatic change will remain excellent without such a commitment - which, thankfully, we all share.

Medical Student Research – the Heart of the Matter

Among the things that pleased me most at the 23rd Annual Stanford Medical Student Research Symposium held on May 17th was the enthusiasm and excitement of the students presenting their research – and of those learning about what their student colleagues were working on. In my opinion and experience, the analytic skills developed during a research experience help make one a better physician, whether or not investigation becomes the dominant part of one's career. At the Symposium, 30 students offered 33 poster presentations, as follows:

Student	Faculty Advisor	Topic
Winifred Adams	Donna Peehl	SAHA and androgen receptor induction in primary prostate epithelial cultures
James Andrews	Anthony Wagner	Relating anatomical and functional variability in the inferior frontal gyrus: qualitative vs. quantitative approaches
Roger Bartolatta	Garry Gold	Open MRI assessment of Fryette's Law in lumbosacral mechanics
Bill Bragg	Stuart Goodman	Histomorphometric analysis of the inflammatory response to titanium particles in wild-type and IL-R1 knock out mice

Dora Castaneda	Gary Steinberg	Both signal pathways of MAPK/Erk and PKB/Akt are involved in ischemic damage/survival after stroke in rats
Bruno Chazaro-Cavero	Peter Lee	Immunology of tumor draining lymph nodes in breast cancer
Nina Chinosornvatana	Kay Chang	Grading of ototoxicity
Richard Chiu	Stuart Goodman	Bone marrow mesenchymal stem cells lose their osteogenic potential after exposure to polymethylmethacrylate particles in a non-osteogenic environment
Eric Cornidez	John Broke-Utne	Does hypothermia during neurological anesthesia decrease brain temperature
Emily Curran	Paul Fisher	Gender affects survival from medulloblastoma only as a function of age: a SEER Registry study
Monica Eneriz-Wiemer	Oscar Salvatierra	Successful high-risk renal transplantation of small children with a completely thrombosed inferior vena cava
Rebecca Flyckt	Maurice Druzin	Outcome of pregnancies complicated by systemic sclerosis and mixed tissue disease
Simon Hanft	Theo Palmer	Adult hippocampal neurogenesis and hippocampus-dependent memory are protected by rosiglitazone and indomethacin in the face of a neuroinflammatory stimulus
Andrew Hsu	Victor Tse	In vivo bioluminescence and near infrared fluorescence imaging of orthotopic U87MG-luciferase xenographs: tumor volumen correlation with MR imaging and visualization of integrin $\alpha_v\beta_3$ expression
Yashar Kalani	Roel Nusse	Wnt proteins as tools to manipulate neural stem cells
Jessica Les	Jose Montoya	Perception of pregnant women toward threat of congenital toxoplasmosis in Cali, Columbia
Jason Liauw	Gary Steinberg	Neural progenitor cells enhance symptogenesis in neuronal cultures: a thrombospondin dependent mechanism
Helen Liu	Howard Chang	Role of the developmental gene SALLA4 in cellular quiescence
Michael Mancuso	Calvin Cu	Egfl7: a novel regulator of angiogenesis
Gladys Martin	Lawrence Hammer	Do parent's perception of their child's weight influence their child's BMI: A cohort study of 150 parent-child pairs of nine years
Everett Meyer	Dale Umetsu	iNKT cells require CCR4 binding of CCL17 to localize to the airways where they are

		necessary and sufficient for inducing airway hyperreactivity
Deepika Nehra	Lawrence Recht	On the origin of gliomas
Delene Richburg	Denise Johnson	Breast MRI and surgical outcomes in young women
Farazad Soleimani	Laurence Baker	Learning from mistakes in New Zealand hospitals: what else do we need besides “No-Fault”
Farazad Soleimani	Henry Greely	Learning from mistakes in US hospitals; what factors do influence error reporting behavior
Joshua Spanogle	Stuart Goodman	VEGF increase in periprosthetic osteolysis is secondary to increased numbers of macrophages at the bone-implant interface
Victor Tubbesing	Bradley Hill	Decellularization procedures for small-caliber vessels: cellular and biomechanical evaluation
John Van Arnam	Mark Krasnow	A transgenic mouse for the clonal analysis of pulmonary mesenchyme
Anand Veeravagu	Victor Tse	Characterization of angiogenesis in GL26 murine-derived glioblastoma multiforma using dynamic contrast enhanced MRI
Jenny Wilson	Rebecka Peebles	<ol style="list-style-type: none"> 1. Ethnicity and bone mineral density in adolescents with eating disorders 2. Self-injury in adolescents with eating disorders: correlates and physician bias 3. Surging for thinness: identifying a methodology

I recognize that these projects represent but a sampling of the research currently being pursued by our medical students, but the broad diversity of interests and topics being addressed is certainly notable – and impressive. I want to congratulate all the students who presented this year and thank their advisors and mentors. I certainly look forward to witnessing the work of future students in the years ahead!

A Big Week for Cancer Programs at Stanford

Approximately four years ago I charged a task force led by Professor James Nelson, Senior Associate Dean for Research, Graduate Education and Postdoctoral Affairs at the time, to examine the future institutional role of the School of Medicine in cancer research, treatment and prevention. Stanford was then, as it is today, widely recognized for its many fundamental contributions to cancer biology as well as its groundbreaking innovations in cancer treatment. Yet it was one of the only medical schools in the country that was not an NCI-designated Comprehensive Cancer Center. As always, there was a history behind this curious situation.

I had been informed soon after my arrival at Stanford in 2001 that various attempts had been made over the years to become a comprehensive cancer center but that each had

been foiled for one or another reason – largely having to do with different perceptions of mission or with resource allocation issues. Having spent some 23 years as a physician-scientist working in the Intramural Program of the National Cancer Institute, I confess a strong bias in favor of Stanford becoming an NCI-designated Comprehensive Cancer Center (CCC). That said, the institutional commitment to such an effort is enormous, and it was important that the faculty consider the issues carefully and determine the best course of action. Indeed, even the application to become a CCC requires clear evidence of institutional support in such areas as the authority of the institute, the allocation and governance of space and faculty positions, and evidence of medical center wide financial contributions and commitments. In spite of these challenges, the task force felt that we should attempt to achieve this status.

As you know from previous Newsletters (http://deansnewsletter.stanford.edu/archive/01_23_06.html, http://deansnewsletter.stanford.edu/archive/02_06_06.html), we have been working toward this goal since the task force recommendation almost four years ago. On February 1st, 2006, we submitted our Comprehensive Cancer Center Application to the NCI. On May 23rd, we hosted the 24-member Site Visit Team and its 6 scientific administrative staff from the NCI. This was obviously a long-anticipated event. Countless individuals have worked with great resolve and commitment to move our application forward and bring us to the moment of the site visit. Dr. Karl Blume began to organize our efforts in February 2003 and did an extraordinary job of bringing diverse faculty interests into focus. Indeed, without his many contributions, as well as the critical reviews from three External Advisory Group assessments of our program, I doubt we could have succeeded in getting to this point. Along the way we were most fortunate to persuade Dr. Irv Weissman to take on the role of Principal Investigator. Because of his knowledge, skill and tremendous respect at Stanford and beyond, Dr. Weissman was able to engage our broad community in a very positive way. Indeed, as part of this process, Dr. Weissman even became an administrator (no further comments needed!). We were also most fortunate to recruit Dr. Steve Leibel from Memorial Sloan Kettering to be the Clinical Director of our burgeoning Center and Dr. Bev Mitchell, from the University of North Carolina, to serve as the Deputy Director. The addition of Ms. Joanne Murphy, Associate Director for Administration, completed the leadership team. Together have done a spectacular job in guiding the preparations of the grant and the site visit.

While the leadership team has proven critical, the soul of the NCI proposal lies of course in the 10 Program Projects and 10 Shared Resource Proposals that comprise the grant. Each of these proposals presents innovative, compelling and forward-looking opportunities to advance knowledge and translate discoveries to improve the diagnosis, treatment and prevention of cancer. These exciting research programs, along with the organization, focus, and evidence of institutional commitment to cancer, were presented to the Site Visit Team on May 23rd. I attended virtually all of the presentations and am proud to say that Stanford did a wonderful job. The presentations by the PI's and Co-PI's were compelling and complemented nicely the 1200 written pages that were submitted to the NCI in February. They tell a story of an institution that is ready and able to make a tremendous difference in the future of cancer research, care and prevention.

In tandem with our many efforts on the Comprehensive Cancer Center proposal, we have also been engaged with the Ludwig Foundation in an attempt to become one of six Ludwig Cancer Centers in the United States. This initiative began with the same task force that recommended that we pursue the CCC grant. I have been meeting with leaders at the Foundation for close to five years about this prospect, and Dr. Irv Weissman prepared the Ludwig Center proposal that we submitted to them. On May 22nd, along with Doug Stewart, Associate Vice President for Medical Development and Howie Pearson, Director of Principal Gifts and Development Legal Counsel, from the Office of Development, I visited with the Ludwig Foundation in New York City. At that meeting we learned that Stanford will indeed be a Ludwig Center and that we could make an internal announcement to that regard. This is wonderful news since it will supply strong financial support to our research programs in cancer and cancer-stem cell biology in perpetuity. I want to especially thank Dr. Weissman for his efforts on the proposal.

It will be summer before we know the results of the NCI's deliberations on our proposal to become a Comprehensive Cancer Center, and we all recognize that nothing can be guaranteed. But I must say that, regardless of the outcome, I was very proud of Stanford faculty on May 22nd and 23rd. We have virtually achieved our goal of becoming a Ludwig Center, and we have surely made a very good case to the NCI about our resolve to become a Comprehensive Cancer Center. At a minimum, after more than 30 years of deliberation, Stanford has at least made the application - this alone has helped to excite our faculty and to develop a community of scholars committed to cancer!

I am deeply appreciative to all of the leaders who have gotten us to this important stage. But I am particularly indebted to our exceptional faculty and staff whose work is nonpareil and forms the basis for future hopes and accomplishments. It was a big week for Stanford's cancer programs and I am hopeful that this is just the beginning.

Addressing the Challenges of Diversity with Integrity

Since coming to Stanford one of my highest priorities has been to enhance the diversity of the School of Medicine and to do all that we could to foster a "Respectful Workplace." We have worked diligently, expeditiously and definitively to address any evidence of disrespectful behavior. Indeed we have had a zero tolerance policy regarding any reported infractions. Further we have been working assiduously to do everything we can to enhance diversity and promote career development. While there is no denying that we still have much work to do, I do feel that we have made progress and that senior leaders, particularly Drs. David Stevenson and Hannah Valentine, have worked beyond expectation to assure the integrity of our work place and the career development of students and faculty. Thus it was most disconcerting to find a highly critical and egregiously inaccurate article in the *Stanford Daily* about our work environment and our respect for women and minorities. While I am certainly open to receiving criticism, this article violates every principle of appropriate journalism and is lacking in scholarship and integrity. Together with Drs. David Stevenson and Hannah Valentine, we have submitted the following letter to the editor of the *Stanford Daily*. Separately, the Provost is also

registering his very serious concerns about the report. It is most unfortunate that such irresponsible journalism attempts to damage the integrity of our school. Here is the letter we submitted:

Dear Editor,

We appreciate the importance of student journalism. We also value responsible critiques of our progress and efforts as we attempt to address the challenging and important issues of equity and career development in academic medicine. Indeed, we have worked diligently during the past several years to address historical inequities and to make Stanford School of Medicine a leader in academic career development that values all forms of diversity. Thus, as the senior leaders for diversity, academic affairs and dean of the School of Medicine, we are compelled to voice our deepest concerns regarding the content of your article of May 25, 2006, entitled, "Med School Faculty Claim Systematic Discrimination." The portrait offered by Ben Eppler is highly distorted. The article confuses issues of the past with the facts of the present and fails to offer any context or verification for the extraordinarily biased and derogatory claims put forth by the writer and his "anonymous sources." Sadly, this striking example of irresponsible journalism occurred in part because the writer chose to ignore pertinent information provided to him. Mr. Eppler chose instead to write an article based on unfounded allegations and insinuations, lacking in facts, riddled with innuendo and grossly inaccurate. Most importantly, his comments about women or minority faculty members in leadership positions constitute a direct attack on their competency, and they denigrate the many contributions these individuals have made in ensuring that Stanford has among the most diversified student bodies in the nation as well as a highly respectful workplace for faculty, students and staff. We cannot even speculate why the author chose to ignore important facts or to offer (as if they were facts) insinuations about the role of the government in suppressing a federal investigation – a notion that is totally ludicrous and categorically false.

The significant accomplishments that have occurred in the past several years to improve diversity and leadership by women and minorities in the School of Medicine have included revisions of the search process; education of search committees around issues of unconscious bias; and provision of resources to broaden the diversity of applicant pools. In addition, we have created major opportunities for leadership development of students and faculty and have, for the past five years, had a focused effort on the "respectful workplace" that has been a model for the university.

We clearly recognize that we have work to do to achieve the level of diversity and balance we seek for the school of medicine. We are proud that we have advanced this process in a multitude of ways with the highest degree of integrity, openness and transparency. Quite frankly, that is what makes this article so distressing. In its distortions and dearth of factual content, it is highly disrespectful of both the

individuals and the institutions that are working diligently to improve personal and professional development.

Launching Plans for a CTSA Application

In 2005 the NIH announced plans for Clinical and Translational Science Awards (CTSA), which have as their goal the engagement of medical schools and academic medical centers in fostering the career development of future clinical and translational investigators. When the program is mature the CTSA will become the funding umbrella for the General Clinical Research Centers as well as institutional training awards (e.g., K12, K30, T32). For the first round of CTSA submissions, which were due April 1, 2006, an institution could apply for either the full grant or a training grant. Because we were already deeply committed to submitting our grant proposal to the NCI on February 1st to become a Comprehensive Cancer Center (see above), we elected to submit a planning grant with the recognition that we would submit the full grant proposal during the next cycle in 2007. I want to thank Dr. Mike Longaker, Deane P. and Louise Mitchell Professor, who did an excellent job in leading the effort for the planning grant submission.

During the last several weeks we have carefully considered the best way to optimize our efforts for our CTSA grant submission, which is due at the end of January 2007. While the CTSA is a new program, we have actually been preparing for it for the past several years under the banner of our strategic plan *Translating Discoveries*. Our dedication to educating and training physician scientists has taken several programmatic forms. One is the Scholarly Concentration in clinical research in the Medical Student Curriculum. Another is the new Masters in Medicine program, which aims to provide substantive exposure to the challenges of clinical and translational research to our graduate students. A third is our planned program for Advanced Residency Training at Stanford (ARTS), which will enable selected residents and fellows interested in research to pursue graduate studies. All of these speak to a significant focus on educating and training a cadre of physicians and scientists who will be committed to clinical and translational research. The CTSA will help us further focus and refine these efforts with even more specific venues for educational opportunities. Along with our ongoing programs in education, the establishment of the Stanford Institutes of Medicine and their close alignment with the Centers of Excellence at Stanford Hospital & Clinics and the Lucile Packard Children's Hospital also speak to our institutional commitment to translational and clinical research and its application to improving patient care. Thus, I believe that we are well positioned to prepare a strong application for the CTSA grant proposal.

Based on discussions with the NIH and with colleagues at other centers, we know that the institutional commitment to the CTSA must be further underscored by having a significant leader serving as the principal investigator. Because of Dr. Longaker's understandable desire to focus on his important leadership role in the Program for Regenerative Medicine and his own research program, I have asked Dr. Harry Greenberg, Senior Associate Dean for Research, to assume the role of PI for the CTSA. Thankfully he has agreed to do so and is now beginning to assemble the leadership team necessary to prepare this grant. Because of the broad umbrella that the CTSA extends over all of our

programs in translational and clinical research and education, it will loom large in our planning and have a significance that is equivalent to our efforts to become an NCI-designated Comprehensive Cancer Center. Accordingly, I will certainly be providing updates about our planning for the Stanford CTSA.

Addressing the SHC Medical Staff on Stanford and the Challenges Facing Academic Medicine Early in the 21st Century.

On Wednesday evening, May 24th, I had the opportunity to address the Medical Staff on current and future challenges facing academic medicine and the role Stanford might play in addressing them. Specifically, I identified five major intersecting issues now emerging in American medicine and science and discussed how Stanford can play a role in addressing them – either to directly or through advocacy. As is often the case, each opportunity has an opposing or juxtaposing force. Thus finding ways to align the positives as well as to attenuate or eliminate the negatives constitutes an important aspect of our Stanford mission. While a number of additional factors can be identified, the following are the ones I chose to highlight:

1. The strong support the American public and the US Congress have shown for biomedical research during the past several decades that is now being threatened by the rising anti-science sentiment permeating Washington, the US and even the world. This is accentuated by the politicization of science and by the move toward theocratic thinking in our country.
2. The remarkable opportunities in science, innovation and technology resulting from our nation's investment in biomedical research during the past 50 years that are now being negatively impacted by the decreased funding through the NIH and CDC – with potentially very serious consequences for academic medical centers.
3. The improvements that have occurred in health care as a result of innovations, technology and research juxtaposed against the skepticism regarding the excellence of health care and, more importantly, the clear inadequacy of our health care system.
4. The opportunities to translate knowledge from the laboratory to the bedside that are fostered by interdisciplinary research and productive interactions with industry but that can also become mired in controversy by reports of institutional and individual conflicts of interest and a sometimes convoluted entanglement of academia with industry.
5. The once esteemed societal position held by physicians and scientists in the eyes of the public that has, in various ways, been diminished by the market driven changes in the health care system and the lack of time and personal contact physicians can have with their patients.

Certainly these are important if not daunting challenges, and it is appropriate to ask why one would think that a single institution could play a role in addressing them. But change must start somewhere, and I believe that Stanford is a unique environment in which we have the opportunity to impact each of these issues – or at least to bring them to wider public attention, debate and engagement.

Perhaps first and foremost it is essential that we stay true to our missions in education, research and patient care and that we seek ways to align and integrate them. I have previously addressed this issue and my conviction that we are making progress by defining our missions under the banner of *Translating Discoveries* (http://deansnewsletter.stanford.edu/archive/02_06_06.html#1). At the same time, we are served by leading or participating in national advocacy for research and by combating the anti-science movement through education of the public and of congressional constituencies at the local, state and federal levels.

We also need to be willing to play an active role in the reform of health care rather than simply letting it unfold in a reactive manner. Doing this in partnership with public and private partners is a reasoned approach, and it may help stimulate a process for change. But significant change will also require the resolve of the government – which is unlikely until public outcry is loud enough to stimulate real reform. While quality of care is important and is increasingly becoming the focus of incentives for physician performance, improvements in the quality of health care delivery without new interventions emanating from discovery and innovation will not truly advance our health care agenda.

We also need to forge more transparent relations with industry and forego the gifts of subtle persuasion and coercion that have come to characterize modern medicine. We have been working on policies to address this matter – and two leading peer schools, Yale and Penn, have already come forth with impressive guidelines.

We also need to bring back some of the past respect of medicine as a valued profession. Of course it is fantasy to think of Marcus Welby as the model for American Medicine but it is appropriate to consider ways of re-engaging the public trust. We are understandably focused on innovation, technology and things that distance the physician from the patient – but we need to train our students and residents in the art of medicine. This might be accomplished by establishing a Center for Educating the Compassionate Physician. We must convey to the public that we care about individuals and that we are seeking ways to combine humanism with technology as essential parts of the art and science of medicine.

Clinical Trial Reporting and Registries

I have previously communicated the efforts of the Institute of Medicine (IOM), the AAMC and others to address the thorny issue of clinical trial reporting (see: http://deansnewsletter.stanford.edu/archive/05_16_05.html). As a result of these efforts, which also included the International Committee of Medical Journal Editors (ICMJE), a

set of guidelines was established and published in lead journals (including the NEJM and JAMA) that focus on reporting clinical trials in Clinical Trials.gov (see <http://www.iom.edu/CMS/3740/31272/32232.aspx>). The absence of registry reporting would mean that the clinical trial would not be published in one of 11 (or more) leading journals.

Last fall the IOM Health Science Policy Board agreed to work collaboratively with the World Health Organization (WHO) to review the data regarding this important issue. In the past week, the WHO indicated that research universities and industry should disclose key details regarding clinical trial, such as whether they involve patients or healthy volunteers, and that they should do so at the earliest stages of these studies. The WHO's new International Clinical Trials Registry Platform would not be a register itself, but rather would provide a set of standards for all registers, the agency said. These standards would include disclosure of sources of financial support for a trial, lay language explaining the study, conditions and countries of recruitment of people on whom treatments were tested, age and gender data, sample sizes and information on the key outcomes of a test. This decision on the part of WHO is welcome additional progress towards appropriate clinical trials disclosure and transparency.

Dr. Larry Leung Appointed Chief of Staff at the VAPAHCS

I am very pleased that Dr. Larry Leung, the Maureen Lyles D'Ambogio Professor of Medicine, has been named the Chief of Staff at the VAPAHCS (Veterans Affairs Palo Alto Health Care System). His appointment follows a national search and was announced this past week by Ms. Lisa Freeman, Executive Director of the VAPAHCS.

Dr. Leung has a long record of accomplishment as a Stanford faculty member in the Department of Medicine and, since 2004, as the Chief of the Medical Service at the VA and Senior Associate Chair of the Department of Medicine. He also served as the Acting Chief of Staff at the VA following Dr. Javaid Sheikh's departure from this role in February 2006.

I am confident that Dr. Leung will continue the excellent work begun by Dr. Sheikh in helping to align the VAPAHCS and the School of Medicine. We share important missions in education, research and patient care and have each benefited from our enhanced collaborations. In addition to thanking Drs. Sheikh and Leung, I also want to express my appreciation for the important role that Ms. Lisa Freeman has played in helping our institutions to become better aligned. I look forward to even closer relationships in the years ahead and am confident that these will be achieved.

Dr. Gabe Garcia Appointed Head of the Haas Center for Public Service

Provost John Etchemendy announced on May 24th that Dr. Gabe Garcia, Professor of Medicine and Director of Admissions for the School of Medicine, has been appointed to head the Haas Center for Public Service (see Stanford Report: <http://news-service.stanford.edu/news/2006/may24/haas-052406.html>). Dr. Garcia has had a long commitment to public service and is highly regarded throughout the School of Medicine by students, faculty and staff for his many important contributions. I am also very pleased

that his accomplishments are equally recognized throughout the University and that his appointment will provide an opportunity for even greater alignment of medicine and public service. This is wonderful news for Dr. Garcia and for Stanford.

Dr. Garcia's leadership role at the Haas Center will require approximately half of his time. I am also pleased that he will continue his excellent work as director of admissions and as a faculty member in the Department of Medicine at Stanford.

Upcoming Events

Community Lecture Series

Dr. Gary Glazer, Professor and Chair of the Department of Radiology, will speak about "The Changing World of Medical Imaging" at the final Community Lecture Series of the academic year,. He will cover the progress of new tools that have revolutionized imaging and discuss the various new ways imaging can be used inside and outside of medicine. The lecture will be held on Wednesday, June 7th at 7:00 in the Clark Center Auditorium.

Awards and Honors

We are pleased to recognize the following individuals for their outstanding achievements. Congratulations to all!

- ***Drs. Paul Berg and Lubert Stryer*** were honored on Tuesday May 16th at a ceremony where Affymetrix announced that it would name fellowships for Stanford graduate students after them. As you may know, Drs. Berg and Stryer are among the most notable figures in American science and have distinguished Stanford careers. I am confident that it will be inspirational for future graduate students to hold a fellowship named after these pioneering giants.
- ***Dr. Samuel LeBaron***, Professor of Medicine (Family and Community Medicine), has been awarded the 2006 California Family Physician of the year by the California Academy of Family Physicians. The CAPF annually honors a family physician who represents the finest characteristics of the specialty, and goes above and beyond in service to patients, colleagues and the community. Dr. LeBaron has been an inspiration for colleagues, students and patients. Locally, he has been involved in both helping communities in the area and in developing medical programs at Stanford and O'Connor Hospital. Internationally, he has traveled around the world, presenting talks and conferences as well as developing programs for medical students in various countries.
- ***Dr. Anna Penn***, Assistant Professor of Pediatrics, has been named a 2006 John Merck Scholar. The award will support Dr. Penn's research activities. This is a wonderful achievement and a tribute both to Dr. Penn and to Stanford.

- **Dr. Ted Sectish**, Associate Professor of Pediatrics, was awarded the Walter W. Tunnessen, Jr., MD Award at the Association of Pediatric Program Directors for his nationally recognized role in advancing postgraduate pediatric education.
- **Richard Chiu**, Graduate Student in the Department of Medicine, has received the Klea D. Bertakis Award for one of the five best overall oral presentations at the 2006 Western Student Medical Research Forum for his work, “Polymethylmethacrylate Particles Inhibit Osteoblastic Differentiation of Bone Marrow Osteoprogenitor Cells in Vitro.”
- **Geoff Krampitz** was announced as the winner of the AMA Foundations Minority Scholars Award. Geoff was one of ten students selected for this award from a group of 120 nominees across the nation. The award is based on personal commitment and scholastic achievement.
- **Robert Rafael Ricardo-Gonzalez**, a doctoral student in Medicine/Immunology, has been awarded the Student Gores Awards for Teaching Assistants.
- **Stanford Medicine**, the School’s official magazine, recently won seven important awards from CASE, including the gold medal for staff writing. The competition included all university publications and thus is a great tribute to **Rosanne Spector**, editor for Stanford Medicine, as well as **Paul Costello**, Executive Director of Communications and Public Affairs and the Communications staff. Over the recent years **Stanford Medicine** has become a topic driven publication and has addressed important and timely issues – ranging from stem cell research and health care reform to the most recent issue that deals with evolution. This is a wonderful recognition that not only brings distinction to Stanford but which also allows our voice on important issues to be heard around the nation and world.

2006 Faculty Award Nominees

Bloomfield Award

Laura Bachrach	Pediatrics (Endocrinology)
Erika Schillinger	Family Medicine

Ebaugh Award

Kuldev Singh	Ophthalmology
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Kaiser Clinical Teaching Award

James Baxter	Internal Medicine
Samuel LeBaron	Family & Community Medicine
Sherry Wren	Surgery

Kaiser PreClinical Teaching Awards

Laurence Baker	Health Research and Policy
Lawrence Mathers	Pediatrics Intensive Care

Robert Siegel Microbiology & Immunology

Kaiser Innovation Award

Peter Rudd General Internal Medicine

Rambar Mark Award

William Benitz Pediatrics – Neonatology

Award for Service to Graduate Students

Bill Weis Structural Biology

Award for Graduate Student Teaching

Arend Sidow Pathology and Genetics

Appointments and Promotions

- David L. Berger has been promoted to Adjunct Clinical Professor of Anesthesia effective 4/1/06.

Dean's Newsletter
June 12, 2006

A Major and Well-Deserved Honor for Dr. Len Herzenberg

Professor Len Herzenberg is truly one of the 20th century's leading innovators in human biology. In the mid 1960's he recognized that an optics and laser device being developed at Los Alamos might be used to individually identify and then separate and sort closely related live cell populations. Working collaboratively with physicists at Stanford, Professor Herzenberg developed a prototype of what would eventually be known as the Fluorescence Activated Cell Sorter (FACS). By 1975 the FACS had become more broadly available through Becton-Dickenson. Since then it has transformed the diagnosis and monitoring of a wide array of diseases - particularly cancer, infectious disease and immunological disorders - and has shed fundamental light on a number of biological processes. The FACS was also instrumental in permitting the isolation of the first human hematopoietic stem cells and is critically important to stem cell biology today. Indeed the FACS has been one of the most important medical instruments ever developed. As just one example, in the early 1980s, the FACS was used in the work that led to fundamental insights about the impact of the Human Immunodeficiency Virus (HIV) on the immune system, and it was a valuable tool for the diagnosis, monitoring and, ultimately, the treatment of AIDS. For his seminal work on FACS, Len Herzenberg was named the recipient of the 2006 Kyoto Prize. He first learned about this distinguished award in a phone call at 11:30 pm on Thursday June 8th. I should also add that Len's life-long partner Professor Lenore Herzenberg has played a critical role in these important discoveries.

The Kyoto Prize is awarded annually to persons who have made significant contributions in the three categories of Advanced Technology, Basic Sciences, and Arts and Philosophy. Through this Prize, the Inamori Foundation seeks not only to recognize outstanding achievements but to promote academic and cultural development as well contribute to mutual international understanding.

We had an opportunity to celebrate Len's latest award at a late morning reception in the Dean's Courtyard on Friday June 9th. Mr. Jay Scovie, North American Liaison for the Inamori Foundation attended the reception and helped us to acknowledge Professor Herzenberg's remarkable contributions.

Please join me in congratulating Dr. Herzenberg and the Herzenberg family and Lab.

Getting Ready for Commencement 2006

Stanford University's 2006 Commencement will be held on Saturday June 17th and Sunday June 18th. Because of the renovations being done at Stanford Stadium, this year's commencement will occur in two phases. On Saturday June 17th the graduate and professional school commencement activities will take place on Elliott Field beginning at 9:30 am. This year's commencement speaker is Vartan Gregorian, President of the Carnegie Corporation and former president of the New York Public Library and Brown University.

Following the official University Commencement, the School of Medicine will hold its Certificate Ceremony on the Dean's Lawn. The festivities will begin at 11:30 am with a luncheon on Alumni Green. Graduates and their families are all welcome to attend.

At 1:30 pm the faculty processional will commence and the School of Medicine Ceremony will be held in the tent on the Dean's Lawn. Family and friends are invited. We are anticipating that 92 students receiving their MD degree will attend the ceremony along with 35 graduates receiving their PhD degree and six their MS degree. The graduate and medical students have selected two students to speak on their behalf: Iwei Yeh will represent the PhD students and Jason Karamchandani will represent the medical students.

A special Dean's Newsletter on June 19th will list the awards bestowed upon School of Medicine faculty along with the commencement remarks by our two graduating students.

Thinking About Career Development

During my career in academic medicine I have had considerable involvement in career development, particularly for clinical science faculty. Although much of this has focused on training pediatric physician-scientists, a number of the principles and issues are applicable to other career tracks. I had the opportunity to visit some of these issues at a recent seminar with Pediatric Fellows that also included Drs. Harvey Cohen, Arline and

Pete Harman Professor for the Chair of the Department of Pediatrics, and Charles Prober, Professor of Pediatrics and of Microbiology and Immunology.

I view this as more of a conversation about academic career development than as a set of proscriptive rules or guidelines, and I offer some of these reflections in this Newsletter with the hope that they might be of value to our Stanford community. I recognize that this discussion is more relevant to clinical trainees but hope that it will have some value to basic science trainees as well – if only to share the scope of challenges and experiences that are involved with different career paths. I will focus my comments around ten key questions:

Why consider a career in academic medicine?

I have been a participant in academic medicine and biomedical research for three decades. The reasons that motivated my initial engagement still apply today and are likely relevant to those who choose this career path. Perhaps greater than any other motivating factor is the strong desire to contribute to discovery and innovation along with an equally strong motivation to push the boundaries of knowledge. These are often coupled with the excitement of being part of a “learning environment” where knowledge continues to flow and to shape one’s own personal repertoire.

For clinical trainees, the paths toward academic medicine could range from an investigative one involving laboratory research to one that engages advanced clinical medicine and addresses the constantly changing landscape of clinical care – which, in academic settings, almost always includes a much greater focus on tertiary and quaternary care. In addition, there is the opportunity to intersect with exceptional colleagues across multiple disciplines and to participate in teams that include basic and clinical colleagues.

Of course one of the wonderful attributes about academic medicine is the opportunity to train (as well as learn from) exceptional students, residents and fellows. There is very much the sense – and indeed it is a reality – that being in an academic setting affords the opportunity to keep one’s knowledge at the “cutting edge” and to become a thought leader and “go to” person for specific areas of expertise. This high level of expertise is almost always coupled with the development of a national and international network of colleagues (and friends), often through travel and participation in research or academic/professional societies. By definition, this permits a career path that has the potential to change and evolve in a manner that would be hard to replicate in almost any other setting. For example, depending on the situation, an academic medicine faculty member could move back and forth from basic to clinical research and/or patient care; could be involved in undergraduate, graduate and/or postgraduate education; could take on limited or more extensive administrative roles; and could work in a variety of settings – including hospitals, medical school and/or biomedical research institutes.

While for most individuals the advantages of an academic career path include its many professional and personal rewards, there are a multiplicity of issues that can diminish the value of such positions as well. These include the pressures to produce academic scholarship, most frequently measured by peer-reviewed publications. Such scholarship, while essential to academic advancement, can create a burden as well – especially for faculty who also carry significant clinical responsibilities. This reality is exacerbated by the fact that, with rare exceptions, faculty in academic medical centers are dependent on “soft money” from sponsored competitive grants and contracts (e.g., from the NIH) or clinical revenue to support personal compensation and program development. Furthermore, most academic salaries are lower than those in private practice and also come with a number of “unfunded mandates.” While practitioners in medicine always work extensive hours, this heavy work load is especially the case in academic medicine since the time to conduct cutting edge research is not infrequently incremental to patient care and can rarely be accomplished in work weeks less than 60 or more hours.

Certainly the pros and cons must be carefully weighed and balanced, and the decision to enter academic medicine is highly individualized. I can honestly say, however, that being in academic medicine has been one of the greatest privileges of my life and career and that I fully believe the advantages far outweigh the challenges.

What are the opportunities within an academic medical center or research institute?

During the past couple of decades a number of academic medical centers have expanded, thus increasing opportunities for individuals interested in academic medicine. This is particularly the case for physician-scientists as well as clinician-investigators and scholars. While some areas are perhaps oversubscribed (e.g., neonatology in pediatrics), many areas have many more opportunities than available workforce. This includes a number of specialties where a dearth of qualified physician-scientists has reached critical proportions (e.g., psychiatry, pediatrics, obstetrics-gynecology, neurology, and surgical specialties, among others). So matching one's area of interest to opportunities that may exist is clearly important as well.

Equally important is recognizing that there are different roles within academic medical centers that offer quite viable although different pathways. The most defined of these are the Investigator Track, the Clinician/Scholar-Investigator Track and the Clinician-Educator Track. These are defined quite differently depending on the institution and may constitute either completely discrete academic paths or overlapping areas. From my perspective, these tracks serve as guideposts, with the roles of the Investigator and Clinician-Educator perhaps the most stringently defined. More specifically, Investigators (in Stanford nomenclature “University Tenure Line”) require a greater than 80% focus on research whereas the Clinician-Educator is generally assumed to have an 80-90% focus on patient care. The so-called Clinician/Scholar-Investigator (in Stanford

parlance “Medical Center Line) offers perhaps the widest berth since faculty may spend anywhere from 20- 80% of their time on patient care or research – although on average, those in this line devote about 60% of their time on patient care.

In addition to these academic and clinical paths, clinical faculty may also engage in a gradient of leadership and administrative roles, from section/division chief to department chair, dean or, in hospital administration, various vice-president or CEO roles. It is really a matter of finding the right match.

Academic positions can be held in traditional academic medical centers, freestanding teaching hospitals, public institutions (e.g. NIH, CDC), private foundations, professional societies, etc.

How should you select an area of interest?

The key is to choose an area of interest that appeals at every level – intellectually, emotionally, opportunistically, and that offers a sense of passion and an opportunity for commitment. For clinical trainees it is important to recognize that some specialties are more laboratory research intensive (e.g., hematology/oncology) whereas others are more clinical care or clinical research focused (e.g., emergency medicine). Some clinical paths are more longitudinal in patient demands (e.g., oncology, cardiology), some have specific time-blocks (e.g., critical care) and others occur in shifts (e.g., emergency medicine). Further, some areas require being part of a tertiary center or require more specific geographic requirements. Again, it is important to find a balance between personal goals and comforts and the area of focus. It is also important to plan for short, intermediate and long-term horizons (each measured in approximately 10 year intervals) and to also consider ways to create future options that foster renewal or lead to new paths or opportunities.

How to prepare for success: what training is necessary?

As with most career paths, there is no completely right or wrong way – but some preparations lead to greater possibilities for success. For example, if one anticipates a career in academic medicine that has a strong research component, doing research as an undergraduate or during medical school is excellent (if not prerequisite) preparation. The appropriate training also depends on whether the research path being pursued is basic versus clinical, since the latter requires more clinical training and experience in order to optimize success. In general, an academic career requires more training time. Moreover, since most individuals will not have had sufficient research experience during their degree and residency training to enable them to become a successful Principal Investigator, or PI, an extended period of protected time (generally 3-5 years) beyond the terminal degree or residency training period is almost always necessary to develop research proficiency.

Depending on anticipated career directions, there are several ways to prepare for an academic career as a clinical faculty member. If basic laboratory research is a

goal then an MD-PhD program could be the best initial path to choose. At Stanford students can apply for the Medical Scientist Training Program (MSTP) from the outset if they are confident that a combined degree is their goal. However, some students coming to Stanford recognize that they would like to do a PhD in addition to an MD degree only after they have matriculated, and programs are now being put into place to enable joint degree training following the first year of medical school. As part of the New Stanford Medical Curriculum, every student is expected to do research as part of her/his Scholarly Concentration, and this experience can also help inform the decision of whether to pursue an academic career.. Indeed, it is our hope that a large number of our future graduates will pursue academic career paths.

Because we are committed to fostering career paths in academic medicine for our MD graduates, we are also seeking ways to create linkages between the School's education programs and those throughout the University. The Commission on Graduate Education launched by President Hennessy is also designed to open additional opportunities for joint degree education in various other disciplines (e.g., business, engineering, law, humanities and sciences). In addition, we are interested in drawing closer associations between undergraduate medical education and postgraduate training (e.g., residency and fellowships). One program we hope to initiate in 2007 is the Advanced Residency Training Program at Stanford (modeled on the STAR program at UCLA), which will allow residents and clinical fellows who have declared an interest and commitment to pursue research to undertake graduate school training and thus further enhance their prospects for success.

Key to success, of course, is appropriate mentoring and advising. For our medical students the Faculty Advising program should provide the opportunity for early counseling. These opportunities need to be continued, however, through residency, fellowship and beyond so that students and trainees are receiving the best guidance on their career opportunities and strategies for future success.

How should you choose the place to work?

In choosing where to begin and then where to continue one's career there is a panoply of professional and personal choices. Obviously the number of choices or opportunities at one's disposal plays an important role as well as how accommodating or compromising one feels about the nature of the workplace. For most individuals beginning a career in academic medicine, the overall excellence of the program and the range of opportunities it provides for career development and advancement take priority. Many other modifying factors having to do with personal preference are also involved. For example, depending on the nature of one's work it may be important to seek a medical center in a university setting that offers broader interdisciplinary research and education opportunities or, conversely, to seek a more specialized research institute setting. For some it may be preferable to be in a hospital-based setting that is either full service or more specialty-oriented (e.g., children's hospital). A connection to clinical programs

will be important to most clinical faculty but may be less essential to those pursuing more basic research. In addition to traditional academic medical centers and universities, biomedical research institutions such as the National Institutes of Health or the Centers for Disease Control and Prevention can have particular appeal. I can certainly opine on the intramural research program at the NIH where I had the privilege to work as a senior investigator for over twenty years.

In addition to the research, education, patient care and related professional opportunities, other factors also influence the choice of the setting. For most individuals having a sense of the underlying culture is important: how supportive or competitive is the environment and, perhaps most importantly, how does the institution treat and foster the career development of senior fellows and junior faculty. There are, of course, extremes that include, on one hand, centers where turnover is expected after a few years and where tenured appointments are the exception, and, on the other hand, institutions that may be more competitive to enter (e.g., initial appointments are done through a search process) but once appointed, every effort is made to support the junior faculty member's career development. A surrogate for the measure of support is frequently indicated by the "start-up" package that is offered (see below) and the overall commitment provided to supporting junior faculty. Assessing this is often best determined by speaking directly with junior faculty as well as exploring the overall record of success by junior faculty. This is not to say that institutions that have a wider base of junior faculty compared to tenured faculty provide a less optimal training environment. In fact, some of these institutions provide exemplary training and early development opportunities as long as one is prepared for the intrinsic competition often found in this type of institution and the probable need to move to another center for further academic advancement.

Although they are often less important to individuals early in their career, personal choices can play a role. The location of the center, proximity to family and friends, geographic culture and opportunities, large versus small settings, and most importantly, viable career paths for dual career families can each prove important determinants. In my opinion, geographic issues such as weather play a lesser role – but I fully recognize that this is also highly individualized.

Certainly choosing the "right institution" to commence one's academic career is extremely important. The days when faculty seek to move from center to center every several years have dwindled as dual careers, family issues and balance, cost of living and housing have come to play an increasingly significant role. At the same time it is important to never allow oneself to feel overly bound to any one center or institution since doing so can result in compromises that may be quite damaging to one's career development. Thus, even if you think you are in the "best place" it is important to be sure it is serving you well and, if it is not, to know that you feel comfortable with moving on. Ultimately it is incumbent on each of us to provide the necessary protections and self-awareness to permit individualized success that is not contingent on any single institution.

What resources do you need to be successful when you begin your career?

The transition from “postdoc” or clinical fellow is important and can have a defining and even enduring impact on career development and future success. I have discussed above some of the institutional characteristics that can determine whether the right soil is present to help grow one’s career. The right soil needs to be coupled with the optimal nutrients that basically include the resources needed to optimize the chance for success. Of these I think three are essential – and all are necessary in some manner. The first and perhaps foremost are a mentor and a career advisor (ideally these are different individuals) who will help champion one’s nascent career. Mentoring is essential and in the early stages of an academic career can help facilitate everything from successful negotiating and networking skills to grant writing and the ability to interact successfully in one’s institution and beyond. Second, a successful transition from trainee to junior faculty requires financial support along with the protected time to balance the various facets of one’s career portfolio. Third is the availability of the space, equipment and resources to carry out one’s research, whether it is wet or dry lab.

The transition from trainee to junior faculty frequently occurs in the same institution. Unfortunately, when this occurs, it is sometimes not infrequent for the “promotion” to be almost exclusively a change in title but not in resources or a clear development pathway. It is important that the newly appointed junior faculty member know what resources she/he will have to assure success. This is generally referred to as the “start-up package,” and it should include support for salary (generally for three years), laboratory supplies and equipment, defined space and a clearly articulated understanding of responsibilities and the metrics that will be used to assess career advancement. Such a package is more transparently achieved when the appointment of the trainee to be a junior faculty is the result of a national search. The search process necessitates a more clearly defined institutional commitment for the candidate and indicates a plan and role – not just a convenient way of simply expanding a more senior faculty’s workforce. Thus it is important for a newly appointed junior faculty member to fully understand what is being provided, what she/he will need to earn, and what is expected to be delivered. This is not to say that one should never accept a position without a “package” but only that if one does so, it should be with a clear understanding of the reasons why this is being done and, more importantly, how career development will be supported over time.

Having successfully competed for a faculty appointment it is important to understand the institutional rules and culture regarding career advancement, for instance, knowing whether the position is time-limited or tenure track. Some institutions have a very pyramidal configuration with most of the faculty in instructor or assistant professor positions and relatively few at the professorial level. In such a setting it is reasonable to anticipate that career advancement may require relocation. Also in such pyramidal settings, faculty appointments by national search may be less common since subsequent career advancement occurs

by a winnowing process over time. As long as these realities are understood, such faculty appointments can be personally successful.

The alternate model, which exists at Stanford, is for the winnowing to occur during the search process, so that when an appointment is made it is with the understanding that the selected individual may be able to advance within the institution from junior to senior ranks. Of course an initial appointment doesn't guarantee that academic progress will occur – but it begins with that expectation and accordingly, the initial resources provided to optimize the chances for career success.

I am not suggesting that one approach is better or worse than another – as long as one understands the rules and expectations and operates accordingly.

How should you support your career and plan for promotion and advancement?

Career advancement in an academic medical center, teaching hospital or medical school faculty appointments is fundamentally different from traditional university appointments and is based on the combination of performance and financial metrics. Performance is judged according to the track or appointment mechanism and includes, to various degrees, research success, clinical activity, teaching commitments and administrative positions. Schools of Medicine are generally unique in their university settings in that faculty are almost always on “soft money.” That is, a faculty member's compensation is derived from her/his success in securing public (e.g., NIH) or private (e.g., foundation) grants or contracts, or on clinical revenues or gifts. For individual faculty, some portion of the compensation is paid for teaching (although this is more frequently an unfunded mandate) and, depending on his/her role, faculty may receive compensation for specific administrative roles. Each of these activities forms the basis for faculty “percent effort” and the total effort is used to guide total compensation – portions of which can be put “at risk” in incentive payments based on performance

There is considerable variation among medical schools in how compensation is constructed and how it is apportioned. Further, the sources may vary depending on whether the school is public or private and whether a teaching hospital is affixed to the medical school. It is clearly incumbent on faculty members to understand the “rules” and to recognize what they must do to assure they are able to support their position. Put simply, once a junior faculty member is beyond the recruitment and initial appointment phase (which may provide up to three years of “start up support”) future success will be guided by the nature of the appointment and the ability to support one's specific efforts. For example, if the appointment is primarily that of an investigator, faculty members will need to earn most of their compensation from grants. Conversely, if the largest percentage of one's time is spent on patient care, then one's individual clinical revenues will guide compensation. There is often a mixture of sources since most faculty are engaged

in multiple missions – but the proportion of effort often delineates the academic track and its related financial expectations.

The specifics of these tracks vary among institutions but there are some common principles. At Stanford, for example, there are four major tracks: University Tenure Line (UTL), which is applicable for faculty who spend 80% or more time as an “Investigator.” The Medical Center Line (MCL) track is for faculty who are engaged in research, scholarship and clinical care and thus function as “Clinician-Investigators and Clinician-Scholars.” The percentage of time in research/scholarship and patient care is individually determined, and it is important that this be clearly understood by the faculty member. In addition there are “Non-Tenure Line” appointments in Teaching and Research in which the focus is success in either of these two missions. Finally, at Stanford we have recently developed a “Clinician-Educator Line (CEL) for clinical faculty who spend the majority (80-90%) of their time in patient care and the remainder in scholarship, most often teaching.

From my perspective each of these faculty lines or tracks is important, and it is difficult to envision a successful academic medical center without all being present. Of course the proportionality of these tracks, just like the allocation of effort of individual faculty members, defines the nature of the medical center as “research intensive” or, at the other extreme, “primary care” oriented.

Choosing the right academic track and then gathering the resources to help ensure success will guide one’s individual success. One of the most important decisions a junior faculty member can make is confirming that the nature of the appointment matches one’s interests and passions and that the criteria and expectations for success are well understood. If research is one’s primary mission and passion, making sure that one has the research support and tools and also a path to assure they will continue (e.g., successful grant portfolio) is essential. If one loves patient care and teaching and is not attracted to research and written scholarship, it is far better to seek an appointment that matches these passions and to assure that the metrics that will be used to determine success and advancement are well understood. Thoughtful discussion with one’s division chief and department chair is essential at the outset and should occur on at least an annual basis.

It is also worth noting that one’s interests can change such that someone appointed to a clinical track may determine that he or she is better suited for full-time research and may wish to switch to an investigator track or vice versa. There are good reasons for doing this and, although not without difficulty, most academic centers will work to accommodate such career transitions. A less acceptable approach is for individuals to switch from one track to another (most often from a research to more clinical track) when they perceive that they will not be successful with an upcoming review. It is far better to anticipate a desired switch and prepare for that proactively and in coordination with one’s mentors than to seek to do so because perceived “failure” is imminent. All faculty should

become familiar with the specific guidelines relevant to their appointment. At Stanford these are delineated the “Faculty Handbook” which is accessible on-line at: <http://med.stanford.edu/academicaffairs/letters.html>.

Is tenure a myth or reality – what does it really mean in academic medicine?

Tenure is unique to universities and does exist, to varying degrees, at many academic centers. But it means something different in various schools and programs and thus it is important to understand what it conveys at one’s own institution. At its core, tenure means that one’s position is permanent absent highly unusual circumstances such as, for example, the closure of academic departments, severe financial exigency or dismissal for reasons of professional misconduct but it does not mean that one’s compensation or resources are assured over time. In fact in most major centers, if tenure is awarded, it really means that a base level of compensation is assured – although this is usually only a fraction of one’s overall compensation. Further, tenure does not guarantee a certain size laboratory or related resources since these are most often guided by performance and the financial support available for them.

Tenure track positions vary in their overall proportionality at major academic medical centers. At some, very few faculty are tenured even when they achieve full professorial status. At others, tenure is awarded after a specific time period of appointment (often 7-10 years) and at either the associate or full professor level. Because the institutional commitment is significant, tenure decisions are quite rigorous. Again, being knowledgeable about the criteria for tenure and the processes used to evaluate candidates for it is important. But it is also important to recognize that tenure decisions are challenging and that one can only strive to do the best work possible while recognizing that academic success, particularly in research, is not only guided by the nature of the questions being pursued but also by a certain amount of luck in being able to successfully answer them. This underscores the importance of mentoring and career guidance with regular reviews throughout the tenure evaluation process so as to permit the greatest degree of flexibility and highest level for success.

What about finding balance in work and personal life?

I will not mince words. Success in an academic career is demanding and time-consuming. While the levels of rigor and expectation vary among institutions and are highest in the most premier centers, a career path in academic medicine can be stressful. From my point of view the excitement of discovery, the ability to have an impact on a specific problem or to change the course of disease management, and the opportunity to teach students and train future generations of physicians or scientists outweigh the pressures that occur in academic medicine. But I fully recognize that this trade-off is very individually perceived and felt and is also influenced by many other life pressures and demands.

It is difficult to envision that a full-time appointment in academic medicine would require less than 60 hours per week of work. Clearly this degree of commitment

has a particularly strong impact during the early phase of one's career and is made more challenging by the fact that it often occurs during the same phase of life in which personal development, family relations, and financial pressures are also in the forefront. Thus, choosing one's career path, institution, work scope and support systems carefully is critical. Forging partnerships and sharing responsibilities – personally and professionally – can be extremely helpful.

Seeking flexibility is also important and certain positions (laboratory research versus patient care) can be more accommodating to different time schedules. Again, being proactive and open about one's needs and expectations is essential. It is also important to understand what resources are available to faculty to help support family life or work balance, which include child day care, elder care, counseling, and financial management.

I think it is also incredibly important to make careful lifestyle choices – not only to promote one's career but also to foster one's personal well-being. Being balanced is key – in nutrition, work schedule, sleep and exercise. The latter is particularly important, in my opinion, since a regular exercise program also fosters better lifestyle choices and further improves energy, stress relief and overall health.

One of the important changes now occurring in academic medicine is an increasing willingness of faculty at all levels to acknowledge the importance of work/family balance and to seek ways of achieving it. While words alone will not accomplish this task, a willingness to address this matter honestly – and without some of the judgmental attitudes of the past – is a very important source for future progress.

How to stay excited about one's career over time – what are the options?

I think one of the greatest attributes of a career in academic medicine is that it offers the opportunity for continued growth and development along multiple dimensions and time-lines. It also offers the prospect of changing one's focus depending on opportunity and interest – as long as one has acquired the requisite skills. Clearly the best way to stay excited about one's career is to choose a focus that fulfills one's passions – and that also allows for those passions to change over time.

Early in one's career it is more likely that focus on one mission (e.g., research or patient care) will dominate. But over time, with increased skill acquisition and experience, it becomes possible to take on new challenges. This keeps the fires of excitement burning and is one of the great things about academic medicine. You can often recreate yourself- often multiple times over.

It is also important to pace one's career. The rush to make a certain grade or achieve a certain position rapidly (say become a professor by 40) not only can create undue pressure but also tends to truncate the longevity of one's career and

the significance of the questions being pursued. It is important to remember that an academic career is measured over decades and that moving through the pathways too quickly is a route to burnout and dissatisfaction. Of course I understand that this response is highly individualized – which only underscores to me that each individual should follow a course and pace that is comfortable and meaningful and that is not driven by someone else's agenda.

As I have noted elsewhere in this discussion, it is also important to never become too bound to any one institution. There are always choices, but if you come to believe that you can only be successful or happy in one setting or location, you have likely traded your flexibility and options to become captive to someone else's plans for you.

A good measure of success is whether you feel satisfied and happy most of the time. Certainly a long view is needed because there are lots of ups and downs and sometimes the cycles can be measured in days or even hours. But if over the months to years you relish your progress and love the work you are doing, then you have clearly made the right choice. Perhaps most important is to reflect often and deeply on why you choose medicine and science –and how you can continue to grow and love that choice.

I recognize that the comments offered here are subjective and largely oriented to individuals pursuing clinical academic careers. But I hope everyone will find something useful in them. If you have questions or concerns about anything I have said, please let me know. Also please feel free to offer your suggestions or observations as well.

Training Future Physician Leaders to be Agents of Change

In the last issue of the Dean's Newsletter I commented on the Scholarly Concentrations in our New Stanford Curriculum for Medical Education. A primary goal of the New Curriculum is to develop future leaders in medicine and biomedical research. Of course, physicians can be leaders in many ways, through important discoveries and innovations, the delivery of cutting-edge patient care or by advocating improvements in health systems or in the health of communities. To meet this latter goal, Drs. Clarence Braddock, Associate Professor of Medicine, and Lisa Chamberlain, Clinical Instructor in Pediatrics, have created a year long *Practice of Medicine Project*, which is part of the *Practice of Medicine* course. Dr. Braddock serves as the Director of the *Practice of Medicine* course and Dr. Chamberlain is the Director of the Office of Community Health. At its core, this course and especially the *Practice of Medicine Project* provide first-year medical students with the opportunity to select a contemporary topic in health care that enables them to form a partnership with a relevant community to address ways of better understanding or improving health care.

The *Practice of Medicine* course provides training in basic clinical skills and education about the broad dimensions of medical practice. A core philosophy of this course is that a number of disciplines (e.g., ethics, public health, epidemiology, nutrition, behavioral

medicine) are to be included, each of which has an impact on the contemporary practice of clinical medicine. A goal of the *Practice of Medicine Project* is to provide all Stanford medical students with a concrete experience in being leaders and agents of change in health care.

The *Practice of Medicine* is taught over three consecutive quarters. In the fall quarter, students form small groups and select an area of interest to pursue for their project. Next, the groups conduct background research on the topic of interest and explore its public health, policy, and ethical dimensions. Once they've arrived at this informed position, the course directors connect the students with key leaders in the health care community, and through this collaboration each group develops a written proposal and an action plan in support of the proposal. In the spring, groups carry out their project plan and present a summary of their work in a poster session. Of these, two exceptional groups are selected to give an oral presentation of their project during the Department of Medicine Grand Rounds.

The specific projects completed in the first three years of this innovative program have ranged across a broad continuum of local, state, and national issues. For example, one student group developed a piece of legislation that was ultimately sponsored by California State Senator Simitian as part of his, "There Ought to be a Law" program. This legislation created a system for recycling unused prescription drugs from pharmacies and making them available to needy patients. In fact, based on this project, Senator Simitian introduced this program into legislation that was passed and signed into law by the governor. Another group of students is now working with local counties on writing regulations and policies to implement this program.

A recent group developed a proposal for the US Department of Health and Human Services to create a national registry for volunteer health care workers for natural disasters. Motivated by what they'd seen first hand as volunteers after Hurricane Katrina, this group created a framework to allow physicians, nurses, pharmacists, and other health care workers to volunteer and have their state licensure cross-referenced quickly, thereby drastically shortening the delay in getting these volunteers in positions where they could help. Their program is now being implemented by the DHHS with our students serving as consultants.

Other groups have worked with school districts to develop sounder nutrition policies, and other groups have developed organ donor education campaigns or organized fitness programs for elementary school children. These are but a few examples of the many projects that our students are doing, in which they are simultaneously having an impact on the health of communities now and gaining experience and skill that will enable them to continue to be effective agents of change over the course of their careers.

I applaud the efforts of our students and offer thanks to Drs. Braddock and Chamberlain along with other faculty and community mentors and advisors.

A Perspective on Evolution from Stanford Medicine

Much has appeared in the press this past year on evolution and intelligent design. In an effort to get the facts straight and to cast them in an historical and scientifically grounded context, the latest issue of *Stanford Medicine* has focused its Summer 2006 issue on this important topic. Many of you will receive the hard copy but if you wish to read the articles on line please to: <http://mednews.stanford.edu/stanmed/2006summer/>. This is another great edition of *Stanford Medicine* and I encourage you to read it carefully.

A Reminder About Bike Safety

In past Dean's Newsletters I have expressed my concern about bicycle safety on campus and beyond. I remain quite distressed to see the numbers of students and others riding bikes with no lights or reflectors and darting across on-coming traffic - even at night. I also continue to be concerned by the fact that so many individuals do not wear helmets – including some of our own students. It is easy to forget how quickly and significantly one's life can be changed by a bicycle injury. For example, I recently spoke at a national conference on a panel with a colleague who had a serious biking injury shortly thereafter and who recently told me that she “hopes to be able to ambulate on crutches by September.” About ten days ago I learned that the University Chief Financial Officer, Randy Livingston, had been admitted to Stanford Hospital with a broken femur and fractured hand following a recreational bike injury. Fortunately he was wearing a helmet (which of course I asked him about when I went to visit him). As a reminder of how serious his injury could have been (beyond what I have already described), Randy sent the following note: *“I finally got the nerve to look at my bike helmet this afternoon and found it was cracked in 7 different places. I think it truly saved me from a very serious head injury and possibly death. For anyone who occasionally rides without a helmet, I suggest you reread this message and think otherwise.”*

I know his recent accident certainly made a lasting impression on Randy. I hope his observation will also give everyone who is cycling (especially those foolishly doing so without a helmet – or night light) a pause and reality check.

Admitting a Serious Mistake

In the last issue of the Dean's Newsletter I referred to the seriously flawed and highly misleading and erroneous report in the *Stanford Daily* about discrimination at the medical school. It was journalism at its worst, and it prompted Drs. Hannah Valantine, David Stevenson and me to write a strong letter of protest to the Daily that I also printed in the last edition of the Dean's Newsletter (see: <http://deansnewsletter.stanford.edu/#4>). An equally distressed letter from Provost Etchemendy also appeared in the same issue of the *Stanford Daily*. Thanks to those communications and other discussions, the editor of the *Stanford Daily* elected to print a retraction. Although I found this episode highly objectionable, I do want to compliment editor Camille Ricketts and writer Ben Eppler for having the courage and wisdom to admit their error. Facile comments and unproved allegations can create enormous damage, and I believe damage was done by the original *Stanford Daily* article. That damage is partially ameliorated by the retraction that follows. Equally important, I hope this unfortunate experience provides a source of education for

all involved about how important it is to assure accuracy and scholarship in reporting news as facts – and not opinion. While the standard for journalism should always be high, one could credibly argue that it should be at its acme at an institution of Stanford University's caliber. Sadly that was not the case in this instance – but maybe there is hope for the future.

Here is the retraction – which did appear on the front page of the June 8th issue of the *Stanford Daily*.

Editor's Note: Med School story misleading

By Camille Ricketts & Ben Eppler

Editor-in-Chief,

Thursday, June 8, 2006

Dear Readers,

On May 25, The Daily ran an article titled "Med School faculty claim systematic discrimination." Since its publication, the story has drawn fire from administrators and faculty members. As those responsible for the article, we are taking this opportunity to clarify the issues it raised and to apologize for any misleading information it contained. We do this first and foremost for the benefit of our readers, and secondly, to give the University credit where credit is due.

When a newspaper runs such a high-profile story, it has the responsibility to carry the burden of proof. We were not able to present enough solid evidence to justify several of the stated allegations. While The Daily was shown documents sufficiently demonstrating discrimination and unfair hiring practices in a few isolated cases, this evidence is not necessarily enough to indicate a "systematic" problem.

More importantly, we saw no documented material backing up anonymous sources' suspicions that Stanford ties within the Bush administration prompted the U.S. Department of Labor to halt its discrimination investigation. The University has categorically denied this claim. In retrospect, we exercised poor news judgment in including this detail.

In addition, the number of documents showing that certain job openings are filled before they are advertised is too limited to support any broad claim. Our sources were constrained due to fear of being identified, but we should have required them to present more specific evidence or refer us to others willing to speak on the record.

Finally, we apologize for leaning so heavily on unnamed sources to an extent that prevented the University from starting a constructive dialogue with its accusers. In the future, The Daily should approach similar situations differently, making

sure that information provided by anonymous sources can be verified through other channels, and is not a matter of opinion.

Past lawsuits against the University alleging discrimination — several of which have been settled out of court, blocking plaintiffs from speaking to the press — are well covered in the media. The Department of Labor's investigation is currently underway, and it has yet to rule whether discrimination has occurred or not. Still, our handful of testimonies from former and present Medical School faculty members in no way proves that these problems are ongoing.

In fact, we have since spoken to other Medical School sources who say strong efforts are being made by the school's leadership to improve diversity and combat discrimination. Chief among these efforts is the creation of the Office of Diversity and Leadership within the school and the appointment of Hannah Valentine to oversee it as the senior associate dean.

Despite our errors in judgment, the article was based on experiences related to us by high-ranking members of the Medical School faculty. Perhaps our readers would have been better served by an article examining the merits of these few complaints. Regardless, this experience has offered many valuable lessons, and we hope to continue holding both The Daily and the University to a high standard.

Awards and Honors

Dr. William Dement, Lowell W. and Josephine Q. Berry Professor in the Department of Psychiatry and Behavioral Sciences and Professor, by courtesy, of Psychology, received an Honorary Doctor of Science degree from the Mount Sinai School of Medicine in recognition of his seminal work on sleep. Congratulations to Dr. Dement.

Dr. Richard Hoppe, the Henry S. Kaplan-Harry Lebeson Professor of Cancer Biology, has been named the 2006 recipient of the Gold Medal Award from the American Society of Therapeutic Radiology and Oncology (ASTRO). He will receive the Gold Medal at the annual ASTRO meeting in November 2006. Please join me in congratulating Dr. Hoppe.

Dr. Harley McAdams, Associate Professor of Developmental Biology, has just been elected as a Fellow of the American Academy of Microbiology (AAM). Members are elected based on their records of scientific achievement and original contributions that have advanced microbiology. Congratulations, Dr. McAdams.

Dr. Phil Sunshine, Emeritus Professor of Pediatrics in the Division of Neonatal and Developmental Medicine, is the recipient of the 2006 Silver and Gold Award given by the University of Colorado Medical Alumni Association. The award is

the highest recognition bestowed by the Association for professional achievement and community service. Congratulations, Dr. Sunshine.

Dr. Larry Zaroff, Senior Research Scholar at the Center for Biomedical Ethics has been chosen as the Associated Students of Stanford University (ASSU) Teacher of the Year. Dr. Zaroff teaches the core medical humanities course for the med school's Biomedical Ethics and Medical Humanities scholarly concentration. This award was created to recognize a single faculty member, nominated by students or other faculty members, who has gone above and beyond the duties of classroom instruction. Congratulations, Dr. Zaroff.

On Wednesday evening May 31st we had a celebratory reception to honor five new recipients of endowed chairs. The reception was held in the Cantor Art Museum and included friends and families of the five new chair holders. It was a wonderful acknowledgement of exceptional careers. The five new endowed professors are:

Dr. Michael F. Clarke, the Karel H. and Avice N. Beehuis Professor in Cancer Biology

Dr. Lawrence L.K. Leung, the Maureen Lyles D'Amborogio Professor in Medicine

Dr. William Maloney, the Elsbach-Richards Professor in Surgery

Dr. Norman Rizk, the Berthold and Belle N. Guggenhime Professor in Medicine

Dr. Linda M. Shortliffe, the Stanley McCormick Memorial Professor

Please join me in congratulating our new endowed professors.

Dora Castaneda, graduate student in the Department of Medicine, was selected to receive one of the five 2006 Herbert W. Nickens Medical Student Scholarships from the Association of American Medical Colleges and its Division of Diversity Policy and Programs. The award honors students who have made a significant contribution to diversity and demonstrate leadership. Congratulations, Dora.

Appointments and Promotions

- **Lavera Crawley** has been appointed to Assistant Professor (Research) of Pediatrics, effective 6/01/06.
- **Douglas Owens** has been promoted to Professor of Medicine, effective 6/01/06.

- **Eric Sibley** has been promoted to Associate Professor of Pediatrics, effective 6/01/06.

Dean's Newsletter

June 26, 2006

Moving Toward a Final Resolution of a Medical Center Policy on Stanford-Industry Interactions

During the past year we have had a number of helpful and occasionally provocative discussions about interactions of Stanford students, faculty and staff with industry. I certainly appreciate the value of appropriate and productive interactions with industry, and indeed I hope we can foster and nurture relationships that facilitate our mission in *Translating Discoveries*. However, I also recognize that some interactions with industry have become too intermingled and are now contaminated by gifts, financial gains and marketing tactics that can blur the boundary between academia and industry. I have addressed this important topic in prior Dean's Newsletters (http://deansnewsletter.stanford.edu/archive/07_25_05.html), and I have shared earlier, draft versions of a policy document aimed at addressing this issue (http://deansnewsletter.stanford.edu/archive/02_21_06.html) in order to engage you in a broader discussion.

During the past several months a Policy Working Group of representatives of the School and Hospitals, chaired by Dr. Harry Greenberg, Senior Associate Dean for Research, and staffed by Dr. Kathy Gillam, Senior Advisor to the Dean, have worked diligently with a broad group of faculty and staff throughout the Medical Center to refine the policy recommendations and guidelines. I would like to thank Drs. Greenberg and Gillam for their considerable efforts, willingness to listen to and engage all points of view and commitment to move this process to conclusion. Based on the work that has been accomplished, we distributed the draft recommendations to our Executive Committee three to four weeks ago in anticipation of a discussion of the penultimate document at our June 16th School of Medicine Executive Committee meeting. The current Stanford-Industry Interactions Policy consists of six elements:

1. Gifts and Compensation
2. Site Access by Sales and Marketing Representatives
3. Provision of Scholarships and Other Funds to Students and Trainees
4. Support for Educational and Other Professional Activities
5. Disclosure of Relationships with Industry
6. Training of Students, Trainees and Staff Regarding Potential Conflicts of Interest with Industry

At the Executive Committee meeting some of the key elements were highlighted and discussed, and the policy was unanimously supported. Since we now are moving to closure on this topic, I thought it would be appropriate to share our provisional conclusions with you in some of these key areas. It is important to note, however, that we

are awaiting final approval of these guidelines from the Medical Boards of Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. We anticipate that these reviews and, hopefully, approvals will occur in early July. Once that has been achieved we will be able to institute the policy across the Stanford Medical Center – likely by September 1, 2006.

Some of the key elements of the policy follow:

Gifts and Compensation

- Personal gifts (including small gifts like pens, etc.) cannot be accepted from industry on site – and acceptance of such gifts is strongly discouraged off-site as well (e.g., at professional meetings or events).
- Gifts or payments cannot be accepted for such activities as listening to a sales talk by an industry representative or changing a patient's prescription.
- Clinical care decisions must be separated from any perceived or actual benefits that might be accrued from industry.

Site Access by Sales and Marketing Representatives

- Once enacted the Stanford Policy will not permit sales and marketing representatives in any patient care area in the Stanford Medical Center except for in-service training by appointment only.
- In non-patient care areas (i.e., research buildings, auditorium, etc), marketing and sales representatives would only be permitted access by appointment, and normally only for such purposes as in-service training for research, clinical equipment or devices already purchased or the evaluation of new purchases of equipment, devices or related items.
- Access would also be permitted by invitation from the hospital pharmacy to obtain information about new drugs.

Provision of Scholarships and Other Funds to Students and Trainees

- Such support must be free of any actual or perceived conflict of interest and must comply with guidelines specified in the policy that will mitigate against these types of potential conflicts.

Support for Educational and Other Professional Activities

- Educational and professional activities must be in compliance with the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support regardless of whether formal CME credit is being granted.
- **No** meals or other types of food or gifts that are directly funded by industry can be accepted.
- While the Stanford Policy does not apply to meetings outside of the Medical Center and University, it is incumbent on participants to understand whether the financial support by industry is fully disclosed by

the meeting sponsor and that the meeting or lecture content is determined by the speaker and not the industrial sponsor.

Disclosure of Relationships with Industry

- Stanford faculty, students or staff are prohibited from publishing articles under their own names that are “ghost-written” by industry employees.
- In their scholarly contributions, individuals must disclose their related financial interest in accordance with the International Committee of Medical Journal Editors (www.icmje.org).
- Those having a direct role in making institutional decisions on clinical equipment or drug procurement must disclose any financial interests they or their immediate family have in companies that might substantially benefit from the decision. They must also disclose any research or educational interest they or their department have that might substantially benefit from the decision.

Training of Students, Trainees and Staff Regarding Potential Conflicts of Interest with Industry

- All students, residents, trainees, and staff shall receive training regarding potential conflicts of interest in interactions with industry.

I want to thank the members of the Policy Working Group for their important efforts on moving this project forward. In addition to Drs. Harry Greenberg and Kathy Gillam, whom I mentioned earlier, other members include: Joshua Callman, Director of Continuing Medical Education; Mildred Cho, Associate Professor of Pediatrics; Gilbert Chu, Professor of Medicine; Barbara Flynn, Manager of the Conflict of Interest Review Program; Ann James, University Counsel; Shashank Joshi, Assistant Professor of Psychiatry and Behavioral Sciences; David Magnus, Associate Professor of Pediatrics and Director of the Center on Bioethics; Darla Mochly Rosen, Senior Associate Dean for Research; Julie Parsonnet, Senior Associate Dean for Medical Education; Geoff Rubin, Professor of Radiology; Christy Sandborg, Professor of Pediatrics; Sheetal Shah, Director of Risk Management Controls and Education; Larry Shuer, Chief of Staff at SHC; Kelly Skeff, Professor of Medicine; and Ian Tong, Chief Resident, Department of Medicine.

Commencement 2006 Was a Big Success

On Saturday, June 17th the University and School of Medicine held their commencement activities. Despite the hot weather, spirits were high and the mood ebullient. Following a luncheon, families and friends filled the large white tent on the Dean’s Lawn that provided both relief from the heat and a community of joy as graduates received their Master of Science, Doctor of Philosophy and/or Doctor of Medicine degrees. Following an invocation by Reverend Scotty McClennan, Dean for Religious Life, two graduating students addressed the audience: Iwei Yeh spoke on behalf of the PhD students and Jason Karamchandani spoke for the MD graduates. They both did an outstanding job. I also addressed the graduating class and then announced the faculty award recipients (see

below). For the 2005-2006 academic year, 36 Master of Science degrees were conferred along with 92 PhD degrees and 100 MD degrees.

Faculty Awards

In addition to congratulating our students for their accomplishments, commencement is also a time to honor faculty who have made significant contributions to their education. Accordingly, I am pleased to list the teaching awards that were announced at the School of Medicine Commencement.

The Arthur L. Bloomfield Award: In Recognition of Excellence in the Teaching of Clinical Medicine

- *Laura Bachrach*, Pediatrics
- *Erika Schillinger*, Family and Community Medicine

The Henry J. Kaiser Family Foundation Award: For Outstanding and Innovative Contributions to Medical Education

- *Peter Rudd*, Internal medicine

The Henry J. Kaiser Family Foundation Award: For Excellence in Preclinical Teaching

- *Laurence Baker*, Health Research and Policy
- *Lawrence Mathers*, Pediatrics
- *David B. Lewis*, Pediatrics
- *Robert Siegel*, Microbiology and Immunology

The Henry J. Kaiser Family Foundation Award: For Excellence in Clinical Teaching

- *Peter Pompei*, Medicine
- *Elizabeth Stuart*, Pediatrics
- *Elliott Wolfe*, Medicine

The Franklin G. Ebaugh, Jr. Award: For Advising Medical Students

- *Kuldev Singh*, Ophthalmology

The Alwin C. Rambar-James B.D. Mark Award: For Excellence in Patient Care

- *William E. Benitz*, Pediatrics

Stanford University School of Medicine Award: For Graduate Teaching

- *Arend Sidow*, Pathology and Genetics

Stanford University School of Medicine Award: For Outstanding Service to Graduate Students

- *William Weis*, Structural Biology

If you wish to view the 2006 Commencement celebration you can do so by viewing the streaming video at: <http://www.med.stanford.edu/commencement/>

Symposium on Autoimmunity in Digestive Health and Disease

On Friday, June 23, the Stanford Digestive Disease Center (DDC), held its Annual Center Symposium. The DDC is an NIH-funded center directed by Dr. Harry Greenberg, Senior Associate Dean for Research and Training and Joseph D. Grant Professor in the School of Medicine. Its purpose is to promote research relevant to digestive disease. The Center supports a variety of Cores at Stanford as well as an annual pilot grant program. Friday's Symposium was co-sponsored by the Stanford Institute for Immunity, Transplantation and Infection (ITI) and by the Center for Clinical Immunology at Stanford (CCIS). The meeting attracted over 100 attendees and consisted of eight sessions focused on various components of the immune response as it relates to the gastrointestinal tract and liver. Speakers included a number of invited experts as well as selected Stanford faculty, including Dr. Richard Blumberg (Harvard University), Dr. Mark Davis (Stanford University), Dr. Charles Elson III (Univ. of Alabama School of Medicine), Dr. Eric Gershwin (UC Davis), Dr. Martin Kagnoff (UC San Diego), Dr. Chaitan Khosla (Stanford University), Dr. Bill Robinson (Stanford University, 2006 Symposium Director), and Dr. Samuel Strober (Stanford University). I understand that all of the presentations were scientifically very exciting and worthwhile. Congratulations to Dr. Greenberg and his colleagues for a successful symposium.

Early Matriculation Program Commences

With commencement only days in the past, a group of 2006 Stanford Medical students began the Early Matriculation Program (EMP) on Wednesday, June 21st. As part of Stanford's Center of Excellence, the EMP is designed to increase the number of underrepresented minority and disadvantaged students who plan to pursue careers as leaders in academic and clinical medicine. The EMP provides new students with an introduction to each of the Scholarly Concentrations in the New Stanford Medicine Curriculum, and it will connect students with selected faculty with whom they can begin their activities in one of the Concentrations. The Program also will provide course work in histology and biochemistry, and students will participate in workshops presented by Stanford School of Medicine faculty that will examine careers in academic medicine.

I want to welcome our new EMP students, who will be joined in late August by the rest of the 2006 medical school class.

Update on Child Care at Stanford University

Because a number of very appropriate questions have been raised about child care services at Stanford, I asked Ellen Waxman, Director of Faculty Relations, to provide this update on our continuing efforts to address the concerns regarding child care options on campus and within the local community. Her report is summarized as follows.

Ellen reports that the University is in the planning stages to build a new child care center that is anticipated to open in 2008. This new center will offer priority enrollment to faculty and graduate students. More information will be forthcoming as plans develop. Here at the School of Medicine we have been exploring the feasibility of assisting faculty in finding alternate forms of care to the university's child care centers with special consideration to the flexibility, availability, and affordability of the child care.

This summer begins Year 2 of a joint School of Medicine-University pilot program to launch a Nanny and Nanny Share Referral Network. This is a new approach that uses nannies as well as other forms of home childcare. In the pilot phase, it is open to School of Medicine Faculty and University Graduate Students and Postdoctoral Fellows. The program was developed in collaboration with Teresa Rasco, Director of the Stanford Work Life Office, and is administered for Stanford by the Work Life Office. This Office has contracted with an external provider, Children's Creative Learning Center (CCLC), to provide background screening; referral services; and consultation, interview and employment forms to potential Stanford family employers of nanny services. (CCLC is familiar with Stanford because it also manages the Arboretum Child Care Center, and it will manage the new center to be built on campus).

The pilot program is testing the feasibility of creating a Stanford Nanny/Nanny Share Referral Network. CCLC refers nanny/nanny share candidates to families. Families interview the potential candidate and determine whether to offer the individual a position. The family is the employer of the childcare provider. CCLC also attempts to match families to share a nanny or to refer families to nannies who are available to work part-time. As a *new* service, beginning in July, CCLC will also offer, at no cost, background screenings of potential nanny candidates who were located by eligible Stanford families on their own.

If the pilot program is successful in building a Stanford Nanny/Nanny Share Referral Network, a long-term goal of the program is to test the feasibility of expanding a Stanford referral network to include Licensed Family Home Care Providers. Brochures and Information Materials will be available beginning next month to be followed by Information Sessions scheduled by the Work Life Office. For additional information, please contact, Carol Skladany in the Work Life Office at carols@stanford.edu or 723-2661.

Ellen ends her report by noting cautious optimism about the success of this program, and by again recognizing there is no single solution for issues regarding childcare. The pilot project is progressing to everyone's satisfaction at the end of its first year of operations. However, building a referral network from scratch is a time-consuming and difficult project. CCLC is challenged to locate appropriate nanny candidates (just as individual families are) and it is understandably challenging to recruit potential nannies without immediate prospects for job placement.

I want to express my appreciation not only to Ellen Waxman for her many efforts in this area but to Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs; Dr. Hannah Valentine, Senior Associate Dean for Diversity and Leadership; and Dr. John Boothroyd, formerly Senior Associate Dean for Research, Graduate Affairs and Postdoctoral Affairs, who have been especially supportive of this program. Thanks also to Provost John Etchemendy for his support of graduate student participation in the pilot program.

I hope that this pilot program and other resources will help address the important challenge of childcare at the School of Medicine and throughout Stanford University. I look forward to hearing about further progress in this and other programs.

Supporting Academic Career Development.

In the last issue of the Dean's Newsletter I discussed some of the issues and challenges that can impact academic career development (see:

<http://deansnewsletter.stanford.edu/#3>), particularly for clinical faculty. Over the years we have tried to provide support for faculty development, and I am pleased to let you know that Dr. Hannah Valentine, Senior Associate Dean for Diversity and Leadership, has informed me that her Office is sponsoring two workshops to provide faculty with career development information and skills. They are as follows:

- 1. Scientific Writing:** Taught by Michaela Kiernan, Ph.D., Senior Research Scientist at the Stanford Prevention Research Center, July 12, 4-6 p.m., Alway Building, Room M112. This workshop will focus on six practical techniques to improve clarity and conciseness across all sections of journal manuscripts and grants, when and how to use the techniques, and on improvement of writing skills for journals and grants.
- 2. Grant Writing:** Taught by Marilyn Winkleby, Ph.D., Associate Professor of Medicine at Stanford, July 20, 4-6 p.m., Alway Building, Room M112. This workshop will focus on different types of grants, the review process and scoring criteria, integrating scientific ideas into a clear, convincing 'story', and ideas for advocating one's expertise and ideas to funding agencies.

Drs. Kiernan and Winkleby have taught these workshops successfully at Stanford and other universities, and I encourage interested faculty to take advantage of this opportunity. Register by sending an email to bemiller@stanford.edu indicating which

workshop you wish to attend. Please be in touch with Barb Miller at 725-8402 with any questions about the workshops.

It's Not Just Trips

As you know, in response to requests from the Provost, the School of Medicine has been very active in implementing both education and programs aimed at reducing peak-hour traffic. I have previously reviewed some of the early "Phase I" actions on this topic in my April 17th Dean's Newsletter (see: http://deansnewsletter.stanford.edu/archive/04_17_06.html#3).

The next phase in this effort, "Phase II," was outlined last week by Julia Tussing, Managing Director of Finance and Administration, at a meeting of department Directors of Finance and Administration and Trip Reduction Representatives (staff assigned to spearhead this effort within departments). The Phase II effort will involve a meeting of each staff member in the School with a Trip Reduction Representative, supervisor, or other leader to jointly develop a commuting and work plan that will satisfy the needs of the employee and the department and will at the same time contribute to the trip reduction effort. These meetings will be spread over the next two months, with completion scheduled by September 1.

It is important to emphasize that these individualized plans, as well as the other related activities of the Trip Reduction program, need to be accompanied by a cultural shift in the School of Medicine community towards openness to trying new ways of getting work done. As the Trip Reduction program has unfolded, it has become clear that it is related in dynamic and synergistic ways with other forward-looking and transformative efforts in the School. These include planning for the movement of different groups to off-site locations; efforts to be more environmentally aware in our work activities (Stanford's "carbon footprint"); discussion and implementation of work/life balance improvements; and focus on health issues. Among the many benefits of changing commuting habits and moving towards more flexible work plans are less pollution, lower stress, better health, higher productivity, and more effective technologies for a mobile work force.

It won't surprise you to know that I am a strong proponent of exercise as one way of improving health and well-being. For those able to commute by walking or bicycling, the changes catalyzed by the Trip Reduction program could be viewed as a help rather than hindrance. Indeed, a number of faculty and staff have commented on how much better they feel now that they are biking to work or walking from the Caltrain, for example. Of course I recognize that this is not feasible for all faculty and staff.

Thank you for your individual efforts to reduce the number of car trips you make to campus, especially during peak hours, and for your cooperation in developing an individual commuting and work plan or facilitating the efforts of staff in your areas to do so. I look forward to seeing the results of the Phase II Trip Reduction efforts over the coming months.

Future Events

Outdoor Science Talks at the Cantor

The Stanford Office for Science Outreach, the Cantor Center for Visual Arts, and Stanford Continuing Studies join together to invite you, your friends, and family (high school age and up) to campus this summer to experience the wonders of art and science. Come around 5:00 pm and wander through the acclaimed Cantor Museum, then buy dinner and/or drinks at the Museum's Cool Café, and join us at 7:00 pm on lawn chairs outside of Cantor for a fascinating glimpse into the world of scientific research.

On five Thursday evenings throughout the summer, Stanford will present lectures from its top researchers on subjects ranging from an environmental success story to the unraveling of mysteries of the human body, the earth, and ancient texts. The lectures will be delivered in lay terms that the general public can understand. Plenty of time will be made available for questions and answers following each talk. Both entrance to the Cantor Museum and the lecture series are free to the public. Several hundred people can be accommodated.

An organic buffet BBQ dinner will be available for purchase at the Cool Café in the Museum from 5:00 until 8:00 PM, with both meat and vegetarian options, along with wine, beer, soft drinks, desserts and coffee (cash only).

- Back to Life – The Rebirth of the Monterey Coast (An Environmental Success Story for a Change)
Stephen Palumbi – Professor of Biological Sciences
June 22
- Using Evolution to Understand Human Growth and Disease
Matthew Scott – Director of Bio X
July 6
- 100 Years after 1906: A Century of Progress in Understanding Earthquakes and Their Effects
Mark Zoback – Professor of Geophysics
Mary Lou Zoback – Senior Research Scientist with the USGS
July 20
- Archimedes: Ancient Text Revealed with X-ray Vision
Uwe Bergmann – Physicist, Stanford Linear Accelerator Center (SLAC)
August 3
- Human Embryonic Stem Cells: Science, Ethics, and Politics
Julie Baker – Assistant Professor, Genetics
Hank Greely – Professor of Law and Professor, by courtesy, of Genetics
(Dean Pizzo will be hosting)

August 31

Bio-X Symposium 2006: Regenerating Life,

SAVE THE DATE: November 10-11, 2006

<http://biox.stanford.edu>

Awards and Honors

Dr. Gary K. Schoolnik, Professor of Medicine and of Microbiology & Immunology, has been chosen by the Hewlett Award Committee as the 18th recipient of the Albion Walter Hewlett Award. The Hewlett Award was established by the School of Medicine in 1983 to honor "the physician of care and skill who is committed to discovering and using biologic knowledge, wisdom and compassion to return patients to productive lives."

Gerald M. Reaven, Emeritus Professor of Medicine, is the 2006 recipient of the Endocrine Society's highest award – the Fred Conrad Koch Award. This award is presented annually to recognize exceptional contributions for endocrinology and includes a \$25,000 honorarium.

David A. Stevens, Professor of Medicine (Infectious Diseases and Geographic Medicine) at the Santa Clara Valley Medical Center, has just been awarded the ISHAM Lucille Georg Award by the International Society for Human and Animal Mycology Council, in recognition of his outstanding scientific achievement in medical mycology. The award will be presented at the Congress in Paris this week.

Sharon Hunt, Professor of Medicine (Cardiovascular Medicine), has been selected to receive the 2006 Laennec Master Clinician Award from the Council on Clinical Cardiology, in recognition of her contributions and achievements in the field of clinical cardiology. The award will be presented at the American Heart Association Scientific Sessions held in Chicago in November.

Appointments and Promotions

- **Garry Gould** has been promoted to Associate Professor of Radiology, effective 6/01/06.
- **Paul Keall** has been appointed to Associate Professor of Radiation Oncology, effective 7/01/06.
- **Joseph Liao** has been appointed to Assistant Professor of Urology, effective 7/01/06.

Dean's Newsletter

July 2006

Getting the Facts on Conflicts of Interest

The July 9th and 10th issues of the *San Jose Mercury News* featured major stories on conflicts of interest focusing specifically on the Stanford University School of Medicine. I am confident that there were many reactions to these articles by members of our university community as well as by the public. Conflict of interest is an important topic that has many implications for both not-for-profit and for-profit organizations. While some of the issues surrounding conflict of interest are straightforward, others have many nuances that require more careful consideration and explication. To help make the facts as clear as possible, our Office of Communications and Public Affairs has posted an informative factual review of conflicts of interest as they relate to universities and academic medical centers. I would strongly encourage you to visit their website (see: <http://mednews.stanford.edu/conflict/>) and review the materials they have posted. Among the information provided is an informative Q&A section that addresses some key questions including:

1. *What are the highlights of the Stanford School of Medicine's conflict-of-interest disclosure policy?*
2. *Why is it important for a research institution like the School of Medicine to have policies that address conflict-of-interest issues?*
3. *Once a conflict of interest is disclosed, how is it handled? What determines whether a conflict is approved denied or managed?*
4. *When was the university's policy established?*
5. *Where do faculty members disclose this information? Is it available to the public?*
6. *Have you made any specific changes to the policy over the years?*
7. *What training on COI issues do faculty receive and how are revisions communicated?*
8. *Who sets and enforces the school's policy?*
9. *Is self-reporting effective?*
10. *How do you ensure faculty compliance?*
11. *What penalties are available should a member of the faculty not comply with the COI policy?*
12. *How many faculty members have been subject to these penalties?*
13. *How does the school handle a situation involving allegations of biased research due to COI?*
14. *Why not simply ban conflicts outright?*
15. *How does Stanford's policy compare to those of other academic medical centers?*

As you likely know, I have also written a number of commentaries on the topic of conflict of interest in previous **Dean's Newsletters**. I have listed a few of these articles below along with their URL in case you wish to refer to them.

1. ***Moving Toward a Final Resolution of Medical Center Policy on Stanford-Industry Interactions***, June 26, 2006 (<http://deansnewsletter.stanford.edu/#1>)
2. ***Shared Responsibility, Individual Integrity***, June 30, 2005 (http://deansnewsletter.stanford.edu/archive/06_30_05.html#1)
3. ***Conflict of Interest***, January 24, 2005 (http://deansnewsletter.stanford.edu/archive/01_24_05.html#1)
4. ***Evolving Issues Regarding Conflict of Interest***, February 22, 2005, (http://deansnewsletter.stanford.edu/archive/02_22_05.html#2)
5. ***NIH Blue Ribbon Panel on Conflict of Interest***, May 17, 2004 (http://deansnewsletter.stanford.edu/archive/05_17_04.html#3)

My own reactions to the Mercury News articles, which were written by reporter Paul Jacobs, is that he attempted to lay out a balanced analysis in the first of the two reports, although he seemed to convey a bias and sometimes did not understand the difference between consulting and conflict of interest. While he spent nearly 8 months interviewing various faculty and staff at Stanford, there were also some facts that he simply got confused about or never appreciated. Accordingly, I wrote an op-ed piece on his articles that appeared in the Friday June 14th issue of the *SJ Mercury News*, which I am taking the liberty of reprinting below:

Stanford manages its industry interactions with utmost integrity
By Philip A. Pizzo

San Jose Mercury News reporter Paul Jacobs' articles (July 9-10) explore the complex range of issues inherent in ties between academia and industry and make a notable contribution to the discussion of this important issue. Indeed, we have been quite engaged in continuously reviewing and modifying the relations of the Stanford School of Medicine with industry over the past several years, and I believe that this is a debate that the entire the academic medical community should welcome and fully engage in.

Among the significant questions to examine is: What would be the cost to the health of the American public if such ties between academia and industry were severed?

It should be noted that the federal government has explicitly promoted these ties since 1980, when Congress enacted the Bayh-Dole act, which authorized and encouraged universities to hold ownership of inventions made under federal funding. In fact this law mandates universities and private industry to work together to bring the fruits of university research to the public. This process has resulted in many medical innovations and advances that have improved the lives of millions of Americans.

There are now some 1,000 therapies and technologies that are based on university-licensed discoveries. Many of these advances are in the life-sciences products and processes for diagnosing disease, reducing pain and suffering and prolonging lives. They include the development of recombinant DNA technology (a joint Stanford-University of California-San Francisco discovery), as well as the nicotine patch, the PSA test for prostate cancer, and the cochlear implant, which provides a sense of sound to people who are deaf.

Of course, collaboration between university researchers and private companies carries with it the potential for conflicts of interest. The July 9 article describes one way Stanford addresses this: by requiring faculty members to disclose potential conflicts, regardless of the dollar amount of the financial interest.

But disclosure is far from the only strategy that the Stanford School of Medicine uses to protect the public's interest. When we identify a significant conflict, we take steps to eliminate, mitigate or manage it. These steps include modifying the research plan, disclosing the conflict to the public, disqualifying a faculty member from participating in all or a portion of a research project and in some cases requiring the faculty member to sever a relationship with industry.

As for the July 10 article, it is important to point out that Dr. Alan F. Schatzberg's research over the past 25 years has been consistently subject to rigorous peer review by scientific leaders at the National Institutes of Health and throughout the nation. His research findings have been published in highly respected peer-reviewed medical and scientific journals.

It is misleading to air criticism of his pilot studies for lack of statistical significance when, in fact, the studies were exploratory and not designed to show statistical significance in the first place. More important, and above all, through his research and care of patients, Dr. Schatzberg is a man devoted to alleviating the pain and suffering of those who face the challenge of the most severe and chronic forms of depression.

Finally, as the articles made clear, financial relationships between university medical researchers and industry require vigilant oversight. We will continue to do our utmost to manage Stanford School of Medicine's industry interactions with the highest integrity that is possible.

I recognize that we have continued work to do in this broad topic of conflict of interest and interactions with industry. In my last Newsletter (see: <http://deansnewsletter.stanford.edu/>), I detailed some of the forward-looking policy changes we are planning to implement in the area of industry interactions. We also need to continue our wide-ranging discussions with the dual goals of assuring that the highest quality research is performed at Stanford and that findings which can impact human

health are translated as rapidly as possible in tandem with doing all that we can to protect and enhance the public trust.

On Academic Medical Centers

On June 29th I participated in two events that permitted me to offer some reflections on academic medicine and medical centers. The first was the Campaign College, which included the University-wide development staff, where I participated in a panel with Martha Marsh, President and CEO of Stanford Hospital & Clinics, and Doug Stewart, Associate Vice President for Medical Development. The second event was a panel discussion on “Stanford in the Next Decade” for University senior managers, where I again participated in a panel, this time with Martin Shell, Vice President for Development, and Dr. Artie Bienenstock, Vice Provost and Dean of Research and Graduate Policy, Professor at SSRL and of Materials Science and Engineering and of Applied Physics. It struck me that many in our community do not understand what an academic medical center is or how it works to achieve its missions. That is not a surprise given the highly variegated organization and governance that defines academic medical centers – including Stanford University Medical Center. Accordingly, it seems reasonable to offer some comments and reflections on the comparative composition of academic medical centers and how Stanford is distinguished among them.

Academic medical centers are a product of the 20th century and have grown up in quite different manners and configurations in various cities and states. Since their inception, they have been characterized by different organization and governance structures (which not infrequently change at the same center) and with different areas of emphasis and expertise, albeit with some common denominators. At least at one level, all academic medical centers share a commitment to education, research and patient care. However, the adage that “if you have seen one academic medical center, you have seen one academic medical center” still rings true. This makes direct comparisons challenging and clearly impacts the experience of students, faculty and staff at various institutions.

From their beginnings, academic medical centers have included schools of medicine, one or more teaching hospitals, and physician (or faculty) practice plans. Among the 125 academic medical centers in the USA, the relationship among these three entities varies considerably. For example, most schools of medicine are affiliated with a parent university (as is the case with Stanford) but some medical schools (e.g., University of California at San Francisco, Baylor College of Medicine, University of Texas-Southwestern, Oregon University of the Health Sciences) are “free-standing,” with their sole mission being health sciences. Further, a number of medical schools are part of a larger health science complex that may include schools of public health, dentistry, nursing, or pharmacy, among others. In addition, some academic medical centers are physically connected to their parent university (as is the case for Stanford) whereas others are separated by miles (e.g., Harvard, Columbia, Johns Hopkins) or are even located across an entire state (e.g., Cornell-Weil College of Medicine).

Further, some medical schools appear to dominate the university in their size and, in some cases, prestige (e.g., Johns Hopkins, Washington University, University of Rochester) whereas others remain more balanced within the university, even to the point of established limits on faculty size to assure that the medical school doesn't become too dominant (e.g., Yale, Chicago – and of course Stanford). The character of medical schools and universities is further influenced by whether they are private or state funded and whether there are formal or informal mandates guiding their direction. For example, some medical schools are clearly organized and supported to train practicing physicians, with a special focus on assuring that graduates serve regional and state-wide interests (e.g., University of Washington, University of North Dakota) whereas others are more research focused and attempt to admit and train students who will pursue careers in research or academic medicine. Stanford falls into this latter category.

In addition to their organization, medical schools share a common goal in undergraduate medical education, although the number of students they admit and the types of students educated and trained vary widely. Most medical schools have a four-year curriculum generally comprised of two years of preclinical study and two years of clinical rotations. Indeed this has been the general configuration of medical education since Abraham Flexner's 1910 Report entitled *"Medical Education in the United States and Canada."* More recently a number of variations on this traditional theme have emerged, primarily in order to better organize the basic science curriculum into a more integrated systems-based approach (e.g., cardiovascular system, renal) and to introduce early into the curriculum problem-based learning and small-group discussions.

Stanford has always been unique, first by having a "five-year plan" when the School moved from San Francisco to the Stanford campus in 1959, which created flexibility and the opportunity for students to engage in research. This has been significantly refined and enhanced by the introduction of the New Stanford Curriculum in the Fall of 2003 that requires each student to choose a "Scholarly Concentration" designed to focus her or his energy in a specific analytic area that promotes scholarship and research (see: <http://med.stanford.edu/md/>). Furthermore, medical schools vary in whether they train only medical students or also offer advanced degrees in the biomedical sciences. Again, there is a broad range but Stanford is clearly at the far end, since we educate an equal number of PhD candidates and MD students. In addition, we are increasingly pursuing opportunities for students to pursue joint degree programs. Indeed, Stanford offers multiple opportunities for its MD students to become proficient in an area of basic science or some other important discipline (public policy, public health, economics, business, etc.) and for its PhD students to become more knowledgeable about clinical medicine (e.g., the recently introduced "Masters in Medicine" degree).

Similarly, medical schools vary widely in their focus on research as well as in the sources of their research support. The delineation used by *US News & World Reports (USNWR)* – about which I won't comment further in this discussion - divides schools into "research-intensive" or "primary care." Stanford clearly falls into the research-intensive category because of the focus of our faculty, the amount of total NIH funding and the amount of competitive funding per faculty member (for which we rank at the top). A strong research

focus is not inconsistent with excellence in patient care – which I believe our faculty does in an outstanding manner – but is related to the fact that most of our faculty have some (or all) of their time dedicated to research. Clearly this has an impact on the students we educate and on our goal of training leaders and individuals who will pursue careers as physician-scientists and clinician-scholars.

Teaching hospitals are the second key component of an academic medical center. These include ambulatory services (which are increasingly the focus of clinical care) as well as hospital-based facilities. In many cases the teaching hospital includes all services (including pediatrics) whereas in some institutions there are separate, sometimes freestanding children's hospitals (e.g., Children's Hospital of Philadelphia, Cincinnati Children's Hospital) or "women and children's hospitals." Specialty hospitals (e.g. for heart disease, orthopedics, neuroscience) have also emerged in recent years but are not part of the mainstream at this point. For a number of academic medical centers the major teaching hospital affiliates are owned by the university, even when they operate somewhat autonomously. In other settings, the hospital is independently owned and an affiliation agreement defines the relationship between the school and the hospital (e.g., Yale-New Haven Hospital is such an example). Further, while some academic medical centers are "closed facilities" (i.e., only faculty have admitting privileges), in many institutions the university hospital also functions as a community hospital.

At a different end of the spectrum, the Harvard teaching hospitals are unique as a model since the major affiliates (e.g., the MGH, Brigham, Children's Hospital, Beth Israel-Deaconess, Dana Farber Cancer Center) operate autonomously, employ their faculty, manage all grants, and have an affiliation with Harvard Medical School – even though the vast majority of the 8000 full-time faculty with Harvard Medical School appointments are in one of the affiliated hospitals. This is not a model that is likely to be replicated elsewhere but it does speak to the fact that academic medical centers have evolved in very different ways depending on whether teaching hospitals preceded the creation of the medical school or vice versa.

The model at Stanford shares similarities and differences with national peers. Stanford Hospital & Clinics and the Lucile Packard Children's Hospital are owned by the University, but they operate independently under the leadership of a President and CEO, who reports to a Board of Directors. At Stanford, the hospital boards include a mixture of Stanford University trustees and non-university trustee members. However all directors require approval by the University Board of Trustees. Like a number of its peers, SHC serves as a teaching hospital (80% or more of the patients who are admitted are under the care of faculty) as well as a community hospital, serving physicians who meet hospital credentialing. We value the involvement of community physicians to our medical center community. Although LPCH admits a smaller percentage and number of cases (given the nature of pediatric practice), it also serves the needs of community pediatricians as well as Stanford faculty. Again this is a valued partnership. The School of Medicine has an affiliation agreement with SHC and LPCH that is approved by the University Trustees.

The third element of an academic medical center, and of course in my opinion the most important, is the faculty. While a medical school includes basic and clinical science faculty, the major interactions in an academic medical center are between the school, teaching hospital(s) and the clinical faculty. These interactions are usually organized through a faculty or physician “practice plan.” The practice plan may be separately incorporated as a “foundation” (as is the case with many of the Harvard teaching hospitals) or integrated into the teaching hospital, or it may come under the jurisdiction of the Office of the Dean. Again, there are many different models and iterations.

At Stanford, all faculty are School of Medicine and University employees. That is, their official employment is with the university, they are accountable to the school leadership, all grants flow through the school, research and academic space is provided by the school, and compensation is recommended to the dean by the department chairs contingent on the approval of the Provost. However, the “clinics” where faculty practice are under the hospital’s aegis, and important activities such as physician billing, collections and professional payments flow through the hospital. Professional revenues and support for other faculty activities (e.g., medical direction, program support) are transferred from the hospital to the school through a process called “funds flow” – a topic I have addressed in previous Dean’s Newsletters (see: http://deansnewsletter.stanford.edu/archive/02_22_05.html).

Depending on the center, interrelations between the school, hospital and physician practice group can be a productive and effective or contentious and challenging. To a great extent this depends on two dominant factors: whether the missions between these three important entities are aligned and whether the leadership is able to work collaboratively and effectively. There is no question that teaching hospitals, medical schools and clinical faculty should share common goals – but the degrees of emphasis and focus will vary from center to center and will delineate the overall effectiveness of the functional affiliation. At the same time, it is important to acknowledge that there are cultural and monetary differences in the way universities and businesses (including hospitals) behave and these will not uncommonly lead to differences of opinion as well as tensions – which can be constructive and sometimes destructive. To address this complexity, a number of academic medical centers have appointed a single leader to coordinate the major elements (school, hospital and practice plan) and to also arbitrate disputes that may arise. The most common such position is that of a Vice President (or Vice Chancellor or Provost) for Medical Affairs.

Stanford has had such a model in the past but during the past 5 years (the length of time I have been Dean) a different model has been used. Specifically, we have recognized that to optimize each of the entities (both hospitals and the school), the respective leaders (Dean and CEOs) would need to function collaboratively. We have in fact done so (for the most part) by sharing a common vision, strategic plan and a willingness to address difficult issues as they arise in a manner that puts Stanford Medical Center first. While many governance structures are designed to address functional leadership, at the end of the day it is the ability of institutional leaders to work cooperatively that will define institutional success. I am pleased that the SHC CEO Martha Marsh and the LPCH CEO

Chris Dawes share those values and that, accordingly, our academic medical center has functioned in a collaborative and integrated manner.

While there are many examples of why it is important for the components of an academic medical center to work in a collaborative and coordinated manner, a meeting of the Association of Academic Health Centers on June 27-28 provides an excellent one. At that meeting, leaders from the university, school and hospital presented a work-in-progress effort designed to re-engineer the infrastructure needed to support clinical research and, in this case, clinical trial billing. Many academic medical centers across the country are grappling with the difficulties of creating a seamless interface between medical school, hospital and clinical faculty – a process that is confounded by a lack of unity regarding mission as well as a lack of integration between school, faculty and hospital. I am very pleased to say that our Stanford team presented how this can be done – and were clearly the envy of the attendees at this national meeting. Put simply, this was because a committee of senior faculty, representatives from the Dean’s Office, senior hospital vice presidents, and legal counsel has met for some two years to develop the SPCTRM (Stanford Packard Center for Translational Research in Medicine) program. This is a terrific example of how cooperation can solve a problem that would be simply insurmountable for any single component of an academic medical center. I want to thank in particular Dr. Steve Alexander, Professor of Pediatrics and Director of SPCTRM; Nick Gaich, Chief Operating Officer of SPCTRM; Dr. Harry Greenberg, Senior Associate Dean for Research; David Harray, Vice President, SHC; and Ann James, Office of the General Counsel.

Academic medical centers will surely continue to evolve during the years and decades ahead. Likely there will be continued internal reorganizations, driven by program developments or requirements. External factors, particularly the status of the health care system, will also have a major impact on the size, complexity and functions of academic medical centers. Given predictable change, it is important that academic medical centers continuously re-examine their mission and resources. At Stanford, our unifying mission remains “*Translating Discoveries*,” while fully realizing our success will require focus, communication, commitment and collaboration. Future success is our only option.

Health and Healthcare

My professional career has been dedicated to treating serious disease – both as an investigator and as a physician. As Dean I have also been very concerned about the healthcare system in this country – or the lack thereof. At the same time, in my personal life I have focused a lot of personal energy on health and the prevention of disease. As some of you know I have been a strong proponent of exercise, weight control and diet as key components to controlling personal risk – whether acquired or inherited. And while we all recognize that serious disease can strike regardless of one’s commitment to health, it is also a safe assumption that personal lifestyle and choice can have a big impact on reducing the likelihood of a host of human disorders.

Ironically, as one surveys the major diseases impacting human health, nearly all are the interaction of single or complex genetic traits with the environment and personal lifestyle choices. While there are some disorders we can simply not attenuate or prevent, many others will respond to lifestyle change. This is graphically illustrated by the epidemic of obesity that is sweeping the USA and many parts of the world and that carries enormous co-morbidity that can impact the health and longevity of generations to come. It is estimated that obesity has doubled in children 6-11 years of age and tripled in 12-19 year olds since the late 1970s. Much of this increase results from dietary choices largely associated with the marketing and availability of high carbohydrate, fat and calorie drinks and foods. In fact nearly 30 % of the calories consumed by children are from sweets and soft drinks and overweight children may consume as many as 1200-2000 calories per day from soft drinks alone. Fast foods and high volume sodas are particularly noteworthy. And this is big business, as evidenced by the many hundreds of millions of dollars spent on advertisements to children for various high caloric foods! This has prompted some physicians and public health officials to question whether legal action focusing on schools, the community and medical insurance is necessary to control this obesity.

A Health Policy Report in the June 15th issue of the *New England Journal of Medicine* (Volume 354:2601-2608) entitled “*Obesity – The Frontier of Public Health Law*” by Mello, MM, Studdert, DM and Brennan, TA address this important issue. In many ways this situation is analogous to the debate that took place over smoking during the past several decades. While there are many understandable concerns about regulating lifestyle, there can be no question that individual choices have tremendous societal and economic impacts as well as significant personal consequences.. The factors governing obesity in children, adolescents and adults are but one example.

The purpose of this brief commentary is simply to underscore the importance of pursuing personal health. It is all too easy to let simple interventions like exercise and diet, for example, be compromised or ignored. All that said, I do feel compelled to confess to those who may have seen me with my arm in a sling and a notably bruised face that I did have an injury during an early morning run on July 11th when I missed a curb and went crashing to the ground. So, I also acknowledge that exercise can be associated with injury as well (as I have learned many times in my own athletic career), but I would still maintain that the benefits far outweigh the risks. Indeed attention to simple health interventions can go a long way to promoting one’s well being and to reducing the need for healthcare (injuries aside). Certainly this is an issue that deserves everyone’s consideration and hopefully personal implementation.

USNWR Ranks Hospitals

On July 7th US News & World Reports (USNWR) published their annual ranking of “Best Hospitals” in the USA. Too much attention is given to these rankings but I do confess that I have been personally somewhat obsessed by the methodological deficiencies in some of these rankings, particularly schools of medicine, that favor size over quality. While Stanford School of Medicine was ranked # 7 in the nation in the April reporting on graduate schools, this scoring is impacted significantly by the total amount

of NIH support – in which Stanford can never truly lead given its small size compared to peer schools (see http://deansnewsletter.stanford.edu/archive/04_03_06.html#2). But that is an issue for another day.

Hospital rankings are also impacted by size, available services and reputation among other factors. In the new ranking Stanford Hospital & Clinics as well as the Lucile Packard Children's Hospital were separately ranked as #13. Of course we think they should both be higher, but given the small size of SHC and the relative youth of LPCH compared to peers, these rankings are quite admirable. Congratulations to both SHC and LPCH.

Dr. Ben Barres Offers an Important Perspective on Behalf of Women in Science

As a number of you likely know by now, Dr. Ben Barres, Professor of Neurobiology and of Developmental Biology and of Neurology and Neurological Sciences, wrote an informative and compelling commentary in the latest issue of *Nature* 442, 133-136(13 July 2006). I want to complement Dr. Barres for his personal courage in writing this important article and for his steadfast advocacy on important issues. Change only occurs when individuals speak up and lend their voice and reputation to important issues. Dr. Barres has done just that and I am proud of his efforts and of his work as a faculty member at Stanford. Because I also believe that Dr. Barres' perspective is so important I have his permission to print his commentary in this Newsletter in case you missed the original publication. Here it is:

Does gender matter?

Ben A. Barres

When I was 14 years old, I had an unusually talented math teacher. One day after school, I excitedly pointed him out to my mother. To my amazement, she looked at him with shock and said with disgust: "You never told me that he was black." I looked over at my teacher and, for the first time, realized that he was an African-American. I had somehow never noticed his skin colour before, only his spectacular teaching ability. I would like to think that my parents' sincere efforts to teach me prejudice were unsuccessful. I don't know why this lesson takes for some and not for others. But now that I am 51, as a female-to-male transgendered person, I still wonder about it, particularly when I hear male gym teachers telling young boys "not to be like girls" in that same derogatory tone.

Hypothesis testing

Last year, Harvard University president Larry Summers suggested that differences in innate aptitude rather than discrimination were more likely to be to blame for the failure of women to advance in scientific careers¹. Harvard professor Steven Pinker then put forth a similar argument in an online debate², and an almost identical view was elaborated in a 2006 essay by Peter Lawrence entitled 'Men, Women and Ghosts in Science'³. Whereas Summers prefaced his statements by saying he was trying to be provocative, Lawrence did not. Whereas Summers

talked about "different availability of aptitude at the high end," Lawrence talked about average aptitudes differing. Lawrence argued that, even in a utopian world free of bias, women would still be under-represented in science because they are innately different from men.

Lawrence draws from the work of Simon Baron-Cohen⁴ in arguing that males are 'on average' biologically predisposed to systematize, to analyze and to be more forgetful of others, whereas females are 'on average' innately designed to empathize, to communicate and to care for others. He further argues that men are innately better equipped to aggressively compete in the 'vicious struggle to survive' in science. Similarly, Harvard professor Harvey Mansfield states in his new book, *Manliness*⁵, that women don't like to compete, are risk adverse, less abstract and too emotional.

I will refer to this view - that women are not advancing because of innate inability rather than because of bias or other factors - as the Larry Summers Hypothesis. It is a view that seems to have resonated widely with male, but not female, scientists. Here, I will argue that available scientific data do not provide credible support for the hypothesis but instead support an alternative one: that women are not advancing because of discrimination. You might call this the 'Stephen Jay Gould Hypothesis.' I have no desire to make men into villains (as Henry Kissinger once said, "Nobody will ever win the battle of the sexes; there's just too much fraternizing with the enemy"). As to who the practitioners of this bias are, I will be pointing my finger at women as much as men. I am certain that all the proponents of the Larry Summers Hypothesis are well-meaning and fair-minded people, who agree that treatment of individuals should be based on merit rather than on race, gender or religion stereotypes.

The sums don't add up

Like many women and minorities, however, I am suspicious when those who are at an advantage proclaim that a disadvantaged group of people is innately less able. Historically, claims that disadvantaged groups are innately inferior have been based on junk science and intolerance⁶. Despite powerful social factors that discourage women from studying math and science from a very young age⁷, there is little evidence that gender differences in math abilities exist, are innate or are even relevant to the lack of advancement of women in science⁸. A study of nearly 20,000 math scores of children aged 4 to 18, for instance, found little difference between the genders (Fig. 1)⁹, and, despite all the social forces that hold women back from an early age, one-third of the winners of the elite Putnam Math Competition last year were women. Moreover, differences in test-test results are not correlated with the gender divide between those who choose to leave science¹⁰. I will explain why I believe that the Larry Summers Hypothesis amounts to nothing more than blaming the victim, why it is so harmful to women, and what can and should be done to help women advance in science.

If innate intellectual abilities are not to blame for women's slow advance in science careers, then what is? The foremost factor, I believe, is the societal assumption that women are innately less able than men. Many studies, summarized in Virginia Valian's excellent book *Why So Slow?*¹¹, have demonstrated a substantial degree of bias against women - more than is sufficient to block women's advancement in many professions. Here are a few examples of bias from my own life as a young woman. As an undergrad at the Massachusetts Institute of Technology (MIT), I was the only person in a large class of nearly all men to solve a hard math problem, only to be told by the professor that my boyfriend must have solved it for me. I was not given any credit. I am still disappointed about the prestigious fellowship competition I later lost to a male contemporary when I was a PhD student, even though the Harvard dean who had read both applications assured me that my application was much stronger (I had published six high-impact papers whereas my male competitor had published only one). Shortly after I changed sex, a faculty member was heard to say "Ben Barres gave a great seminar today, but then his work is much better than his sister's."

Anecdotes, however, are not data, which is why gender-blinding studies are so important¹¹. These studies reveal that in many selection processes, the bar is unconsciously raised so high for women and minority candidates that few emerge as winners. For instance, one study found that women applying for a research grant needed to be 2.5 times more productive than men in order to be considered equally competent (Fig. 2)¹². Even for women lucky enough to obtain an academic job, gender biases can influence the relative resources allocated to faculty, as Nancy Hopkins discovered when she and a senior faculty committee studied this problem at MIT. The data were so convincing that MIT president Charles Vest publicly admitted that discrimination was responsible. For talented women, academia is all too often not a meritocracy.

In denial

Despite these studies, very few men or women are willing to admit that discrimination is a serious problem in science. How is that possible? Valian suggests that we all have a strong desire to believe that the world is fair¹¹. Remarkably, women are as likely as men to deny the existence of gender-based bias¹³. Accomplished women who manage to make it to the top may 'pull up the ladder behind them', perversely believing that if other women are less successful, then one's own success seems even greater. Another explanation is a phenomenon known as 'denial of personal disadvantage', in which women compare their advancement with other women rather than with men¹¹.

My own denial of the situation persisted until last year, when, at the age of 50, several events opened my eyes to the barriers that women and minorities still face in academia. In addition to the Summers speech, the National Institutes of Health (NIH) began the most prestigious competition they have ever run, the Pioneer Award, but with a nomination process that favoured male applicants¹⁴. To their credit, in response to concerns that 60 of 64 judges and all 9 winners were men,

the NIH has revamped their Pioneer Award selection process to make it fairer. I hope that the Howard Hughes Medical Institute (HHMI) will address similar problems with their investigator competitions. When it comes to bias, it seems that the desire to believe in a meritocracy is so powerful that until a person has experienced sufficient career-harming bias themselves they simply do not believe it exists.

My main purpose in writing this commentary is that I would like female students to feel that they will have equal opportunity in their scientific careers. Until intolerance is addressed, women will continue to advance only slowly. Of course, this feeling is also deeply personal to me (see 'Personal experiences'). The comments of Summers, Mansfield, Pinker and Lawrence about women's lesser innate abilities are all wrongful and personal attacks on my character and capabilities, as well as on my colleagues' and students' abilities and self esteem. I will certainly not sit around silently and endure them.

Mansfield and others claim that women are more emotional than men. There is absolutely no science to support this contention. On the contrary, it is men that commit the most violent crimes in anger - for example, 25 times more murders than women. The only hysteria that exceeded MIT professor Nancy Hopkins' (well-founded) outrage after Larry Summers' comments was the shockingly vicious news coverage by male reporters and commentators. Hopkins also received hundreds of hateful and even pornographic messages, nearly all from men, that were all highly emotional.

Taboo or untrue?

There is no scientific support, either, for the contention that women are innately less competitive (although I believe powerful curiosity and the drive to create sustain most scientists far more than the love of competition). However, many girls are discouraged from sports for fear of being labeled tomboys. A 2002 study did find a gender gap in competitiveness in financial tournaments, but the authors suggested that this was due to differences in self-confidence rather than ability¹⁵. Indeed, again and again, self-confidence has been pointed to as a factor influencing why women 'choose' to leave science and engineering programmes. When women are repeatedly told they are less good, their self-confidence falls and their ambitions dim¹⁶. This is why Valian has concluded that simply raising expectations for women in science may be the single most important factor in helping them make it to the top¹¹.

Steven Pinker has responded to critics of the Larry Summers Hypothesis by suggesting that they are angry because they feel the idea that women are innately inferior is so dangerous that it is sinful even to think about it¹⁷. Harvard Law School professor Alan Dershowitz sympathizes so strongly with this view that he plans to teach a course next year called 'Taboo'. At Harvard we must have veritas; all ideas are fair game. I completely agree. I welcome any future studies that will

provide a better understanding of why women and minorities are not advancing at the expected rate in science and so many other professions.

But it is not the idea alone that has sparked anger. Disadvantaged people are wondering why privileged people are brushing the truth under the carpet. If a famous scientist or a president of a prestigious university is going to pronounce in public that women are likely to be innately inferior, would it be too much to ask that they be aware of the relevant data? It would seem that just as the bar goes way up for women applicants in academic selection processes, it goes way down when men are evaluating the evidence for why women are not advancing in science. That is why women are angry. It is incumbent upon those proclaiming gender differences in abilities to rigorously address whether suspected differences are real before suggesting that a whole group of people is innately wired to fail.

What happens at Harvard and other universities serves as a model for many other institutions, so it would be good to get it right. To anyone who is upset at the thought that free speech is not fully protected on university campuses, I would like to ask, as did third-year Harvard Law student Tammy Pettinato: what is the difference between a faculty member calling their African-American students lazy and one pronouncing that women are innately inferior? Some have suggested that those who are angry at Larry Summers' comments should simply fight words with more words (hence this essay). In my view, when faculty tell their students that they are innately inferior based on race, religion, gender or sexual orientation, they are crossing a line that should not be crossed - the line that divides free speech from verbal violence - and it should not be tolerated at Harvard or anywhere else. In a culture where women's abilities are not respected, women cannot effectively learn, advance, lead or participate in society in a fulfilling way.

Take action

Although I have argued that the Larry Summers Hypothesis is incorrect and harmful, the academic community is one of the most tolerant around. But, as tolerant as academics are, we are still human beings influenced by our culture. Comments by Summers and others have made it clear that discrimination remains an under-recognized problem that is far from solved. The progress of science increasingly depends on the global community, but only 10% of the world's population is male and caucasian. To paraphrase Martin Luther King, a first-class scientific enterprise cannot be built upon a foundation of second-class citizens. If women and minorities are to achieve their full potential, all of us need to be far more proactive. So what can be done?

First, enhance leadership diversity in academic and scientific institutions. Diversity provides a substantially broader point of view, with more sensitivity and respect for different perspectives, which is invaluable to any organization. More female leadership is vital in lessening the hostile working environment that young women scientists often encounter. In addition to women and under-represented minority groups, we must not forget Asians and lesbian, gay, bisexual and

transgendered folks. There are enough outstanding scientific leaders in these racial and gender groups that anyone with a will to achieve a diverse leadership in their organization could easily attain it.

Second, the importance of diverse faculty role models cannot be overstated. There is much talk about equal opportunity, but, in practice, serious attention still needs to be directed at how to run fair job searches. Open searches often seem to be bypassed entirely for top leadership positions, just when it matters most - search committees should not always be chaired by men and the committee itself should be highly diverse^{14,18}. Implementation of special hiring strategies and strong deans willing to push department chairs to recruit top women scientists are especially effective. It is crucial in the promotion process that merit be decided by the quality, not quantity, of papers published.

Women faculty, in particular, need help from their institutions in balancing career and family responsibilities. In an increasingly competitive environment, women with children must be able to compete for funding and thrive. Why can't young faculty have the option of using their tuition benefits, in which some universities pay part of the college tuition fees for the children of faculty, for day care instead? Tuition benefits will be of no help if female scientists don't make tenure. And institutions that have the financial capability, such as HHMI, could help by making more career-transition fellowships available for talented women scientists.

Speak out

Third, there should be less silence in the face of discrimination. Academic leadership has a particular responsibility to speak out, but we all share this responsibility. It takes minimal effort to send a brief message to the relevant authority when you note a lack of diversity in an organization or an act of discrimination. I don't know why more women don't speak out about sexism at their institutions, but I do know that they are often reluctant, even when they have the security of a tenured faculty position. Nancy Hopkins is an admirable role model, and it is time that others share the burden. It doesn't only have to be women that support women. I was deeply touched by the eloquent words of Greg Petsko¹⁹ following Summers' comments. And it has been 30 years since I was a medical student, but I still recall with gratitude the young male student who immediately complained to a professor who had shown a slide of a nude pin-up in his anatomy lecture.

Fourth, enhance fairness in competitive selection processes. Because of evaluation bias, women and minorities are at a profound disadvantage in such competitive selection unless the processes are properly designed^{11,12,14,18}. As the revamped NIH Pioneer Award demonstrates, a few small changes can make a significant difference in outcome. By simply changing the procedure so that anyone can self-nominate and by ensuring a highly diverse selection committee,

the number of women and minority winners went up to more than 50% from zero. This lesson can and should now be applied to other similar processes for scientific awards, grants and faculty positions. Alas, too many selection committees still show a striking lack of diversity - with typically greater than 90% white males. When selection processes are run fairly, reverse discrimination is not needed to attain a fair outcome.

Confidence booster

Finally, we can teach young scientists how to survive in a prejudiced world. Self-confidence is crucial in advancing and enjoying a research career. From an early age, girls receive messages that they are not good enough to do science subjects or will be less liked if they are good at them. The messages come from many sources, including parents, friends, fellow students and, alas, teachers. When teachers have lower expectations of them, students do less well. But we are all at fault for sending these messages and for remaining silent when we encounter them. Teachers need to provide much more encouragement to young people, regardless of sex, at all stages of training. Occasional words of encouragement can have enormous effects.

All students, male and female, would benefit from training in how to be more skillful presenters, to exert a presence at meetings by asking questions, to make connections with faculty members who may help them to obtain grants and a job, and to have the leadership skills necessary to survive and advance in academia. Because women and minorities tend to be less confident in these areas, their mentors in particular need to encourage them to be more proactive. I vividly recall my PhD supervisor coming with me to the talks of famous scientists and forcing me to introduce myself and to ask them questions. There is a great deal of hallway mentoring that goes on for young men that I am not sure many women and minorities receive (I wish that someone had mentioned to me when I was younger that life, even in science, is a popularity contest - a message that Larry Summers might have found helpful as well). It is incumbent on all of us who are senior faculty to keep a look out for highly talented young people, including women and minority students, and help them in whatever way possible with their careers.

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Preparations for the CTSA

On Friday morning, July 14th, Dr. Harry Greenberg, Senior Associate Dean for Research, convened a planning retreat of the program leaders for Stanford's Clinical and Translational Award application that will be submitted in January 2007. As noted on the NIH website, "the **Clinical and Translational Science Awards (CTSAs)** program...will create a definable academic home for the discipline of clinical and translational science. Specifically, this program will encourage the development of novel methods and approaches to clinical and translational research, enhance informatics and technology resources, and improve training and mentoring to ensure that new investigators can navigate the increasingly complex research system. To create this "home," the program allows for local flexibility so that each institution can determine whether to establish a center, department, or institute in clinical and translational science."

Dr. Greenberg underscored that the goals of the CTSA are to educate, innovate and implement. This includes: 1) developing a cadre of well-trained multi- and inter-disciplinary investigators and research teams; 2) creating an incubator for innovative research tools and information technologies; and 3) synergizing multi-disciplinary and interdisciplinary clinical and translational research and researchers to catalyze the application of new knowledge and techniques to clinical practice at the front lines of patient care.

While the timeline for producing the final grant is short, we have actually been working on the fundamental components for this type of effort during the past 5 years as we have implemented our Strategic Plan, *Translating Discoveries*. Indeed, the transformational changes we have made in education and training through the *New Stanford Curriculum*, which focuses on educating future physician scholars and investigators and which offers Scholarly Concentrations in clinical and translational research, offer a firm underpinning for our CTSA application. Coupled with this are our related education programs for graduate students in clinical and translational research and medicine (i.e., the Masters in Medicine Program) and evolving programs that will enable clinical fellows to pursue

graduate training en route to becoming physician-scientists (i.e., the Advanced Residency Training at Stanford [ARTS] program). Moreover, the fundamental underpinning provided by BioX to foster innovative interdisciplinary research together with the broad interdisciplinary efforts of our five Stanford Institutes of Medicine and the Strategic Centers has already created unique opportunities for clinical and translational research.

To further enhance these efforts, programs like SPCTRM and STRIDE (Stanford Translational Research Integrated Data Environment) are being designed to provide the fundamental supports to foster clinical research along with data management, analysis, etc. Thus, in a number of ways, the new CTSA opportunity comes at a time when Stanford has already made a number of important transformational changes to enhance clinical and translational education and research. It provides an opportunity to further consolidate and refine the many new programs we have already put into place. That said, we also recognize that such large and overarching grant applications necessitate a tremendous amount of work and effort from many faculty and staff, many of whom are already extremely busy. In addition, given the current funding climate at the NIH, these applications are high risk. Despite our many accomplishments, we must perform at the very highest level if we hope to be approved and funded. It is imperative that those participating in the CTSA do the very best job they can and, because of its broad implications, that as many faculty and staff throughout the school as possible be engaged – and that there be opportunities for specifically interested faculty to participate.

Like all such grants, there are specific components that must be addressed. The goal of the July 14th retreat was to have each of the specific program leaders give an update of their planning efforts. Each area is in some way specified by the RFA (Request for Application), and each working group already has multiple faculty who are becoming engaged in the planning process. The 10 major programs areas and working groups for the CTSA grant are as follows:

Program Area	Working Group Leaders
<i>Research, Education, Training and Career Development</i>	Charles Prober* , Sam Gambhir, Mike Longaker
<i>Clinical Informatics</i>	Henry Lowe , Phil Lavori
<i>Trial Design and Biostatistics</i>	Phil Lavori
<i>Regulatory Knowledge and Support</i>	Steve Alexander , Corry Dekker, Ann Arvin
<i>Participant and Clinical Interaction Resources</i>	Brandy Sikic , David Stevenson
<i>Development of Novel Clinical and Translational Methodologies and Pilot and Collaborative Translational and Clinical Studies</i>	Alan Krensky , Daria Mochly-Rosen
<i>Clinical and Translational Technologies and Resources (Cores)</i>	Daria Mochly-Rosen , Alan Krensky
<i>Clinical Research Ethics</i>	David Magnus , Mildred Cho

<i>Community Engagement</i>	Steve Fortmann , Doug Owens
<i>Evaluation: Getting to Quality</i>	Peter Rudd , Kevin Tabb, Joe Hopkins

* Denotes the Working Group Chair

Dr. Greenberg will be serving as the Principal Investigator for the CTSA, and he will be joined by three Co-PIs: Drs. Charles Prober, Phil Lavori and Brandy Sikic. If you have any questions, concerns or interests, please feel free to contact any of these individuals or any of the working group leaders noted above. While there is a tremendous amount to do in the next several months, we are building from an excellent and already transformational base and I feel confident that a great proposal will result. But everyone's help and support will be needed to make this a reality.

Summer Schedule

As has been my practice in past years, the Dean's Newsletter will not be published on the usual bi-weekly schedule in July and August. However, should important events arise between issues I will make sure you are aware of them. In addition, at the end of July through the third week of August I will be on a "mini-sabbatical" that will include some vacation time but also some time to work on a new book. Rest assured - I promise not to report on either of these topics in my subsequent Dean's Newsletters! The bi-weekly publication schedule will resume in September.

Awards and Honors

- **Dr. Marlene Rabinovitch**, Dwight and Vera Dunlevie Professor in Pediatric Cardiology and, by courtesy, of Developmental Biology, has recently learned that she has been selected to be a 2006 Distinguished Scientist by the American Heart Association. Congratulations to Dr. Rabinovitch.

Appointments and Promotions

- **Vinod Bhutani** has been appointed to Professor of Pediatrics (Neonatology) at the Lucile Packard Children's Hospital, effective 7/01/06.
- **Lee-may Chen** has been promoted to Adjunct Clinical Assistant Professor of Obstetrics and Gynecology effective 9/1/06.
- **Stephen Fischer** has been reappointed to Associate Professor of Anesthesia, effective 7/01/06.
- **Hayley Gans** has been appointed to Assistant Professor of Pediatrics (Infectious Diseases) at the Lucile Packard Children's Hospital, effective 7/01/06.
- **Joseph Helms** has been promoted to Adjunct Clinical Professor of Anesthesia effective 9/1/06.

- ***Paula Jacobsen***, has been promoted to Adjunct Clinical Professor of Psychiatry and Behavioral Sciences effective 9/1/06.
- ***Joel Killen*** has been reappointed to Associate Professor of Professor (Research) of Medicine, effective 7/01/06.
- ***Jason Lee*** has been appointed to Assistant Professor of Surgery at the Veterans Affairs Palo Alto Health Care System, effective 7/01/06.
- ***Peter Lee*** has been promoted to Associate Professor of Medicine (Hematology), effective 7/01/06.
- ***Alan Maloney*** has been promoted to Adjunct Clinical Associate Professor of Psychiatry and Behavioral Sciences effective 9/1/06.
- ***Mali Mann*** has been promoted to Adjunct Clinical Associate Professor of Psychiatry and Behavioral Sciences effective 9/1/06.
- ***Kerry Mitchell*** has been promoted to Adjunct Clinical Assistant Professor of Psychiatry and Behavioral Sciences effective 9/1/06.
- ***Beverley Newman*** has been promoted to Associate Professor of Radiology, effective 7/01/06.
- ***James Newman*** has been promoted to Adjunct Clinical Assistant Professor of Otolaryngology-Head and Neck Surgery effective 9/1/06.
- ***Scott Oesterling*** has been promoted to Adjunct Clinical Assistant Professor of Obstetrics and Gynecology effective 9/1/06.
- ***Chandra Ramamoorthy*** has been promoted to Professor of Anesthesia, effective 7/01/06.
- ***John Ruark*** has been promoted to Adjunct Clinical Associate Professor of Psychiatry and Behavioral Sciences effective 9/1/06.

Dean's Newsletter

August 21, 2006

Dr. Ralph I. Horwitz is Appointed Chair of Medicine

I am extremely pleased to announce today the appointment of Dr. Ralph I. Horwitz as the next Chair of the Department of Medicine at Stanford. He will officially join Stanford on December 1st. Dr. Horwitz is currently Dean of the Case Western Reserve University

School of Medicine as well as Vice President for Medical Affairs and Director of the Case Research Institute. He has been at CWRU since 2003, where he is also Professor of Medicine. Prior to that Dr. Horwitz was the Harold H. Hines, Jr. Professor of Medicine and Epidemiology and Chair of the Department of Medicine at Yale University – a position he held from 1994-2003.

Dr. Horwitz has had a long and distinguished career as a clinician-scientist and leader in academic medicine. Following his graduation from Pennsylvania State University College of Medicine in 1973, he served as an intern and resident at McGill University and the Royal Victoria Hospital as well as at the Massachusetts General Hospital and at Yale, where he was in the Robert Wood Johnson Clinical Scholars Program – which he subsequently co-directed.

Dr. Horwitz has had a very prominent career as a clinical investigator focusing on population science and outcomes research. He is the author or co-author of over 180 peer-reviewed publications addressing a range of topics, with a particular focus on stroke and its neurological sequelae, cardiovascular medicine, cancer, and clinical trial methodology. In addition to his many publications in high impact journals, his work has been recognized by election to the American Society of Clinical Investigation, the American College of Epidemiology, the American College of Physicians, the American Board of Internal Medicine, and the Association of American Physicians (where he is on track to become President). He is also a member of the Institute of Medicine of the National Academy of Sciences. Dr. Horwitz is the recipient of numerous awards and honors and has held a number of national leadership positions.

The selection of Dr. Horwitz resulted from a national search that commenced in March 2005 with a Committee co-chaired by Drs. Harvey Cohen, Arline and Pete Harman Professor and Chair of the Department of Pediatrics, and Gary Glazer, Emma Pfeiffer Merner Professor and Chair of the Department of Radiology. The Search Committee included Drs. Mark Davis, Scott Delp, Carlos Esquivel, Michael Jacobs, Larry Leung, Michael Longaker, Beverly Mitchell, Bill Mobley, Daria Mochly-Rosen, Michael Peterson, Robert Robbins, Alan Schatberg, Matt Scott, Lucy Shapiro, Irv Weissman, and medical student John DeCaro.

As part of the search process the Co-Chairs and Committee identified 125 possible candidates based on discussions with national leaders as well as extensive department and school-wide interviews. The position was broadly advertised with specific reach out to ELAM (Executive Leadership in Academic Medicine) to help identify potential women candidates. After careful consideration, 11 individuals were invited to campus for 2-day visits during which they each met with dozens of individuals. I met with each of the candidates during their visit to Stanford, as did Martha Marsh, the CEO of Stanford Hospital and Clinics. The 11 candidates who visited with us represented diverse interests and included three women and three minority candidates.

I met with the Search Committee at the end of March 2006 and received their final comments and recommendations – including their list of four unranked finalists. I then

contacted the finalists individually and personally conducted extensive reference interviews with individuals familiar with their work and contributions. Based on that I conducted selected visits to the candidates' home institutions, where I met with additional individuals. At the conclusion of that process it seemed clear to me that Dr. Horwitz possesses the experience, vision, commitment and excellence to assume this important role. Thankfully Dr. Horwitz felt similarly about Stanford, permitting us to move forward with his appointment.

I want to thank the Chairs and the Committee for their diligent work in defining a broad list of candidates and in recommending a short list of four finalists for my consideration. I also want to thank Rebecca Trumbull and Kendra Baldwin for their outstanding efforts in coordinating and facilitating the process and candidate visits. I heard from all the candidates who visited how appreciative and impressed they were by the way they had been treated during their visits to Stanford.

While I am extremely pleased about Dr. Horwitz' appointment, I want to also recognize the exceptional and diligent work that has been done by Drs. Harry Greenberg and Norm Rizk in their roles as interim co-chairs. They began their assignment in January 2005 and have provided wonderful leadership. Unlike many interim leaders, Drs. Greenberg and Rizk have been proactive in addressing the challenges and needs of the department, including the recruitment of a number of important faculty. The morale and excellence of the department improved further under their guidance and I am confident that this helped to make the position of chair attractive and exciting to our candidates. So in addition to sharing my excitement for Dr. Horwitz' recruitment, please join me in thanking Drs. Greenberg and Rizk for their leadership.

Hospital Boards Approve the Stanford Industry Policy

In the June 26, 2006 Dean's Newsletter

(http://deansnewsletter.stanford.edu/archive/06_26_06.html), I provided an update on the status of our Stanford policy on interactions with industry. In that report I indicated that the School of Medicine's Executive Committee had unanimously endorsed the policy at its June 16th meeting. I am now very pleased to add that the Medical Boards and Boards of Directors of Stanford Hospital & Clinics and of the Lucile Packard Children's Hospital have also approved the policy. This is outstanding news, since it permits us to have a unified Medical Center wide policy. The new policy will go into effect on October 1st. Further details about the policy itself and how it will be implemented will be forthcoming in mid-September. Many individuals have worked diligently to shepherd this policy through the necessary committees in the School and Hospitals and I am deeply appreciative to each of them. I want to acknowledge in particular Kathy Gillam, Senior Advisor to the Dean, for the essential role she has played in this process to date.

Hospitals Collaborate with the School of Medicine to Facilitate Clinical Research

Rising hospital costs related to the generally high costs of hospital services and supplies in the Bay Area have frequently been a problem for Stanford clinical researchers. I am

pleased to report that SPCTRM (Stanford/Packard Center for Translational Research in Medicine), Stanford Hospital & Clinics (SHC), and the Lucile Packard Children's Hospital (LPCH) have developed, after a process lasting almost two years, a new clinical research discount structure covering the three major categories of clinical care costs in clinical research studies. These are laboratory services, ancillary procedural services, and supplies. The new discounts are:

Laboratory:	Discounted at hospital "outreach pricing"
Ancillary procedural services:	Discounted at current NIH rates
Supplies:	Discounted at acquisition cost plus a small administrative fee.

The new laboratory and supplies discounts are already being applied to all study budgets prepared by SPCTRM/RMG (Research Management Group), with the ancillary procedural services discounts set to come on line on September 1, 2006.

The new discounts are intended to promote clinical research opportunities more effectively by making studies done at Stanford facilities more competitive financially. Moreover, the new discounts are simply the first pass at a discount structure based on a "cost neutral" principle. SHC and LPCH, demonstrating their commitment to clinical and translational research, have pledged to provide services and supplies to clinical researchers essentially at a level that is cost neutral to the hospitals. This commitment represents a substantive change and will certainly help our efforts in clinical and translational research—including our planned application for a (Clinical and Translational Science Award) (CTSA) award to the NIH this next January.

To ensure that this principle is maintained, the discounts will be revisited and recalculated on an annual basis. This productive and collaborative effort uniting School of Medicine clinical researchers with their primary clinical facilities is emblematic of the transformation of the clinical and translational research enterprise currently underway at Stanford. Much of this activity is in preparation for the establishment in late 2007 of the Stanford Center for Clinical and Translational Education and Research (SCCTER). We anticipate that this new center will be part of the major NIH CTSA initiative to overhaul the way clinical research is supported in academic medical centers across the country.

I would like to acknowledge Martha Marsh, President and CEO of SHC, Mike Peterson, COO of SHC, Chris Dawes, President and CEO of LPCH, Sue Flanagan, COO of LPCH, and Gary May, VP of Managed Care Contracting of SHC/LPCH, for their work and continued efforts to develop a more simplified and competitive pricing structure. In addition I want to thank Nick Gaich and Dr. Steve Alexander from SPCTRM as well as Dr. Harry Greenberg for their efforts in helping to bring these important changes to fruition.

Making Connections and Forging Collaborations: Use the CAP

In recent surveys of faculty, one of the major areas of expressed concern was how to identify potential Stanford scientific collaborators for research projects. As it turns out, there is a system already in place that will enable you to do just that. Known as the Community Academic Profiles (CAP), this directory provides an easy-to-use interface through which people - both inside and outside of the Stanford community - can learn about research taking place across the School of Medicine (see <http://med.stanford.edu/profiles/>). Currently there are approximately 1460 profiles available in CAP, a number of which have been completed and updated to reflect faculty interests, publications, and more. If you haven't reviewed or updated your own CAP profile I would strongly encourage you to do so. There is no question that these profiles are being accessed.

According to Henry Lowe, Senior Associate Dean for Information Resources and Technology, whose team developed CAP, there are approximately 120,000 profile views per month, and many faculty have more than 200 viewings. Interestingly, while 20% of the traffic is from within Stanford, nearly 50% is from sites across the USA as well as from international sites, most notably in the UK, Spain, Italy, China, Israel, Singapore and Japan. This makes it all the more important to make sure that your faculty profile is current – and also to recognize how much this service can help you when you are initiating new projects or seeking advice about current ones. CAP is also a great source for finding relevant journal articles by our faculty. Currently there are some 36,400 visible publications with approximately 400 new publications being imported into faculty CVs every two weeks.

I would strongly encourage you to visit CAP and to use it. Clearly our colleagues around the world are doing so!

Spirit Award 2006 Announcement

I have received the following announcement from Cori Bossenberry, Director of Human Resources. I urge you to participate in this year's nomination process.

The School of Medicine's annual Employee of the Year, Spirit Award Program will take place over the next few months. Staff are an important part of our community and contribute greatly in support of our missions. This annual award provides an opportunity for departments to acknowledge those contributions. Dr. Pizzo will award each of the two selected staff members with a \$1,000 cash prize and an "A" parking sticker or the monetary equivalent for a bicycle for the coming year at the School's Annual Staff Recognition Banquet on November 9th.

This week, departments will receive program ballots and brochures. Please distribute these to your students, staff and faculty. For convenience this year, the brochure and a ballot are also available from the new Spirit Award website: <http://med.stanford.edu/SPIRIT>.

Any faculty, staff, student, fellow and post doc working at the School of Medicine may

nominate any eligible staff members (bargaining unit workers are not eligible) in any department or administrative area. To be eligible, staff members must have been employed as regular employees, at 50% FTE or more, in one department/unit for the past two years.

Selection criteria: To be selected, staff must consistently demonstrate the following traits: customer service, positive attitude, initiative, dedication and motivation.

Forwarding Nominations:

All ballots must be received by the Dean's Office Human Resources Group by September 21, 2006. Ballots may be sent electronically to Chris Maci at cmaci@Stanford.edu, or via hard copy to: Employee of the Year, Spirit Award Selection Committee, c/o Human Resources Group, Medical School Office Building, Mail Code 5460.

All those who submit a completed nomination ballot will be entered into a drawing to receive a \$25 gift certificate to the Stanford Shopping Center. Late ballots will not be accepted. Recipients will be selected and notified in mid-to late October and will be invited to attend the Dean's Recognition Program on November 9th.

We are excited to be bringing this award forward again this year and hope you will use this opportunity to nominate deserving employees. Thank you for your participation!

Awards and Honors

Eliza Farmer Chakravarty, MS, MD, Assistant Professor, Immunology & Rheumatology, has been named the first Dr. Elaine Lambert Fellow in Lupus Research and Treatment in the Center for Clinical Immunology at Stanford (CCIS). The Fellowship, created by the John and Marcia Goldman Foundation, is the most recent in a series of gifts from a generous family that helped launch CCIS 11 years ago. Dr. Lambert, who was honored by the Goldmans for her exceptional work as a care giver, is a former Stanford faculty member and colleague of C. Garrison Fathman, MD, Founder and Director of CCIS. Congratulations, Dr. Chakravarty.

Karl Deisseroth, M.D., Assistant Professor of Bioengineering and of Psychiatry and Behavioral Sciences, has just won the Presidential Early Career Awards for Scientists and Engineers, established in 1996. This major award represents the highest honor that any young scientists or engineer can receive in the United States. Congratulations, Dr. Deisseroth.

Richard Hoppe, M.D., the Henry S. Kaplan-Harry Lebeson Professor of Cancer Biology, will receive the 2006 Gold Medal from the American Society for the Therapeutic Radiology and Oncology (ASTRO) in November. Congratulations, Dr. Hoppe.

The Medical School's **Office of Community Health** has just received the third annual Partnership Award from Community Health Partnership for its commitment to improving

the health and wellness of our community. "This organization is making an impact on primary health-care issues," said Lourie Campos, director of policy at CHP. "Our partnership has been one of the highlights of the year."

Community Health Partnership is a nonprofit consortium of community health clinics for underserved populations in San Mateo and Santa Clara counties. CHP and the Office of Community Health teamed up to develop coursework and to plan curriculum relating to public health issues for Stanford medical students.

"This is just about the highest honor we can receive," said Ann Banchoff, program director of the Office of Community Health. "This entity didn't exist a year ago. Being recognized shows we're being responsive to the community."

Upcoming Events

Outdoor Science Talks at the Cantor:

Human Embryonic Stem Cells: Science, Ethics, and Politics

7 pm, Thursday, August 31

Cantor Art Museum Lawn

The Stanford Office for Science Outreach, the Cantor Center for Visual Arts, and Stanford Continuing Studies join together to invite you, your friends, and family to campus this summer to experience the wonders of art and science. Come around 5:00 pm and wander through the acclaimed Cantor Museum, then buy dinner and/or drinks at the Museum's Cool Café and join us at 7:00 pm on lawn chairs outside of Cantor for a fascinating glimpse into the world of scientific research. The lectures will be delivered in lay terms that the general public can understand. Plenty of time will be made available for questions and answers following each talk. Both entrance to the Cantor Museum and the lecture series are free to the public. An organic buffet BBQ dinner will be available for purchase at the Cool Café in the Museum from 5:00 until 8:00 PM, with both meat and vegetarian options, along with wine, beer, soft drinks, desserts and coffee (cash only).

The upcoming science talk, hosted by Dean Phil Pizzo, will focus on "Human Embryonic Stem Cells: Science, Ethics, and Politics." Human embryonic stem cells are among the most promising, most complicated, and most controversial areas of contemporary biomedical research. Professor Julie Baker's lab is working to create and understand human embryonic stem cells; she will describe the scientific challenges of this work and the medical and scientific reasons these challenges are worthwhile. Professor Hank Greely serves on Stanford and California committees that are working to ensure stem cell research proceeds ethically. He will discuss the difficult issues that need to be resolved, not just about what kind of research should be done but how that research should be done-and the political complications these issues raise.

Appointments and Promotions

Bruce A. Arnow has been promoted to Professor of Psychiatry and Behavioral Sciences, effective 8/1/06.

Janice Brown has been promoted to Associate Professor of Medicine (Bone Marrow Transplantation), effective 8/1/06.

John Chan has been reappointed to Assistant Professor of Obstetrics and Gynecology, effective 7/1/06.

Sanjeev Dutta has been appointed to Assistant Professor of Surgery and Pediatrics at the Lucile Packard Children's Hospital, effective 6/1/2006.

Dominik Fleischmann has been promoted to Associate Professor of Radiology, effective 8/1/06.

Nicholas Giori has been reappointed to Assistant Professor of Orthopaedic Surgery at the Veterans Affairs Palo Alto Health Care System, effective 8/1/06.

Antonio Hardan has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences, effective 8/1/2006.

Robert Christopher Hayward, has been promoted to Professor of Psychiatry and Behavioral Sciences, effective 8/1/06.

Douglas Levinson has been appointed to Professor of Psychiatry and Behavioral Sciences, effective 8/01/06.

Sam Most has been appointed to Associate Professor of Otolaryngology - Head & Neck Surgery, effective 8/1/2006.

Craig Rosen has been reappointed to Assistant Professor of Psychiatry and Behavioral Sciences at the Veterans Affairs Palo Alto Health Care System, effective 7/1/06.

Nancy Schulman has been appointed to Assistant Professor of Medicine (Infectious Diseases & Geographic Medicine) at the Veterans Affairs Palo Alto Health Care System, effective 8/1/2006.

Erich Schwartz has been appointed to Assistant Professor of Pathology at the Veterans Affairs Palo Alto Health Care System, effective 8/1/2006.

Dean's Newsletter

September 11, 2006

A Day for Reflection

September 11, 2001. For each of us who lived through that day, emotions and harsh memories are seared into our very beings. Inexplicable human suffering is hard to reconcile with human evolution. Our personal feelings and reactions have not really been forgotten, but anniversaries have a way of resurfacing those deeply held feelings and emotional reactions. Without question the media and those with access to public airways will seek to remind us of that fateful day on this fifth anniversary of 9/11, often with different agendas and purposes. As a physician I recognize that looking backward sometimes provides an opportunity to heal old wounds. But it also can revitalize feelings and emotions in less productive ways – calling on fear to shape the present rather than seeking more creating solutions that can better guide the future.

At our current stage of human evolution, it is hard for most of us to understand the tool of terrorism, although we all respond to its impact. We know that evil is not new to the world and that it has taken many forms and shapes over the course of millennia and in the histories of many past civilizations. At the same time, we can appreciate that, today, as a global community we are all aware of the great disparities and distinctions that can yield to conflagration when accompanied by intolerance and an unwillingness to communicate, understand or share. Ironically, even though we are more and more a global community we are people and nations of vastly different beliefs that are deeply rooted but not well understood or mutually appreciated. Moreover, our great cultural, economic, and religious divides are not likely to be breached or healed by simple rhetoric, stereotypic images or an unwillingness to communicate.

There is little question that our world is dramatically different today than it was five years ago. And in my opinion there is little doubt that the United States is perceived and reacted to differently around the world than it was prior to September 11, 2001. The choices that have been made by this and other nations and their leaders have widened gaps of understanding and torn people and families apart. While human evolution might be thought to have a forward trajectory, one might argue that we have lapsed into more primitive and less enlightened stages of reason – with serious consequences for individuals, nations and the world.

My hope is that we will use this 9/11 to recognize that we are in a state of world illness that needs more thoughtful and refined diagnoses and that we should be thinking about treatments and reparations that promote healing rather than further disease. I am particularly alarmed by the likely remedies that certain world leaders have prescribed - and will no doubt continue to prescribe – which I fear will further aggravate rather than ameliorate our situation as a people, nation and global community.

On this day I will reflect on where we are today in America and in the world. But as a physician I will be asking myself what it will take to promote healing rather than more

suffering. One opportunity will come in November of this year when we can choose leaders who seek to be healers and who will pursue different remedies and not simply rely on rhetoric, stereotyping or violence to address a serious – even life-threatening – global illness.

Stanford Industry Interactions Policy Announcement

As many of you know, during the past year we have had a number of discussions about interactions of Stanford students, faculty and staff with industry. I certainly appreciate the value of appropriate and productive interactions with industry, and indeed I hope we can foster and nurture relationships that facilitate our mission in

Translating Discoveries. However, I also recognize that some interactions with industry have become too intermingled and are now contaminated by gifts, financial gains and marketing tactics that can blur the boundary between academia and industry. I have felt for some time that we needed a Stanford Medical-Center-wide policy to provide guidance in this area.

I am pleased to announce today that we now have such a policy. The Stanford Industry Interactions Policy, which will become effective on October 1, 2006, governs interactions, largely in the clinical and educational arenas, with the pharmaceutical, biotech, medical device, and hospital and research equipment and supplies industries. (Research interactions are governed by a separate policy). The policy will apply to the School of Medicine, the Stanford Hospital and Clinics, and the Lucile Packard Children's Hospital, as well as to other clinics operated by the hospitals.

The Web site at <http://med.stanford.edu/coi/siip/> contains the policy as well as further information and resources for applying it. I encourage you to become familiar with its contents, especially the sections that apply directly to your areas of responsibility.

Thank you for your attention to this important new policy.

Members of Incoming 2006 Class Are Already Full-Fledged Medical Students

Our incoming class of MD students began their orientation to the School of Medicine on Monday, August 28th and officially began classes on Thursday August 31st. By now they are certainly fully-fledged medical students!

The incoming class of 2006 includes 86 students, who were accepted from an applicant pool of 5999. The Admissions Committee, led by Dr. Gabe Garcia, selected 410 students for interviews (350 MD applicants and 60 MSTP applicants) and ultimately admitted 184 candidates, 11 of whom have deferred admission – generally because of a special fellowship award.

The 2006 MD class includes 48 (56%) women, 22 (26%) New Americans, and 15 (17%) students who are “under-represented in Medicine.” As with past classes, a number of students enter with advanced degrees already in hand (i.e., 9 students hold MS degrees and 7 have [or soon will have] PhD degrees).

While more students received their undergraduate degree at Stanford or Harvard than other individual colleges or universities, our incoming class is quite diversified, with some 36 colleges sending one or more students to Stanford. These students had birthplaces on any of four continents or in any of 25 states (including the District of Columbia).

This year's medical school class is also joined, for the first time, by six Masters in Medicine students. These are individuals who are pursuing a PhD at Stanford and who wish to learn more about clinical medicine, with the goal of advancing research in translational and clinical research. The Masters in Medicine program was initiated by Professor Ben Barres and is still in its inaugural phase. As it evolves it will help bridge important connections between basic and clinical scientists – and hopefully through that, to advance our efforts in *“Translating Discoveries.”*

Our MD and Masters in Medicine students will be the fourth consecutive class to enroll in the New Stanford Curriculum. The governing principles of the New Curriculum are to educate students concurrently in basic and in clinical science throughout their years in medical school – and beyond. Indeed, the interweaving of these disciplines is essential to modern medicine. Thus, in addition to Foundations of Medicine and Anatomy courses, first year students will also be taking a course on the Practice of Medicine. Considerable efforts have also been made to reduce the formal didactic teaching so that students can engage in small group learning as well as individual scholarship and pursuit. Relevant basic sciences courses are also being re-introduced in the clinical clerkship phase of medical education under the title of Applied Biomedical Sciences. In addition, by the time students begin their second year, individual scholarship is formalized by selection of a Scholarly Concentration that enables them to have a more in-depth exploration of an important issue or discipline (e.g., Molecular Medicine, Public Policy, Community Health, and Bioengineering – among others).

At this time our Stanford Curriculum is unique, and it matches the goals of our faculty and students in educating and training future leaders – including those who will pursue careers in academia and scholarship. These goals are consistent with Stanford's legacy and are highly relevant to our over-arching mission in *Translating Discoveries*.

Challenges to the NIH

The National Institutes of Health remains the world's most important supporter of biomedical research, and it has permitted the United States to be the global leader in advancing insights in the biosciences and their translation to human biology and disease. During the past several years a number of political, ethical and financial forces have converged on the NIH that, as a consequence, now threaten the future of the larger biomedical research community. As I have noted in prior Dean's Newsletters (see http://deansnewsletter.stanford.edu/archive/05_15_06.html) the greatest threat is the decline in the NIH budget, which is already negatively impacting the funding of new as well as renewing grant applications. Additional issues include the profound restrictions

on embryonic stem cell research that the NIH can support due to President Bush's religious proclamations, challenges to the peer-review process by the Congress, declines in support for graduate students, scandals regarding conflict of interest, and the politics surrounding the NIH reauthorization.

Reauthorization legislation consists of a broad-based policy review of a federal agency or program. While existing agencies and programs are often reauthorized every three to five years and, in some cases on an annual basis, NIH has not been reauthorized for over 13 years. Given federal budgetary constraints, and in follow-up to the 2003 Institute of Medicine report entitled, *"Enhancing the Vitality of the National Institutes of health—Organizational Change to Meet New Challenges,"* the House Committee with oversight authority for NIH began discussing more specific proposals for NIH two years ago.

This past week the House Energy and Commerce Committee released a new concept paper with the express intent of passing House legislation before Congress goes on recess at the end of this month. As I have stated previously, the committee believes it has drafted a proposal to enhance NIH's ability to develop and encourage research planning across NIH, strengthen the NIH Director's authority to coordinate NIH's research portfolio, and direct the development of standardized reporting requirements and data collection to promote greater accountability to Congress and the public.

Although many issues are still under discussion, below I will provide a very brief summary of the proposed legislation's key points.

The Energy and Commerce Committee's current concept paper proposes:

- Authorization of a 5% funding increase for fiscal year 2007 and for each of the following two federal fiscal years. Please understand that the authorization of funding is looked upon in Congress as a recommendation. Most budget analysts believe that actual funding will be at a level below the rate of inflation.
- The most controversial issue included in the proposal is the establishment of a "NIH Common Fund." The committee's intent is that this new structure will set up a funding mechanism to spur more "trans-NIH" research that will involve extensive collaboration between individual Institutes and Centers. Support from this fund would be awarded on a peer-reviewed basis. The committee has proposed that the fund be financed by a contribution of 50% of NIH's incremental funding increases over the next three fiscal years.
- The creation of a Division for Strategic Planning and Portfolio Management within the Office of the Director that would be tasked with developing broad based, trans-NIH planning for the agency.
- The establishment of a "Scientific Management Review Group" tasked with reviewing and making recommendations regarding the organization structure at

NIH. The group would include Institute and Center Directors and outside scientific experts. A mandated review will take place once every seven years.

- Uniform reporting requirements and improved data collection across NIH to improve transparency.
- Limiting the overall size of NIH to the existing 27 Institutes and Centers.

As I stated in a previous Dean's Newsletter on this issue (http://deansnewsletter.stanford.edu/archive/01_23_06.html), while I think that the current concept paper seems to support some recommendations from the IOM report and some ideas that many of us support (i.e.: some increased authority for the Director and better data collection and portfolio management) I have been very concerned about increasing the Common Fund while the NIH budget is flat to declining. I recognize that the Congress has some concerns about the NIH's impact since the doubling of its budget that was completed in 2003. However, I am keenly aware that the foundation of our biomedical research enterprise is investigator initiated research and that if that is damaged it will have an enormously negative impact on our future. Further I am very concerned about the increasing pressures that young faculty and investigators are facing in receiving NIH support, and I worry tremendously that this will discourage bright young researchers from entering and remaining in biomedical research careers. Accordingly, I am continuing to work through the AAMC Task Force that I co-chair with Bob Kelch from the University of Michigan to ensure that any proposed changes enhance the NIH's research mission rather than disrupt it. We also continue to work in a very constructive way with the House Energy and Commerce Committee.

I will keep you updated on this important legislative issue. I particularly want to thank Ryan Adesnik, Director of Federal Relations, for the enormously important role he is playing in this process. He has been truly invaluable. If you have any questions or suggestions, please don't hesitate to Ryan at radesnik@stanford.edu.

Challenges in Health Care: An Interesting Irony

On Saturday, September 9th I had the pleasure of attending a brunch hosted by the Cardinal Free Clinics for community physicians. It was an opportunity to witness the passion and commitment of our Stanford students to provide care to underserved communities. It also afforded an opportunity to acknowledge the important contributions and leadership by faculty advisors and medical directors (especially Drs. Rex Chiu and Lars Osterberg) as well as the community and staff physicians who volunteer their time to either the Arbor Free Clinic or the Pacific Free Clinic. These clinical programs are located in Menlo Park and San Jose respectively; they provide services on either Saturday or Sunday to adults and children, nearly 90% of who are uninsured. I want to thank the student managers for these clinics (Shirin Zarafshar and Asya Agulnik for Arbor Free Clinic and Yannis Paulus and Ian Chua for Pacific Free Clinic) along with their student colleagues for the dedicated commitment to service they each provide.

But there was an interesting and somewhat ironic message that emerged in the presentations of the students, residents, faculty and community physicians who volunteer at the Cardinal Free Clinics. Specifically, from different perspectives, each individual spoke passionately about how good they feel in participating in these free clinics, noting that they can spend time with patients and not get overwhelmed by paper work, productivity measures, etc. A common message was that they felt that they could truly function as compassionate physicians (or “doctors-to-be”) – which is different from how they feel in their regular positions, be those at Stanford or in a community office setting. And while these physicians and students were able to provide compassionate and patient-centric care to those without an ability to pay, it struck me how ironic it was that they didn’t feel this same satisfaction when caring for patients who were insured and who were visiting high-powered clinical services at Stanford or other community practices. Of course to all of us in medicine, that is not surprising.

The last decades have witnessed dramatic changes in medical care and in the role of the physician. While there is no doubt that at institutions like Stanford we are able to deliver the most advanced and technologically sophisticated health care, it is also true that most of our physicians and health care providers feel the stress of expectations for meeting volume or RVU targets. These are all consequences of the gradual migration of medicine from a profession to a business and in some cases, the changing role of the doctor from one who has the time to listen and to care compassionately for patients in need to one who operates by the clock. Ironically, volunteers at our Cardinal Free Clinics found that an environment without the time, bureaucratic and financial pressures and limitations permitted them to serve as “doctors” – something they expressed exhilaration in doing.

The further irony for me is that these messages were being conveyed at the same time as the State of California is beginning to grapple with its health care system. Of course California is not alone since our nation doesn’t really have an effective health care system – a travesty when compared to other developed nations around the world. While there have been attempts to move to some better organized health care system over the last several decades, those efforts have been thwarted by one special interest group or another. The current solution of letting the free-market drive health care and reduce cost has proved a failure at virtually every level. Disparity has increased, the numbers of uninsured have risen, and the overall costs of health care costs have continued to rise – with no demonstrable impact on health outcomes for the nation in comparison with other countries around the world. While it is not clear precisely which alternative approach or solution is best to pursue, it is also notable that the last weeks have seen activity by the California legislature in passing a bill for a single payer system. While there are certainly downsides to this approach, there are also many upsides – one of which is reducing administrative overhead that might permit doctors to serve patients rather than market forces. The current proposed single payer legislation will surely be vetoed by the Governor but one must hope that this is, at a minimum, a tangible step forward in developing a rational health care system – whether for California or for the nation.

I am pleased that those caring for patients at our free clinics feel inspired to function as health care providers. I will be even more pleased when we have a health care system that

allows doctors everywhere to have that same sense of satisfaction – and for their patients to believe that they are the beneficiaries of advanced medical care with compassion and sensitivity. Certainly we should be striving to achieve this combination across Stanford and to educate our students and trainees to achieve it in their professional careers and lives.

Stanford Begins New Relationship with the Palo Alto Veteran's Administration Medical Center

At the end of August, Stanford University and the Palo Alto Institute for Research and Education (PAIRE) signed an agreement that will transfer administration for all research conducted by Stanford faculty at the VA to PAIRE. In practical terms, this means that PAIRE will manage both pre- and post-award research administration for Stanford faculty conducting research that is primarily located at the VA. I believe that this arrangement will have many benefits for our faculty doing research at the VA.

The process that led to this agreement began in March 2004, when the Palo Alto Veteran's Affairs Health Care System and its associated foundation, the Palo Alto Institute for Research and Education (PAIRE), proposed that PAIRE take over the administration for all research conducted by Stanford faculty based at the VA. The motivation for this proposal was to improve the research infrastructure for Stanford faculty while also bringing in additional funding for the VA. Improvements would be funded in two ways: 1) through PAIRE's ability to negotiate a higher rate of indirect cost recovery under OMB Circular A-122 than Stanford is able to obtain under OMB Circular A-21 at the off-campus rate; and 2) through the increase in VERA (Veteran's Equitable Resource Allocation) dollars associated with increased research administration activities, half of which would be applied to the research infrastructure.

Task forces (one internal to Stanford and another with combined membership) were identified and began to meet in the summer of 2004. These groups struggled for many months with the complex issues raised by a transfer of administrative responsibility to PAIRE. To address this they established principles for the transfer, evaluated financial impact and effort required to make the transition, solicited faculty and chair input on the proposal, contacted other institutions with similar agreements, and began evaluating implementation options. In February 2006, the decision was made to move ahead with the transition. For the past several months, a Joint Operations Team - comprised of Donna McCartney and Mary Thornton from PAIRE, Rick Kraemer, M.D., from Stanford and the VA (and PAIRE Board Member), and Kathleen Thompson, Julia Tussing, Sara Bible and Pamela Webb from Stanford - has been negotiating details, finalizing the agreement, and pounding out an implementation plan. Dr. Artie Bienenstock, Vice Provost and Dean of Research and Graduate Policy, Professor at SSRL and of Materials Science and Engineering and of Applied Physics approved the final plan.

I would like to commend the many people from all three organizations who worked diligently to make this agreement a reality, one that will hopefully further strengthen our relationship with the VA. While there will be a continued administrative effort and cost

associated with the ongoing implementation of this change, I believe that our faculty will reap the rewards over time – which makes it worth doing.

Medical Development 2006

In anticipation of the upcoming University-wide campaign, the Stanford Challenge, our Office of Medical Development has been busy hiring staff and working with faculty to assemble new gifts and pledges. While there is much to be done, the good news is that as we close the books on the fiscal year that ended August 31, 2006, both the School of Medicine and Stanford Hospital & Clinics (SHC) have set new fundraising records. New gifts and pledges for the School of Medicine reached \$145.6 million (up from \$127.8 million in FY05, and \$98.7 million in FY04). Similarly, SHC achieved new gifts and pledges of \$10.3 million (up from \$8.6 million in FY05, and \$2.3 million in FY04). Behind these numbers are many friends and donors whose dedication to our mission is truly inspiring. Also behind the numbers is a great deal of work from many of our faculty, volunteers, and from our new team in the Office of Medical Development (OMD), to whom I am most grateful.

The rebuilding of the Office of Medical Development and Alumni Affairs, under the leadership of Doug Stewart, Associate Vice President of OMD, is itself an important accomplishment – and one we expect will pay big dividends as we move forward with our aggressive fundraising goals in the coming years. Restructuring and recruiting staff for the new OMD has been an arduous process, but I am encouraged by the progress. During the final months of this fiscal year we were able to recruit the last of the senior directors of development who will be responsible for guiding fundraising activities for all of the Institutes and related priorities. A number of additional recruitments are also underway for development officers to join these senior staff, and Doug tells me he expects to announce a new round of hires shortly.

The development activity at the Medical Center is not taking place in isolation. As I mentioned above, Stanford University plans to publicly announce a major, comprehensive campaign – The Stanford Challenge – this October, which features the Medical Center in a variety of cross-campus initiatives and priorities. From what I have seen, Stanford's fundraising results leading up to the public launch are going to be breathtaking. Watch for those announcements the week of October 9.

Mark Krasnow is New Chair of Biochemistry

I am very pleased to announce the appointment of Mark Krasnow, MD, PhD, as chair of the Department of Biochemistry. He succeeds Dr. Suzanne Pfeffer who has served with great distinction as chair since 1998. I would also like to thank and acknowledge Dr. Pfeffer for the tremendous work she did on behalf of the faculty during her years of service – and also the very important role that she served as a school and national leader. Dr. Pfeffer deserves our greatest thanks and appreciation.

Dr. Krasnow has had the opportunity to learn from Dr. Pfeffer, having served as Associate Chair from 2000 until the present. Mark received his MD and PhD degrees from the University of Chicago and has been a member of the Stanford faculty since 1988. He is currently Professor of Biochemistry and Investigator in the Howard Hughes Medical Institute. Dr. Krasnow served as the Director of the MSTP program from 1996-2002. He is a highly regarded investigator whose laboratory has focused on the genetic, cellular and molecular mechanisms that govern lung development using *Drosophila* as a model system. According to Dr. Krasnow's website, his lab is addressing "three basic questions: (1) What specifies the complex pattern of branching -- where each branch sprouts, the direction it grows, and when it sprouts again to form the next generation of branches; and how is this patterning information encoded in the genome? (2) How does an epithelium migrate and assemble into tubes of the appropriate size and shape? (3) How does oxygen influence the process?" It is his hope that this work will help elucidate normal and abnormal lung development – including lung cancer and other diseases.

I am most pleased to welcome Dr. Krasnow as our new chair of Biochemistry.

Search Commences for Director of Stanford Cancer Center Breast Oncology Program

The Stanford Cancer Center is seeking an outstanding clinician, investigator and leader for the position of Director of the Breast Oncology Program. The Search Committee has asked me to call this position to your attention in case you have any recommendations of potential candidates.

According to the position description,, the Director will be responsible for the organization and coordination of the Breast Oncology Program and its faculty members. This will include the clinical activities of the faculty who contribute to this program and the development and implementation of a comprehensive research program emphasizing the translation of laboratory discoveries into clinical trials.

Candidates are required to have an M.D. degree and be board-certified and fellowship-trained in an oncology-related specialty. Experience in a multidisciplinary clinical and research program in an academic medical center is required, as well as a record of productivity in clinical and translational research in breast cancer and related scholarly areas; she or he should also have significant leadership experience and be recognized as an effective team builder.

As you know, Stanford University is an equal opportunity employer and we are committed to increasing the diversity of its faculty. The Search Committee welcomes nomination of and applications from women and members of minority groups, as well as others who would bring additional dimensions to the university's research, teaching and clinical missions.

Questions regarding the search may be directed to Jonathan Berek, MD, chair, search committee, at 650.723.5533, or email (jberek@stanford.edu). Nominations (including

name and contact information) may be submitted directly to Kendra Baldwin electronically at kendra2@stanford.edu no later than **September 20, 2006**.

Upcoming United Nations Association Regional Conference at Stanford

On October 7, the School of Medicine is co-sponsoring with the Northern California Division, Mid-Pacific Region of the United Nations Association of the USA an all-day conference entitled *Can the United Nations Heal the World?* The conference will be held from 9:30 am to 6:00 pm in the Fairchild Auditorium (box lunches will be provided for those who register by September 22nd). The focus of the conference is the United Nations Millennium Development Goals. These are a set of clear, time-bound, and measurable development targets for combating poverty, hunger, disease, and environmental degradation, among others. Every UN member state agreed to them at the United Nations Millennium Summit in September 2000. Information about the Millennium Development Goals can be found at this web site:

<http://www.unausa.org/site/apps/s/content.asp?c=fvKRI8MPJpF&b=369041&ct=2221915>

The School's direct participation in the conference will consist of a morning Plenary Session entitled *Improving Health around the World: the Millennium Development Goals and Biomedical Science*. Speakers will include Drs. Jonathan Berek, Professor of Obstetrics and Gynecology, Yvonne Maldonado, Associate Professor of Pediatrics (Infectious Diseases), and by courtesy, of Health Research and Policy, Gary Schoolnik, Associate Professor of Pediatrics (Infectious Diseases), and by courtesy, of Health Research and Policy and Paul Wise, Richard Behrman Professor in Child Health. They will focus on the Millennium Development Goals that focus on health issues, which are:

To reduce child mortality - By 2015, reduce by two-thirds the mortality rate among children under five

To improve maternal health - By 2015, reduce by three quarters the ratio of women who die by childbirth

To combat HIV/AIDS, malaria, and other diseases - By 2015, halt and begin to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases

This promises to be an exciting conference. General admission, which includes lunch, is \$35/\$15 for students. Admission at the door will be \$35 general/\$15 student (no lunch provided). To register, please send a check made payable to UNA-USA, NCD to Mary Granholm, President UNA-USA Midpeninsula, 552 Emerson Street, Palo Alto, CA 94306 by September 22.

Appointments and Promotions

Philip A. Beachy has been appointed to Professor of Developmental Biology, effective 9/1/06.

James Ford has been promoted to Associate Professor of Medicine (Oncology) and Genetics, effective 9/1/06.

Anthony Oro has been promoted to Associate Professor of Dermatology, effective 9/1/06.

Thomas Wandless has been reappointed to Assistant Professor (Research) of Molecular Pharmacology, effective 10/1/06.

Dean's Newsletter

September 25, 2006

Learning About Clinical Research

At Stanford we have made a commitment to fostering clinical research and ***“Translating Discoveries.”*** This commitment is built on our strong tradition of outstanding basic science research that has long served as the foundation for creating new insights into human biology and for spawning new innovations and discoveries. Indeed, since the School of Medicine relocated to the Palo Alto campus in 1959, it has become recognized world-wide as a tower of strength in the biosciences. Without question our future success as a research-intensive school of medicine mandates that this foundation be sustained and enhanced in the years ahead. This tradition of excellence in basic science has been made possible by recruiting and supporting outstanding and remarkably talented faculty and students who have benefited from the climate of innovation and interdisciplinary interaction that characterizes Stanford University. This truly began in 1959, when Dean Robert Alway and Provost Frederick Terman, along with Professor Henry Kaplan, recruited Dr. Arthur Kornberg from Washington University to join Stanford. Dr. Kornberg agreed to come to Stanford only if he could bring his entire department with him – which he did - and thus began the School's incredible foundation in biochemistry. This was soon further enhanced when Dr. Kornberg and his new Stanford colleagues recruited Dr. Joshua Lederberg to establish a new department of Genetics at Stanford. These two individuals truly nucleated the new beginnings of the Stanford School of Medicine. The fact that both were also recent Nobel Laureates cemented that foundation in gold!

At the same time that the Stanford University School of Medicine was growing and developing in Palo Alto, the NIH was also expanding its support for biomedical research. Much of this new support was directed to investigator- initiated inquiry, largely through the funding mechanism known as the RO1 award. Stanford has always excelled in the competition for these research awards and currently has the highest amount of funding per faculty of any medical school in the nation. Indeed Stanford has been viewed by its peers as an outstanding example of a highly successful “RO1 culture.”

But the cultures of academic medical centers as well as funding agencies like the NIH have been changing. To sustain excellence, Stanford must continue its successful base of

fundamental research but also build opportunities for more interdisciplinary or program project organized research. Further, it must enrich its efforts in clinical and translational research. This requires new education and training programs and a commitment by faculty and students to both sustain tradition and build a future that will be different from the past.

Stanford is not alone in this evolution. Thirty years ago I was completing my first fellowship at the NIH and working on the molecular biology of herpes viruses, particularly the Epstein Barr virus. Over the subsequent decade my laboratory research interests shifted to questions that addressed problems that I was encountering in the clinic. When opportunities arose to move research-related observations or discoveries to the care of patients, however, the guideposts on how to do this were woefully lacking. There were no courses, texts, or even advisors who were truly knowledgeable – especially when these trials were to take place in children with life-threatening disorders. Accordingly I, along with others of my generation, needed to use self-discovery and trial and error to develop the framework for clinical investigation. Even when these efforts were successful, they consumed enormous personal and professional energy. This was not made easier by the fact that the academic reward systems did not favor clinical and translational research, and many felt it was simply not on the same intellectual plane as more basic fundamental investigation.

I won't pretend that the attitudes about the value of basic versus clinical research within many leading institutions have dramatically changed today – but I will note that the climate for fostering career development and supporting training and research in clinical and translational research is undergoing a sea change. Some of this reflects the interest and attitudes of students and faculty, but a not insignificant factor is the funding climate of the NIH – which has put clinical, and translational research front and center. I have described in a recent Dean's Newsletter (<http://deansnewsletter.stanford.edu/#4>) the impact of this change on the reauthorization of the NIH and the direction of funding to the "NIH Roadmap" and on the recently announced "Clinical and Translational Science Awards" (see below).

Since the inception of our School of Medicine Strategic Plan, ***"Translating Discoveries,"*** in early 2002, we have been marshalling resources to support increased efforts in clinical and translational research. These efforts embrace our missions in education, research and patient care. For example, our New Stanford Curriculum, which commenced in the Fall of 2003, provides opportunities for students to engage in a wide range of research venues, including clinical research, through the Scholarly Concentrations. In coming years, in an effort to develop greater continuity between undergraduate and graduate medical education, we plan to explore ways to expand these Scholarly Concentration opportunities to residents and fellows. In doing so, I hope we can better connect education in biomedical science with patient care through the medical school and residency sojourn than has traditionally been accomplished. In the next year or so we will also be offering opportunities for clinical fellows who have become committed to research to pursue an advanced degree, if doing so would enhance their career development as a clinical investigator. Concurrently we are also providing opportunities

for students pursuing a PhD degree to learn more about clinical medicine through the Masters in Medicine degree, which is in its first year. These various opportunities are all aimed at training a cadre of physicians and scientists who will become leaders and who will be deeply knowledgeable about the interface between science and medicine.

In conjunction with our efforts to develop clinical and translational research through our interdisciplinary Stanford Institutes of Translational Medicine, we have also been developing ways to enhance and develop the infrastructure to support clinical investigation. The Stanford/Packard Center for Translational Research in Medicine (SPCTRM), currently led by Drs. Harry Greenberg and Steve Alexander and Nick Gaich, has evolved over the past couple of years to become an important foundation for our clinical research infrastructure (see: <http://clinicaltrials.stanford.edu/>). This past week SPCTRM joined with the Child Health Research Program (CHRP) and the department of Health Research and Policy to conduct a week-long “Intensive Course in Clinical Research: Study Design & Performance.” This initial program effort was focused on pediatric research and was attended by 28 pediatric clinical investigators, most of whom are in the early stages of a career in clinical investigation. The course was divided into modules that focused on key issues such as clinical research methodology, randomized clinical trials, the design of observational studies, interventions and endpoints, statistical inference, sample size, determination and statistical power, the ethics of research in children, finding, informing and studying research volunteers, basic operations for study contact, investigator related issues in clinical trials, and a series of discussion and practice small group modules.

The early feedback from the participants is that this course was really excellent. It is our hope that it will be the first of a series of programs oriented toward equipping young investigators with the knowledge and skills to develop their careers in clinical and translational research. Clearly this will be an ongoing and iterative process, but I am very pleased to take note of its occurrence and will look forward to announcing future programs.

I want to thank in particular Steve Alexander, Christy Sandborg and Phil Lavori for their effort and leadership in bringing this course to fruition.

Moving Toward a CTSA

Preparations for our application to the NIH for a CTSA (Clinical and Translational Science Award) are well underway under the leadership of Dr. Harry Greenberg, Senior Associate Dean for Research and Joseph D. Grant Professor of Medicine, who will serve as the Principal Investigator of our CTSA application when it is submitted in January 2007. Last year we made the decision to first submit a planning grant application to NIH for our CTSA efforts, and I am pleased to say that we received notice this past week that our planning grant has been approved and funded. Dr. Michael Longaker, Deane P. and Louise Mitchell Professor of Surgery, served as the PI for that application, and I want to thank and commend him for his very significant efforts. I also want to thank the other Stanford faculty who played important roles in this application, including Drs. Harry

Greenberg, Alan Krensky, Phil Lavori, Bill Mobley, Daria Mochly-Rosen, Brandy Sikic, David Stevenson, Paul Yock, Steve Leibel, John Boothroyd, Bev Mitchell and Chris Webb. The planning grant is just a step in the process of receiving CTSA status – but it is an important beginning.

During the summer Dr. Greenberg worked intensively with Co-PIs Charles Prober, Phil Lavori, Brandy Sikic, and David Stevenson, along with the Project Leaders, to develop the comprehensive program that will define the Stanford CTSA application. By way of comparison, almost every institution around the country that is preparing for a CTSA application views this process as being as monumental (or perhaps even more so) as applying to become an NCI-Designated Cancer Center. Given the competition for these awards, the effort in putting a successful application in place is intense. It is my hope that the efforts we have already put forth as part of our mission in *Translating Discoveries* will provide the right grounding and home for our CTSA efforts. Accordingly, our Stanford Institutes of Translational Medicine, comprehensive education and training programs, and burgeoning support for clinical research should provide evidence of our commitment and excellence in this area of research.

To continue our progress on the application process, Dr. Greenberg led a very successful half-day retreat on Saturday September 23rd. The goal of the retreat was to define and refine the status of the CTSA application and to determine which areas need additional effort. I was pleased to attend this retreat, and I observed that in addition to the excellence of the proposals that are coming forward, the group of involved faculty are interacting in a very creative way that I am sure will not only help our application but also our ability as an institution to carry out outstanding clinical and translational research. An external advisory committee is also being assembled to provide critical advice about our application so we can do everything possible to make our proposal as strong and compelling as possible.

Clearly more will follow on this extremely important endeavor.

Special Thanks to Jill and John Freidenrich

Despite the quality of our faculty and students and our commitment to excellence, we simply could not be fully successful without the incredible devotion of our friends and supporters. Indeed great institutions like Stanford owe a great debt of gratitude and respect to members of our community who have shared their time, energy and personal resources with us. Among the many individuals who have become such wonderful friends of Stanford, I want to thank in particular Jill and John Freidenrich, whose extraordinary gift of \$25 M was formally announced this past week (see: <http://news-service.stanford.edu/news/2006/september13/med-freidenrich-091306.html>). As we work diligently to fulfill our mission in *Translating Discoveries* and to further develop our efforts in clinical research, their gift to establish the Jill and John Freidenrich Center for Translational Research at Stanford will provide a critical underpinning to our efforts. We cannot thank them enough for this extraordinary gift. Jill and John have been deeply committed to Stanford and the Medical Center for decades and are among the most highly respected individuals in our community. I am also honored to count them as

friends whom I have had the privilege to get to know personally. Indeed my wife, Peggy, and I have deeply valued their personal warmth, care and compassion – their commitment to family, children and grandchildren – and their concern for making the community and world we live in a better place. Thanks Jill and John!

Stanford Continues to Lead the Nation in Pioneer Awards

On Tuesday September 19th I received a call from Dr. Elias Zerhouni, Director of the National Institutes of Health. He had just served as convener of a group making the announcement of the 2006 NIH Pioneer Awardees and could not help observing that among the 13 recipients from around the nation, three are faculty from Stanford. He also did not fail to recognize that in 2005, when 11 Pioneer Awards were made, three were also from Stanford. In fact since their inception three years ago, 7 of the 34 Pioneer Awardees are from Stanford. By any measure this success rate is truly remarkable, and it certainly speaks to the extraordinary faculty we are privileged to have at Stanford. In his call, Dr. Zerhouni commented, “Phil, you are clearly doing something right at Stanford.” Of course it is easy to agree with that sentiment – but the reality is that our colleagues at Stanford have worked diligently to recruit, retain and support outstanding faculty. This year’s three new pioneer winners are Dr. Kwabena Boahen, PhD, Associate Professor of Bioengineering; Karla Kirkegaard, PhD, Professor and Chair of Microbiology and Immunology; and David Relman, MD, Associate Professor of Medicine. Each is an outstanding example of creativity, innovation and exciting scholarship.

At a time when the NIH is undergoing considerable challenge due to reductions in budget and the challenges of reauthorization, the Pioneer Awards represent a beacon of hope. Not only are these prestigious and highly competitive awards (there were 465 applications for the 13 awarded this year), they are also significant in their value (\$2.5M per award) and perhaps most importantly, in selecting investigators and research proposals that offer future promise rather than past performance. By recognizing and supporting faculty for innovation and forward-looking research, the NIH is helping to redefine its own mission – which is also quite welcome.

Needless to say the honor and credit goes to each of Stanford Pioneer Awardees. But this latest achievement also speaks well for Stanford – and is something we can all feel proud about.

Update on the NIH Reauthorization Bill

In the last issue of the Dean’s Newsletter (<http://deansnewsletter.stanford.edu/#4>) I wrote about the activities underway regarding the reauthorization of the NIH. As I conveyed in that article, this has been a challenging process. However, during the past two weeks significant progress was made in helping to shape the legislation in a way that is much more supportive to our national biomedical research initiatives and to the directions previously recommended by the Institute of Medicine of the National Academy of Sciences. Accordingly, a number of major organizations, including the Association of American Medical Colleges (AAMC), Association of Academic Health Centers (AAHC) and the Federation of American Societies for Experimental Biology (FASEB) came together to lend their endorsement (with some important caveats) to the bill that was

introduced by Congressman Joe Barton (R-Texas). Based on those efforts, on September 20th the House Energy and Commerce Committee approved legislation to reauthorize the National Institutes of Health for the first time in more than a decade. At the end of the mark-up, Energy and Commerce Committee Chair Barton indicated his intent to take the bill to the House floor the week of September 25th under the suspension calendar.

Among the key features we were concerned about was that the NIH budget increase be at least 5% and to hold the increase of the Common Fund to 5% with a requirement to evaluate the impact of the Common Fund from both a positive and negative perspective once it achieves the 5% level. Both of these elements are in the bill. There were a number of amendment proposals, and there is little doubt that additional changes may be proposed when the bill goes to the House floor and then to the Senate. But it is likely that the fundamental principles now in place will be sustained. At least from my point of view, they will offer some opportunities for the NIH to improve its role as the major supporter of biomedical research in the world.

Engaging in a National Dialogue on Conflict of Interest

On Wednesday, September 20th I participated in “A National Dialogue on Biomedical Conflicts of Interest and Innovation Management” at the Cleveland Clinic. The conference featured speakers from academia, industry, and government and was moderated by Nina Totenberg, NPR Legal Affairs Correspondent. In my introductory comments I traced the history of academic medicine during the past half century, focusing on the remarkable growth of the national enterprise in general and the extraordinary innovations and discoveries that have improved the diagnosis, treatment and prevention of human disease because of the support for research from the NIH and the successful interactions with industry – including Pharma, biotechnology and the device industry. I also pointed out that the success of academic medical centers has become increasingly challenged by periods of downturns in NIH funding (such as is the case presently) and the decreased clinical margins resulting from the era of managed care and the efforts to curtail rising costs of health care through marketplace-driven corrections. These have resulted in limitations in the resources of academic medical center and difficulties in cross-subsidizing the cost centers associated with education and research.

At the same time I pointed out that during the same period of growth in academic medicine, the pharmaceutical (including device) industry has also grown. While a number of major companies have invested considerable resources in research and development, the striking costs for developing new drugs (estimated as between \$800M to \$1.2B) have dampened innovation at a number of companies, which have instead focused efforts on big-selling “blockbuster” drugs, often with considerable marketing. In fact today Pharma invests more than \$20 billion per annum in marketing – a very significant proportion of which is directed at doctors.

There are clear reasons for constructive and productive partnerships between academia and industry. While many of the molecular targets for eventual drug development arise through basic research carried out in academia, the eventual translation of these

discoveries into actual products requires productive partnerships with industry. Certainly this occurred in a highly successful manner during the early stages of molecular biology and genetic engineering, during which much of the biotechnology industry as we know it today was born. In fact, Stanford played a major role in these efforts.

The potential for productive interrelations of academia with industry also lead to the establishment of Offices of Technology Licensing and, again, Stanford established one of the earliest and most successful of these programs. Of course this transcends biomedical research and includes the extraordinary advances that have taken place in engineering, computer sciences and information technology. As a measure of Stanford's success, a recent report from the Milken Institute noted that the University of California system and Stanford are leaders in published research, patents and startups that they have spawned. In fact Stanford ranks fourth in the list of universities most successful at commercializing its research – following MIT, the UC system, and the California Institute of Technology.

Clearly, when appropriately managed, the interaction between academia and industry can be highly successful in fostering innovation and in translating discovery for the human good. But this is also a relationship fraught with hazards and dangers, especially when human subject research is involved.

Finding the correct balance is essential – and as is making sure that the relationships between academia and industry do not damage individuals, institutions or, perhaps most importantly, the public trust. While I feel confident that most faculty and investigators want to do the “right thing,” human behavior is such that motivations can be swayed, especially when career or financial advancement is involved. For these reasons it has been important for institutions to develop guidelines and policies regarding conflict of interest. In essence, a “conflicts of interest” arise whenever individuals' personal needs come into conflict with their responsibilities to their primary institution – in our case, Stanford University. Recognizing this, every medical school and academic medical center adopted policies regarding conflict of interest during the 1990's. At Stanford formal policies were instituted in 1994 and continue to this day. While some argue that such rules are unnecessary, the evidence is to the contrary. While I have no doubt that most faculty behave with high ethical motivations, everyone benefits from knowing the “rules of the road”. And, of course, in any large system, regardless of whatever rules or policies are put into place, some individuals will ignore or disregard them – placing themselves and their institution at considerable risk.

The Stanford policies on Conflict of Interest – which include financial and non-financial conflict as well as conflict of commitment and institutional conflict - are well described on our website (<http://med.stanford.edu/coi/>), and I refer you to the guidelines and the fact sheet for reference. At Stanford we recognize that conflicts of interest are inherent in nearly everything we do and it is not our intent to eliminate them *per se*. In fact doing so would stifle innovation, discovery and the advancement of medicine and science. Rather we want to be sure that the conflicts between individuals (and the institution) with industry are transparent and that if certain “red flags” are raised (e.g., human subject research, exceeding financial thresholds) that these potential conflicts are carefully and

independently reviewed and managed. When conflicts are deemed unmanageable the interactions is not allowed. Not infrequently, the perception of conflict is as important as the actual interaction since preserving the public trust is of critical concern.

While the interactions between industry and academia to foster innovation are important, even though they require careful management, I view the issue of marketing by industry to doctors and investigators as quite another matter. Of course this is not to deny that industry has a need to market its products but rather to emphasize the importance of not having the clinical decision making by our students or faculty influenced by marketing or various enticements such as gifts and meals. For these reasons Stanford has recently introduced new policies which become operative on October 1st to ban such activities (<http://med.stanford.edu/coi/siip/>). At the National Dialogue meeting I mentioned above, I shared a panel discussion with Dr. Roy Vagelos, the esteemed and highly respected former CEO of Merck. He affirmed that industry does spend an inordinate amount on gifts and meals for doctors and “educational events” as a way to market their products. Indeed he noted that if this strategy didn’t work, industry would not be spending the more than \$20 billion a year that it currently spends.

I should note that while some have criticized our new policy, which we announced on September 12th, because it eliminates gifts and other enticements from industry at the Stanford Medical Center (see: <http://med.stanford.edu/coi/siip/>), most have applauded it. In fact, since we announced this policy a number of academic medical centers have contacted us to request their use of our recommendations. As I have noted in other settings, our primary purposes for instituting the Policy and Guidelines for Interactions between the Stanford University School of Medicine, the Stanford Hospital and Clinics, and Lucile Packard Children's Hospital with the Pharmaceutical, Biotech, Medical Device, and Hospital and Research Equipment and Supplies Industries ("Industry") is to create an environment that optimally supports the education of our students and trainees and that helps us better secure the public trust. In fact, at the National Dialogue meeting Nina Totenberg and keynote speaker Dick Thornberg, former US Attorney General, Governor of Pennsylvania and Director of a publicly traded pharmaceutical company, observed that if the medical community is unable to take more responsibility in regulating itself regarding conflicts of interest, they felt sure that regulations will be imposed from other, higher authorities. Clearly that is further evidence of how close to the line some of these issues have become in the public eye.

So, the critical issue is doing all we can to foster the successful and appropriate interactions of academia with industry while, at the same time doing all that we can to prevent unmanaged or hidden conflicts that squander our good will with the public and the patients we serve. I believe that we do an excellent job at Stanford in these efforts – but that we must remain vigilant. And, when all is said and done, it is really individual responsibility that will define our ultimate success or failure. And failure is not something we can accept or tolerate.

A New Epic for Stanford Hospital & Clinics

An effective electronic medical record has been a long-standing promissory note. Unfortunately, most claims of success have been institution- specific and not readily transportable or adaptable to academic medical centers. That is now changing. This past week I had the opportunity to attend preview exhibitions of the Epic Information System that SHC has selected for installation in February 2008. This effort will be led by Dr. Kevin Tabb, Chief Quality & Medical Information Officer and Carolyn Byerly, CIO at Stanford Hospital & Clinics. It will require an enormous amount of preparation, engagement and education by our faculty over the years ahead. When implemented the Epic Information System will provide an electronic medical record for the inpatient and outpatient services at SHC as well as to the clinical programs that will be located at the North Campus or other clinical sites.

To learn more about how the Epic Information System is working at other academic medical centers where it is currently operative, we visited the Cleveland Clinic and Loyola Medical Center on September 21st and 22nd. These sites were chosen because they have similarities to what will be installed at Stanford Hospital & Clinics.

Because faculty leadership will be so important to the success of Epic at Stanford, these site visits predominately included clinical chairs and faculty leaders including Drs. Greg Albers (Neurology), George Fisher (Medical Oncology), Rob Jackler (Otolaryngology), Quynh-Thu Le (Radiation Oncology), Henry Lowe (IRT and General Medicine), Bill Maloney (Orthopaedic Surgery), Ron Pearl (Anesthesia), Geoff Rubin (Radiology), Larry Shuer (Neurosurgery), Richard Sibley (Pathology), Paul Wang (Cardiology), Mark Welton (Surgery). Hospital leaders included Martha Marsh, President & CEO, in addition to Kevin Tabb, Jerry Shefrin and Carolyn Byerly. The visits were extremely informative and it was exciting to see what an Epic EMR at Stanford might look like. At the same time it was also sobering to recognize the many issues that will need to be addressed to make this project successful. To begin the dialogue with faculty Epic will be at SHC on September 26-27th to demonstrate various features of their system. I would strongly encourage as many faculty as possible to attend one of these sessions (see below) so you can witness what is now available and begin to engage in making the future Stanford installation of Epic as successful as possible.

The schedule and location of the sessions is listed below. Please note that in accordance with our policies on industry interactions, the food or meals at these sessions will be provided by SHC and **not** by the vendor.

TIME	TOPIC	LOCATION
September 26, 2006		
7 – 9 am	Epic Physician Tools & Workflows - Inpatient	HH141 GCRC
7 – 9 am	Epic Physician Tools & Workflows - Ambulatory	H330 OB/GYN
10 am – 12 pm	Epic Oncology System Demonstration	Cancer Center
11 am – 1 pm	Epic Physician Tools & Workflows - Ambulatory	Beckman 200
5 – 7 pm	Epic Physician Tools & Workflows - Inpatient	H3680
5 – 7 pm	Epic Physician Tools & Workflows – Ambulatory	H330
5:30 - 7:30 pm	Epic Emergency Department System	701 Welch Rd,

September 27, 2006

7 – 9 am	Epic Physician Tools & Workflows - Inpatient	G330 -
7 – 9 am	Epic Physician Tools & Workflows - Ambulatory	Blake Wilbur
11 am – 1 pm	Epic Physician Tools & Workflows - Ambulatory	HH141 GCRC
12 – 1 pm	Epic Physician Tools & Workflows - Inpatient	S101
5 – 7 pm	Epic Physician Tools & Workflows - Inpatient	HH141 GCRC
5 – 7 pm	Epic Physician Tools & Workflows - Ambulatory	H330
5 - 6:30 pm	Epic Oncology System Demonstration	Cancer Center

Please make an effort to attend one of these sessions.

Thanks to Professor Suzanne Pfeffer

I want to thank Dr. Suzanne Pfeffer for the outstanding job she did as chair of the Department of Biochemistry from 1998 – 2006. Since the School of Medicine moved to the Stanford campus in 1959 the Department of Biochemistry has been one of the true jewels in our crown. During her tenure Dr. Pfeffer played a key role in recruiting and retaining outstanding faculty and, equally importantly, in mentoring and guiding the career development of graduate students and postdocs. Not only did Professor Pfeffer provide leadership in this area at Stanford, she concomitantly provided national leadership in mentoring, especially for women in science, during her service as President of the American Society for Cell Biology. I am especially grateful to Professor Pfeffer for her commitment and leadership to the School's strategic plan and to her role as an institutional leader. Her passion for education has been notable and included her willingness to serve on our Medical Student Admissions Committee – where she also played a key role in better defining our commitment to the education of physician-scientists and physician-scholars. Importantly, despite her many administrative and leadership roles, Suzanne continued to be a very successful investigator and role model for our community at Stanford and beyond.

A Faculty Development Opportunity

The Office of Diversity and Leadership is sponsoring a Negotiation Skills workshop led by Dr. Margaret Neale, Stanford University Graduate School of Business.

Date: December 5, 2006

Time: 4 p.m. to 8 p.m. with dinner served

Place: The Schwab Center

Register by contacting Barb Miller at bemiller@stanford.edu

The workshop objectives are: to gain both an intellectual and experiential understanding of the process of negotiation, including the different types of negotiation, as well as strategies for maximizing individual and joint outcomes in various situations; to improve the participants' strategic and analytical abilities to assess and develop negotiating plans, including incorporating the likely behavior of a negotiating opponent; and to develop

confidence and provide experience in the negotiation process, including learning to analyze and evaluate the costs and benefits of alternative actions.

I encourage interested faculty to take advantage of this opportunity, which promises to be an excellent experience. I understand that space is limited, so you are urged to register early

A California Initiative to Decrease Smoking – Especially for Teens

I want to call your attention to Proposition 86, slated for the November 7, 2006 ballot, which increases the state's tobacco tax by 13¢ per cigarette (\$2.60 per pack) in order to reduce smoking in California. Hopefully this would impact on teens by discouraging them from smoking. In fact the data show that nearly 4000 children less than 18 years of age in California become daily smokers each month. Increasing the tobacco tax will hopefully further limit the initiation of smoking by teens. The tobacco tax would in turn be used for various health treatment and services as well as research in the control of tobacco and tobacco-related diseases. I would encourage you to learn more about Proposition 86 prior the November elections.

Upcoming Events

16th Annual Jonathan J. King Lecture

On Wednesday October 18th, Harold Freeman, MD, President and Medical Director of the Ralph Lauren Center, will give the 16th Annual Jonathan J. King Lecture for Cancer Care and Prevention. He will address Poverty, Culture and Social Injustice: Determinants of Health Disparities. The lecture will be held at 5 pm in the Fairchild Auditorium. For additional information, call the Center for Biomedical Ethics at 650-723-5760.

Dr. Vivian Pinn to Speak at the School of Medicine

Dr. Hannah Valentine, Senior Associate Dean for Diversity and Leadership, has let me know that Dr. Vivian Pinn, Director of the Office of Research on Women's Health at the National Institutes of Health, will speak on October 17, 2006 from 12-1 in the Clark Center Auditorium. The title of her lecture is "Women and Minorities in Biomedical Careers." She will share new research as well as respond to questions.

Dr. Pinn served on the faculties of Howard University, Harvard University and Tufts University prior to joining the NIH. She graduated from the University of Virginia, School of Medicine, as the only African American and the only woman in her class. I want to encourage all faculty and students to attend Dr. Pinn's presentation, and I also want to thank Dr. Valentine and her Office for arranging for Dr. Pinn's visit to Stanford.

5th Annual Fall Forum on Community Health and Public Service

Save the Date: Tuesday, October 17 from 5:30-7:30 pm in the Frances C. Arrillaga Alumni Center. The keynote speaker will be Barbara Staggers, M.D. MPH, Division Chief of Adolescent Medicine at Children's Hospital & Research Center at Oakland. For more information visit <http://och.stanford.edu>.

Awards and Honors

We are proud to announce that **Geoff Krampitz**, a Graduate Student in Medicine, is a winner of the Paul and Daisy Soros Scholarship. The Paul and Daisy Soros program was established in 1997 and recognizes the extraordinary academic achievements of immigrants or children of immigrants. Congratulations, Geoff!

Dr. Mark Davis, Burt and Marion Avery Professor in Immunology has been selected as an Ellison Medical Foundation Senior Scholar in Aging for 2006. The program is designed to support established investigators, working at institutions in the U.S., to conduct research in the basic biological sciences relevant to understanding aging processes and age-related diseases and disabilities. Congratulations, Dr. Davis.

Appointments and Promotions

Steven D. Chang has been promoted to Associate Professor of Neurosurgery, effective 9/1/06.

Athena Cherry has been reappointed to Associate Professor of Pathology and Pediatrics, effective 9/1/06.

Bruno DeMediros has been appointed to Assistant Professor of Medicine (Hematology), effective 9/1/06.

Raymond Gaeta has been reappointed to Associate Professor of Anesthesia, effective 9/1/06.

Kristin Jensen has been appointed to Assistant Professor of Pathology at the Veterans Affairs Palo Alto Health Care System, effective 8/1/06.

Nishita Kothary has been appointed to Assistant Professor of Radiology, effective 9/1/06.

David Liang has been promoted to Associate Professor of Medicine (Cardiovascular Medicine), effective 9/1/06.

Sandhya Srinivas has been promoted to Associate Professor of Medicine (Oncology), effective 9/1/06.

Dean's Newsletter

October 9, 2006

An Affirmation of Basic Science as the Foundation of Biomedical Research and Academic Medicine

By any measure this has been an amazing time for the School of Medicine. The past week's announcement of two Nobel Prizes, which followed the awarding of three NIH Pioneer Awards a couple of weeks ago and the Kyoto Prize during the summer, represents a measure of success that is simply nonpareil. And while these extraordinary awards are stunning and represent levels of remarkable individual accomplishment, they have occurred in a setting in which research is highly valued and where excellence is sought and cherished. This has been very much part of the history of the Stanford School of Medicine – particularly over the nearly 50 years that have passed since Provost Fred Terman and President Wallace Sterling made the remarkably visionary and forward looking decision to move the medical school from San Francisco to Palo Alto.

As I have noted in recent Dean's Newsletters (see <http://deansnewsletter.stanford.edu/>), the foundations of the second half-century of medical school were laid down in 1959 when Fred Terman, Wallace Sterling and Henry Kaplan recruited Dr. Arthur Kornberg to Stanford as the chair of the Department of Biochemistry. Dr. Kornberg made the prescient and incredibly important decision that he would only come if he could bring his entire department from Washington University. And indeed his colleagues joined him here at Stanford and went on to have enormously distinguished careers. One of them, Paul Berg, not only joined Dr. Kornberg at Stanford but also joined him in the ethereal echelons by, like Dr. Kornberg himself, winning a Nobel Prize. Moreover, Dr. Kornberg played a key role in recruiting another Nobelist, Josh Lederberg, to found a Department of Genetics at Stanford – which joined with Biochemistry in becoming the cornerstones for academic excellence and basic research at Stanford.

In these nearly 50 years, many outstanding faculty have been recruited and new basic science departments created, always with excellence as a foundation.. The discoveries these stellar faculty have made have generated new fundamental insights into human biology and the broader biosciences, yielded new innovative technologies, fostered collaborations across the medical school and university, spawned biotechnology and increasingly led to discoveries that are being translated into improving the diagnosis, management and prevention of human disease. To a great degree this work has been supported by the NIH through its peer-reviewed competitive grant process, in which Stanford faculty have clearly excelled.

The fact that two Stanford faculty have been awarded Nobel prizes this past week is of course remarkable but also not surprising, given the excellence of the Medical School's investigators and academic community. We celebrate the achievements of two extraordinary scientists whose findings cut to the foundation of life – the elegant elucidation by Roger Kornberg and his colleagues of the molecular machinery that permits DNA to transcribe its genetic code to messenger RNA in order to make protein, and the insightful discovery by Andy Fire, Craig Mello and their colleagues of a

previously unrecognized double-stranded RNA that in essence silences genes to prevent the production of protein. Together these discoveries represent a ying and yang of genetic control.

Importantly, each of these discoveries underscores and epitomizes the importance of basic research and the reality that discoveries having far-reaching implications are often not appreciated when they begin. Andy Fire's work built on findings in plant biology, uncovered a fundamental insight in the worm and then recognized its generalizability to all of biology as well as its extraordinary implications for understanding genetic regulation through selective and specific gene silencing and its current and potential applications.. These findings unfolded rapidly with a seminal publication in 1998 based on work carried out at the Carnegie Institution's Department of Embryology and Johns Hopkins University and now continuing at Stanford as well as in laboratories around the world.

Roger Kornberg's research efforts have spanned decades and have elegantly described the processes and molecular machinery involved in transcription at the atomic level. This extraordinary tour de force required a university like Stanford since it was the collaboration with chemists, physicists, computer scientists and the availability of the Stanford Synchrotron Radiation Laboratory at the Stanford Linear Accelerator (SLAC) that allowed Roger's innovative research to unfold with such remarkable clarity.

Equally importantly, this significant work, like all of biomedical science, would not have been possible without the investment of the National Institutes of Health in basic biomedical research. America has led the world in basic research and scientific discovery in no small part because of the NIH. Of course this is an affirmation of the creativity of individuals and teams of scientists working in supportive environments - but their work would not have been possible without the support of the NIH. And while virtually every poll taken demonstrates the commitment and support of the American people to scientific discovery, we are entering a time when our scientific enterprise is seriously threatened.

Ironically, this comes after a period in which the NIH budget doubled (although the past three years have witnessed flat to declining budgets). A positive consequence of the dramatic increase in the NIH budget during the last years of the 20th century and the beginning of the 21st was the attraction of many more individuals to scientific careers. Indeed, from 1995 to the present, the number of scientists submitting grant applications to the NIH increased from approximately 19,000 to 37,000, and the number of grants during the same period increased from 24,000 to 49,000. Without question the availability of funding resulted in the recruitment of a large number of new investigators eager to pursue careers in biomedical research. That is great news – but it came at a price. Now that the support for the NIH has declined, the success of NIH applications is falling sharply. If this trend continues, it seems inevitable that a promising new generation of scientists will be discouraged or simply unable to succeed – thus squandering the nation's investment in fundamental research.

Further, unlike in years past, the Congress seems to have become disenchanted with the NIH, which not too long ago was viewed as the jewel in the crown of federal agencies. In part this change in attitude is due to the unrealistic expectations by some members of Congress regarding outcomes resulting from the doubling of the budget. As we all recognize, an investment in basic research means elucidating the fundamental mechanisms of life. Certainly some of this research will ultimately translate into applications that can impact human disease. But that translation may take years, if not decades, and, as we well recognize, it cannot necessarily be predicted at the outset of any particular line of research. Importantly, every important application to current medical care is built on basic science discoveries that took place in the past. If we fail to support this research our nation will, in essence, be cutting off its future pipeline of discovery – and application. Thus, as we celebrate the wonderful news of our two Nobel Prize winners, we also need to do what we can – individually and collectively - to become advocates for the continued support of basic research so that we all can have the opportunity to celebrate such extraordinary achievements in the future.

New Graduate Students Begin

Perhaps more than any other medical school in the nation, Stanford is unique in having a comparable number of entering PhD students as it does MD students. This comparability is consistent with our institutional goal of educating and training future leaders in the biosciences and in medicine – and, when possible, looking to their interface, especially as we address our overarching mission of *Translating Discoveries*.

On Monday, September 25th, we welcomed our incoming MS and PhD graduate students. The incoming class is comprised of approximately 53% men and 47% women from 26 states (the largest being California) and 15 countries (with China and Singapore accounting for the largest proportion of foreign graduate students). Although there has been continued progress in the admission of unrepresented minority students to our PhD programs, continued efforts are needed and are being actively pursued through the Office of Diversity.

Entering students did their undergraduate training at more than 50 colleges and universities. Harvard, UC-Berkeley, Stanford, MIT, Cal Tech and Penn contributed proportionally higher numbers of students than the others. Of the admitted students, approximately 54% chose to come to Stanford. Of those who elected to accept another offer, 46 % chose Harvard, UCSF and UC-Berkeley.

Incoming students are admitted through CGAP (co-chaired by Professors Tim Stearns and Will Talbot) and one of 15 departments or IDPs (Interdepartmental Programs). We are pleased to have an outstanding group of new students with a broad range of knowledge and interests, and I am most pleased to welcome them to our Stanford family. While learning science and carrying out research are our highest priorities for our students, it is also our hope and expectation that they will develop into leaders and will help to shape the future of biomedical research as well as science policy for the 21st Century. I am also confident that our students – along with our entire community – were

inspired by last week's announcements of Nobel Prizes for Stanford faculty members Andy Fire and Roger Kornberg!

Transitions and Renewed Focus on Education

A major facet of the School of Medicine's Strategic Plan, ***Translating Discoveries***, is medical student education. During the past five years, Dr. Julie Parsonnet, Senior Associate Dean for Medical Education and Student Affairs and the George DeForest Barnett Professor in Medicine (Infectious Diseases) and in Health Research and Policy, has led a major revision of the medical education curriculum in collaboration with the Medical School Faculty Senate as well as a number of faculty, students and staff. The New Curriculum, which was introduced in the Fall of 2003, represents a very significant demonstration of our commitment to educate and train future leaders, scholars and clinicians. Of course this curriculum is organic, and it continues to evolve as new and exciting changes are introduced. Nevertheless major accomplishments have already taken place, and I credit and thank Dr. Parsonnet for her impressive and significant leadership in bringing them to fruition. She has committed enormous energy and time into this effort, with considerable professional and personal sacrifice. Her efforts have moved Stanford down an important and enduring path – for which we are all grateful and appreciative.

Since she assumed the responsibilities of Senior Associate Dean for Medical Education, Dr. Parsonnet has spent more than 50% of her time on decanal functions. Concurrently she also continued her roles as a highly regarded physician-scientist, educator and clinician. Keeping all these balls in the air is enormously challenging and, understandably, the balance among them needs to change over time. In order to devote more time to her research program, Dr. Parsonnet has decided that it is time to relinquish her decanal responsibilities, and she will do so at the end of this calendar year. Needless to say, Dr. Parsonnet has set a high standard of accomplishment, and I am deeply appreciative of her efforts. Please join me in thanking her for making such outstanding contributions to Stanford.

In anticipation of Dr. Parsonnet's transition, I have spent the last several months reflecting on our current and future challenges in education in three major areas. First, we need to continue to refine and further develop our education program for undergraduate medical students by building on the New Curriculum and finding ways to take it to the next level. Second, we need to have a greater focus on graduate student education, especially in light of the recent Presidential Commission on Graduate Education and the special opportunities for interdisciplinary and interschool programs that now exist and that will further develop at Stanford. Third, we need more focused effort on Graduate Medical Education, including residents as well as clinical and research post-doctoral fellows. Based on these opportunities, needs and challenges I am pleased to appoint three new Senior Associate Deans who will help lead these future efforts.

First, Dr. Charles Prober, Professor of Pediatrics, Microbiology and Immunology, will succeed Dr. Parsonnet as the Senior Associate Dean for Medical Education on January 1, 2007. Dr. Prober, the recipient of numerous teaching awards, has been highly regarded

for his passion and commitment to education, both in the department of Pediatrics (where he has long-served as Associate Chair (Education) and in the School, where he has developed the PRECEPT program, led the highly regarded and well-subscribed "Scholarly Concentration" on Clinical Research, and initiated a pediatric physical findings course for preclinical students. Dr. Prober is respected by students, trainees and his colleagues throughout the university and beyond. I am extremely pleased that he has agreed to lead this important effort in medical education. Concurrently, Dr. Prober is serving as a co-principal investigator for our forthcoming CTSA (Clinical and Translational Research Award) to the NIH, focusing particularly on education and training- thus making his leadership in this area both consonant and coordinated.

Second, I am pleased to announce that Dr. John Pringle, Professor of Genetics, has agreed to become Senior Associate Dean for Graduate Education and Postdoctoral Affairs. Dr. Pringle joined Stanford approximately a year ago, when he arrived from the University of North Carolina with his wife, Dr. Bev Mitchell, who became the Deputy Director of the Stanford Cancer Center. Dr. Pringle also has a long record of commitment to education and was recommended with great enthusiasm by the basic science chairs for this important position. Dr. Pringle will plan to spend approximately 20% of his time and will focus on working with departments and IDPs on developing and implementing education, research, and mentoring programs for graduate students. In addition to graduate students, Dr. Pringle will also have responsibility for better integrating and coordinating postdoctoral programs. Without question, postdoctoral fellows are a valued and important part of our community, but they can often be somewhat disenfranchised, since they do not have a common home or shared experiences. Hopefully these challenges will be better addressed under Dr. Pringle's leadership.

Third, I will soon be announcing the individual who will serve in the newly created position of Senior Associate Dean of Graduate Medical Education. In nearly every academic medical center, including Stanford, there is a lack of connection between medical student education and graduate medical education. The former is the province of the school at the central, decanal level, while the latter is the province of its clinical departments. While we certainly want to respect, value and sustain the important role that the clinical departments play in resident and clinical fellow education and training, it is also important to recognize the lack of linearity and integration of medical and scientific education in academic medical centers. Often the important role of residents and clinical fellows as teachers (and learners) and researchers gives way to the demands of patient care and limitations in time. Our goal is to better bridge the connections between undergraduate and graduate medical education so that we can be even more successful in training and developing a cadre of clinical and translational investigators as well as outstanding physicians.

In their respective roles, Drs. Prober, Pringle and our soon to be named Senior Associate Dean for Graduate Medical Education will work closely together to assure the excellence and better integration of our programs in medical and graduate student education with those in graduate medical and postdoctoral training. It is my hope that this coordinated approach will create new opportunities for a future generation of Stanford leaders.

The Department of Molecular Pharmacology Becomes the Department of Chemical and Systems Biology

I am happy to report that the Department of Molecular Pharmacology has received permission from the Provost to change its name to the Department of Chemical and Systems Biology. The new name more accurately describes the research interests and aspirations of the Department and will help nucleate scholarly efforts in the important emerging fields of chemical biology and systems biology.

Dr. James Farrell, Chair of the Department, explains, “The term chemical biology has come to mean the use of organic synthesis and other chemical approaches to invent and develop biological probes and perturbants. Chemical biology is an exciting field. There are numerous new international conferences and journals devoted to chemical biology. ...Systems biology is another important emerging field. Over the past two decades much has been learned about the identities of the components of cells—genes, RNA species, proteins—and about which individual components are important for functions like cell growth, differentiation, and movement. Systems biology attempts to design principles of the networks composed of these genes, RNA species, and proteins. The key approaches include mathematical modeling and quantitative experimental approaches. In addition, there is a powerful potential synergy between chemical biology and systems biology. Chemical biologists produce the probes and perturbants required for the types of experiments that systems biologists need to carry out. In return, systems biologists provide the applications for these probes and the impetus for the development of new ones.”

I look forward to seeing the synthesis that is poised to occur between two exciting and emerging scientific fields in the Department of Chemical and Systems Biology.

The AAMC Grapples with Defining the Big Issues Facing Our Society and Academic Medicine

To help guide the direction of the Association of American Medical Colleges (AAMC), newly appointed President Darrell Kirsch has initiated an assessment of trends and challenges in society and medicine that will impact the AAMC – as well as the future of academic medicine. During the past several months he has asked members of the leadership boards of the AAMC to list some of the major trends and challenges they see. At the Administrative Board Meeting in Washington, D.C. on September 27-28th we participated in small and large group discussions of these trends, adding our views of their potential impacts as well as possible solutions. I serve on the Board for the Council of Deans. Since this is a work in progress I will refrain from sharing the in-depth discussion at this point – but I thought it would be of interest to list some of the major challenges and issues that have been identified to date. They are not likely to surprise you but I am sure you will appreciate that when taken together or in selected aggregates they present some very formidable issues that will likely impact how we carry out our missions in the years ahead. Here is the list in rank order of both likelihood and importance:

Trends in Society

- The number of Americans without adequate health insurance continues to rise.
- Access to information, education, and advice through Internet technologies becomes more commonplace.
- Effects of an aging population grow more acute.
- Direct-to-consumer advertising and marketing continues.
- Disparity of economic classes deepens.
- The trend for transparency and accountability in corporate and nonprofit governance and operations increases.
- Public skepticism increases and public trust in social institutions declines.
- Political party majorities in either house of Congress and/or in the Presidency change.
- The effects of cultural and ethnic diversity grow more acute.
- The interest of the public to tax itself to fund public goods declines.
- Economic globalization - with historically underdeveloped countries increasingly competing with the US – threatens America's dominance.
- An anti-science sentiment among public and policy-makers increases.
- Litigiousness of society increases.
- Terrorism or natural disaster within the US becomes more pervasive.
- There is a generational transfer of discretionary wealth of baby boomers.

Trends in Medicine

- The number of osteopathic and offshore medical schools and physicians increases.
- Health care costs continue to rise.
- The need to manage chronic diseases increases.
- The ability to cross-subsidize education and research missions is reduced.
- The number of non-physician healthcare providers increases.
- Demands increase to demonstrate quality in health care.
- Medical school tuition increases.
- Disparities in healthcare grow more acute.
- Demand for interdisciplinary healthcare teams grows.
- Federal appropriations for research and training are reduced.
- Reimbursement for physicians and hospitals declines.
- There will be worsening physician workforce shortages.
- Overload of information available to healthcare providers is commonplace.
- Sub-specialization in medicine increases.
- The shift to outpatient/ambulatory medicine, as well as hospitals, increases.
- The use and cost of new medical technologies increases.
- The profile of new physicians (e.g., lifestyle preference, greater percentage of women, etc.) continues to change.
- The application of genomics/molecular biology to treatment and prevention of disease increases.

- Conflicts of interest in biomedical research and in all levels of medical education are commonplace.
- The use of electronic medical records is commonplace.
- There are generational gaps of physician knowledge.
- Health care and medicine become globalized.
- New infectious diseases emerge.
- The interest of community physicians in participating in medical education declines.
- Litigation and legal issues in medicine increase.
- “Regionalization” of providing complex medical services increases.
- Resident duty hours will be reduced.

Because these trends represent input from leaders from deans of medical schools, CEOs of teaching hospitals, and leaders in medical specialties, among others, it is not surprising that these lists are so variegated in their priorities. Depending on one’s perspectives, these trends could be differently ranked or some elements added (or perhaps even deleted). Nonetheless I thought it would be of interest to you to take note of what some of our leaders in academic medicine see as the major challenges and issues for the years ahead. It seems likely that a number of these trends will become realities in the years ahead and that, as a consequence, the world of medicine as we know it today will be changed. Clearly anticipating these trends, understanding their complexity and planning how to address or respond to them will be key to a successful future. While organizations like the AAMC should be part of this effort, so should each of our medical centers and, in fact, each of you, if we are sustain the excellence of academic medicine, for both our individual and our collective futures.

Epic Opportunities

In the last issue of the Dean’s Newsletter (see: <http://deansnewsletter.stanford.edu/#7>) I commented on the progress that Stanford Hospital and Clinics is making in beginning to implement the Epic Information System. If you were unable to get to any of the demonstrations held in late September, several of the modules are available on-line. If you would like more information please go to: <http://clinicalinformatics.stanford.edu/stanford-ehr/epic/demos/>. During the months ahead SHC will begin a number of training modules, since it is clear that making the future electronic medical record successful will require significant education and training by all users. So you may wish to begin that learning process now.\

More About Academia-Industry Relations

On Saturday, October 7th I participated in a panel discussion on “Research: Leading or Coexisting in a New System?” at the annual meeting of the Association of Academic Health Centers. The other participants included Jennifer Washburn, Fellow at the New America Foundation and author of *University Inc.*, and Shannon Brownlee, Bernard-Schwartz Senior Fellow, New America Foundation. Each presented a similar perspective, which is that virtually all financial interactions of academic institutions and faculty with industry (at least as related to clinical research) should be severed. Their basic tenet was that conflict of interests can not be managed and that financial enticements ultimately

bias the quality of the research as well as the conclusions drawn by faculty – even if they profess being objective and declare any financial holdings.

Among the factors leading Washburn and Brownlee to these conclusions is the assertion that industry currently funds 70% of clinical trials in the US and that these trials are inherently biased to yield results that will increase market share and financial holdings. They further argue that most clinical trials are written by industry and that the data are analyzed by industry without objective oversight by faculty members who may be listed as the principal investigator(s). Further, they contend that many faculty who profess to be thought leaders ultimately become influenced by financial awards and incentives and lose their objectivity – even publishing papers that have been written by industry (so-called ghost writing). At the extreme, they argue that since conflicts of interest cannot be managed they must be avoided – especially if further loss of public trust is to be avoided. They proposed that a case should be made to the federal government to increase its support of clinical research to replace the funds provided by industry so as to provide a more objective clinical trials portfolio.

In my presentation I reviewed the changes that have occurred in medical schools and academic medical centers and in industry during the past century. I discussed why productive and collaborative ties with industry are necessary if discoveries made in our universities and medical schools are to become available to the public and increase the public good. I gave examples of how basic discoveries in genetic engineering stimulated the development of biotechnology and how this has fostered considerable public good. Further, I illustrated how the Bayh-Dole act of 1980 catalyzed the application of fundamental discoveries to products that improved our nation. At the same time, I acknowledged that a number of academia-industry relations have become too intermingled and that a number of them have threatened the public trust.

For example, I fully agree that clinical trials should be performed with independent oversight by academic faculty and that principal investigators have the obligation to have access to all data, to analyze and present the results – both positive and negative. They should never simply accept an analysis done by industry or permit their name to be associated with a publication they neither wrote nor contributed to. I further noted that faculty have an obligation to reveal in a transparent way any potential conflicts in scientific publications. In addition, they should never engage in the selective reporting of data of the type that has recently come to light with studies of Cox-2 inhibitors. In fact, the issue of clinical trials reporting is an area I worked on intently through the Health Science Policy Board of the Institute of Medicine (see http://deansnewsletter.stanford.edu/archive/05_16_05.html#1).

I also pointed out how and why academic medical centers like Stanford work diligently to bring discoveries to the public good by managed interactions with industry partners. I differentiated between the academic-industry relations that occur in research versus those that take place around marketing. The former helps to promote the public good while the latter can confound public perception or even squander public trust. I took issue with the suggestion that conflicts of interest could not be managed and further noted that potential

conflicts were much broader than simply financial and that it was pollyannaish to suggest that we could simply eliminate conflicts. Accordingly I pointed out how our research conflict of interest policies addressed these concerns and provided a credible path to managing potential conflicts. At the same time, I also pointed out the new policies we have recently introduced at Stanford to dissociate our students, faculty and staff from marketing activities – or from becoming industry marketers – by the strict limits we have set on gifts, meals, etc (see <http://med.stanford.edu/coi/siip/>).

While I acknowledge that there are important interactions between industry and academia that I would like to see fostered, I also recognize that there is a rising chorus of concern from the media and from various public interest groups about such interactions. As is often the case this can lead to a march toward the extreme. Clearly this is not desirable. But I do worry that if we are unable to appropriately monitor and manage industry-academia interactions in a way that is above reproach, outside regulation will likely ensue. From my perspective, such regulation would almost certainly stifle innovation and discovery and would not serve the public good. And while I believe that the policies we have in place adequately address the important issues surrounding academia-industry interactions, I am also cognizant that it is incumbent on each of us to assure that we are scrupulous in accurately reporting potential conflicts, both annually and transactionally, and that we work collaboratively with the School's Conflict of Interest Office and Committee. Failure to do so could not only impact individuals but could also result in wide-sweeping changes and rules with serious consequences for our entire community.

I would encourage each faculty member to become fully aware of our Stanford policies (see <http://med.stanford.edu/coi/>) and if you have any questions to direct them to Barbara Flynn (bflynn@stanford.edu), Dr Harry Greenberg (harry.greenberg@stanford.edu) or, if your question concerns the new Stanford Industry Interactions Policy, to our SIIP helpline: 650-724-1592 or Email: MedIndustryPolicy@stanford.edu.

UNA Conference at School of Medicine

On Saturday, October 7th, the School of Medicine co-sponsored with the Northern California Division of the United Nations Association a conference entitled, "Can the UN Heal the World?" Among the speakers were Congresswoman Anna Eshoo; Mandeep Bains, Policy Director for the United Nations' Millennium Campaign; and four of our faculty, Drs. Gary Schoolnik, Professor of Medicine (Infectious Diseases) and of Microbiology and Immunology and Senior Fellow at the Woods Institute for the Environment; Jonathan Berek, Professor and Chair, of Obstetrics and Gynecology and Gynecology; Bonnie Maldonado, Associate Professor of Pediatrics (Infectious Diseases), and by courtesy, of Health Research and Policy; and Paul Wise, Richard E. Behrman Professor in Child Health. The framework for the conference was the set of Millennium Development Goals (MDGs) agreed to in 2000 by all the member states of the UN. The MDGs lay out measurable goals and timetables for addressing the world's most pressing problems by the year 2015. Specifically, the MDGs aim to:

- Eradicate extreme poverty and hunger

- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development

Ms. Bains provided an update on these efforts. Although progress is being made in some areas and on some of the goals, the data show that, overall, many of the goals are not on track and that Sub-Sahara Africa in particular is not on track to meet the goals in any of the areas. Drs. Berek, Maldonado and Wise, in a panel moderated by Dr. Schoolnik, provided more detailed information in such areas as women's health, maternal-infant health, and infectious diseases that supported this sober assessment. As Ms. Bains put it, "The promise made to the world's poor is not being kept."

The irony – and the hope – in this state of affairs is that the goals articulated in the MDGs are achievable. We have the resources, the expertise, and the time to achieve them, and Dr. Wise provided inspiring examples of activities in Haiti and Guatemala that are successfully working to save lives and rebuild communities. However, what is needed on a global scale is the political will to allocate the resources it will take to achieve the goals. The wealthier nations need to provide aid, training opportunities, and debt forgiveness to the poorer nations. For instance, in 1970, 35 of the wealthier nations committed to allocate 0.7% of their Gross Domestic Income (GDI) towards these types of efforts. Regrettably, 35 years later, only five countries have met this obligation. As for the United States, we did not even make that commitment in 1970. In 2005 we provided 0.22% of our GDI, far from the average effort of rich countries, which is 0.47%. In fact, we are the second lowest of 22 wealthier countries – only Portugal is behind us.

What can we do? Congresswomen Eshoo encouraged the conference attendees to be active citizens; be aware of what Congress is doing in these areas; and try and get national government policies and programs changed. She pointed out that Congress responds to pressure – and she urged us to exert that pressure! We can also become informed about the millennium goals and about what each of us can do to help at www.millenniumcampaign.org.

Thanks to Drs. Berek, Maldonado, Schoolnik and Wise for their participation in this very worthwhile conference.

Dr. David Stevenson Gets a "Perfect 10" in His Apgar score

Also on Saturday, October 7th, Dr. David Stevenson became the youngest winner of the Virginia Apgar Award. This award is given annually by the Section on Perinatal Pediatrics of the American Academy of Pediatrics "to an individual whose career has had a continuing influence on the well-being of newborn infants." Dr. Stevenson, who serves as the Vice Dean and Senior Associate Dean for Academic Affairs and Harold K. Faber

Professor of Pediatrics and Professor, by courtesy, of Obstetrics and Gynecology, joins Professor Emeritus Philip Sunshine, who won the Apgar Award in 2001, in receiving this prestigious honor.

While Dr. Apgar (1909-1974) is perhaps best known for the Apgar score – a system for assessing the physical condition of a newborn at one minute and five minutes after birth – she was also a “renaissance woman” with a wide array of talents and accomplishments in medicine, science, the arts and beyond. The award honoring her name and many contributions has been given annually since 1975, and its recipients include luminaries in pediatrics and neonatology. There is no question that Dr. Stevenson is eminently qualified to join this list – and by doing so brings honor to himself, his many collaborators throughout Stanford, and the field of pediatrics.

Please join me in congratulating Dr. Stevenson.

Honoring Dr. Harvey Cohen

After thirteen years of wonderful leadership, Dr. Harvey Cohen, the Arline and Pete Harman Professor for the Chair of the Department of Pediatrics, will be stepping down as Chair of the Department of Pediatrics at the end of this calendar year. Under his leadership both the department and child health have been transformed at Stanford and in our community. During his tenure Dr. Cohen has, in many ways, become the face of pediatrics, and his caring manner, compassion and commitment to the well-being of children in this community and beyond are deeply valued and highly respected. He has played a critical role in the recruitment of outstanding faculty leaders throughout the department and has played an important role in the training and education of a generation of pediatric housestaff and fellows. Under Dr. Cohen’s leadership the Lucile Packard Children’s Hospital (LPCCH) was born in its current physical incarnation, and because of his efforts and those of his colleagues it has achieved national pre-eminence. Among his greatest gifts and contributions has been his ability to engage community leaders to support LPCCH, which is perhaps best evidenced by the Children’s Health Initiative supported jointly by the David and Lucile Packard Foundation and contributions from the community garnered through the efforts of the Lucile Packard Foundation for Children’s Health.

Over the last few months there has been a plethora of events to celebrate Harvey Cohen’s contributions – the latest from the Department of Pediatrics. In each of these events– and those still to come – his humanism, care and commitment to children and to advancing knowledge to improve future generations has been highly praised – and for very good reason.

I have had the privilege of knowing Dr. Cohen for some 36 years, since we began our training together as interns at the Children’s Hospital Boston in 1970. His commitment to science and its relevance to the care of children was evident from our first encounters – and it has certainly endured over the decades. So too has his exuberance and personal warmth. For those of you who know Dr. Cohen, you will recognize that he is renowned for his bear hugs and warm embraces. Of course, these are less intimidating now that he

has assumed a more grandfatherly manner – compared, of course, to when he was a much younger guy with big sideburns and a mustache! In addition to his scientific prowess and his commitment to pediatrics, Dr. Cohen is also much admired by his family. He and his wife Ilene of 40 years are best friends, and they have raised two wonderful sons, who admire them and who have brought joy and grandchildren into their lives.

Transitions are a part of academic life – and certainly of senior leadership. The role of department chair is a demanding one that requires enormous energy and commitment. It is also a role that benefits from renewal –for both the individual and the institution. Clearly Dr. Cohen has worked diligently to serve the department of Pediatrics, the Lucile Packard Children’s Hospital, the School of Medicine and Stanford University with great success, for which we are deeply appreciative. By handing over the reins at this juncture Dr. Cohen leaves a legacy of accomplishment as well as the opportunity for another chapter to be opened in the life of LPCH and Stanford – and for his own self-renewal.

Thankfully, Dr. Cohen will remain an active member of our Stanford community. He recently received the excellent news that his NIH grant application will be funded, and he will begin a sabbatical with Professors Dick Zare and Rob Tibshirani. He has also announced that he will be retooling to participate in his clinical area of pediatric hematology-oncology. In all of his new endeavors I am confident that Dr. Cohen will continue to enrich our community. And of course, we all continue to benefit from his personal warmth – including his greetings and hugs. Thanks, Harvey, for all that you have accomplished – and best wishes for the exciting times that lie ahead!

Awards and Honors

The Mason Case Fellows for 2006-1007

The School of Medicine and the Office of Graduate Education/Biosciences are pleased to announce the selection of the first two Mason Case Fellows. These awards are made possible by a generous donation from Mr. Mason Case, Stanford alumnus. The first two Mason Case Fellows are:

- **Maria Vaysberg**, a Ph.D. candidate in Immunology, is analyzing the contribution of the Epstein Barr Virus (EBV) latent gene LMP1 to the Jak/STAT pathway and IL-10 signaling in B cell lymphomas. Born in Moscow, Maria graduated from UC Berkeley with honors in molecular biology and distinction in scholarship. Her thesis research is conducted in the laboratory of Professor Olivia Martinez (of the Department of Surgery and the Program in Immunology). Maria’s research has been published in the American Journal of Transplantation, Nature and Science. In addition to her thesis research, Maria is recognized for excellence in teaching in the Advanced Immunology Course, particularly for her teaching of B cell development.
- **Amanda Mikels**, is conducting her doctoral research in Cancer Biology and Developmental Biology in the laboratory of Professor Roel Nusse, HHMI Investigator and Professor of Developmental Biology. Prior to her

entry into Stanford's Ph.D. program, she graduated with honors from the University of California at San Diego with a degree in Microbiology, where she was elected to Phi Beta Kappa and received the outstanding achievement award in Microbiology. At Stanford, Amanda has selected a highly ambitious research project to understand how the ligand Wnt 5a affects cell proliferation. Her research is relevant to the spectrum of normal developmental events and disease mechanisms where the Wnt pathway plays essential roles. Amanda's research has been published in Stem Cells and Development and in PLOS Biology. Professor Nusse credits her for great intellectual curiosity, enormous persistence in experimental work and great insight. Amanda is also a dedicated and gifted teacher, making important contributions to Cancer Biology 241 and to Cancer Biology 280.

James Chang, Chief of the Division of Plastic and Reconstructive Surgery and Associate Professor of Surgery (Plastic Surgery) and Orthopedic Surgery (Courtesy), has been awarded the American Society for Surgery of the Hand Sterling Bunnell Traveling Fellowship in Hand Surgery for 2006-2007. The award funds foreign and domestic travel to pursue investigation into one specific area of research related to hand surgery. Congratulations, Dr. Chang.

Mark Davis, Burt and Marion Avery Professor in Immunology, has been selected as the Ellison Medical Foundation Senior Scholar in Aging. Congratulations, Dr. Davis.

S.V. Mahadevan, Assistant Professor of Surgery and Associate Chief, Emergency Medicine, and Medical Director of Stanford University Emergency Department, is the co-editor of *An Introduction to Clinical Emergency Medicine*, which was recently named American Medical Writers Association 2006 Book Award Winner: Physician's Category. The textbook, apart from being used at Stanford, is also being utilized as the core textbook for emergency medicine courses around the country. Congratulations, Dr. Mahadevan.

Upcoming Events

5th Annual Fall Forum on Community Health & Public Safety

Tuesday, October 17th
5:30 - 7:30pm
Frances C. Arrillaga Alumni Center
326 Galvez Street, Stanford University

Please mark your calendar and plan to join us as we celebrate student contributions to community health through public service and community partnership research.

Keynote address by Barbara Stagg, MD, co-founder and co-director of FACES

for the Future Program. A leader in adolescent medicine and a national authority on high-risk youth, urban and minority youth, violence, and healthcare concerns for multicultural societies, Dr. Barbara Staggers is division chief of Adolescent Medicine at Children's Hospital & Research Center at Oakland.

<http://facesforthefuture.org/staggers.htm>

This event, organized by Stanford Medical Students and sponsored by the Office of Community Health, is free of charge and open to the public. If you will be attending, please RSVP to fallforum2006@yahoo.com to assist us in our planning. **Questions?** Please contact the Fall Forum Coordinators Sravi Chennupati schrenn@stanford.edu and Eugene Yim eugene.yim@stanford.edu

16th Annual Jonathan J. King Lecture

On Wednesday October 18th, Harold Freeman, MD, President and Medical Director of the Ralph Lauren Center, will give the 16th Annual Jonathan J. King Lecture for Cancer Care and Prevention. He will address Poverty, Culture and Social Injustice: Determinants of Health Disparities. The lecture will be held at 5 pm in the Lucile Packard Children's Hospital Auditorium. For additional information, call the Center for Biomedical Ethics at 650-723-5760.

Appointments and Promotions

Rishad Faruq, MBBS has been appointed to Clinical Assistant Professor (Affiliated) in the Department of Surgery, effective 10/1/06.

Neil Gesundheit has been appointed to Associate Professor of Medicine, effective 10/1/06.

Beatrice Jenny Kiratli has been appointed to Clinical Assistant Professor (Affiliated) in the Department of Medicine, effective 10/1/06.

Dean's Newsletter October 23, 2006

The Stanford Challenge

On Tuesday, October 10th, following six years of planning, President John Hennessy and the University Trustees officially launched the Stanford Challenge. In his communication, "Seeking Solutions, Educating Leaders," President Hennessy observes, *"Today the scale and complexity of the challenges around the world are unprecedented. Globalization means that the problems of different societies are increasingly shared, whether the issue is the environment, human health, or a threat to peace and security..."*

At the same time as we face these formidable problems, new discoveries and inventions are providing us with incredible opportunities for progress. As creators of knowledge and as educators who will produce the next generation of leaders, universities can play a critical role in helping our global community address these issues. Stanford in particular has the opportunity to be at the forefront in this search for knowledge and solutions, as well as in the education of leaders who are equipped for the challenges ahead. This is our mission."

While most universities take on capital campaigns with inward looking goals, Stanford is taking the bolder view of asking what it can do to address some of the world's greatest problems and challenges. The Stanford Challenge is committed to seeking solutions to challenges in human health, energy and the environment, and important international issues. In doing so, faculty and students from all disciplines of the University will look for new alignments and opportunities to work interactively and collaboratively in novel and compelling ways – and to truly make a difference for the 21st century.

In tandem with the broader University's planning efforts, the School of Medicine's Strategic Plan, ***Translating Discoveries***, has been similarly outwardly focused. We seek solutions to large and complex challenges to human health through the university-wide interdisciplinary initiatives of our Stanford Institutes of Translational Medicine and through the education of future leaders. Our New Stanford Curriculum for medical students and our focus on the training and development of physician-scientists and scholars throughout their training aim to provide the knowledge, skills and commitment to the leadership in the biosciences that will be needed if we are to solve these challenges.

The launch of the Stanford Challenge followed the remarkable week in which two Stanford faculty, Professors Andy Fire and Roger Kornberg, were awarded Nobel Prizes in Medicine and Chemistry respectively (see <http://mednews.stanford.edu/kornberg/place.html>). Without question, seeking solutions requires a firm foundation in fundamental discovery and innovation – an area in which Stanford faculty truly excel (see <http://deansnewsletter.stanford.edu/>). But to actually advance discoveries to serve the public good, a commitment to fostering broad interactions and then translating innovations and discoveries to our communities locally and globally must be actively pursued. Some of these issues were discussed in a roundtable discussion entitled ***Anxious Times. Seeing Beyond a World of Perpetual Threats*** held on Saturday, October 14th and which included a number of national leaders including Dr. Lucy Shapiro, the Virginia and DK Ludwig Professor and Director of the Beckman Center (to see the roundtable go to: <http://news-service.stanford.edu/news/2006/october18/roundnew-101806.html>).

As part of the launch of the Stanford Challenge events were held not only at Stanford, but also in Los Angeles and New York City, to inform alumni and friends about the new goals and objectives of Stanford for the 21st century. I had the opportunity to speak at the New York event, which was held in the newly renovated Morgan Library on Tuesday evening, October 17th. In my presentation I pointed out how our current interdisciplinary efforts are in many ways built on the long history of collaboration and interaction among

faculty at Stanford. For example, the development of the Cyberknife, which is now widely used to selectively treat cancer, is the result of collaboration between faculty in neurosurgery and computer science and is a derivative of the pioneering collaborations of nearly half a century ago that led faculty in medicine and physics to pioneer the linear accelerator. In fact, the elegant work of Professor Roger Kornberg directly benefited from similar interactions between the School of Medicine and the Stanford Synchrotron Radiation Laboratory. There are many examples of such interdisciplinary collaborations and interactions – and they all point to how Stanford utilizes skills from different disciplines to find novel solutions.

In addition to challenges in human health, Stanford faculty are seeking solutions to important environmental problems. Among these, finding and providing clean water has tremendous importance. Recently, Stanford faculty from disciplines including infectious diseases, genetics, and optics have developed a detection system to determine whether water is clean or contaminated based on molecular signal changes in living bacteria. Such novel technologies can have worldwide impact. Another approach for seeking solutions is demonstrated by the Summer Fellows Program, which brings leaders from countries like Iraq, Afghanistan, China, and Russia together at Stanford for a three- week program. While here they engage in interaction and discussion about political, economic and social change with faculty leaders from across university – including business, education, political science, law, sociology.

While many universities are now touting a commitment to interdisciplinary research and education, for many it will be only rhetoric. However, Stanford has all the ingredients to be a true leader and pioneer because of its outstanding faculty and students and also because of the physical connectedness of the University's seven schools. This proximity is truly an essential component and a great advantage. It also likely explains the long history of Stanford's cross-school collaborations, which have occurred over decades. Coupled with the vision and support of the University leadership we clearly have the essential ingredients to be a true leader.

While these ingredients are essential it is also important to help foster innovation, discovery and collaboration. Here too Stanford has excelled. For example, Innovation Awards through Bio-X have helped stimulate novel interactions among faculty from different schools. The Translational Medicine Awards co-sponsored by the Dean's Office and the Beckman Center have stimulated exciting new collaborations among basic and clinical faculty – both in the School of Medicine and with colleagues in other schools. Similarly the new Woods Institute for the Environment is providing seed funding for novel interdisciplinary collaborations such as the clean water project I mentioned earlier. The Freeman Spogli Institute for International Studies is also supporting novel collaborations to foster interdisciplinary and interschool research and education.

Support for graduate education is also essential to foster novel ways to seek solutions. An essential component of the Stanford Challenge will be graduate fellowships that will build on the current Stanford Graduate Fellows (SGF) program. This program will also be expanded beyond the physical and life sciences to include the humanities and social

sciences. In addition joint faculty appointments among different schools will play a key role in enhancing interactions among faculty. The recent appointment of a faculty member jointly appointed in the Law School and in International Studies is one such example. Closer to home, the joint appointment of a new faculty member in Developmental Biology and Computer Sciences is yet another way of drawing schools and disciplines closer together. Of course this type of synergy is already epitomized by the interactions taking place among the highly diverse faculty in the Clark Center as well as the faculty who are participating in the Stanford Institutes of Translational Medicine. Each of these programs is devoted to facilitating and promoting interaction, collaboration, and fostering discovery and innovation that can help seek solutions to important global challenges.

Our efforts in interdisciplinary research and education are clearly building on the past as well as helping to create the future. The numbers of interdisciplinary interactions already in operation provides clear evidence that we are well on our way to making this vision a reality. The fact that investments in seeding novel interactions can have a tenfold yield in fostering new sponsored research grant applications is also extremely encouraging. What is also clear is that for Stanford this is not business as usual – these new ventures in seeking solutions to challenges in human health, sustaining the environment, and international issues are truly transformative and will define the Stanford of the 21st century.

In addition to these compelling challenges, Stanford is committed to reinventing graduate education, extending the renaissance in undergraduate education, and sustaining the foundations of excellence that make it such an exceptional university. Clearly exciting times – and challenges – lie ahead.

Health and the Environment

As an example of how the Stanford Challenge is fostering new opportunities and interactions, I had the opportunity on Friday, October 20th to attend a meeting of an Ad Hoc Committee chaired by Dr. Gary Schoolnik, Professor of Medicine and of Microbiology and Immunology and Senior Fellow at the Woods Institute for the Environment. This meeting brought together over 30 faculty and senior leaders from throughout the University, including Woods Institute Co-Directors Jeff Koseff and Buzz Thompson (see also <http://environment.stanford.edu/>). It was clear that there was a commitment to seek new alignments and solutions by crosscutting collaborations. While the areas for interaction will certainly evolve over time, several exciting themes were discussed, including studies of the interactions between genes, the environment and disease; the important challenge of emerging infections – which is certainly influenced by factors like climate change, population migration, and agriculture, among others; the challenge of clean water and health; and the transformative changes in human behavior that are needed to make progress. In addition to these and other areas of research collaboration, important opportunities in undergraduate and graduate education were also presented. Together, these ideas provide evidence of how new and novel interactions will

emerge when faculty from throughout the University engage in the Stanford Challenge of Seeking Solutions and Educating Leaders.

Seeking Balance

Like many of you, I have long been concerned about how we can achieve the dual goals of sustaining excellence and fostering an environment that respects work/ family balance. To this regard, at the Executive Committee meeting on Friday, October 20th, Senior Associate Deans Hannah Valentine and David Stevenson led a discussion about flexible work arrangements for faculty. While the focus was on the particular arrangements that are currently available at Stanford, it was clear from our discussion –and from our personal reflections - that this topic is much broader than these specifics.

Among the issues that surfaced was the fact that the arrangements and programs that are already available at Stanford are not as widely known among faculty as they might be. Therefore, I include them below for your information. Individual faculty who are interested in learning more about flexible work arrangements should contact Vice Dean and Senior Associate Dean for Academic Affairs David Stevenson at david.stevenson@stanford.edu.

Flexible Work Arrangements Currently Available at Stanford: Options for Faculty

- Part-time appointments, often for a fixed period of time, with the approval of the department chair and Vice Dean and Senior Associate Dean for Academic Affairs (individuals appointed at part-time accrue time toward the acquisition of tenure and toward sabbatical eligibility on a prorated basis);
- Extension of time in the assistant professor rank up to ten years, either on the basis of proration related to reduced FTE (temporarily or permanently) or leaves
- without salary permitted by existing policies;
- A reduction in teaching and/or clinical duties for one quarter for new birth or adoptive parents (this policy is not intended for parents whose newborn or newly adopted child is cared for more than half time by either a spouse/partner and/or a child-care provider);
- Within policy limits, a one-year tenure/promotion clock delay and corresponding appointment extension for faculty members who become a parent, by birth or adoption (faculty who request this extension are expected to have substantial and sustained childcare responsibilities);
- Leaves without salary of up to one year, at full or part-time, for any faculty member, male or female, who becomes a parent whether by birth or adoption, for the purpose of caring for the child;

- With the approval of the Provost, appointment extensions for extenuating circumstances, such as excessive, unanticipated clinical duties or other compromising exigencies.
- Over the course of the last few years, the University has focused attention on a variety of issues related to work-family policies and practices. The Provost's Office has published an informational brochure entitled "Family Matters @ Stanford – For Faculty," which highlights Stanford's commitment to faculty with families, from child-care and child-support programs to part-time employment options. This brochure may be downloaded at <http://facultydevelopment.stanford.edu/facultydevelopment.html>.

More broadly, members of the Executive Committee discussed the reticence that faculty, particularly women, might feel in taking advantage of these arrangements. Among the causes posited for this hesitance was a concern that those evaluating their performance for reappointment or promotion might view anything other than full-time effort in a negative manner – perhaps as a sign of weakness or lack of commitment. The chairs noted that such concerns, whether or not they are valid, reflect the academic culture and, in particular, the "evaluation milieu" in which faculty work. And because experts at other institutions evaluate faculty, the milieu - and the culture - are national in their influence and importance. While I understand those observations and concerns, I also strongly believe that it is incumbent on us to change them – and to develop a more supportive culture that fosters different trajectories for career development

While these issues are generic and affect all faculty, both men and women, they are particularly serious for clinical faculty, who work in an environment where the pressures to achieve in all three areas of endeavor – scholarship, teaching, and clinical care – are extremely high. This is further exacerbated by the policy that all assistant professors face an up-or-out decision. In addition, because of the exceedingly lengthy training periods in many medical specialties, for women faculty the promotion clock and the biological clock are frequently running simultaneously. The flexibility offered by some of the arrangements described above can be very helpful and should be viewed by all as available without stigma. I certainly view them as helpful tools for faculty to manage their careers and maintain work/life balance, and I encourage interested faculty to explore them as they fit their particular circumstances.

Moreover, it is becoming apparent that for young scientists and physician/scientists, both men and women, work/life balance is a significant, if not the most significant, factor in their considerations of career choices. We are already seeing a shift away from entrance into the surgical specialties in favor of such "life-style specialties" as dermatology, radiology, and emergency medicine for these reasons. Moreover, as the pressures mount to achieve success in all three academic missions, the demands of patient care generally trump pursuit of scholarship. As a result, individuals may leave academic medicine to go

to private practice. In short, we risk losing a whole generation of bright physician-scientists because the combination of professional pressures in academic medicine and family responsibilities becomes untenable. We must make renewed efforts to address this.

Members of the Executive Committee also discussed the challenges faced by residents and clinical fellows and made several suggestions for flexibility that we will be following up on. As the pipeline for academic medical faculty, how this group experiences their fellowship years obviously has a significant impact on the composition of the faculty in the future.

This is clearly a topic that deserves attention and focus. I am certainly interested in your thoughts about it as well. In any event, I will keep you apprised of our further discussions and actions in this area over the next months.

Ongoing Efforts to Reduce Trips

As you hopefully know by now, the School of Medicine has been very active in implementing both education and programs aimed at reducing peak-hour traffic. We have now completed Phase II our activities in this area. Ms. Julia Tussing, Managing Director for Finance and Administration, has prepared the following report on accomplishments to date:

The results indicate a tremendous effort on the part of managers and staff to reduce trips: if all staff are able to keep their commitments for trip reduction, there will be a 30% decrease in peak-hour trips. This would be an extraordinary result, and although there is no way to verify exactly what the effect has been so far on the General Use Permit (GUP) survey of our trips to campus (since the counts cannot done school by school), the results in terms of reduced traffic, positive impact on the environment—our “carbon footprint”—and healthier work and life balance for employees would be outstanding.

Based on results for 1750 staff, who in the Phase II process met with their supervisors to explore options and decide on new commute methods or work plans, approximately 65% initially drove alone to work. This number was reduced to 60% in Phase II, which means that 84 people have changed their primary means of transportation from driving alone to an alternative method: biking, public transportation, etc. As a whole, anticipated weekly trips were reduced from 5200 to 3650, or by 1550 trips. Much of this reduction was the result of changed schedules: about 10% of campus employees reported a change in their work schedule that reduced trips. Almost 100 people also now telecommute at least one day a week.

Departments that were doing an excellent job even before Phase II included Medicine’s Division of Nephrology (6 people created only 2 trips per week),

Microbiology & Immunology (32 people created only 13% of their total possible trips), Biochemistry (29 people created 17% of total possible trips) and Anesthesia (48 people created 22% of total possible trips). Anesthesia also was near the top in trips reduced in Phase II at 54%, which is a stunning result given that they were also initially such good commuters! I am pleased to say that the Dean's Suite staff reduced trips by 56%, and the Department of Medicine divisions of Oncology and Hematology, as well as the Office of Student Affairs, were close behind.

The efforts made by members of the School of Medicine and the rest of the campus community has made a noticeable difference in peak hour trip levels. If the trends observed in the spring traffic study continue, the campus will meet the goal of no net new peak hour trips. However, it is crucial that each of us continues to honor our Phase II commitment. If use of alternative transportation is not an option every day, try it at least once or twice a week. Every trip counts! P&TS continues to offer commute trip planning to assist commuters in identifying alternatives to driving. Everyone is encouraged to visit the P&TS website and use the Commute Cost and Carbon Emissions Calculator (http://transportation.stanford.edu/alt_transportation/calculator.shtml) to calculate the financial and environmental benefits of alternative transportation. And, while at the website, please consider the benefits that go along with being a member of the Commute Club.

The next planned phase of trip reduction will be the introduction of incentive plans for departments and individuals. Incentive possibilities are now being explored by a small task force made up of Julia Tussing (Finance & Administration), Mary Bobel (Radiology), Jason Irwin (Otolaryngology), Norma Leavitt (Human Resources), Susie Mitchell (Microbiology and Immunology), Deirdre Rockefeller (Office of Student Affairs), Jane Rothstein (Health Improvement Program), and Phil Yamahiro (Dermatology and Ophthalmology).

I would also like to remind faculty and students that they can have a significant impact on trip reduction as well, while also benefiting the environment. I have been asked why faculty and students were not included in the Phase II program, and the answer is twofold: first, staff create by far the most trips, as they are both more numerous than faculty and students and often live farther away; and second, student and faculty hours may not be as flexible given class and clinical commitments. However, I would say to faculty and students that being aware of the issue and changing your habits to the extent possible will allow you to have an impact. The DFA of your department has information provided in the Phase II toolkit about alternative commute methods, and there are classes you can sign up for through the Health Improvement Program (Alternative Transportation for Health, Stepping Out) to help you start on a new program. We will be asking DFAs to keep faculty and students informed about these options.

Many thanks for all of your efforts in this undertaking!

Special Thanks to the Berry Foundation

On October 19-20th the Directors of the Berry Foundation made their annual – and most welcome – visit to Stanford. Since 1990 the Berry Foundation has provided nearly \$8M to support the training and research of fellows with a particular focus on child health. The Foundation is located in Colorado and is led by Walt Borneman, an attorney, outdoorsman, historian and author. Most importantly, Mr. Borneman and his colleagues have been amazingly committed to helping enhance and sustain excellent research and training at Stanford, and we are most appreciative of their support and confidence.

Thanking Denise O’Leary and Peter Bing

At the Stanford University Board of Trustees meeting on October 9-10th, two individuals, Ms. Denise O’Leary and Dr. Peter Bing, completed their terms and were honored by the Board and University for their leadership and service. I would like to add my personal thanks and appreciation to Denise and Pete – both of whom served on the Committee on the Medical Center, as well as the Boards of Directors for Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital. Their long-standing commitment and dedication to the School, Medical Center and University has been wonderful and much appreciated – particularly from the dark days of the 1990’s to the more optimistic ones of the past several years. Volunteers to the University and hospitals spend incredible amounts of personal time and effort to help support our missions and Denise and Peter have been truly remarkable. Please join me in thanking them.

Awards and Honors

We are pleased to announce that the **Amgen Foundation** has officially welcomed Stanford University as a site for the Amgen Scholars Program. Stanford University is one of 10 institutions selected as program sites – among them UC Berkeley, MIT and Columbia University – to promote strong scientific research experiences that can be pivotal in the life of an undergraduate.

Yakir Levin, a graduate student, is the recipient of an ARCS (Achievement Rewards for College Scientists) Award. The ARCS Foundation provides scholarships to academically outstanding United States citizens studying to complete their degrees in science, medicine and engineering, thereby contributing to the worldwide advancement of science and technology. Congratulations, Yakir.

Appointments and Promotions

Annelise E. Barron has been appointed to Associate Professor of Bioengineering, effective 12/1/06.

Gill Bejerano has been appointed to Assistant Professor of Developmental Biology and Computer Science, effective 1/1/2007.

Christie Coleman has been promoted to Adjunct Clinical Assistant Professor of Obstetrics and Gynecology effective 9/1/06.

Heidi Feldman has been appointed to Professor of Pediatrics (Neonatology) at the Lucile Salter Packard Children's Hospital, effective 10/1/06.

Henry Hsia has been appointed to Associate Professor of Medicine (Cardiovascular Medicine), effective 10/1/06.

James I. Huddleston has been appointed to Assistant Professor of Orthopaedic Surgery, effective 10/1/06.

Stefanie Jeffrey has been reappointed to Associate Professor of Surgery (General Surgery), effective 4/1/2007.

Todd Kaye has been promoted to Adjunct Clinical Assistant Professor of Medicine effective 9/1/06.

James Lock has been promoted to Professor of Psychiatry and Behavioral Sciences at SUMC and the Lucile Salter Packard Children's Hospital, effective 10/1/06.

Peter H. Lorenz has been promoted to Professor of Surgery, effective 10/1/06.

David Lyons has been reappointed to Associate Professor (Research) of Psychiatry and Behavioral Sciences, effective 10/1/06.

Phillip Ng has been promoted to Adjunct Clinical Assistant Professor of Medicine effective 9/1/06.

Anthony J. Ricci has been appointed to Associate Professor of Otolaryngology - Head & Neck Surgery and by courtesy, of Molecular and Cellular Physiology, effective 10/1/06.

Seung Kim has been promoted to Associate Professor of Developmental Biology and, by courtesy, of Medicine (Oncology), effective 10/1/06.

Iris Schrijver has been reappointed to Assistant Professor of Pathology and, by courtesy, of Pediatrics at the SUMC and at the Lucile Salter Packard Children's Hospital, effective 9/1/2006.

Barbara Sommer has been promoted to Associate Professor of Psychiatry and Behavioral Sciences, effective 10/1/06.

William Talbot has been promoted to Professor of Developmental Biology I, effective 10/1/06.

Winona Tan has been promoted to Adjunct Clinical Assistant Professor of Obstetrics and Gynecology effective 9/1/06.

Jamie Zeitzer has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences, effective 10/1/06.

Dean's Newsletter

November 6, 2006

Stem Cell Research Two Years Following Proposition 71

Election Day 2004 brought the exciting news that a majority of Californians had voted in favor of Proposition 71. This meant that approximately \$300 million dollars per year for 10 years would be used to fund stem cell research through a new entity, the California Institute for Regenerative Medicine (CIRM). Two days after the election I was appointed by Steve Westly, the State Controller, to serve on the Independent Citizens Oversight Committee (ICOC), the 29 member board that would oversee this exciting new initiative. The passage of Proposition 71 was especially welcome news since NIH funding for embryonic stem cell research had been severely limited and was restricted to the handful of cell lines that were on the list approved by President Bush in August 2001. Two years later, while much has changed in the world, support and funding for stem cell research in the United States remains severely constrained, and stem cell politics are again featuring prominently in the elections that will be held tomorrow, November 7th.

While virtually every poll of the public throughout the USA (including Texas) has demonstrated that the majority of American citizens support embryonic stem cell research, the ethical, moral and religious debate surrounding this issue continues unabated. Unfortunately the debate is often distorted by hyperbole and emotion rather than being based on facts and rational thinking. Indeed, a pivotal election in Missouri rests to a significant degree on stem cell politics (see Susan Okie, *Stem Cell Politics*, *NEJM*, 2006; 335: 1633-1642). Moreover, litigation in California brought by a minority of individuals challenging the constitutionality of Prop 71 has effectively blocked the state from issuing the voter approved bonds that would have funded stem cell research. It is widely anticipated that the lawsuits will be overturned in the Appellate Court and State Supreme Court by next summer. However, this delay still means that California, and as a consequence, the nation, will have lost three years of opportunity to train a cadre of future stem cell investigators and to develop the critical insights and discoveries necessary to move this exciting field forward. Moreover, it is clear that we are currently losing our global leadership role in stem cell research.

Despite these challenges I am quite optimistic for the future. During the past two years the ICOC and the CIRM have developed guidelines and infrastructure to critically review the best proposals for embryonic stem cell research and to assure that research in California is done with the highest integrity. Equally importantly, the CIRM has collaborated with leading scientists from around the world to develop an important strategic plan and agenda for stem cell research. And perhaps most importantly, thanks to private contributions to "bond advancement notes" and, more recently, the promise of

advance funding of \$150 million of bonds by Governor Arnold Schwarzenegger, we can now truly jump start the now all-too-delayed research programs. Indeed these funds might just bridge the gap until the lawsuits are fully dismissed and full funding of Prop 71 finally begins.

I am also highly encouraged by the number of Stanford faculty and students who have sustained or, more recently, defined their interests in stem cell research – and especially by those who have developed exciting “seed funding” grant proposals that were recently submitted to the CIRM for projects to commence, if funded, in 2007. While I fully recognize that this is still a nascent field, there is every reason to believe, based on work done to date and on the excellence of our faculty and Stanford’s Institute for Stem Cell Biology and Regenerative Medicine, that fundamental new knowledge in stem cell and developmental biology will ensue once the funding is available. I also believe that the insights that emerge will help spawn novel approaches to cell-based therapies that could significantly impact a number of chronic and debilitating diseases.

And finally I am also encouraged because tomorrow is Election Day – offering an opportunity for enlightened thinking about stem cell research as well as the many critical issues facing our nation and world to be turned into concrete actions and choices.

The Learning and Knowledge Center Prepares for 2009

In 1959 the Stanford University School of Medicine moved from San Francisco (where it had been since its founding in 1908) to the Stanford campus. This bold move catapulted Stanford into prominence as a leading research-intensive school of medicine. The vision for this move originated with President Wallace Sterling, Provost Fred Terman and Dean Robert Alway. It resulted not only in the recruitment of remarkable faculty but also in the laying of the foundations for the interdisciplinary research and education that we now celebrate and foster at Stanford. The original medical school facilities designed by architect ED Stone were built for \$21 million and were viewed as bold and novel by many of its first occupants. Over the ensuing years, the Stone buildings (comprised of the Gale, Alway, Lane and Edwards Buildings) became surrounded by new research facilities, including the Fairchild Science Building and Auditorium, the Beckman Center, Lucas Center, MSLS the Center for Clinical Research and the Clark Center. A number of smaller facilities such as the Redwood Building and the Pediatric Surgical Research Laboratory were also built. While these buildings provided much needed space, none renewed or expanded the education or library facilities, nor did they follow any unifying design or integrated campus plan – unlike that established elsewhere in the university. In addition to the lack of a medical school aesthetic theme, the failure to focus on renewed education and library facilities threatened the accreditation of the School of Medicine by the Liaison Committee on Medical Education (LCME) – a topic I have reflected on in past newsletters: (http://deansnewsletter.stanford.edu/archive/03_20_06.html#4).

As we look forward to celebrating the centennial of the School of Medicine in 2008 and the half-century anniversary of the medical school’s presence on the Stanford campus in 2009, we have an opportunity to correct some of these past errors and to establish a new physical presence for the future. Accordingly, we have been deeply engaged in

developing a new master facilities plan for the School of Medicine that will unfold over the next 15-20 years. This plan will be integrated into both the hospitals' plans for renewal and expansion and major new programs in the university. The scope of our planning is bold, exciting and transformative, and I will share the details with you later this year and then in regular updates thereafter. A central and integrating focus for the future of Stanford will be the Learning and Knowledge Center (LKC), which will be housed on the footprint of the current Fairchild Auditorium and which is planned for completion by 2009.

As our new medical school and center campus are developed and evolve it is my hope that the LKC will become the literal "front door" to the school (something that does not exist today) and that it will be a magnet for our students, faculty and staff. On Monday, October 30th the Executive Committee overseeing the LKC met with the NBBJ architects who have been developing this project. They presented the schematic drawings, which are now at the 30% completion level, and I was very pleased by the progress to date. They anticipate finalizing this phase of the project by the end of the calendar year, and I will be eager to share the results with you at that time. The LKC has four floors and will offer a compelling presence to our campus, although its full impact will only be appreciated when a number of integrating projects are completed during the next several years.

Among the exciting features of the LKC are its flexibility and the multi-use opportunities it offers. Because classrooms and seminar rooms are found on each floor of the building it will be alive with activity nearly all the time. It will also contain both traditional and leading edge state-of-the-art facilities for learning and teaching. These will include a Center for Immersive and Simulation Learning, large and small classrooms and highly flexible seminar and study rooms, a state-of-the-art approximately 360 seat conference center that can be divided into three separate rooms for smaller or more intimate functions, a large executive board room, and space for the office of the dean as well as a café, bookstore, exercise room and quiet space for students. Because a number of faculty, students and other important stakeholders are actively engaged with the design of the LKC, I believe that it will truly meet the programmatic needs that have been established and that it will be a role-model for schools across the nation.

While I have no doubt that students and faculty at Stanford were excited by the facilities when they arrived in 1959, there is simply no doubt that many of these buildings have become outdated. And although the renovations we recently made in the Alway educational facilities have helped to improve our current learning environment, they are not even close to what will be available when the LKC finally opens. We eagerly anticipate that day – but we still have much work to do, not only in completing the design of the building and its connecting elements but also in continuing to raise the philanthropic support necessary to bring this project to fruition. This of course is among my highest priorities – but we certainly can use your help as well.

Freeing Up Additional Space for Teaching and Research

As we plan for facilities for the future school of medicine, it is important to recognize that we can only sustain our educational, research and patient care missions if we find additional space in what is currently a very limited footprint. Accordingly, after much thought and deliberation, I have concluded that we must move the majority of the School's administration to an off-site location in the near future. Ultimately it is our plan to locate these important administrative units in the new North Campus facility that the University is developing in Redwood City. However, since it will be 5 years before the new North Campus is available, an interim off-site move will be necessary.

Marcia Cohen, Senior Associate Dean for Finance and Administration, and I have convened a School of Medicine Steering Committee to lead the planning for the move off-campus. The Steering Committee will address how we will move our staff, technology, and processes off-site while still maintaining our culture and effectiveness. The Steering Committee is comprised of Directors from the Dean's Office administrative areas, as well as DFAs and other staff, and is being led by Julia Tussing of Finance and Administration with assistance from Rebecca Trumbull of Institutional Planning and Lora Pertle of IRT.

The challenges we face, while perhaps appearing daunting, have been met successfully for years in the corporate world -- and from much greater distances than we are anticipating. I fully believe that with appropriate preparation this move can be a positive one. New technologies will assist in managing from the new sites and in addressing how we get work done on campus while working at a distance. New modes of communication and meeting models will benefit faculty as well as staff and allow for new types of meaningful interaction.

We will welcome your input to the Steering Committee and will be forming several subcommittees for which we will be seeking volunteers. We will also be holding town halls meetings to provide a forum for your opinions and suggestions. I will continue to report on this process as it unfolds over the next several months.

Finally, as we move forward on these relocation and redevelopment challenges we should also consider the larger questions about the changing nature of the workplace. Communication and information technology breakthroughs will enable work to be separated from traditional schedules and settings. In the coming years this transformation will reshape the workplace in currently unknown ways. Therefore it would be wise for us to consider the long-range changes that will impact the traditional workplace and consider how we reshape the way we work. Once the administrative units get settled in their new interim surroundings, I hope we will begin a deeper dialogue about the future workplace and how we can take the lead in the transformation of our current way of doing work to make that future work well for us at Stanford.

Planning for Pandemics and Other Disasters

As winter approaches concerns about the flu season rise appropriately. Last winter was filled with news of a possible influenza pandemic -- and that concern remains. In the interim there has been considerable planning within the University and Medical Center to

address our state of preparedness for a possible pandemic (or other disaster, such as an earthquake). While considerable progress has been made there is also still much to do.

By way of context, there have been three pandemics in the last century. The most notable of course was the 1918 H1N1 influenza pandemic, which resulted in 50-100 million deaths. The 1918 influenza virus arose from an avian strain that underwent mutations adapting it to human transmission. Unlike the usual seasonal influenza, which results in approximately 36,000 deaths, mostly in individuals >65 years of age, the H1N1 pandemic influenza had its greatest impact on otherwise healthy young adults. It is projected that if a new influenza strain arose that is as lethal as the 1918 one, as many as 150-300 million individuals around the world could die – obviously an event of devastating global proportions. In addition to the 1918 pandemic, there were also two lesser ones: the 1957 H2N2 and the 1968 H3N2 outbreaks. While these were less virulent, they still caused considerable morbidity and mortality.

While attention has focused on the H5N1 avian subtype, other strains (H9N2, H7N3 and H7N7) also can cross the barrier from poultry or wild migratory birds to humans. Whether or when a pandemic (in contrast to the regular seasonal outbreak) of influenza will occur is not known, but, based on past history, such an event seems likely. Accordingly, it is important to have an emergency plan in hand. In addition to planning for the future I would encourage each of you to consult with your healthcare provider about receiving the influenza vaccine this fall and winter.

The University has established an Infection Control Planning Group led by Dr. Ira Friedman and Larry Gibbs that has been developing policies for dealing with a possible pandemic. This group is also coordinating its planning with our medical center group led by David Silberman (SoM) and Dr. Eric Weiss and Vicki Running from the clinical programs and hospitals. In the event of emergency, it is essential that support for each of our key missions – education, research and patient care – be fully addressed. This is essential not only for the university and medical center but also for broader communities that we serve.

In the advent of a pandemic, the Infection Control Planning Group has determined that the best way to control the spread of influenza will be to create social distancing by ceasing academic teaching programs and having undergraduate students leave the campus and, ideally, return home. A similar approach will be taken for graduate students, although it is recognized that approximately half of these students will have their permanent residences locally and would not return to their parents' homes as would the undergraduate students. Certainly determining the triggers that would lead to this social distancing program are critical and the criteria for these triggers are being finalized. At the same time, plans are being developed for how we would sustain vital research programs in the advent of a loss of supplies, which, unlike a natural disaster, could, in the case of a pandemic, last for months. Mr. Silberman will be working with departments and investigators to effect as much advanced planning as possible. Plans are also being developed to make clear to our clinical faculty their individual responsibilities during a

pandemic, in light of the fact that many of them have responsibilities in education and research in addition to patient care.

It is anticipated that many of the remaining issues will be addressed and defined by the end of this calendar year. Additional communications will be forthcoming.

Diversity at Stanford University and the School of Medicine

On Tuesday morning, October 24th, Provost John Etchemendy hosted “Building on Excellence” in collaboration with the Center of Comparative Studies in Race and Ethnicity, the Institute for Diversity in the Arts at Stanford, and the Office of Diversity and Leadership in the School of Medicine. This event offered an opportunity to meet new faculty and visiting scholars of color but also to affirm Stanford’s commitment to enhance the diversity of our faculty and community. A new Diversity Cabinet has been established by the Provost’s Office, and efforts are underway to recruit and retain outstanding faculty, students and staff throughout Stanford. This is very much a goal we have set for the School of Medicine, where our long record of recruiting a diversified class of medical students has not been met by comparable success at the faculty level.

To help address goal this we are in the process of revamping the faculty search process based recommendations from a Faculty Searches Task Force, a group I charged last summer to address this important issue. At the Executive Committee meeting of November 3rd, Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, and Dr. Hannah Valentine, Senior Associate Dean for Diversity and Leadership, led a lively discussion on the work of the Task Force, which had focused on such aspects of faculty searches as the challenge of assembling a diverse candidate pool and the phenomenon of unconscious bias.

Unconscious bias occurs in faculty searches when committee members take cognitive shortcuts that inadvertently and prematurely narrow the applicant pool. For instance, Steinpreis, Anders, & Ritzke found that, when evaluating identical application packages, male and female university psychology professors preferred 2:1 to hire “Brian” over “Karen” (*Sex Roles*, 41, 509,1999). In another evaluative setting, Goldin & Rouse, in *The American Economic Review*, 90, 4, 715-741 (2000), found that when individuals auditioned for symphony orchestras behind a screen, the percentage of female new hires increased 25 – 46% in the orchestras using this screening method. The good news is that individuals, once they are conscious of this type of bias, exhibit less of it, at least for a short time. So it becomes important to inform members of search committees of unconscious bias and reinforce that knowledge over the course of the search.

The Task Force also discussed the importance of providing search committees with the information they need in order to be effective, the importance of School leadership in promulgating and supporting changes to improve our processes and outcomes, and critical issues related to retention of the faculty we work so hard to appoint.

From these considerations the Task Force has developed a set of recommendations that include the following:

- The development of comprehensive Search Tool Kit that would include
 - A Search Procedures Manual (School and University protocols, best practices, criteria for appointment, etc.)
 - Background information about the dynamics of searches, including research findings about unconscious bias
 - Current faculty demographics and faculty gains and losses data
- The establishment of a new role for a designated search committee member. This individual, who would normally not be the chair of the committee, would assure that all reasonable steps have been taken to obtain a diverse pool of candidates and would bring issues of unconscious bias to the attention of the committee.
- Broader promulgation and discussion of faculty demographic and gains and losses data at all levels of the School, under the leadership of the Dean's Office.
- Further discussion of critical retention issues, including flexible work arrangements and childcare issues.

Over the next months, these recommendations will be further developed and implemented by the Office of Academic Affairs and the Office of Diversity and Leadership. The Task Force consisted of Dr. David Stevenson, Chair, Dr. Ben Barres, Dr. Louanne Hudgins, Dr. Abby King, Dr. Stephen Smith, Dr. Hannah Valantine, Judith Cain, Barb Miller, Rebecca Trumbull, and Kathryn Gillam. Thanks to all for their thoughtful deliberations and excellent recommendations.

Faculty Fellows – A Leadership Development Opportunity

I have been delighted to hear about the success of our first Faculty Fellows program this year. Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership, has informed me that her Office is now soliciting nominations for the second class of Fellows. If you are interested in participating in this key leadership development program, please discuss the opportunity with your Department Chair or with Dr. Valantine. Fellows must be nominated by one of these individuals. The details of the program's goals and the criteria for selection are below. You can obtain a nomination form from Barb Miller at bemiller@stanford.edu.

Stanford University School of Medicine
Faculty Fellows Program: Diversity and Leadership

Dr. Hannah Valantine, Senior Associate Dean of the Office of Diversity and Leadership announces the launch of the second class of Faculty Fellows at the School of Medicine. A select group of Assistant and Associate Professors will be chosen as Faculty Fellows for the 2006-07 academic year. The purpose of the

Faculty Fellows program is to identify and develop a diverse group of junior faculty who have the potential to become our future leaders.

During the year, Fellows will attend a monthly dinner with key University leaders such as President John Hennessey and Dean Philip Pizzo. During these sessions, Fellows will learn more about leadership philosophy, strategy and style—“Personal Leadership Lessons”. Fellows will dialogue with colleagues and explore their own ideas on how to address leadership challenges as their careers develop. On a monthly basis they will also meet in small groups with a senior professor who will be their mentor.

If you are interested in being nominated for this opportunity, ask your Department Chair or Chief or Dr. Hannah Valentine to nominate you. Nominees should be assistant or associate professors who have demonstrated interest in and potential for leadership roles in the School of Medicine. They need to be respected by their colleagues and have demonstrated an ability to influence others. In addition, they should be advocates for change and for increasing the diversity of the School of Medicine. They should have demonstrated the ability to think strategically and systemically and lastly, they should be interested in taking on leadership roles in the future. Fellows are expected to attend all dinner meetings and mentoring group meetings.

You can obtain a nomination form by contacting Barb Miller at bemiller@stanford.edu or at 58402.

Nominations are due by **November 22, 2006**. The new Fellows class will be announced in January and will begin meeting in February 2007.

Medicine on a Global Stage

Concerns about health care in the United States are again moving to center stage, and the problems and potential solutions are daunting. Health care costs continue to rise (now over 16% of the GDP); the number of Americans who are uninsured or under-insured tops 40 million and is climbing as businesses seek to alter or cut benefits; access to medical care is fractured and for many the only entry point is through hospital emergency facilities (which are severely overburdened); the geographic distribution of physicians or their specialties is not consonant with the needs of communities or populations; the availability of primary care physicians is limited (and is not attracting sufficient new entrants); and the aging population further stresses the care delivery system – an issue that will be further exacerbated when Medicare reaches a seemingly inevitable financial crisis during the next decade or so. Coupled with these serious problems are the risk for a global pandemic (see above) and the already extant and growing problem of obesity in children and adults - with all its related co-morbidities. These and related issues have been discussed in recent medical journal and lay press articles and books, and was the topic of 8th Annual Thomas Fogarty Lecture given by Andy Grove, Senior Advisor and Former Chairman of Intel to a standing room crowd in the Arrillaga Alumni Center on

Thursday November 2nd. A similar set of issues was discussed at the California Healthcare Institute Board meeting by a representative of the Governor's office in anticipation of a health care plan for 2007.

Numerous solutions have been posited to address the lack of an organized and comprehensive health care system in the United States, although most advertently or inadvertently simply shift costs without really addressing the fundamental underlying problems and inequities. While a number of current political and other leaders continue to insist that only market forces will correct the cost escalations in healthcare, virtually every experience to date suggests otherwise. The most recent trend is the shift of responsibility and cost from employer to consumer (see Bloche G. *Consumer-Directed Health Care* NEJM 2006;355:1756-1759). This approach has the merit of increasing personal responsibility but it also simply shifts cost, and it still treats medicine and healthcare as a commodity – which in my opinion remains a fundamentally flawed assumption. But increasingly both physicians and hospitals are being compared and paid based on quality of their performance— a good thing, so long as the metrics are reliable and appropriate.

I have previously shared my belief that a radical approach is needed to address the fundamental problems of American health care, but I do not think this will be achieved – or likely even begun – on a national basis unless there is a major national crisis. And while I have felt that some variant of a single payer model has merit, I readily acknowledge that this seems unlikely given the culture and health care expectations of Americans, certainly for the foreseeable future. Even though a proposal for a single payer system made it through the California legislature, its veto by the Governor makes it most unlikely to succeed at least for the next gubernatorial term. At the same time, I am increasingly persuaded that a system embracing the principles outlined by Professor Victor Fuchs and EJ Emmanuel entitled “Health Care Vouchers – A Proposal for Universal Coverage” (NEJM 2005; 352:125501260) may be more acceptable to the current constituencies. But even this proposal may be seen as too radical – which is unfortunate indeed. Moreover, the changing landscape in U.S. health care is increasingly global in scope. . Whereas not too long ago a number of leading U.S. medical centers set up international programs to attract foreign patients to come to their centers in the U.S., the movement of patients to seek lower cost care outside of the U.S. is also a rising tide (see: A Milstein and M. Smith, America's New Refugees – Seeking Affordable Surgery Offshore. NEJM 2006; 355:1637-1640.

Even as we focus on health care costs, it is important to also focus on health and wellness – something that Andy Grove echoed and that the Governor seems ready to advance. Personal responsibility can make a significant difference in addressing serious health care risks and can offset such rising problems as obesity. But I fully recognize that changes in human behavior are also hard to accomplish. AIDS is a good example; changes in risky behavior and the use of condoms could stem transmission – yet the global prevalence of AIDS continues to rise. The level of obesity across the nation and around the world is another good example. Nonetheless, attention to health and wellness and aligning incentives to achieve and sustain them are as important as addressing our approach to

treatment of human disease. I write these words on the eve of the NYC Marathon, where over 37,000 individuals from around the world will join me in a statement for health – including Stanford Emeritus Professor Peter Wood, who at 77 years of age, is an admirable role model for wellness that we might all emulate!

Awards and Honors

- ***Spirit Award Winners:*** For the sixth consecutive year, two School of Medicine staff members have named as the Employee of the Year and both will be honored at the annual Staff Recognition Banquet on Thursday November 9th. This years Spirit Award winners are:
 - ***Nancy Winningham***, Faculty Compensation Manager
 - ***Homer Abaya***, Administrative Associate to the Chair of the department of Otolaryngology/Head and Neck Surgery.

Please join me in congratulating both Ms. Winningham and Mr. Abaya.

- ***Dr. Sarah Donaldson***, Catharine and Howard Avery Professor, has been selected to receive the 2007 Gold Medal from the American College of Radiology. She will receive the award in May 2007. Congratulations Dr. Donaldson!
- ***Dr. Martin Brown***, Professor of Radiation Oncology, has been selected to receive the Henry S Kaplan Distinguished Science Award from the International Association for Radiation Society. Congratulations Dr. Brown!
- ***Alfred T. Lane, M.D.***, Professor of Dermatology and of Pediatrics, has just been elected President of the Association of Professors of Dermatology. Congratulations Dr. Lane!
- ***Marti Trujillo***, Student Service Officer in Student Affairs, has been nominated to serve a three-year term as the financial aid liaison for the western region to the AAMC/Group on Student Affairs. This Committee works through both the Minority Affairs Committee and the Community on Student Financial Aid (COSFA). Congratulations, Marti!
- ***Irving L. Weissman, M.D.***, Virginia & D.K. Ludwig Professor for Clinical Investigation in Cancer Research, Professor of Dev Bio & by courtesy of Neurosurgery & Biological Sciences, will receive the John Scott Award and the American Italian Cancer Foundation Award. Congratulations, Dr. Weissman!
- ***Dr. Paul Yock***, the Martha Meier Weilland Professor of Medicine and Professor of Mechanical Engineering has been named the recipient of the TCT Career Achievement Award for his invention of some of the most important devices in interventional cardiology – along with his accomplishments as a teacher, clinician, and mentor. Congratulations Dr. Yock!

Upcoming Events

Brainstorms: New Frontiers in Science and Technology

Tuesday, November 7

7:30 – 9:00 pm

William R. Hewlett Teaching Center

Speaker:

Sanjiv “Sam” Gambhir, MD, PhD, Director, Molecular Imaging Program at Stanford (MIPS); Head of Nuclear Medicine; Professor of Radiology & Bioengineering

For more information: <http://events.stanford.edu/events/92/9248/>

This event is open to the public

TechNet Innovation Summit 2006 at Stanford

Wednesday, November 15, 2006

8:30 am – 1:00 pm

Memorial Auditorium

America's top leaders in technology will discuss emerging industry trends as well as the public policies that will shape the future of our nation. Moderated by award-winning journalist **Charlie Rose**, this event will be taped for broadcast and will feature:

Welcoming Remarks: President John Hennessy

Panel I: What is the Future of the Internet?

Featuring: **Brian Halla**, CEO, National Semiconductor; **Reed Hastings**, Founder and CEO, Netflix; **Jerry Yang**, Founder, Yahoo!

Panel II: Green Tech: Solutions for America's Future

Featuring: **John Doerr**, Partner, Kleiner Perkins Caufield & Byers; **Scott McNealy**, Chairman, Sun Microsystems

Panel III: The Global Knowledge Economy - Keeping our Competitive Edge

Featuring: **Bill Gates**, Chairman, Microsoft

Ticket Information:

- ☐ The event is open to Stanford faculty, students and staff.
- ☐ One (1) free ticket available per Stanford ID.
- ☐ Tickets must be picked up in person with Stanford ID at the Stanford Ticket Office beginning Wednesday, November 8.

- Special ticket distribution in White Plaza on November 13 & 14 from 11:30 a.m. to 1:30 p.m.
- Limited tickets may be available at the door on the day of the event at Memorial Auditorium.
- **Stanford Ticket Office location/hours:**
1st Floor, Tresidder Memorial Union
10:00 a.m. - 5:00 p.m., Monday-Friday
12:00 noon - 4:00 p.m., Saturday.
- For further event information phone: 725-2787.

Appointments and Promotions

Matthew Bogyo has been reappointed to Assistant Professor of Pathology and Microbiology & Immunology, effective 11/1/06.

Gregory Enns has been promoted to Associate Professor of Pediatrics (Medical Genetics) at the Lucile Salter Packard Children's Hospital, effective 11/1/06.

James Faix has been reappointed to Associate Professor of Pathology effective 11/1/06.

Robert S. Fisher has been reappointed to Professor of Neurology and Neurological Sciences, effective 11/1/06.

Michael K. Gould has been promoted to Associate Professor of Medicine (Pulmonary and Critical Care Medicine) at the Veterans Affairs Palo Alto Health Care System, effective 11/1/06.

Sherril Green has been reappointed to Associate Professor of Comparative Medicine, effective 12/1/06.

Basit Javaid has been appointed to Assistant Professor of Medicine (Nephrology), effective 11/1/06.

Christopher R. King has been promoted to Associate Professor of Radiation Oncology, effective 11/1/06.

Cheryl Koopman has been reappointed to Associate Professor (Research) of Psychiatry and Behavioral Sciences, effective 12/1/06.

Gordon K. Lee has been appointed to Assistant Professor of Surgery (Plastic and Reconstructive Surgery), effective 11/1/06.

Shoshana Levy has been reappointed to Professor (Research) of Medicine (Oncology), effective 11/1/06.

William Robinson has been reappointed to Assistant Professor of Medicine (Immunology & Rheumatology), effective 11/1/06.

Jessica Rose has been reappointed to Assistant Professor of Orthopaedic Surgery at the Lucile Salter Packard Children's Hospital and the Stanford University Medical Center, effective 11/1/06.

Stephen J. Ruoss, has been reappointed to Associate Professor of Medicine (Pulmonary and Critical Care Medicine), effective 10/1/06.

Jane Tan has been reappointed to Assistant Professor of Medicine (Nephrology) effective 10/1/06.

Ann Weinacker has been promoted to Associate Professor of Medicine (Pulmonary and Critical Care Medicine), effective 11/1/06.

Dean's Newsletter

November 20, 2006

Stanford Becomes a Ludwig Cancer Center

Shortly after my arrival at Stanford in 2001, I asked a faculty task force to explore whether the School of Medicine should seek to become a National Cancer Institute (NCI) designated cancer center and/or a Ludwig Cancer Center. As you know, the School committed itself to apply to the NCI for designation. Thanks to the enormous efforts of many faculty our application was submitted this past February; it was critically reviewed in the spring and presented to the Council of the NCI this past summer. We achieved an excellent score and are awaiting notification once the NCI budget has been passed. In parallel we also pursued the possibility of becoming a Ludwig Cancer Center. On November 14th the Ludwig Foundation announced that Stanford is one of six centers in the United States that will receive approximately \$2 million of support annually in perpetuity as a Ludwig Cancer Center. This is certainly wonderful news.

Each of the Ludwig Centers will have a different focus and all will collaborate as part of a novel network of centers of excellence. The six newly named Ludwig Centers and their Directors are:

- **Ludwig Center at Stanford University:** Irving Weissman, M.D. has been named the Director. Our center will focus on understanding the role of normal stem cells in tissue regeneration versus that of cancer stem cells. The Stanford center will attempt to isolate cancer stem cells in all human cancers and develop new therapies that target these cells to eliminate the disease at its source.
- **Ludwig Center at Dana-Farber/Harvard:** George D. Demetri M.D. will serve as Director. This center will focus on translational medicine, and in particular the

design and implementation of early drug development focusing on mechanism-targeted therapies in a way that links preclinical to proof-of-concept clinical research.

- **Center at Johns Hopkins:** Kenneth Kinzler, Ph.D. and Bert Vogelstein, M.D. are the Directors. This center will focus on the genetic bases of human cancer with the goal of developing novel approaches for the early detection and treatment of cancer.
- **Ludwig Center at Memorial Sloan-Kettering:** James P. Allison, Ph.D. is the Director. This center will focus on the role of the immune system in controlling and treating cancer and in fostering the translation of promising laboratory research into novel diagnostic tools or immunological therapies.
- **Ludwig Center at MIT:** Robert A. Weinberg, Ph.D. will serve as Director. This center will focus on metastases – one of the most fundamental and still least understood areas of cancer biology.
- **Ludwig Center at the University of Chicago:** Geoffrey L. Greene, PhD and Ralph R. Weichselbaum, M.D. will serve as Directors and, like the MIT center, will focus on the important problem of cancer metastases.

Thanks to the support from the Ludwig Foundation, these excellent investigators and centers will further advance the fundamental understanding of cancer. We are pleased and proud to be among the newly named Ludwig Cancer Centers.

Lane Library in the 21st Century: *LaneConnex 2006*

Three years ago Debbie Ketchell joined the School of Medicine as our Associate Dean of Knowledge Management and Director of the Lane Medical Library. Since her arrival, Ms Ketchell has led a transformation of the Lane Medical Library and has made it one of the most digital and accessible medical libraries in the nation. Indeed, when the LCME visited Stanford a year ago they were enormously complimentary of the tremendous changes that had occurred in Lane Library under Ms. Ketchell's leadership. I certainly share those accolades and am only sorry that a number of personal issues have led Debbie to decide to return to Seattle on a permanent basis (she has been commuting since she arrived at Stanford). I want to thank Debbie for the tremendous work she has done at Stanford – which has certainly moved Lane Library into the 21st Century. On November 8th Debbie gave an update on the LaneConnex to the Dean's Staff meeting, and I asked her to summarize her presentation so I could share it with you. Here is what she wrote:

“The mission of the Lane Library is to get the right knowledge, to the right person, at the right time, in the right context in support of translational research, innovative education and advances in patient care at SUMC. Our strategic initiatives are to create the digital library, develop smart interfaces, develop a learning connection, and re-envision the library as place.

The library celebrated its 100th anniversary this year in partnership with the alumni association. Alumni from the class of 1939 to 1982 talked about their memories of Lane during the April 2006 celebration of the Lane Centennial. You

can view these videos on our “Celebrating 100 Years” website (see: http://med.stanford.edu/about_photo/archive/05_26_06_lane100.html). In 1906, Lane was the largest medical library west of Chicago. In 2006, Lane provides a ubiquitous connection to a broad spectrum of information anytime, anywhere, information management training for clinical evidence, research data management and scholarly productivity, and has become a recognized leader nationally for innovation. The school’s accreditation report stated: “The medical school, through the leadership of the library staff, has created a “library without walls” allowing students and faculty to have access to information from any location.”

During the past three years our current journal titles have jumped from 1700 to 3700, of which 95% are online and of which over 1500 are back to volume 1. These articles are linked from PubMed, Google Scholar, Science Citation Index and other search systems. DocXpress, our digital article delivery service, became an instant hit with students and faculty. An article is requested online, we obtain a digital copy, and you “pick it up” online at your convenience. The request button is built into our website and linked from PubMed and Google Scholar. Much of Lane’s core reference, texts, atlases, protocols, images and videos – across both clinical and basic sciences – are online. Just a few of the titles are UpToDate, eMedicine, AccessMedicine, Anatomy.tv, Images.MD, MD Consult, Ovid, Proteome Knowledge Library, Protein Lounge, Methods in Enzymology, Current Protocols, ExamMaster, USMLEasy and Faculty of 1000. Faculty on sabbatical in Paris or waiting in the airport, residents at the VA or on vacation in Mexico, students on rotation at Santa Clara or at home can access this digital library through a simple SUNetID authentication.

So what is happening to print? Our pre-1960 and foreign language journals are into a high-density, preservation storage facility – over 67,000 volumes in the past year. Collaboration with Google allowed the scanning of all of our pre-1923 books and government documents (30,000 volumes) that are now downloadable as PDF files through Google Books. Our Rare Books were evaluated to both describe our rich, unique collection and determine their current worth. It is an amazing collection. These books will remain on campus.

LaneConnex, our new web interface, is designed to find and retrieve information with a single search. More Stanford content (e.g., Medicine Grand Rounds videos) is included. Search results are displayed by relevance and designed for easy scanning. If you search for “Science”, the journal link will be at the top of the list. If you search for “proteome” some of the results are an FAQ on how you can search the data generated by a laboratory kit, a link to the Cold Spring Harbor protocols and ongoing clinical trial in ClinicalTrials.gov. We encourage you to make the Clinical or Bioresearch Portal your homepage with their custom “inside the digital covers” search. If you search on the Clinical Portal for “Kawasaki” you get links to the topic in eMedicine and a calculator in MedCalc3000.

LaneConnexion is our successful liaison and training program. The liaison program matches a librarian or informationist with departments. We have strong partnerships with the Practice of Medicine course, Office of Postdoc Affairs, SUMC Research Council, SPCTRM and others to provide information management skills training. The breadth and depth of our workshops are increasing each year. We are developing methods to integrate our best clinical information into clerkships and the electronic health record. We began a bioresearch information program with the recruitment of Yannick Pouliot PhD. Dr. Pouliot is solving the problem of finding the right bioresearch tool and learning how to use it effectively. The revamped Bioresearch Portal and a series of new research data workshops are already making a difference in the lives of our post-docs.

Cosmetic updates to the facility over the past three years such as wireless access, electrified tables, comfortable furniture, up-to-date equipment, gate-less entrance, art and plants, plasma event board, and exhibits have all contributed to a more functional, friendly and useful place for collaboration and study.

So what's next? Ripe areas for knowledge development are components of a virtual translational research hub; embedded clinical reference in the EHRs; bioinformatics data management support; clinical evidence built into training; and planning for an extended stay in the Lane building while looking forward to the future LKC2."

A visual update is available at <http://lane.stanford.edu/services/about/lane2006update.pdf>. Clearly enormous progress has been made under Debbie Ketchell's leadership and she has set the stage for great things to come. Please join me in thanking Debbie for all that she has done for Stanford and in wishing her well in all her future endeavors.

AAALAC Site Visit Offers Praise for Stanford

The Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) was founded in 1965 as a voluntary, not-for-profit organization to promote higher standards of laboratory animal welfare. Since its founding it has grown significantly and is now comprised of 66 member organizations and over 700 accredited laboratory programs; there is an increasing involvement of programs in Europe and Asia. AAALAC is organized around representatives of its member organizations along with a small staff located in Frederick, Maryland and a Council on Accreditation that includes broad expertise in science and laboratory medicine. AAALAC is not a regulatory organization, and it carries out its work by site visits rather than inspections. It is very much a peer review process, and it offers guidance to universities and organizations on how well they are meeting quality standards in laboratory animal care. At the conclusion of a site visit the visiting team issues a written report that delineates either mandatory items, which must be fixed to remain accredited, and/or suggestions for improvement, which are meant to serve as guideposts to the organization being reviewed.

On November 13-14th, a four person AAALAC site visit team reviewed Stanford's animal laboratory program in considerable detail. They met with faculty and staff and toured the Research Animal Facilities (RAF) as well as dozens of research laboratories. The site visit team will issue a report based on their observations to the Council of Accreditation, which will, in turn, prepare the official comments to Stanford regarding this assessment. The site visit team had an exit interview with a number of university leaders and shared their preliminary observations. They indicated that these preliminary observations could be shared more broadly – so I am taking the liberty of doing so.

The news is excellent: No mandatory items were identified, which means that Stanford's accreditation will be sustained. The team identified nine helpful areas for improvement – all of which I am sure will be pursued. The site visitors were extremely complementary of Stanford's performance, noting in particular that the support the research animal programs received from the School and University administration was excellent, that the animal facilities are top-notch and well maintained, and that the education and policy information available to investigators and staff is excellent. They also praised the Lab Partner's Program and noted that occupational safety was excellent as were the animal husbandry staff, veterinarians, and technicians. They commented that the animal enrichment programs for subhuman primates were also quite excellent. Overall, they were highly laudatory.

Without question, a visit as successful as this one appears to have been (recognizing that we only have the preliminary report) happens only because of the excellent work of faculty and staff. I want to thank and give praise to the members of the Department of Comparative Medicine for their exemplary efforts and also recognize the leadership of Dr. Linda Cork, Chair of Comparative Medicine. They have much to be proud of – and we all owe them our gratitude and praise.

Thanking Those Who Help Make Stanford Great

We are so very fortunate to have wonderful students and faculty at Stanford who advance knowledge on numerous fronts, along with faculty and trainees who bring state-of-the art treatments to adults and children facing the challenge of serious illness. We frequently celebrate their accomplishments and bask in the glory of the accolades they deservedly receive. Despite the remarkable work of these individuals, none of these successes would be fully realized without the dedication, commitment, energy and support of the staff who provide the essential underpinning to the Stanford Medicine community. I had an opportunity to thank some of these important individuals at the Annual Staff Recognition Dinner that was held on Thursday, November 9th in the Faculty Club. This is always a festive event and I feel privileged to meet members of our staff who contribute so much in making Stanford such a great institution. It is also gratifying to observe how much our staff enjoy and value being part of our community – and that many are willing to serve Stanford for decades. In addition to thanking staff members who have served for 5, 10, 15 and 20 years of service, we also had the opportunity to celebrate 32 individuals who reached their 25, 30 or 35th anniversaries. While I want to thank and acknowledge every

member of the Stanford community I am listing below those individuals celebrating 25, 30 or 35 years of service.

25 Year Employees

Pamela Bernstein	Dermatology
Jutta Bischof	Genetics
Susan W. Bryson	Psychiatry
Marita Reilley Grudzen	Student Affairs
Joan M. Hebert	Genetics
Robin E. Holbrook	Microbiology and Immunology
Stephanie Johnson-Gray	Finance and Administration
Margaret A. Malone	Communications & Public Affairs
Linda McIntyre	Information Resources and Technology
Karen E. Mulkey	Research Management Group
David J. O'Brien	Institutional Planning
David R. Parks	Genetics
Holly A. Schrandt	Pathology
Georgette Stratos	Medicine
James T. Taskett	Visual Art Services
Eva Vasquez	Student Affairs
Claudia B. Weber	Genetics

30 Year Employees

Patricia L. Glennon	Pediatrics
Constance I. Holm	Pathology
Peggy L. Emper	Pediatrics
Barbara R. Meehan	Pathology
Christine A Miller	Genetics
Sherry Moore	Medicine
Wayne A. Moore	Genetics
Hung Minh Pham	Surgery
Diane F. Rapacchietta	Radiation Oncology
Sergio Raygoza	Comparative Medicine
Yin-Gail Yee	Medicine

35 Year Employees

Carolyn L. Hedrick	Pathology
Odell Spikes-Avery	Medicine
Ann N. Varady	Medicine

HHMI Opens National Competition for Physician-Scientists

We have just been informed that the Howard Hughes Medical Institute (HHMI) has opened a national competition for the appointment of outstanding physician-scientists as HHMI investigators. Approximately 15 physician-scientists “who have demonstrated originality and productivity as patient-oriented researchers and who show exceptional

promise for future research contributions” will be appointed. The specific eligibility requirements are available at http://www.hhmi.org/research/competitions/investigator_por/ and include an MD or MD/PhD (or the equivalent), a license to practice medicine in the United States, a tenured or tenured track position at a eligible institution (which of course includes Stanford) and a career as an independent investigator between 4 – 16 years, with evidence of independence by being a PI on an active NIH RO1 grant or a project leader on an active NIH PO1 grant along with a distinction as a patient-oriented investigator. Moreover, the applicant must be able to commit 75% or more of her or his time to research. Unlike many past HHMI competitions, there is no institutional limit on the number of applications and faculty can apply to HHMI without specific institutional approval. If you feel you meet the basic eligibility requirements and would like to apply for this important award, please review the website noted above. Applications are due by January 18, 2007 at 3:00 p.m. (EST).

I also want to point out that HHMI anticipates a separate general competition for HHMI investigators in the spring of 2007, and details about that will be shared as soon as they are available. If you have questions about the Patient-Oriented Physician-Scientists HHMI investigator opportunity that are not answered by the website or would like some additional advice, please feel free to contact my office and we will do the best we can to assist you.

The Goodman Simulation Center Opens

After nearly a decade of planning by Dr. Tom Krummel, Professor and Chair of Surgery, and his colleagues, the opening of the Goodman Simulation Center was celebrated on Tuesday evening, November 17th. Martha Marsh, President and CEO of Stanford Hospital & Clinics (SHC), and I hosted a festive event to thank the lead donors who provided the critical support to help bring the Goodman Simulation Center to life.

This unique facility is located at SHC near the operating rooms and provides state-of-art simulation of numerous surgical and interventional procedures. It builds on the work of The Center for Immersive and Simulation Learning (CISL) led by Dr. David Gaba, Associate Dean for Immersive and Simulation-based Learning and Professor of Anesthesia, as well as Dr. Krummel’s own research. The Goodman Simulation Center, which includes the Dr. Ralph and Marilyn Spiegel Simulation Suite, the Derry and Charlene Kabcenell Simulation Lab and the Dr. Roy M. Frank Skills Training Station, will provide an accessible simulation learning environment for students and trainees as well as experienced clinicians, nurses and other health professionals. It is also part of the School’s broad based learning environment that now includes sites at SHC, the VA and LPCH and that will be joined by a central facility at the Learning and Knowledge Center that will open in 2009. But the opening of the Goodman Simulation Center takes a giant step forward in realizing a major transformation of Stanford Medicine and I am grateful to Dr. Krummel for his leadership.

I would also like to thank Dr. Gaba and Ms. Maggie Saunders for their critical efforts and collaboration in bringing this dream to fruition. Finally, I would like to thank the key donors for this project: Professor Emeritus Joe Goodman and his wife Hon Mai Goodman, who provided the naming gift. I also want to thank Skip and Linda Law, Derry and Charlene Kabcenell and Lynne Frank along with Bruce Bingham, John and Jill Freidrenrich, Bob and Chandra Friese, Howard and Martha Girdlestone and Mike Paioni.

I hope you will take time to visit the Goodman Simulation Center – and most importantly to use it!

Transitions in Pediatrics

After thirteen years of exemplary leadership, Dr Harvey Cohen, Arline and Pete Harman Professor and Chair of Pediatrics, officially stepped down from his role as chair on November 15th. Following a host of farewells by his colleagues at the Lucile Packard Children's Hospital, the Lucile Packard Foundation for Children's Health, the department and community, we had a final thank you reception on Monday, November 13th. Dr. Cohen will soon begin a sabbatical in the laboratories of Professors Richard Zare, Marguerite Blake Wilbur Professor in Natural Science, and Rob Tibshirani, Professor of Health Research and Policy (Biostatistics) and of Statistics, during which he will focus on applying proteomics to the study of various pediatrics illnesses.

During his tenure as chair Dr. Cohen and his colleagues made remarkable progress on transforming the Department of Pediatrics as well as children's services at LPCH. As a consequence LPCH is now viewed as one of the nation's leading pediatric programs, and there is every reason to believe that the trajectory of success and excellence will be sustained – and hopefully even surpassed – in the years ahead. We all owe a debt of gratitude to Dr. Cohen for his many contributions. And we also wish him well in his new endeavors. I have had the personal pleasure of knowing Harvey Cohen since we served together as new interns at the Children's Hospital, Boston, and it is thrilling to witness the many important contributions he has made throughout his noteworthy career – and especially those made at LPCH and Stanford. Thanks Harvey.

While we have anticipated Dr. Cohen's departure for some time (he was clear that the best time for transition was while things were still on the curve of upward success rather than at its peak – a good philosophy) we hadn't anticipated that Dr. Ted Sectish would also be transitioning from his role as Director of the Pediatric Resident Training Programs. Dr. Sectish has done a superb job since he joined Stanford in 1993 and is nationally recognized for his knowledge and leadership. Indeed his prominence has won him two important new positions: first as the Director of Future of Pediatrics sponsored by the Federation of Pediatric Organizations (FOPO) and, second, as the Program Director for the Boston Combined Residency Program at the Children's Hospital, Boston. While I am certainly disappointed that Dr. Sectish will be leaving Stanford, I take some comfort that he will be leading the program at my alma mater, and I am sure that the contributions he will make in Boston and for FOPO will be beneficial to Stanford and

LPCH as well. Please join me in congratulating and thanking Dr. Sectish for his many important – and future – contributions.

Dr. Ken Cox Will Serve as Interim Chair of Pediatrics

I am very pleased to announce that Dr. Ken Cox has agreed to serve as the Interim Chair for the Department of Pediatrics beginning November 15th. As noted above, Dr. Harvey Cohen, who has led the department as chair with distinction for the past 13 years, will be stepping down to resume his research and clinical work. I had anticipated that our new chair of Pediatrics would be arriving at Stanford in early December but unfortunately a serious and unanticipated medical illness arose in the candidate's family that led to a change in plans during the past two weeks. I have already actively resumed the search process and am hopeful that we will soon identify another outstanding candidate, but this will certainly delay the time of arrival of the next chair – likely to next summer. Accordingly, I am most grateful that Dr. Cox has agreed to serve as the Interim Chair.

Dr. Cox, Professor of Pediatrics (Gastroenterology), is well qualified to assume these important responsibilities. He is currently serving as the Chief of the Division of Gastroenterology as well as the Associate Chair of the Department of Pediatrics. In addition Dr. Cox serves in two major institutional roles, as the Senior Associate Dean for Pediatrics and Obstetrics and as the Chief Medical Officer at the Lucile Packard Children's Hospital (LPCH). I have had the privilege and pleasure of working closely with Dr. Cox since my arrival several years ago, and I have the utmost confidence in his knowledge, commitment and dedication to pediatrics, LPCH and Stanford. He is also able to balance a number of important challenges and responsibilities simultaneously and seamlessly – which is clearly important at this time.

Naturally because of these additional and important responsibilities, Dr. Cox will appreciate the support and assistance from his many colleagues throughout the Department, School and Hospital. The role of the Chair of Pediatrics also includes the position of Chief of Staff at LPCH. However, given the breadth of his current responsibilities, Dr. Cox, Chris Dawes (President and CEO, LPCH) and I have decided that he should not serve that additional role. Thankfully, Dr. Christy Sandborg, Professor Pediatrics and Chief of the Division of Rheumatology, has agreed to serve as the Interim Chief-of-Staff at LPCH, and Mr. Dawes will make a formal announcement about her appointment.

I am of course saddened that an illness has prevented our candidate from assuming the Chair of Pediatrics and we offer our best wishes to his family. But I am also grateful that Drs. Cox and Sandborg have agreed to serve as interim leaders, and I am very sure that they will do a wonderful job in supporting the faculty and staff in pediatrics until I work to identify the next chair. And of course I hope I will be able to do that as expeditiously as possible.

LIVERight Takes Steps to Convey its Message

The Asian Liver Center at Stanford University was established in 1996 by Dr. Sam So, Lui Hac Minh Professor of Surgery. It is the only non-profit organization in the United States that addresses the high incidence of hepatitis B and liver cancer in Asians and Asian-Americans. The Center carries out its mission through outreach, education and research. On Saturday morning, November 11th, the Center partnered with the Answer to Cancer Foundation to host a 5K LIVERight race on the Stanford campus to raise awareness and money to support its missions. I had the pleasure of speaking to the over 500 runners who, despite the rainy morning, used their steps to help improve awareness and prevention of hepatitis B. I was pleased to see a number of Stanford undergraduate and medical student volunteers helping with this event and with the important work of the Asian Liver Center.

Luncheon for Long-Term and Emeritus Faculty

On Wednesday, November 15th I was honored to host the annual luncheon for long-term and emeritus faculty. Over 75 faculty who have either been on staff at the medical school for more than 20 years or who are 60 years or older joined me in the Fairchild atrium where I spoke on Medical Education: Building on the Past for the Future. Without question, many of the individuals in attendance played seminal roles in helping Stanford to achieve its current level of success – for which we must all be appreciative. I shared with them some of the changes that are unfolding in the projected workforce for physicians and physician-scientists and my reflections about whether the ways this is being addressed are really sensible. I also commented on some of the changes occurring in the delivery of primary care by other health providers, including the “Walmart model.” I then focused on Stanford and on how our special mission truly does build on the past to educate future leaders, physicians and scholars. It is always a pleasure to speak to this group, given their wisdom and many contributions to Stanford past and future.

Upcoming Events

McCormick Lecture with Dr. Linda Buck: Deconstructing Smell

Tuesday, November 28

12:00 – 1:00 pm

Fairchild Auditorium

The McCormick Lectureship honors Katharine Dexter McCormick, an early feminist who devoted much of her long life to the welfare of women. After receiving a degree in biology at MIT in 1904, she became a leader in the fight for women suffrage and was a founder of the League of Women Voters. Later, she provided the major financial support for the development of the first oral contraceptive at the Worcester Foundation. On her death at age 92, she left a large bequest to the Stanford University School of Medicine with the hope that it would be used “in aid of women students attending the School of Medicine and more generally for the encouragement and assistance of women in pursuing the study of medicine, in teaching medicine, and engaging in medical research.” The lectureship, initiated by women at the medical school, and now an official function, is one of the ways of fulfilling the wishes of Katharine D. McCormick.

This year's guest speaker is Dr. Linda Buck whose research has provided key insights into the mechanisms that underlie the sense of smell in mammals. In recognition of her contributions, Dr. Buck has been the recipient of numerous honors and awards, including the Nobel Prize in Physiology or Medicine. For further information on Dr. Buck's background, visit: <http://www.fhrc.org/research/nobel/buck/>

Endangered Childhood: Disease, Conflict and Displacement

Tuesday November 28

4:15 pm

Bechtel Conference Center

The International Initiative at Stanford, United Nations Association Film Festival, Freeman Spogli Institute for International Studies and the Global AIDS Interfaith Alliance will co-sponsor a film and panel discussion on "Endangered Childhood: Disease, Conflict & Displacement." The film that will be shown is entitled *Their Brothers' Keepers: Orphaned by AIDS* and it will provide insight into the plight of children orphaned by AIDS. Following the film, Dr. Paul Wise, Richard E. Behrman Professor in Child Health and Society, will lead a panel on the impact of conflict and displacement, their psychological effects on child health and development, and work done to assist children affected by AIDS. The session will conclude with a Q&A session open to all. This event is free and open to the public. For further details see: <http://fsi.stanford.edu/events/4679>.

Awards and Honors

Dr. Sharon Hunt, Professor of Medicine, has received the American Heart Association's Laennec Master Clinician Award, the highest award offered to clinician. In recognition of her award one of her former trainees and now colleagues noted that "Sharon has taught just about everyone in transplant in the country!" which certainly seems to sum up the basis for this award. Congratulations to Sharon.

Dr. Mark Musen, Professor of Medicine and Computer Science, has received the Donald A.B. Lindberg Award for Innovation in Information by the American Medicine Informatics Association (AMIA). This award recognizes an individual for a specific technological, research or educational contribution that advances biomedical informatics. Congratulations to Mark.

Martha Trujillo, Director for Student Financial Services, has been nominated to serve for the 2006-2007 year as the Western Region Financial Aid Liaison to the AAMC/Group on Student Affairs. This committee works through both the Minority Affairs Committee and the Community on Student Financial Aid. Congratulations to Marti.

Happy Thanksgiving

This week begins the traditional holiday season and I want to wish each of you and your families a Happy Thanksgiving. Of course I would be remiss in not reminding everyone to have a wonderful time while still paying attention to monitoring and regulating personal thermodynamics!

Dean's Newsletter December 4, 2006

Planning the Future of the Stanford University Medical Center

Nearly fifty years ago a visionary group of University and School of Medicine leaders made the bold decision to relocate the medical school from San Francisco to the Stanford Campus. The realization of this plan, finalized on July 15, 1953, brought to life the dream of President Ray Lyman Wilbur, who had envisioned the power of the co-location of the medical and life sciences with the physical and social sciences of the university. Indeed, this vision was consistent with the recommendations of the 1910 Flexner Report, which noted that “a medical school should be an organic part of its parent university.” Further, when the medical school was officially moved in 1959, university and community leaders in the City of Palo Alto forged an agreement to establish Stanford Hospital and thus initiated a process that would transform the face of medicine, locally and globally, for decades to come. This partnership followed an association dating back to 1921, when the Peninsula Hospital became Palo Alto Hospital. Its new facilities had opened in 1930 in the buildings now known as the Hoover Pavilion. The design for the current medical center, which opened in 1959, began in September 1955 with architectural planning led by Edward Durell Stone. It initially consisted of three hospital, one clinic and four medical school buildings that still stand today – although they are now rapidly becoming obsolete as education, research or patient care facilities.

While the Stanford School of Medicine trained many outstanding clinicians and leaders during its 50-year stay in San Francisco (the Medical School was established in 1908 when Stanford assimilated the former Cooper Medical School into the University), its profile and national reputation quickly changed when the School was constructed on its current footprint in 1959. The contiguity of the medical school to its major affiliated hospital and to the university created partnerships that would promote elegant science and the foundations of what we now refer to as translational medicine (i.e., bringing discovery from the laboratory to the bedside).

The Historical Context

Under the leadership of Dr. Robert Alway, who served as Dean of the School of Medicine from 1957-1964 (succeeding Dr. Windsor Cutting) a number of major recruitments were made in association with the school's relocation. These were aimed at divesting the concept that the School had become too inbred during its San Francisco tenure. Among these were Dr. Norman Kretchmer from Cornell to lead Pediatrics, Arthur Kornberg (and his entire department) from Washington University to found the Department of Biochemistry, Joshua Lederberg from the University of Wisconsin to

found the Department of Genetics, Robert Chase from Yale to lead Surgery and David Hamburg from NIH to lead Psychiatry. These new recruitments were joined by two leaders from San Francisco: Avrum Goldstein to lead Pharmacology and Henry Kaplan to lead Diagnostic and Therapeutic Radiology – along with a young and rising star named Dr. Norm Shumway.

The Past Predicts the Future

In tandem with the move of the School and the opening of new facilities, a new curriculum for medical education was designed. Called the Five Year Plan, it followed principles that are remarkably similar to those of the New Curriculum we inaugurated in 2003. Based on a history recorded by the late long-time Stanford faculty member, Dr. John L. Wilson, the guiding principles for the Five Year Plan included:

- Stress upon principles rather than upon detailed mastery of subjects.
- A conjoint course in the basic sciences designed to overcome the splintering of biology into separate "subjects" which deal independently with structure, function and chemical processes.
- All laboratory exercises in biochemistry, physiology, microbiology, pharmacology and portions of pathology and anatomy will be combined into a single laboratory course to be conducted cooperatively by the six pre-clinical departments.
- The basic science course will be conducted in multi-discipline unit laboratories, each serving sixteen students as a "home laboratory" for a full year. These small laboratories are designed to foster a close relationship between students and the faculty members conducting the course.
- From the outset of their medical course, students will be guided toward increasingly greater degrees of independence in planning, executing, observing and interpreting experiments, in preparation for application of the skills and attitudes thus acquired to the advanced pre-clinical work which later will parallel related clinical experiences. The spread of the basic sciences throughout the medical program will permit an earlier introduction of clinical subjects. Here too, changes have been made to provide more unity in the curriculum.

With the recruitment of outstanding new leaders, new facilities and a new curriculum, the School was literally catapulted into national prominence. In looking back on the momentous changes that occurred a half century ago we are humbled by how many of our current “bold” efforts are really attempts to recapture some of Stanford’s past.

Current Forces Change Past Expectations

At the same time it is also interesting to note how time has forced changes in the original policies adopted for full-time faculty in 1959 – which included the following principles.

- All University faculty members should be appointed on the same basis and should share the same privileges and responsibilities;
- The primary responsibility of a University faculty is teaching and research;
- Faculty salaries should be derived from University sources;
- Full-time members of a medical faculty should not engage in the practice of medicine for personal gain;
- The use of knowledge and skill as physicians for the benefit of humanity by rendering medical care is an obligation of any group as capable for such care as a medical faculty;
- The continued use of such knowledge and skill by clinical faculty members is essential to effective teaching;
- The patient care rendered by a medical faculty must be limited to the amount required for teaching and research;
- A direct relationship between any income from patient care and a faculty member's salary is incompatible with the maintenance of university status.

While it was hoped that increased endowment support would enable these policies to be adopted, it is clear that the many forces that have changed the face of medicine in the ensuing 50 years have also altered these expectations, particularly for our clinical faculty.

A Legacy Building Its Future

But it is clear that the past 50 years have also witnessed tremendous changes in Stanford Medicine itself. Despite the smaller size of our faculty compared to peer research intensive schools of medicine (approximately 40% the size of UCSF, less than a third of Johns Hopkins and over 10% of Harvard Medical School), our school and faculty have made major contributions to science and medicine so that, in my opinion, we are among the very top schools of medicine in the nation. For example, our faculty continues to command the highest amount of peer-reviewed NIH funding per principal investigator of any peer school, and the awards and honors received by our faculty are exceptional in virtually every domain. Just this year they include two new Nobel Laureates (bringing the total to four), a winner of the Kyoto Prize, and three new NIH Pioneer Awards (and since this award was first given two years ago, seven of the 34 awarded across the entire nation have come to Stanford), among many others. The contributions of our faculty in basic research are the envy of virtually all of our peers. Our faculty have made remarkable contributions in major disciplines including cancer biology and treatment, stem cell biology and regenerative medicine, the neurosciences, cardiovascular medicine and surgery, immunology, transplantation and infectious diseases as well as genomics, imaging, informatics and virtually every field of medicine, surgery and science.

As a result of this extraordinary record of achievement, the Stanford University Medical Center has brought enormous credit and distinction to the University and our community. It has also transformed the health care of the citizens of Palo Alto and our neighboring communities by bringing them state of the art care as well as the latest innovations and discoveries in medicine and the biosciences. Stanford faculty have also played a major part in the economy and development of Palo Alto and our other neighboring communities by helping to launch the field of biotechnology, initially through discoveries in genetic engineering and since then through activities in the entire spectrum from basic discovery to the development of a wide range of medical devices.

Now, nearly 50 years following the move of the School to the Stanford campus, we face another array of remarkable opportunities and challenges. While the quality of our faculty and students is outstanding, a number of our medical school and hospital facilities will not meet our needs and missions – or the ability to serve our communities – in the next half century. Indeed for the past several years we have been deeply involved in developing a master plan for the medical school that is aligned with our major on-site affiliated hospitals (Stanford Hospital & Clinics and the Lucile Packard Children's Hospital) as well as with the Palo Alto Veteran's Medical Center. We have also been exploring the important question of how much of our future program can be developed on the current Stanford campus (which may include the proximate VA site) and how much will need to be housed at "off-site" locations.

Among the guiding principles for our deliberations has been the desire to do our best to house on campus as many of our research and education programs as possible so that they are in close contiguity to the university and our affiliated hospitals. Clearly this is essential if we are to continue to foster interdisciplinary education and research as well as the translation of knowledge from the laboratory to the patient. But we are challenged by limitations in the space available to grow on campus and by economic constraints in our goals of maintaining balance, functionality, sustainability and contiguity on campus. Thus, in developing our master facilities plan we have addressed space utilization and development not only on the medical center footprint but in the proximate areas (e.g., VA, Research Park) and at the evolving North Campus in Redwood City.

We have also tried to anticipate the growth of medical school faculty over the next 15-20 years and to do our best to assure a balance in our future investments in basic science and clinical science program development. As 2006 draws to a close we have approximately 785 full-time faculty in the School, and we are aware of the current faculty cap of 900 faculty. Accordingly, we have planned for several contingencies - how programs would develop if we were unable to exceed the cap, as well as how we would accommodate the increases in faculty size that might be necessary to meet our full programmatic requirements. In doing so, we want to assure that when our facilities plan is fully realized we will actually have space for our basic, clinician-scholar/investigator and clinician-educator faculty.

In considering the Medical School's facilities plan it is also important to recognize that we located in two jurisdictions, each with different rules and guidelines impacting future growth and development. For example, the original 1959 E.D. Stone buildings (i.e., Grant, Alway, Lane and Edwards) are in the City of Palo Alto, along with the entirety of SHC and LPCH and our sites on Welch Road. The rest of the medical school campus (i.e., Clark Center, Fairchild Science and Auditorium, Beckman Center, CCSR, the RAF, Pediatric Surgery Laboratory, Redwood Building, MSOB, MSLS, and Lucas Center) are in Santa Clara Valley and are governed by the General Use Permit (GUP) rules. In our 15-20 year master plan we intend to build, rebuild or renovate in all of these areas, as I will outline below. Based on this vision, we have been working with the University's Office of Land and Buildings as well as with the leaders of Stanford Hospital & Clinics and the Lucile Packard Children's Hospital to develop a well orchestrated and integrated facilities plan that complements and synergizes our discrete and mutual needs.

School of Medicine Master Facilities Plan 2006

Medical Center Area

Following is our most recent thinking regarding the School of Medicine Facilities Master Plan. As you may know, the School of Medicine falls under two jurisdictions: we are partially within the City of Palo Alto and partially within the County of Santa Clara. We are currently working on a number of components of the plan, and we are anticipating its full completion, which may take 15-20 years. This past week, the Hospital CEOs and I met with the Palo Alto City Council to introduce them to the Stanford University Medical Center Facilities Plan, which includes both hospitals and part of the School of Medicine. I am eager to share the full range of our planning with you. Thus, the description that follows here includes both the parts of the School that are under the jurisdiction of Santa Clara County and those that are within the City of Palo Alto.

Section of the Medical School under the Jurisdiction of Santa Clara County and the GUP:

1. We have received sufficient GUP space allocation (or the commitment thereof) to proceed with the planning of the following buildings at this time:
 - a. ***The Learning and Knowledge Center #1(LKC1)***, a 120,000 gasf (gross available square feet) facility on the site of the current Fairchild Auditorium. I detailed the current status of the LKC planning in a recent Newsletter (see: http://deansnewsletter.stanford.edu/archive/11_06_06.html#2), and it is our hope to complete this project by 2009. We currently anticipate that architectural design will be completed by the end of this year and that ground breaking will occur in later 2007 or early 2008. A key factor of course is completing the fundraising goals for this important project – which we are actively working on.
 - b. ***The Connectivity Elements Project***, while hardly the most visible part of our plans, is critical to the next phase of our medical school

campus. These include loading docks and a series of underground transportation tunnels that will link current and future buildings and that will permit deliveries of supplies and so forth safely and more seamlessly – and below rather than above ground. Work on this project is now beginning.

- c. ***Stanford Institutes of Medicine #1 (SIM1)*** will be a 200,000 gasf research building housed on the parking lot south of the CCSR. Architectural design for SIM1 will commence shortly. This building will be designed as either a two or three component building and is currently planned to house new or current faculty who are Members or Associate Members of the Stanford Institute for Stem Cell Biology and Regenerative Medicine, the Cancer Center/Institute and the Neuroscience Institute. We hope SIM1 will be ready for occupancy in 2009-2010.
 - d. ***Learning and Knowledge Center #2 (LKC2)*** will be a 85,000 gasf building on the site of the current Fairchild Science Building (see below) and will house the Library and Knowledge Center staff and student services, as outlined in the last Newsletter (see: <http://deansnewsletter.stanford.edu/#2>). In previous plans we had anticipated that these programs would be housed in renovated space in the Lane and Alway buildings but, as you will note below, we are currently hoping to rebuild the entire 1959 ED Stone Complex as our Foundations in Medicine and Science (FIMS) buildings.
2. For the following projects we have either an expectation of GUP allocation or an understanding that it will be available when the project is ready for initiation.
- a. ***Stanford Institutes of Medicine #2 (SIM2)*** will be a 150,000 gasf research building on the site of the lawn and trailers near the MSOB and Lucas Center. SIM2 will house the Cardiovascular Institute and, potentially, the Institute for Immunity, Transplantation and Infection. While we do not have full GUP allocation for SIM2 we do have a green light to proceed as soon as we have completed fundraising for SIM1. The availability of funding could impact the timeline (and potentially make completion earlier) but at present we have SIM2 slated for completion in 2016.
 - b. ***Stanford Institutes of Medicine #3 (SIM3)*** will be a 220,000 gasf research building on the current site of the MSOB, west of SIM1. The programming for SIM3 is incomplete, but it is envisioned to permit redistribution of Members and Associate Members of Institutes from SIM1 and SIM 2 so that each building will

accommodate 1-2 of the five Stanford Institute of Medicine (whose faculty will be Institute Members or Associate Members. Currently we project completion of SIM3 in 2019-2020.

Science and Engineering Quad 2 (SEQ2)

1. Work is currently underway on the SEQ2, which will be a new quad housing four buildings just south of the medical school footprint with a new pedestrian access along Via Ortega. The Energy and Environment Building, the first building in this quad, is currently under construction. The new **Bioengineering Building**, which will also be in this quad, will house faculty from our Department of Bioengineering, which is joint between the School of Engineering and the School of Medicine. Currently Bioengineering faculty are largely in the Clark Center, but this space is now fully occupied. When the Bioengineering Building is completed, in approximately 2011-2012, it will accommodate new recruits or some of the Bioengineering faculty currently housed in the Clark Center.

Section of the Medical School under the Jurisdiction of the City of Palo Alto

Approximately six months ago a request came from the Office of Land & Buildings to reconsider the wisdom of renovating the 1959 ED Stone Complex. In response, an alternative model was developed that we have now worked on from the perspectives of space utilization, programming, and economics. Based on current estimates, the cost to rebuild the ED Stone Complex is not significantly different from the cost to renovate it. However, these buildings are in the City of Palo Alto and, thus, our plans require approval from the City Council.

At our November 20th meeting with the Palo Alto City Council, while the focus of this meeting was appropriately on the renewal and expansion of SHC and LPCH, our proposal to rebuild the Grant, Alway, Lane and Edwards Buildings was also discussed. We anticipate that the decision regarding these buildings will be considered as part of the City's evaluation of the entire Stanford University Medical Center Master Plan and that, accordingly, it is likely that it will be 2-3 years before we have a clearance to proceed. But we will certainly have a good idea of the receptivity to this proposal along the way, and we will be conducting our building planning during this time. Based on this we currently envision the following project developments:

- a. **Foundations in Medicine and Science (FIMS).** This will be new laboratory research building designed to replace the 1959 ED Stone buildings and provide more modern research facilities to support both basic and clinical departments. While this project will be square foot neutral compared to the current footprint, it will provide research facilities that will be suitable for 21st century biomedical research. The FIMS will include:

- i. ***Foundation in Medicine and Science #1 (FIMS1)*** which will be a 160,000 gasf building on the lawn just north of CCSR. Because this site is unencumbered it will be the first of the FIMS to be constructed, and it will permit serial decanting such that the 1959 ED Stone Complex can be serially demolished and rebuilt. We are currently planning on FIMS1 being ready for occupancy in 2012. Once it is completed and SIM1 is constructed, it will be possible to empty and demolish the Fairchild Science Building and the Edwards Building and also begin the LKC2 project noted above.
- ii. ***Foundations in Medicine and Science #2 (FIMS2)*** is currently estimated to be a 110,000 gasf building. Once completed it would permit the demolition of the Lane and Alway Buildings. At this time we anticipate that FIMS2 will be completed in 2014-2015.
- iii. ***Foundations in Medicine and Science #3 (FIMS3)*** is planned as a 145,000 gasf building that would complete the replacement of the 1959 ED Stone Complex facilities and would result in the demolition of the Grant Building. Currently we are planning for FIMS3 to be completed in 2016-2017.
- iv. **800 Welch Road** is the former site of the Blood Bank (before its relocation to 3373 Hillview Avenue along with the SHC/LPCH clinical labs). Our plan is to ultimately reconstruct this building to house the ***Jill and John Freidenrich Center for Translational Research***.

When the entirety of the medical center plan for the School of Medicine is completed we will have constructed approximately 1,222,000 gasf of new facilities on the medical school campus but also will have demolished 644,993 gasf of existing buildings. The total new net square footage for the School on the Medical Center campus will be 557,007 gasf. While this may seem small in comparison to the enormity of the project, we will nonetheless possess facilities for education and research that will be state-of-the-art for decades to come. When coupled with the hospital renewal projects (see below) Stanford Medicine will be well poised to face the 21st century with facilities that are commensurate with the excellence of its faculty, students and staff.

Palo Alto VA and Research Park Area

We are currently holding a number of leases in the Stanford Research Park and ideally would like to consolidate or eliminate some of these in the years ahead. At the same time we are excited about the prospect of forging future research

alignments with the Palo Alto VA Medical Center. Also, after 2017 it would be prudent to assess the land sites that become available on the current Roche property, which is south of the VA on Foothill Expressway and which may offer the opportunity to develop an additional research corridor the borders the VA and University campuses.

1. ***Potential Palo Alto VA/Stanford Research Facility***: We are currently exploring a possible joint laboratory research facility on the VA campus. There are many advantages to this and while this is preliminary, we hope that we find a successful way to bring this to fruition. If so, our timeline for completion of this project (potentially a 250,000 gasf building) is 2013-2014.
2. ***1050 Arastradero*** is currently the site for interim location of the Institute for Stem Cell Biology, Cancer and Regenerative Medicine and the Neuroscience Institute. We have a 15-year (renewable) lease on this facility and have invested considerable funds in renovating it as a wet-lab research facility. We anticipate that we will continue to use this facility for program development once its current and immediate occupants move to SIM1, once it is completed.
3. ***855 and 975 California Avenue*** are currently sites for Genome sequencing cores and related activities. These are important facilities, and we are exploring whether they will continue to be housed on this site or in other facilities under development.
4. ***3155 Porter Avenue*** is also a site on which the School has leased space for animal care – now in support of investigators at Arastradero but potentially to develop other core services as well. We will also explore housing other programs at this site depending on space availability.

North Campus and Other Community Sites

We are currently working with both SHC and the University regarding a site in Redwood City now referred to as the North Campus. These plans will unfold over the next 2-5 years.

1. ***SHC/School of Medicine North Campus Facility***: SHC has purchased four buildings previously owned by the company Excite @ Home and is currently renovating three of them for clinical programs being developed in conjunction with the School of Medicine. The planned opening of this facility is early 2008. It will house Centers for Orthopedics, Spine Care, Dermatology, Pain Management and Sleep Medicine. Imaging and ambulatory surgery will be available at the North Campus, and it is designed to provide state of the art ambulatory care in an attractive and patient friendly environment.

2. ***University/School of Medicine North Campus Facility:*** The University has purchased approximately 30 acres of land proximate to the SHC site and is currently exploring the development of the Stanford North Campus, which will house a variety of administrative and, potentially, research and education programs. We are currently collaborating with the University about joint programs. As I discussed in the November 6th Newsletter (see: http://deansnewsletter.stanford.edu/archive/11_06_06.html#3) we are currently exploring relocation of a number of School administrative functions offsite in anticipation of the development of the North Campus. The off-site alternatives being developed are exciting and will provide very special opportunities for our staff and faculty.

Hospital Planning

Over the past several years both Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH) have been deeply involved in future facilities planning based on, among other factors, seismic issues, serious capacity constraints, severe limitations in the number of single occupancy rooms, and an emergency department that is too small and lacks the privacy to provide care to the community. Because the hospitals are both in the City of Palo Alto, renewal or expansion of these important facilities needs approval from the City Council. This process was initiated at the November 20th meeting with the City Council mentioned above. This meeting launched an evaluation and negotiation process that will unfold over the next couple of years. Some of the key issues presented to the City Council are as follows:

Stanford Hospital & Clinics Master Facilities Plan 2006

Since 1959, SHC has been providing state-of-the-art healthcare for Palo Alto and the surrounding communities. Originally constructed as a joint teaching hospital and City of Palo Alto community hospital, SHC is currently licensed by the state of California to operate 613 beds, but is currently operating at about a 460-bed level. Its projected need, in order to viably meet current and future demand, requires an increase of 140 beds, for a total of 600 beds. In order to meet this bed count and provide for the other issues identified above, SHC proposes the following:

New construction:

- 1,100,000 gross square feet to house the replacement of 456 beds, new surgical operating suites, new diagnostic and treatment suites (MRI, CT, etc.), and associated nursing and support space
- 329,000 gross square feet to house clinics, medical offices, and administrative offices
- Parking for 695 cars
- Parking Structure for 700 existing cars to replace existing Parking Structure #3 (700 cars)

Reuse of existing facilities:

- Renovation of D, E, & F nursing units, which currently house 243 hospital beds, to house about 144 SHC hospital beds and support space
- Reuse of the remaining 1989 HMP building to house diagnostic and treatment space and other supporting functions such as materials management, clinical laboratory, and physician and administrative offices

Demolition of existing facilities:

- Demolition of 441,900 sf of existing 1959 hospital facilities (East Building, West Building, Core Building, and Boswell Clinics Building) after construction of a new clinical building
- Demolition of 216,400 sf of the existing 1973 building after construction of a new clinical building
- Demolition of existing 700-car Parking Structure #3
- Demolition of existing 1101 Welch Road structures totaling 41,100 square feet.
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Summary of square feet (not including parking):

Based on the current data, approximately 1,429,000 square feet of new construction would take place along with approximately 699,400 square feet of demolitions, for a total net addition of 729,600 square feet.

Lucile Packard Children's Hospital Master Facilities Plan 2006

Occupied in 1991, the existing LPCH facility requires expansion to serve additional children and families and to accommodate contemporary healthcare standards. LPCH is currently licensed for 257 beds on its campus and plans to increase its license by 104 beds to 361. The proposed addition will allow conversion of existing beds from semi-private to private rooms in the existing facility and reuse of space for other diagnostic and clinical purposes. LPCH will continue to occupy two floors in the F Pod nursing unit for its Obstetrics program and will also convert rooms in both F Pod and other vacated space to create private patient rooms. LPCH will also continue to share services with SHC for emergency department services and materials management.

New construction:

- 375,000 gross square feet of new addition to house 104 new beds, new surgical operating suites, new diagnostic and treatment suites (MRI, CT, etc.) and associated nursing and support space
- 50,000 gross square feet of new clinics space and supporting services

Reuse of existing facilities:

- Reuse of two floors in F Pod to continue to house the Obstetrics program
- Reuse of main facility to continue to house patient bed, diagnostic and treatment, clinical and support services

Demolition of existing facilities:

- Demolition of existing 703 Welch Road structure of 23,500 square feet. See separate discussion regarding relocation of non-Stanford medical offices.

Summary of square feet (not including parking):

As currently planned there will be approximately 425,000 square feet of new construction along with approximately 23,500 square feet of demolition for a total net addition of 401,500 square feet for the LPCH plan.

The Planning Process and Timelines

This plan represents a bold and ambitious vision for the Medical School and Medical Center that will unfold over the next 15-20 years (or more). I am fully cognizant that we face a number of challenges in bringing this plan to fruition on the timescale we hope will transpire. In addition to the important processes that will unfold in relation to the projects in the City of Palo Alto, we will also need to grapple with limitations in GUP allocation for the remaining projects and, perhaps most importantly, the economic resources to carry them out. Accordingly we have developed a carefully calibrated funding plan. However, it must be recognized that bringing each of its elements together will require precision, careful calibration, appropriate accommodations, dedication and commitment – and of course, a considerable amount of luck or “good fortune.” That said, we are at a critical juncture, and if Stanford is to remain a leading institution for the 21st century, it is imperative that we accomplish these important goals and objectives. As I concluded my comments to the Palo City Council on November 20th, I reminded them that 50 years from now, leaders from the university, medical center and community would look back on what we did to assure that Stanford would remain a world leader in academic medicine. We can do no less than think boldly and thoughtfully and shape the future for the benefit of our community – locally and globally.

Call for Proposals for the Wallace H. Coulter Translational Partners Grant Program at Stanford University

I have received the following announcement from Dr. Paul Yock, The Martha Meier Weiland Professor in the School of Medicine and Professor of Bioengineering and Co-Chair of the Department of Bioengineering. This is a wonderful opportunity for faculty in clinical departments to collaborate with a member of the Department of Bioengineering. I encourage interested faculty to follow up with Dr. Yock or with Dr. Scott Delp, Chair of the Department. Please note that the deadline for submission is January 8, 2007.

The Wallace H. Coulter Translational Partners Grant Program at Stanford University CALL FOR PROPOSALS

Deadline: January 8, 2007

Program: Grants of up to \$100,000 (direct costs) from the Wallace H. Coulter Foundation will support collaborative translational research projects that involve co-investigators from the Department of Bioengineering and a clinical department in the School of Medicine. The goal of this program is

to facilitate collaborative research that addresses unmet clinical needs and leads to improvements in health care and to commercial products. Examples of desirable outcomes include inventions, patents, improved diagnosis and treatment of disease, commercial products, licenses, commercial partnerships and start-up companies.

Criteria: Each proposal must have co-investigators, at least one whose primary salaried appointment (50% or greater) is in the Department of Bioengineering at Stanford University and at least one clinical investigator from a clinical department in the School of Medicine. The Bioengineering faculty member must be full-time, tenure track at the Assistant, Associate or Professor rank. The research must relate directly to applications in health care, and the objectives of the project should include an outcome that will benefit patients. Evaluation of each proposal will be on the basis of scientific merit, potential health care impact and significance, experience of the investigators, and the potential for commercialization and for successfully obtaining further support.

Submission: It is suggested that applicants discuss their proposal with Paul Yock (yock@stanford.edu) or Scott Delp (delp@stanford.edu) before submission. Proposals must be submitted by January 8, 2007 via e-mail to Sandy Miller, sandy.miller@stanford.edu. An Advisory Committee will review the proposals and select finalists for a brief presentation in late February. Applicants will be notified by early March 2007 for funding to begin April 1, 2007.

Duration: Grants will be for a one-year period, and may be submitted for renewal. Renewal applications must have a comparison of milestones achieved vs. those planned in the original submission. Renewal applications will be evaluated on a competitive basis with new applications.

A Job Well Done: Thanking and Honoring Dr. Julie Parsonnet

At the end of this year Dr. Julie Parsonnet, who has served with distinction as Senior Associate Dean for Medical Education for the past five years, will relinquish her decanal responsibilities and return to her important roles as an investigator and clinician. I want to thank Dr. Parsonnet for the extraordinary job she has done in significantly enhancing medical education at Stanford. Thanks to her leadership and the very successful partnership she forged with her colleagues in the Dean's Office, the Faculty Senate, and our students, the New Stanford Curriculum (see: <http://med.stanford.edu/education/>) was implemented in the Fall of 2003 – less than two years after it had been conceptualized. This was a remarkable achievement in its own right. But even more important is the substance of the New Curriculum - Stanford now has a medical curriculum that more closely aligns our students with the faculty and the mission and goals of our school of medicine. We are privileged to attract wonderful students to Stanford, and I am enormously pleased that we can offer them an opportunity to develop a broad and deep

knowledge of the biosciences and their relationship to clinical medicine. Because of the New Curriculum's innovative scholarly concentrations, which provide opportunities to develop deeper analytic knowledge through research, I am confident that Stanford graduates will be even better prepared to become the leaders and transformers of tomorrow.

Coupled with the important leadership role that Dr. Parsonnet played in designing the New Stanford Curriculum, she also helped develop the advising system and has been a champion for improving the lives and personal development of our students. Changes like these do not come easy to individuals or institutions. They require vision, commitment, dedication and true leadership. Dr. Parsonnet exemplifies these qualities, and I am most grateful and appreciative of her all that she has accomplished.

Please join me in thanking and honoring Dr. Julie Parsonnet.

Transitions in Medicine: Thanking Drs. Greenberg and Rizk and Welcoming Dr. Ralph Horwitz

On December 1st Dr. Ralph Horwitz officially began his role as our new Chair of the Department of Medicine. I provided a summary of Dr. Horwitz's academic background in the August 21st Dean's Newsletter (see http://deansnewsletter.stanford.edu/archive/08_21_06.html#1). I am extremely pleased to welcome Dr. Horwitz to Stanford and look forward to working with him. Given his past experience as Chair of Medicine at Yale and, more recently as Dean of the Case Western Reserve School of Medicine, I have every confidence that Dr. Horwitz will be a wonderful and successful leader for many years to come.

At the same time as I welcome Dr. Horwitz I hasten to add that he is inheriting a Department of Medicine that has been significantly improved during the past two years, thanks to the wonderful leadership that Drs. Harry Greenberg and Norm Rizk provided. When I appointed Drs. Rizk and Greenberg to serve as co-chairs, I recognized that their knowledge and skills were complementary, and I anticipated that they would work collaboratively and constructively to address the many challenges the department faced. To say that they exceeded every expectation is a major understatement. Harry and Norm fully committed their notable energies to addressing virtually every challenge or problem the department faced. They recruited key faculty, mentored and supported trainees and faculty, improved financial management and support and, perhaps most importantly, enhanced the morale and well being of all whom they served. In doing so they won the respect of the Department of Medicine as well as the entire Medical School community. I am deeply grateful and indebted to Drs. Greenberg and Rizk for their thoughtful and caring leadership and support of the Department of Medicine.

Interim Leadership for the Lane Library

With the departure of Debra Ketchell (<http://deansnewsletter.stanford.edu/#2>), Heidi Heilemann has been appointed Acting Director of Lane Medical Library & Knowledge

Management Center effective December 16, 2006. Heidi has been an essential member of the Lane staff since 1993 and is currently the Associate Director for Research & Instruction. Many of you already know Heidi from her work as a departmental liaison, instructor for SPCTRM, PRECEPT, and the Stanford Hospital Research Council programs. She is a key participant in strategic planning for the new Learning and Knowledge Center. Over the past two years, Heidi has led the Lane facilities update, reinvented document delivery, redesigned the physical and virtual service desk, and coordinated the 100th Anniversary Celebration. Professionally, she is a member of the Medical Library Association's Academy of Health Information Professionals. Many thanks to Heidi for taking on this important role.

Attention to Bicycle Safety

I have communicated previously about the serious problem of bicycle safety on campus. Despite counseling, admonition and even police enforcement, too few students wear bike helmets or, even more worrisomely, have bike lights at night. My concerns about bike safety are even more heightened now that it gets dark earlier and the rainy season (with more slippery surfaces) will soon be upon us. I ask each of you who ride a bike on campus – or who know someone who does – to pay attention to a few important safety rules:

- Be sure that you have both a front light and a lighted rear reflector (and check your batteries for these lights on a regular basis.
- Wear a bicycle helmet whenever you are riding your bike.
- Approach traffic intersections slowly and carefully and defensively. While bikers believe they see oncoming traffic – and assume that car drivers see them – you should assume that you cannot be seen and that if you cross an intersection without warning, you can easily be struck by an oncoming vehicle.
- Be aware that leaves and other roadside debris (especially with all the construction currently underway on campus), especially when wet, results in serious slip hazards.

I hope you will be as cautious as possible – and encourage other cyclists to also be responsible riders. You can find helpful tips on bike safety at http://facilities.stanford.edu/transportation/alt_transportation/BikingAtStanford.shtml

Awards and Honors

Dr. Patrick Brown, Professor of Biochemistry and Investigator for the Howard Hughes Medical Institute of Biochemistry, has been awarded the American Cancer Society's Medal of Honor, the organization's highest honor, for his contributions to cancer research. Specifically the award recognizes Brown's development of low-cost, accessible automated micro arrays and his life-saving contributions to the field of functional genomics. Congratulations to Patrick.

Appointments and Promotions

Karlene Cimprich has been promoted to Associate Professor of Chemical and Systems Biology, effective 12/1/06.

Ralph Horowitz has been appointed to Professor of Medicine, effective 12/1/06.

Maurice M. Ohayon has been promoted to Professor (Research) of Psychiatry and Behavioral Sciences, effective 12/1/06.

Greg Zaharchuk has been appointed to Assistant Professor of Radiology, effective 12/1/06.

Dean's Newsletter December 18, 2006

2006: A Year to Remember

Of course every year is memorable - but some are simply more so, and 2006 has to be considered among the best of those. For Stanford Medical School this past year has been one of affirmation of our legacy and missions, evidence of institutional excellence and leadership, and continued evolution and development toward a more successful future. Our Office of Communications and Public Affairs has summarized some of the most noteworthy stories of the year (see:

<http://mednews.stanford.edu/releases/2006/december/year-review.html>) but I would like to highlight some themes that I think are particularly important.

It is easy to forget how young a school of medicine we are – especially if we use 1959 as the benchmark for our true beginning as a research-intensive medical school. Our short history underscores how far we have come – but also makes clear the distance yet to travel. 2006 was my fifth year anniversary as dean, and from this vantage point I can see how much more defined we are in our mission and resolve (compared, of course, to the days of uncertainty surrounding the failed merger with UCSF, which antedated my arrival), but also how difficult change can be for institutions and individuals when it challenges conventional organizational constructs. And yet, without change we are vulnerable to losing our creative edge as well as the pioneering and entrepreneurial spirit that has played such an important role in our history.

An Affirmation of Our Legacy

Certainly the numerous awards, honors and recognitions that our faculty and students have received are one of the most wonderful features of 2006. Among these of course, the two new Nobel Prizes awarded to School of Medicine faculty (Roger Kornberg in Chemistry and Andy Fire in Medicine/Physiology) stand at the acme of institutional excellence. While the scientific achievements of Andy Fire (which was largely done at

the Carnegie Institution prior to his recruitment to Stanford three years ago) and Roger Kornberg (whose work was done virtually exclusively at Stanford) are testimony to individual brilliance and creativity, we all share in the glory of their recognition. In fact, I had the privilege and pleasure of attending the Nobel Ceremonies honoring this year's Laureates and, in fact, write these comments from Stockholm. Interestingly, one of the frequent discussions I have had with colleagues from various Swedish Universities – and particularly Uppsala and Lund – has been about what contributes to America's and, in particular, Stanford's success in having a disproportionate share of Nobel Prize winners. While any response is best viewed as speculative, a couple of observations seem relevant.

One important factor has been the support for science by our nation – especially from the National Institutes of Health, National Science Foundation and other federal agencies, along with support from numerous private foundations and philanthropists. Much of this support has occurred during the past 4-5 decades and it has propelled science in the USA to the forefront of global excellence. Without this commitment it is impossible to imagine that we could have sustained such excellence, which is further evidenced by the fact that each of the Nobel Prizes in the sciences this year went to Americans. In addition to funding and the resources such funding purchases, a key factor resides in the individual and the setting. The ability for scientists to carry out bold and creative work requires a supportive and intellectually robust environment – something that I think is clearly part of the Stanford milieu. Additional factors include choosing the best faculty – something that Stanford does quite well – and then giving them the resources and time to be successful.

Time is among the most important of these factors and obviously must be balanced against the various competing demands that exist in universities and academic medical centers. I would also add that creative and innovative science is enhanced by research groups that are relatively small and highly interactive and that are part of a community of excellence (as compared to more applied research or “big science,” which is less likely to make seminal discoveries). Again, this mix of creative people, resources, and environmental factors along with a culture that values intellectual achievement is well established at Stanford, and I anticipate that in the years ahead, this will be evidenced by additional Nobelists and other major award winners. Perhaps most importantly, it is our commitment to basic discovery, science, innovation and inquiry that fosters a setting that we deeply value and so want to see sustained and enhanced.

It is hard to describe the Nobel Ceremonies without referring to “Pomp and Circumstance.” But here I think the two terms are appropriately connected, in contrast, say, to one of my former institutions where there often seemed to be “pomp” without circumstance or, to be honest, at Stanford where there is not infrequently “circumstance” without the pomp! But the Swedish Academy and the Nobel Committee had the linkages perfected.

What is perhaps most memorable about the Nobel ceremonies is that they celebrate the accomplishment of the intellect and creativity – and thus affirm what is most significant about humanity. Moreover, the ceremonies take place over days, with rising and ebbing

waves of emotion and fanfare. The agenda for each of the Nobelists appeared daunting and unique (see: <http://mednews.stanford.edu/nobel-ceremony/>) although some common touch points occurred for common celebration. Among these were the Nobel Lectures given on Friday, December 8th where Roger and Andy each delivered 45- minute reviews of their work, which were highly informative and inspirational. The Nobel Prize Award Ceremony occurred on Sunday, December 10th in the Concert Hall in the presence of an invitation- only audience, most of whom were dressed in white tie formal tuxedos or long gowns. The Royal Stockholm Orchestra played pieces by Mozart, Haydn, Shostakovich, Faure and Kraus to punctuate the presentation of each Laureates work and to provide the introduction of King Carl XVI Gustaf, who presented the award. It was an ebullient and emotional experience and I was certainly proud to witness the acclamation of our colleagues and of Stanford. The Nobel Banquet, which was held in the “Blue Hall” of the City Hall, followed this event – a remarkably festive setting that accommodated over 1300 invited guests. It began at about 7 PM with dinner; entertainment and speeches ended around 11 PM and were followed by dancing in the Gold Hall. I must confess that I escaped the dancing, along with President Hennessy and Mrs. Helen Bing, who were also in attendance.

Perhaps most importantly, these events were a time for true celebration by the family members and colleagues who accompanied Roger and Andy to Stockholm to share in the ceremonies and festivities.

I also want to personally thank Professor Emeritus Stig Hagstrom, who worked with the Nobel Committee to arrange my visit to Stockholm for the ceremonies. He promised it would be a unique experience and he was certainly correct. Truly “Pomp and Circumstance” – and most appropriately so!

The Stanford Challenge

I have written previously about the launch of the Stanford Challenge and the important role that School of Medicine will play in it along with our colleagues across the university (see <http://med.stanford.edu/development/challenge/> and http://deansnewsletter.stanford.edu/archive/10_23_06.html#1). There is little question that our success in achieving the goals of the Stanford Challenge in its key areas of Human Health, the Energy and the Environment, and the International Initiative, will shape our university for many years to come. The fact that a major focus of our effort is to ask how Stanford can more positively impact the world we live in has captured attention from colleagues around the world, as I learned in meeting with faculty and university leaders in Uppsala and Lund during my visit to Sweden.

Translating Discoveries: Five Years Later

Just as our commitment to basic science has and will hopefully continue to support innovation and discovery, our commitment to improving the outcome of patients facing the challenge of serious disease is addressed by our mission in ***Translating Discoveries***. These two primary goals – basic discovery and translating discoveries – are linked by opportunity and while each exists separately, it is the touch points that will help to make us unique. Building on the work of the past several years, we have now established an

alignment of our missions in education, research and patient care that will continue to define an important aspect of our future. Bringing School of Medicine basic and clinical scientists together for discovery, sharing and collaboration is further enhanced when they are joined by faculty and students from across the university – a goal that is fostered by the continued development of our Stanford Institutes of Medicine. We have spent considerable effort addressing the very practical issues of how the Stanford Institutes of Medicine will positively relate to our Departments so as to enhance the missions of both. This has been codified into a working set of Institute Guidelines that we will surely refine with future experience but which are now available for review on our website: <http://med.stanford.edu/institutes/guidelines.pdf>

Importantly, this past year has also been associated with success in our application to the National Cancer Center to receive NCI designation (details forthcoming) as well as in our recognition as a Ludwig Cancer Center. We have achieved substantial philanthropic and foundation support to help support these efforts and can now also look forward to support from the California Institute for Regenerative Medicine to support our Stem Cell Institute investigators during the next year. Strides are also being made in the Immunology/Transplant/Infection Institute in setting up a unique Immune Monitoring Center and in better defining the roles for the Neuroscience and Cardiovascular Institutes. That said, considerable work remains, but I am highly encouraged by the commitment of our leaders and faculty to moving our agenda forward. Surely these efforts will be further enhanced by the infrastructure support for translational research now coming through SPCTRM and that will hopefully emanate from our application to the NIH for a CTSA (Clinical and Translational Science Award) that will be submitted in mid-January.

Of course the ability to carry out truly exciting work in discovery and translation requires programmatic resources as well as physical facilities. The latter are essential since the lack of space for our missions in education, research and patient care is one of our most significant challenges. We have laid out a bold plan for addressing this in both the near and the long-term future that I discussed in my last Newsletter (see: <http://deansnewsletter.stanford.edu/>) but it will take considerable investment, support and time to bring this to fruition. I am committed to continue to do all that I can to help facilitate this – but I will also be counting on your support and efforts as well.

Federal Support for Biomedical Research

Over the last two years I have written several updates on proposed legislation to reauthorize the National Institutes of Health (NIH). Last week, after two years of discussion and negotiation, Congress passed compromise legislation entitled the National Institutes of Health Reform Act of 2006.

As many of you know, reauthorization legislation consists of a broad-based policy review that often mandates significant changes for a federal agency or program. Most federal agencies and programs are reauthorized every three to five years and in some cases on an annual basis. Partly due to NIH's historic congressional support and partly due to concerns that any NIH bill could raise a host of controversial issues, Congress had not reauthorized the agency in over 13 years.

However, responding to federal budgetary constraints, and in follow-up to the 2003 Institute of Medicine report entitled, *“Enhancing the Vitality of the National Institutes of Health—Organizational Change to Meet New Challenges,”* the House Committee on Energy and Commerce set NIH reauthorization as one of its highest priorities. As I have described in previous Newsletters, the committee’s stated goals were to enhance the NIH’s ability to develop and encourage research planning across the NIH, to strengthen the NIH Director’s ability to coordinate the agency’s research portfolio, and to direct the development of standardized reporting and data collection to promote greater accountability to Congress and the public.

From the outset I felt it was extremely important for the academic community to actively engage with Congress to ensure that any proposed organizational and funding changes would strengthen, rather than impede, the NIH’s ability to carry out its mission. Accordingly I co-chaired the Association of American Medical Colleges’ (AAMC) NIH Reauthorization Task Force with Bob Kelch from the University of Michigan. This task force played an active role in improving this legislation over time.

The following is a brief summary of the key points of the National Institutes of Health Reform Act of 2006. The legislation:

- * Authorizes a 7% overall NIH funding increase for fiscal year 2007, 8% funding increase for fiscal year 2008 and “funding levels as deemed necessary” in fiscal year 2009.

It is important to understand that the authorization of funding is looked upon in Congress as a recommendation. While these levels constitute a more favorable outcome than the Committee’s original proposal of 5% per year over three years, many budget analysts believe that actual funding will be at a level below the rate of inflation—approximately 4%. Nonetheless this approved authorization level will strengthen the negotiating stance of those who are advocating for increased funding.

- Establishes an “NIH Common Fund.” The committee’s intent is that this new funding mechanism will spur more “trans-NIH” research that will involve extensive collaboration between individual Institutes and Centers. Support from this fund would be awarded on a peer-reviewed basis.

The committee’s most recent proposal to finance the fund through a contribution of 50% of NIH’s incremental funding increases over the next three fiscal years was deleted from the legislation. After extensive negotiation, the bill requires no mandated level of yearly funding increases to build the common fund. Such decisions will be handled in the annual budget process.

In addition, during this process I along with others raised strong concerns about the impact on R01s and young scientists. After considerable advocacy, provisions

were included to preserve an emphasis on investigator-initiated grants and to give consideration to first time investigators.

- * Creates the Division for Strategic Planning and Portfolio Management within the Office of the Director that would be tasked with developing broad based, trans-NIH planning for the agency.
- * Establishes a "Scientific Management Review Group" tasked with reviewing and making recommendations regarding the organization structure at the NIH. The group would include Institute and Center Directors and outside scientific experts. A mandated review will take place once every seven years. Any significant reorganization recommendations would still require congressional approval.
- * Puts in place uniform reporting requirements and improved data collection across the NIH to improve transparency.
- * Limits the overall size of NIH to the existing 27 Institutes and Centers.

Although I have previously expressed my concerns about the impact that some of these structural changes may have during a period of flat budgets, I should note that this compromise is a far cry from the House Committee's original draft. Given how much the bill has improved, I believe that the final legislation is a reasonable compromise that moves forward in the spirit of the consensus recommendations of the IOM report while guarding against drastic change during a tough budget period. I also believe that at a time of political change in Washington it is beneficial to put the reauthorization process behind us and focus on the need to bolster long term research funding. If you have any questions regarding this issue, please don't hesitate to contact Ryan Adesnik, our Director of Federal Relations at radesnik@stanford.edu

Even though the NIH reauthorization now seems less damaging than it did just a few months ago, this remains a very challenging funding climate, and we have considerable work to do to help improve the future funding by the NIH and to also find alternate funding sources for biomedical research. This will require considerable advocacy by all of us in the years ahead.

Building the Future

More important than bricks and mortar are finding, recruiting and supporting the individuals who will make Stanford great during the years to come. These are the students, trainees, faculty and staff who bring excellence to our community and who strive to do the very best they possibly can to enhance our missions in education, research and patient care. During the past year we again admitted an outstanding class of MD and PhD students and are already in the midst of selecting students for the 2007 incoming class. We also recruited 67 new faculty members, the majority in clinical departments although all with strong academic and research backgrounds. Of these 72% are Assistant Professors, which is terrific news for renewing our future faculty workforce. Among this group were also six outstanding Professors and three Department Chairs. Without

question, our future truly depends on our ability to recruit and retain future investigators, educators, and clinicians.

Diversity Faculty Fellowship Program 2007

One of our major ongoing goals is to improve the diversity and leadership among our faculty. With that in mind the Office of Diversity and Leadership is announcing the 2007 Diversity Faculty Fellowship Program. This program, modeled after the Center of Excellence Faculty Fellowship Program, is directed at enhancing the diversity (broadly defined) of the faculty of the School of Medicine by supporting the development of assistant professors who contribute to such diversity. The Diversity Faculty Fellowship Program will provide faculty fellows with salary support for six months (up to a maximum of \$25,000), \$1,000 travel funds, faculty development workshops, and career mentoring. The intent of the fellowship is to enhance the research productivity of junior faculty in order to advance their progress towards promotion.

Five fellowships will be offered for this academic year. Interested faculty should contact their Department Chairs to be nominated. Potential nominees must submit to their chairs a six- month research plan that defines their research activity for the fellowship period. Department chairs should send their nominations along with their nominees' research plans, approved by their division chiefs, if applicable, and by the chairs, to Dr. Hannah Valentine by January 31, 2007. Fellows will be announced February 18, 2007, and funding will be available March 1, 2007.

Learning from Each Other

Our education about the impact of disease comes in many forms. One of the most powerful of these is from the experience of a family member or friend who has encountered a serious health problem. It takes courage to discuss the impact of illness more publicly and especially in a written format. Accordingly, I want to thank Ms. Suzanne Bethard from our Office of Student Affairs for her thoughtful and compelling article entitled "Taking My Poison" that appeared in the December 13th issue of JAMA (2006; 296: 2657-2657) and which can be accessed at <http://jama.ama-assn.org/cgi/reprint/296/22/2657>. I strongly recommend that you read this article and I thank Ms. Bethard for sharing her very personal experience with us.

Wishing You Well for the Holidays

This is the last Newsletter for 2006, and it joins the 136 previous Dean's Newsletters that I have published since my arrival in April 2001. During that time I have had the opportunity to interact with many of you, and my admiration for all that you continue to do – on behalf of science and medicine – continues to soar. I hope that you and your families have a wonderful holiday season and that you celebrate your own accomplishments and how they contribute to improving the community we each live and work in. I look forward to seeing you in 2007 – and yes, the 138th Newsletter will come out on January 15th!

Awards and Honors

Dr. David Relman, Associate Professor of Medicine (Infectious Diseases and Geographic Medicine) and of Microbiology and Immunology has been selected as one of the recipients of Distinguished Clinical Scientist Award for Excellence in "Bench to Bedside" Research. Dr. Relman will receive \$1.5 million over 5 years. Congratulations Dr. Relman!

Appointments and Promotions

Euan A. Ashley has been appointed to Assistant Professor of Medicine (Cardiovascular Medicine), effective 12/1/2006.

Tandy Aye has been appointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 12/1/2006.

Nikolas Blevins has been promoted to Associate Professor of Otolaryngology (Head and Neck Surgery), effective 12/1/06.

Helen Bronte-Stewart has been promoted to Associate Professor of Neurology and Neurological Sciences and, by courtesy, of Neurosurgery, effective 12/1/06.

Thomas A. Burdon has been promoted to Professor of Cardiothoracic Surgery at the Veterans Affairs Palo Alto Health Care System, effective 12/1/06.

Bertha H. Chen has been promoted to Associate Professor of Obstetrics and Gynecology, effective 12/1/06.

Markus W. Convert has been appointed to Assistant Professor of Bioengineering, effective 1/1/2007.

Anthony G. Doufas has been appointed to Associate Professor of Anesthesia, effective 12/1/2006.

Lorry R. Frankel has been promoted to Professor of Pediatrics (Critical Care) at the Lucile Salter Packard Children's Hospital, effective 12/1/06.

William T. Kuo has been appointed to Assistant Professor of Radiology, effective 12/1/2006.

Deirdre J. Lyell has been reappointed to Assistant Professor of Obstetrics and Gynecology, effective 1/1/2007.

Lawrence H. Mathers has been appointed to Professor (Teaching) of Pediatrics and of Surgery, effective 12/1/06.

Marilyn A. Winkleby has been promoted to Professor (Research) of Medicine, effective 12/1/06.

Dean's Newsletter

January 15, 2007

Planning For The Future

Six years ago, before I officially arrived at Stanford, I began the strategic planning that helps shape our agenda for *Translating Discoveries*. Most importantly, an integrated planning process that includes basic and clinical science faculty as well as students and staff has guided our subsequent planning and program development during the past several years and has made it more embracing, interactive and successful. While it is understandable that as individuals or groups we have a view and opinion about what is most important for Stanford, it is important to note that we have found ways to have a dialogue that considers shared goals and objectives and that sets priorities for how to achieve or fulfill them. This process has continued to evolve over the years, and in three weeks we will take yet another step when our department chairs, institute and center directors as well as students, fellows, staff and colleagues from our hospitals and university community assemble for the 2007 Strategic Planning Leadership that will be held February 1st-3rd. This will be another opportunity to test and challenge some of our assumptions and also to ask some of the big and important questions facing academic medical centers in general, and Stanford specifically. I will have more to say about the Retreat in subsequent Newsletters. In the interim, I want to convey some of my thoughts about a number of the major issues and challenges we face as we continue our journey with the Stanford School of Medicine and Medical Center. While this is hardly a complete listing, I believe it is important to share some of these thoughts with you – both for your information and also with the hope that you might offer some of your own thoughts and suggestions to me as well.

Education

At a university we generally think of students as those who are pursuing a specific degree. However at an academic medical center, our students and trainees are much larger in number and include, in addition to degree-seeking students, residents, clinical and research fellows. Taken together we have nearly 3,000 individuals who have come to Stanford for a degree, a certificate or the opportunity to work with one of our faculty. We are a small school of medicine in comparison to our peers, and our full-time faculty has numerous obligations to medical school and hospital teaching – including a number of undergraduate courses and educational programs. And while this is one of our most important missions, there is often no direct payment for teaching, and the time demands for research and patient care, as well as other professional and personal obligations, continue to provide competing challenges. In fact, I would argue that allocating and protecting time for education and teaching is one of the most important responsibilities – and challenges – we face during the years ahead.

Medical Student Education: We continue to be fortunate in attracting outstanding students to join our medical school class. Since the introduction of the New Stanford Curriculum in 2003, with its focus on integrating basic science and clinical medicine and its requirement that all students must pursue a scholarly concentration, we have noted an improved alignment between our mission and goals and those of our students. In tandem with the continued evolution of the curriculum, we have also spent considerable effort in improving the advising system and in forging additional opportunities for students to benefit from the chance to engage in research and scholarship.

Going forward, we have further work to do to assure that each aspect of the curriculum is as excellent and engaging as possible. A particular challenge is the clinical rotations, which are not as uniformly excellent as I would like at this juncture, and which remain challenged by the time pressures facing many of our clinical faculty. Some of these pressures may be alleviated when the Learning and Knowledge Center is completed and robotics, virtual reality and simulation technologies provide new efficiencies. However, we are likely to continue facing the challenge of balancing the expectation of our faculty to deliver outstanding patient care with their role in clinical education and training – not only of medical students but also of residents and clinical fellows. Importantly, we also need to pay particular attention to developing and championing our students' skills in compassion and humanism and to value these as much as we do scientific and medical knowledge and technical proficiency

I, along with others, believe that we also need to do a better job of integrating a culture of professionalism into the education and training of our students and to make certain that these values are both inculcated and valued by our community of students and faculty. The bottom line is that we need a higher degree of accountability in our shared commitment to professionalism.

I also continue to be concerned that we need to be more rigorous in our evaluation of courses, interactions and each other. While I do not believe that it is necessary to introduce a traditional grading system, especially during the preclinical years, I do think we need to conduct student and faculty evaluations during clinical rotations in a more robust manner– and to hold to the highest possible standards of excellence.

During the next year we will be making decisions about whether to increase the size of our incoming medical school class. While many medical schools are exploring increases in class size from 15-30%, I do not share the view that such broad increments are needed without first addressing other important limitations of the health care system. Nonetheless, I do envision more modest increases in the number of incoming medical students at Stanford – perhaps from 86 to 100 new medical students each year. In doing so, we would sustain our focus on educating and training future physician leaders, scholars and investigators – something I believe we can do uniquely well at Stanford.

Graduate Student Education. As you likely know we have approximately equal numbers of students pursuing PhDs as MD degrees. We also have an increasing number of

students who are seeking dual degrees – and this is something we are fostering and promoting as a way of enhancing the unique potential of our students.

Appropriately, while the majority of our graduate students will continue to pursue careers in academia, many also ultimately seek opportunities in industry, education, public service or other venues. Creating options is the key. At Stanford we have both departmental based and interdepartmental degree programs. While these programs are successful, it is appropriate to consider how they can be further optimized, especially by greater interactions with programs across the university. We must also critically assess whether joint degree programs enhance or dilute the educational experience of our students. Further, we need to continue to assess whether our current programs optimize the opportunities and flexibility for our students to choose areas of study that differ from those that may have brought them to Stanford in the first place.

This past Fall we introduced a new program leading to a Master in Medicine degree to introduce graduate students to the challenges of clinical medicine with the goal of developing a cadre of basic scientists who are better poised to address fundamental problems in translational medicine and research. While we anticipate that this will serve only a subset of our graduate students, it does offer an opportunity to create further alignments between our basic and clinical science faculty and between the medical school and its clinical programs.

For all of our graduate programs, the cost of education is rising as financial support from the NIH and major foundations is declining. Clearly this is an important challenge that requires new approaches, including philanthropy, in order to assure that we can sustain these excellent programs into the future. We must, of course, address these challenges if we are to sustain our leadership in graduate education.

Postgraduate Education. Among the most important members of our academic medical center are our clinical and research fellows. While these individuals often play key roles in research and clinical programs, they rarely get the credit or accolades they deserve for the important clinical and scientific work they conduct. This is something we need to address. Indeed, without our fellows and postdocs, none of our programs would be as robust, vibrant or successful as they are. Despite the fact that fellows and postdocs represent the largest number of trainees in the medical school and medical center, their personal orbits tend to be around specific faculty or programs rather than with broader departments or the school. We need to find ways to better recognize - and support - our fellow and postdoc community. In addition to the professional challenges faced by fellows and postdocs, the long years of training and low levels of compensation impose a significant personal burden. I recognize that this is not easy to solve given all of our financial constraints – but we must continue to do all we can to help address this challenge.

In addition, we need to address the compartmentalization of our undergraduate and postgraduate clinical training programs. Sustenance of an academic underpinning to clinical training is essential but harder to achieve in the current climate which imposes

increased demands on residents and fellows and also limits their work time (albeit to 80 hours per week). It is my hope that we can create better alignments between our medical school curriculum, with its research opportunities, and the training and education of residents and fellows. To help address this I am creating the new position of Senior Associate Dean of Graduate Education, who will work closely with the Senior Associate Dean for Medical Education (now Charles Prober, who has replaced Julie Parsonnet in this role) and Senior Associate Dean for Graduate Education (now John Pringle). I am very pleased that Dr. Myriam Curet, Professor of Surgery, has agreed to take on this important role and will officially begin her work this April.

Continuing Medical Education. A number of leading medical schools and centers have nationally recognized programs in continuing medical education (CME). For a number of reasons I don't believe that Stanford is among them. Certainly we do have a number of distinguished department based programs but, for the most part, we have not excelled in CME. Last year we commissioned a task force to critically assess our CME programs. Based on the excellent and critical analysis this group conducted, it is clear that we have considerable work to do. Importantly, unlike our most successful peers in CME, we do not have a centrally coordinated effort with the appropriate standards and services. In fact, we now have a highly dispersed set of programs lacking central oversight or coordination across the Medical Center. That needs to change lest we fall even further behind in providing highly regarded programs in continuing medical education for the school and affiliated hospitals. In the near future I will be announcing how some of these changes will become actualized.

Research

Enhancing Basic Research. There can be no question that the fundamental basis for Stanford's excellence as a medical school resides in our longstanding commitment to basic inquiry and to the superb faculty who have carried out basic research during the past decades. We are fortunate to have had an outstanding basic science community, and I am pleased that we have continued to recruit – and retain – an outstanding faculty. As a nation the United States has been a world leader in biomedical research, and, while that prominence is still sustained, we are all concerned that it is now challenged by the decline in funding from the NIH. There is hardly a faculty member who has not been touched by the current negative funding climate – or who does not have anxiety about its consequences. I have written frequently about this in the past and have also relayed some of the advocacy activities we have been carrying out to address the problem.

There are a number of converging factors to reconcile: a decrease in the funds available for the investigator initiated pool (i.e., RO1) that is manifested by fewer outstandingly scored research proposals being funded. At the same time the NIH – and a number of foundations – has put a greater emphasis on more applied and translational research. I do not doubt the importance of this latter research, but we must raise serious concerns when it compromises fundamental investigation. While we need a balance, and while so-called big science can move fields with an alacrity that exceeds that of an investigator or even an institution, it is important to underscore that the most important and truly paradigm shifting discoveries have been done by single or small groups of investigators pursuing

creative ideas. Thus we need to do all we can to preserve and indeed enhance our commitment to basic science research – and I am fully committed to doing so. While we all recognize that the funding climate is difficult, we need to engage our collective creativity to help Stanford overcome the perceived barriers and leap forward. This will likely require different ways of funding research and even rethinking the settings in which it is conducted. And while I don't want to minimize the challenges that lie ahead, I do think that we will find ways to succeed as we work together on this issue – not only within Stanford but also with our colleagues at other medical schools and universities as well as with those in biotechnology and industry – as we make the case for innovation (and the funding required to foster it) to state and federal government leaders.

Promoting Translational and Interdisciplinary Research. In tandem with support for basic science research and the recognition that the innovations and technologies we are able to translate today emanate from basic discoveries made years or even decades ago, we also need to be proactive in pursuing translational medicine. Indeed, translational medicine has been central to our overarching mission, and I believe it can further distinguish Stanford as a medical school and medical center. During the past several years we have taken a number of steps to further facilitate our success in translating discoveries. These include the creation and development of the Stanford Institutes of Medicine, our pursuit of becoming an NCI-designated Cancer Center, the provision of a number of pilot awards and grants to stimulate innovation and translational research – through the School as well as Bio-X – and the development of the infrastructure to support translational research, including SPCTRM and the Jill and John Freidenrich Center for Translational Medicine. During the week ahead we will take another major step as Dr. Harry Greenberg sends off the 741-page Clinical and Translational Science Award (CTSA) proposal that he and a number of other faculty have been working on during the past year. This is a major initiative, and, if we are successful, it will have a transforming impact on Stanford. As with other programs we have been developing, our interconnection and alignments within the school and across the university serve as a truly distinguishing hallmark of our CTSA application.

Patient Care

Improving Patient Care. Our mission in patient care is what separates and distinguishes us from the other six schools at Stanford. Since I have been at Stanford, a number of clinical programs have grown or have been developed, thanks to the outstanding leadership of the clinical chairs, both those who have been newly recruited and those who were already part of the school's leadership when I arrived. Indeed, the depth and excellence of many programs have increased enormously, and as a result of their success, we are now challenged by serious capacity constraints at Stanford Hospital & Clinics (SHC) as well as at the Lucile Packard Children's Hospital (LPCH). I am quite aware that many of our faculty are working enormously hard in providing patient care – while still trying to sustain their research and education obligations as they endeavor to succeed in academic promotion or careers. Having myself continued to be part of the clinical care service, even if for a limited amount of time, I have observed directly the significant pressures, time demands and resource challenges our faculty face virtually every day.

Moreover, over time, the acuity and complexity of the patients coming to SHC and LPCH have increased – and are likely to continue doing so in the immediate future.

It is also clear that we will be increasingly judged in our clinical performance and that we will be compared to other academic medical centers as well as community hospitals in the perceived quality of the patient care we provide. In fact, reimbursements for clinical service, modeled on the pay for service programs being instituted through Medicare, will be linked to quality measures. Moreover, reporting of comparative quality measures will be public – a trend that has already commenced and that will become further standardized in the years ahead. Accordingly, we must do everything we can (which means more than we are now doing) to foster and stimulate a climate of commitment and accountability to provide the highest quality care for patients. While I recognize that virtually every physician believes that she or he is already doing this, I fully expect that, when we are assessed and compared to each other and to peer institutions, areas of deficiency will be identified. While this may be understandable to some, it is not acceptable, and we need to have the highest level of commitment – from the community of faculty, physicians, and administrative leaders – to continuously assess and improve the quality of patient care and service we are providing. To help address this, Martha Marsh, President and CEO of SHC, and I have recently appointed a leadership committee led by Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs, and Dr. Kevin Tabb (Chief Quality and Medical Information Officer for SHC) to make this both an institutional priority and a continuous improvement effort. Similar efforts have been underway at LPCH during the past several years, and they have led to highly successful achievements – which also clearly need to be sustained.

In looking forward, among the biggest challenges we will face in patient care delivery will be the capacity and resource constraints at SHC and LPCH. Both facilities are now nearly always filled to capacity, and limitations in their respective physical plants are becoming ever more apparent. While I am hopeful that these will be addressed by the hospital replacement plans that I shared with you in my December 4th Newsletter (see: http://deansnewsletter.stanford.edu/archive/12_04_06.html#1i), the timeline for completion of these important projects is measured in years (if not decades), and thus the pressures will remain significant for the foreseeable future. While moving some clinical services to new offsite facilities, such as the North Campus in Redwood City, will help, we will continue to face significant pressures and limitations for many years to come. This underscores the need to plan continuously for service improvements that optimize efficiency as well as quality and patient satisfaction. Clearly these are very big challenges, and they will be made even more so by the funding climate facing hospitals and medical centers and the increasing cost for construction and program development. These factors highlight even more clearly the need to work closely and collaboratively with our hospital leaders and colleagues across the Stanford University Medical Center.

Linking Research to Patient Care. In addition to providing the highest quality patient care and service, one of the factors that will most distinguish Stanford from peer institutions will be the availability of novel and innovative treatments and disease prevention strategies. This is one of the reasons why “*Translating Discoveries*” is so important to

the future success of Stanford Medicine. Indeed, in the absence of a commitment to research and education, even state-of-the-art clinical programs become obsolete – or undistinguished – in just a handful of years. Without question, what distinguishes academic medical centers, including Stanford, is the quality of discovery – and ultimately its application to improving patient care. Similarly, training and educating future generations of physicians and scientists also impact the reputation and excellence of academic medical centers and teaching hospitals. Stanford clearly excels in these areas – but sustaining these programs is challenging, especially when resources become constrained. That said, what will ultimately distinguish success from mediocrity is our broad institutional priority to ensuring that our academic and clinical programs are well aligned.

From an organizational perspective, we have linked our five Stanford Institutes of Medicine with the clinical centers of excellence at SHC and LPCH. This also helps to connect research and clinical leaders and to optimize ways to enhance and facilitate the communications between clinical and basic science investigators and educators. Indeed, without continued proactive efforts, it would be natural to expect the research and clinical care communities to diverge, given the limitation of resources and the demands on time they each face, albeit for different reasons. Thus, thoughtful efforts are necessary to create pathways for communication and also opportunities for collaboration, so that knowledge can be successfully transferred – and career development appropriately achieved.

For example, clinical faculty cannot be successful as investigators or as educators if they do not have the time to carry out these activities. As increased demands for clinical service consume greater amounts of faculty time, and as clinical research or teaching become unfunded or under-funded mandates, sustaining linkages between academic and clinical opportunities becomes challenged. When not addressed proactively, clinical demands can swamp the time available for scholarship and research and lead to dissatisfaction or the inability to meet the criteria for promotion. This outcome can lead to problems in retention and to lost opportunities – for the individual and the institution - and thus represents an issue that we need to continue to work on. Of course, the bottom line is determining who can pay for or support these activities and, in making that determination, who is perceived to be valuable within the department, school and hospitals. This too will be one of the important issues we will be discussing at the upcoming Leadership Retreat – and it is also one that we will be focusing on for many years to come.

Continuing to Improve and Diversify our Faculty and Community

Although we seem large in size and complexity to the rest of the University, the Stanford School of Medicine and Medical Center is small in comparison to peer institutions. With just under 800 UTL and MCL faculty (with a cap of 900) and approximately 250 clinician educator faculty, we are still less than half the size of UCSF and less than 10% the size of Harvard Medical School. Accordingly, we must make critical decisions about each faculty appointment and reappointment and be sure that each is providing the

highest degree of excellence possible. We also want to be a faculty that is as diverse as possible and that provides a panoply of skills and role models to our students and community.

By necessity we make strategic decisions about when to search for additional faculty and which areas we need to expand, renew or initiate. As we do so, we also want to be proactive in diversifying the leadership of the School and in developing the leadership skills and capacities of all of our faculty. To help with these efforts I created the new position of Senior Associate Dean for Diversity and Leadership and appointed Dr. Hannah Valentine to this role approximately two years ago. Since then we have developed clearer procedures for conducting faculty searches, particularly in the area of identifying as diverse a candidate pool as possible, and have launched a number of leadership development programs for various segments of our faculty. While we have made progress, we still have a long way to go. Without question enhancing diversity and leadership is not a point-in-time commitment but rather one that must endure as part of our institutional culture. It is certainly one of my highest priorities as well.

We are also continuing to grapple with ways of supporting our faculty and staff in light of the many demands they face in their professional lives and to doing what we can as an institution to address the issue of professional/family balance. This too is an ongoing struggle given the many pressures and demands faced by families for childcare and increasingly for eldercare. I do not want to be Pollyannaish or offer promissory notes that may be difficult or impossible to deliver. Indeed, improving diversity, promoting leadership and exercising better professional/family balance are difficult challenges, but they are ones I want to work on with you, for the sake of our collective future. That will likely require a number of cultural and procedural changes in our community, including the School of Medicine, the University and the hospitals. Further, improvements will take time – but we are committed to working on them.

Meeting Financial Challenges and Building Our Future

When the decision was made to move the School of Medicine from San Francisco to the Stanford campus nearly 50 years ago, a number of major challenges needed to be addressed that had significant impact on the then fledgling new medical school. New facilities were needed, new faculty members needed to be recruited – especially in the basic sciences- and lost members of the clinical faculty who remained in San Francisco needed to be replaced. The successful solutions to these very significant challenges helped establish the foundation that has defined the School of Medicine for the decades that followed. Now, nearly a half-century later, we face a similar set of challenges. Our education, research and clinical facilities are aging or are insufficient to meet our current and projected needs. While we have recruited wonderful faculty and students, we face serious limitations in funding, both in research and in clinical care. These challenges are not unique to Stanford, but the resources needed to address them are considerable.

Finding the balance between the need to build new facilities and the need to support the recruitment, retention and program development of faculty and initiatives will surely be an ongoing challenge. We are fortunate in having a significant endowment, even though

nearly 86% of it is restricted. In order to plan for our future as wisely as possible, we have developed a 10-year financial plan that is based on a number of relatively conservative assumptions. In tandem, we have developed a bold estimate of our philanthropic needs that is part of the Stanford Challenge, which commenced in October 2006 (see: http://deansnewsletter.stanford.edu/archive/10_23_06.html#1). Among our greatest challenges is the need for new facilities and, accordingly, we have also developed a comprehensive 10-20 year plan that I outlined in my December 4, 2006 Newsletter (see: http://deansnewsletter.stanford.edu/archive/12_04_06.html). While there is no question that these needs are daunting, we are already making important progress, and I am optimistic that we will ultimately be successful. But I have no illusions: I doubt we will follow the shortest distance between two points as our route to success. However, given my avocation as a marathoner, I am also confident that we can make it across the finish line as long as we maintain a reasoned pace and not lose sight of our goals – however distant they may seem to be at times. That is one of the reasons why thoughtful planning (a surrogate for training) is so necessary – but so too is constant adaptation to the conditions and challenges we will surely face at different stages of this journey. Just as our predecessors helped shape and define Stanford Medical School 50 years ago, we now have the obligation to serve as the stewards of its next 50 years. With a lot of hard work – and considerable patience – we will succeed.

Reaching Out to Our Communities

I have previously discussed some of the challenges we face in overcoming the tide of public opinion regarding science and religion (see: http://deansnewsletter.stanford.edu/archive/11_14_05.html#1) or in the federal support for biomedical research (see: http://deansnewsletter.stanford.edu/archive/12_18_06.html#1d) or the vicissitudes of our currently deficient health care system (see: http://deansnewsletter.stanford.edu/archive/09_11_06.html#5 and http://deansnewsletter.stanford.edu/archive/02_06_06.html). These and many other issues require our ongoing interaction with various public and private constituencies. Thankfully, during the past several years Stanford has played an important role in a number of highly relevant public issues and debates. We are fortunate in having an excellent Office of Communications and Public Affairs whose dedicated staff has helped us enormously in getting our messages out to various communities. Most importantly, we have benefited from the thoughtful voices of numerous faculty and student leaders who have provided education, information and advocacy.

We will, of course, have to make our communication efforts even more robust. Whether in local issues regarding the important need for hospital renewal and facilities expansion to support the health care needs of the citizens of Palo Alto and our surrounding communities, or the stem cell debate in California or at the federal level, or the importance of biomedical funding from the NIH, states and private foundations, or the ethical issues governing research and professional behavior, or the need for a dramatically improved health care system, we have expertise and experience that we can – and must – add to the local and national dialogue.

In addition to the mandate for education and advocacy, we must also reach out to our communities for philanthropic support. This is more important than ever – and our success will be closely tied to how compelling and exciting our mission and opportunities are to those who will lend their support. Here too I believe we have done a terrific job of defining what we can accomplish in education, research and patient care and the unique role Stanford can play. There is no question that we will be competing against many other worthy causes, but I think we have an enormous amount to offer – as long as we stay aligned and clear in the messages we convey and in the motivations that guide them.

Stanford Medicine as A Role Model

When all is said and done, we need to remember why what we are doing is so important. As a small research-intensive School of Medicine, Stanford has the opportunity –and I believe obligation –to serve as a role model. We have worked diligently to define and fulfill our mission *to be a premier research-intensive medical school that improves health through leadership and a collaborative approach to discovery and innovation in patient care, education and research.*

While the tide of cynicism about health care, the ethical behavior of doctors, and the quality of and safety of the care they deliver, as well as the wave of anti-science sentiment that has swept policy-makers and citizens, have had a chilling impact, they do serve to underscore the work we need to do to gain the public trust in support of medicine, science and Stanford. While we are not alone in this struggle, I think we can – and must – be a leader and role model for others. In the last several years we have made some important inroads and have had significant accomplishments, but much remains to be done. So, as we begin a new year and look forward to the future, one abiding objective is to do all we can to make Stanford a role model for academic medicine – because it is the right thing to do and because we can accomplish this if we work creatively, thoughtfully and together.

Changes in Leadership

New Chair of Bioengineering: As most of you know, Scott Delp and Paul Yock asked to step down as Chair and co-chair of Bioengineering at the end of 2006. They have held these positions since the department was founded several years ago. By any measure the department is on a remarkable path to success. A set of absolutely amazing new faculty have been hired. The best Bioengineering graduate students in the country now choose Stanford as their destination. A new graduate curriculum has been developed. The idea of a department positioned between two schools has become an exciting role model for interdisciplinary activities at Stanford. And the department has become a centerpiece of the recently launched university campaign.

While many people have contributed to launching and growing this new department, Scott and Paul have been the two individuals most responsible for its success. All of us owe them a tremendous amount for the energy and enthusiasm they have provided. Both of them expect to remain fully active in the department going forward.

Professor Jim Plummer, Dean of the School of Engineering and I are delighted to announce that Dr. Russ Altman has agreed to be the next Chair of Bioengineering. Russ will hold a joint appointment between Bioengineering and Genetics, with Bioengineering as his primary department (just as Scott holds a joint appointment between Bioengineering and ME). Russ brings a very high level of enthusiasm for the department and a vision for its future that will lead it to the next level of stature and accomplishment. Looking forward, there are tremendous opportunities for Bioengineering, including establishing an undergraduate major, designing and occupying a new building in the SEQ II, and continuing to recruit spectacular new faculty to Stanford.

Please join Jim Plummer and me in thanking Scott and Paul for the spectacular job they have done leading the department since BioE's founding, and in welcoming Russ to his new role as Chair of Bioengineering.

New Chair of Developmental Biology: We are enormously fortunate to have a terrific department of Developmental Biology at Stanford that was initially founded and led by Dr. Lucy Shapiro. For the past four years Dr. Minx Fuller has done an excellent job in serving as chair of Developmental Biology and has overseen the recruitment of outstanding new faculty and students. The department continues to thrive. Minx also served as a wonderful institutional leader and I am appreciative of her many important recommendations and accomplishments. But after four years of service, Dr. Fuller decided that it was time for her to focus her energies on her own research and teaching. Thankfully, Dr. Roel Nusse, who previously served as chair, has agreed to once again assume that mantle of leadership. I am enormously grateful to Roel and I know that the faculty in Developmental Biology are also appreciative of his renewed leadership. Again, I want to thank Minx Fuller for all of her efforts and contributions and welcome Roel to his new leadership role.

New Senior Associate Dean for Graduate Medical Education: On October 9 2006 I announced two of the three individuals who will figure prominently in defining medical and graduate student education at Stanford (see: http://deansnewsletter.stanford.edu/archive/11_09_06.html#3) and also forecast the importance of creating a new position to better align residency, fellow and continuing medical education with the school's academic programs. I am very pleased to announce that Dr. Myriam Curet, Professor of Surgery, has agreed to assume these new roles starting in April 2007. Dr. Curet is a highly regarded educator who has won numerous awards as a teacher both nationally and at Stanford. She is strongly and passionately committed to education and has already served the School admirably as Associate Dean for the past two years. I am extremely pleased that she has agreed to take on this important and exciting new role and look forward to working with her in the years ahead – and most importantly, to the success that she will achieve for our medical center.

Awards and Honors

Helen M. Blau, Ph.D., Donald E. and Delia B. Baxter Professor and Director of the Baxter Laboratory in Genetic Pharmacology, has been re-elected to the governing council of the prestigious Institute of Medicine of the National Academies. Dr. Blau has served on the IOM Council since 2004 and has been elected for a second three-year term as a member of the Council's executive committee, which provides oversight for all of the institute's activities.

Dr. Alice S. Whittemore, Professor of Health Research and Policy, has been awarded this year's NCI Women in Cancer Search award, and in that capacity has just given the Rosalind Franklin lecture on "Preventing deaths from Breast and Ovarian Cancer." Congratulations, Dr. Whittemore.

Norbert Pelc, D.Sc., Professor of Radiology and Bioengineering, and by courtesy Electrical Engineering, has been elected to the College of Fellows of the American Institute for Medical and Biological Engineering (AIMBE). Membership is awarded to "leaders in the field [who] have distinguished themselves through their contributions in research, industrial practice and/or education." The award will be conferred at the Institute's annual meeting in March 2007. Congratulations, Dr. Pelc.

Appointments and Promotions

Marc Coram has been reappointed to Assistant Professor of Health Research and Policy, effective 1/1/2007.

Bingwei Lu has been reappointed to Assistant Professor of Pathology, effective 1/1/2007.

Dean's Newsletter January 29, 2007

Discovery, Innovation and the NIH

There is little question that the flattening of the NIH budget has caused considerable anxiety throughout academia – and for good reason. And while NIH leaders attribute much of the current funding challenges now being faced by investigators and faculty to the increased number of applications being submitted, the reality is that three years of budgets below inflation have taken a serious toll on NIH funding and have eroded many of the gains achieved during the doubling that took place between 1998-2003 – especially in basic discovery research.

I have previously written on the challenges we now face in biomedical funding (see: http://deansnewsletter.stanford.edu/archive/12_18_06.html#1d) and on the need to do all we can to educate and engage the public and federal government leaders to bring the NIH budget to a better level – and at least in line with inflation. The challenges we now face are multifaceted. They include the severe limitations on the federal discretionary budget that have contributed to some of the cutbacks as well as the perception by many Congressional Members that NIH had its turn for increased financial support and that other agencies should now receive a higher priority. This position has been fueled by the view that cures and breakthroughs did not follow the increases in NIH funding several years ago – an unfortunate and unintended consequence of setting expectations too high during the build up to the NIH doubling. Further, the loss of confidence of the NIH due to recent conflict of interest scandals as well as the general rise in anti-science sentiments, which have been more visibly expressed during the past several years, have also negatively impacted the wide bipartisan support previously enjoyed by the NIH.

Some of these issues posed a serious challenge to the integrity of the 2006 NIH reauthorization process. A number of us at Stanford and nationally became quite engaged with this process, which, thankfully, had a better outcome than was anticipated last summer (see http://deansnewsletter.stanford.edu/archive/12_18_06.html#1d). As you know, I have been working with other leaders of academic medical centers, not only on this issue but on related topics from a public policy and advocacy point of view – and I am well aware, and appreciative, that many of our faculty have also been doing all they can to address these important challenges.

While our support for discovery and innovation is unwavering – as is our recognition that they serve as the both the foundation and the “glow factor” of modern science and, of course, of Stanford – it is also important to seek additional funding for the NIH, which remains the engine of discovery in this country, in terms that Congress can resonate to. One quite appropriate argument is that discovery and innovation not only create new knowledge and the potential for improving the diagnosis, treatment and prevention of disease, but that they also fuel economic development. Such an argument has proved successful in the pursuit of much needed and justified support for the physical and engineering sciences. I have also championed this argument with our colleagues in biotechnology in California, who also fully understand and support this perspective. In fact, I had an opportunity to further promote this viewpoint last week in Washington in meetings with numerous House Members representing various districts in California. Specifically, I joined a small group of CEOs and leaders from the California Healthcare Institute for a daylong set of congressional visits on Thursday January 18th. Our message on the importance of basic research discovery and innovation to the health of our nation was clear and, thankfully, very well received by every congressional member with whom we visited. While there is no question that funding challenges remain, I was encouraged by the clear change in interest that has seemed to follow the November elections.

We certainly have much work to do, but there does seem to be a more receptive audience to our message about discovery and innovation in the biosciences. I would thus encourage you to continue working through your professional societies and contacts to

foster support for the NIH and biomedical research. For the first time in a while I am hopeful that positive changes may be on the horizon, which, even if they are slow to come and less than we need, may be a new beginning of support for discovery, innovation and biomedical research.

School of Medicine Financial Update

At the Executive Committee meeting on January 19th, Marcia Cohen, Senior Associate Dean, Finance and Administration, provided an update on the financial state of the School. The focus of her presentation was on the financial results for FY 2006, which ended August 31, 2006, and the budget projected for FY 2007. The School ended FY 2006 with a surplus of \$50 million on a base of total revenues of \$939 million. This compares favorably to the surplus of \$20 million in FY 2005 and a budgeted deficit of \$24 million. However, it is important to note that this is a consolidated surplus that includes departments as well as the Dean's Office and that contains some elements that mask the true bottom line.

Among the key contributors to the positive bottom line was the \$57 million increase in clinical revenues from the prior year, due in part to the change in the funds flow between the School and Stanford Hospital and Clinics, and in part to growth in the size of clinical activities. Without question these are positive changes that reflect an improvement in professional service payments as well as the hard work of our clinical faculty. The overall positive bottom line was also a result of delays in transferring funds for major capital projects, including the renovation of leased space at 1050 Arastradero for the Institute of Stem Cell Biology and Regenerative Medicine and the Neuroscience Institute, and the initiation of construction of the Learning and Knowledge Center (LKC) and Connective Elements. However, these capital expenditures are anticipated for FY 2007. Thus, the bottom line for FY 2006 is somewhat artificially elevated, since ultimately these funds will be spent.

That said, the positive result in FY 2006 occurred in spite of slowed growth in sponsored research – the School's total direct and indirect revenues from sponsored projects totaled \$371 million in FY 2006 compared to \$372 million in FY 2005. We are of course quite concerned about this trend, which reflects, in part, decreased funding from the NIH (see above). Since sponsored research awards represent one of the most important sources of income for faculty and the school, erosion in this sector can have dire consequences. While we anticipate that federal support from the NIH will likely be flat to slightly negative, we are projecting that support for stem cell research through the California Institute for Regenerative Medicine will help alleviate some of the negative impact in federally sponsored research support. While I am pleased that there is likely to be state support for stem cell research, it is also of some concern to me that the current politics around stem cell research is shifting the research agenda in this area from the federal to the state level. The immediate benefits of moving the research agenda are clear – at least in California - but the potential that this will further weaken the prominence of the NIH in biomedical research is a source of concern.

The School budget for FY 2007 includes total revenues of \$946 million, total expenses of \$956 million, and an overall projected deficit of \$10 million. Modest growth of clinical activity (+2%) and growth in sponsored project revenues (4%) are projected in the FY 2007 budget. However, the ability to further increase clinical volume is negatively impacted by capacity constraints at both Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. Further it is anticipated that the funding climate for health care providers is likely to worsen over the next several years – in contrast to the recent past. As noted, the decline in federal support for sponsored research is a serious challenge that is partly alleviated by the probability of state funding for stem cell research.

At the same time, the Dean's Office is increasing its investments in strategic initiatives, including more than \$7 million on recruitment commitments, \$11 million on institutes and centers, \$3.7 million on interschool initiatives (Bio X/Clark, Bioengineering), \$5.3 million on central services (Office of Medical Development, Clinical Research/SPCTRM, and Diversity and Leadership), and \$1.8 million in education. These investments reflect our commitment to the Stanford Challenge and to enhancing our excellence in research and patient care.

Ms. Cohen also presented financial information on the Dean's Office operations, showing that while, overall, departments had a surplus in FY 2006 and also a projected surplus in FY 2007, the Dean's Office experienced a net deficit of \$9 million in FY 2006 and has a budgeted deficit of \$28 million in FY 2007. The results are indicative of the investments the Dean's Office is making and plans to make in recruitments, strategic initiatives and capital projects that exceed current year revenues. Obviously this is not sustainable over time. Future years will require discussions between the Dean's Office and departments about how to optimize funding and spending to meet individual and collective needs for the School and our missions in education, research and patient care.

Emerging International Interactions

One of the major goals of the Stanford Challenge (see: http://deansnewsletter.stanford.edu/archive/10_23_06.html) is to reach out to our global colleagues and use our knowledge and skills to improve the world we live in. As communications and information technology have recalibrated international initiatives, we frequently encounter individual colleagues as well as institutions and even nations seeking intersections and collaborations with Stanford. During the past two weeks I had several experiences that serve to underscore the importance of international initiatives and partnerships.

On January 15-16th the leaders of the Stanford Neuroscience Institute hosted a meeting with scientists from the University of Lund in Sweden. I had the opportunity to meet with the Dean of the School of Medicine and several faculty leaders from Lund. I was struck by the similarity of their goals to ours in fostering research that transcends traditional institutional boundaries and disciplines and that seeks new interactions among the physical and life sciences to better understand the workings of the brain and nervous system – and as a consequence to enhance and even transform the approach to important

neurological disorders. A continued exchange of ideas and, potentially, of students and faculty will help to promote future dialogue and collaboration – a goal consistent with the Stanford Challenge.

On January 19th I participated in a meeting led by leaders from the Freeman Spogli Institute for International Studies about the Medical School's potential involvement in education and research initiatives in China. Because several of our faculty are already engaged in interactions or collaborations in China it seemed prudent to first inventory faculty interest – a process now underway by a committee comprised of Drs. Scott Atlas (Radiology), Nancy Shulman (Medicine- Infectious Disease) and Sam So (Surgery). Given the evolving role of China on the global stage it is clearly important that such relationships be better defined and supported.

And then on January 24-25th I joined Drs. Harry Greenberg, Rajiv Doshi and Paul Yock in New Delhi, India. There we met with leaders from academia and the Department of Biotechnology in the Ministry of Science and Technology to explore the potential development of a Stanford-India Biodesign Program modeled on the highly successful program developed at Stanford under the vision and leadership of Dr. Yock and colleagues (see: <http://www.stanford.edu/group/biodesign/>). During an intense two-day series of meetings and discussions with academic and government leaders, including the Minister of Health, we had the opportunity to learn a considerable amount about shared goals and objectives with academic leaders from engineering and medicine throughout India and forged a path that could lead to very exciting and catalytic collaborations.

What struck me in each of these interactions was the similarity of our thinking on important issues and challenges in science and medicine. Not infrequently we convince ourselves of the uniqueness or at least the distinctiveness of our ideas or plans– at least in our eyes. It is both sobering and refreshing to recognize that good ideas have no geographic boundaries and that physicians and scientists around the world are also thinking about ways to better unite medicine, the biosciences, the physical sciences and engineering to better understand bioscience and medicine. It is true that the ability to implement novel approaches may vary – and that in this respect Stanford is likely among the most distinctive institutions in its ability to foster innovation and discovery in a spirit of entrepreneurship. But it is also true that a focused series of international interactions that build on our core missions of discovery and innovation will surely play an important role in Stanford's future – and in future generations of students, trainees and faculty, not only on our home campus but around the world.

Debate on the Physician Workforce

At the Board of Directors meeting of the Association of Academic Health Centers on Saturday, January 20th we had an interesting discussion about the assumptions behind the proposed increase in the physician workforce being championed by the Association of American Medical Colleges (AAMC). You may recall that the AAMC has called for a 15-30% increase in the physician workforce – which is already being met by increases in the size of medical school classes as well as an outcropping of new medical schools (see:

http://deansnewsletter.stanford.edu/archive/09_19_05.html#7 and http://deansnewsletter.stanford.edu/archive/02_21_06.html#7). While I certainly agree that there is a misdistribution of physicians in the USA, a shortage of primary care doctors in various regions of the country, especially rural areas, and a lack of selected specialty physicians, the fundamental assertion that a serious physician workforce problem exists is less well founded.

One of my major concerns with the recent projections and the call to increase the numbers of medical school graduates is that a larger number of physicians *per se* will not necessarily address the national distribution of doctors or the areas of medicine they choose to practice. Unless entry into specific fields is channeled and other areas regulated (neither of which is likely to occur) it seems unlikely that the overall practice patterns or career choices will be significantly altered. From my perspective, rather than focusing on graduating a larger number of new physicians, it would seem more prudent to address the overall health care workforce and, in particular, the roles for non-physician providers. While one of the major drivers for expanding the physician workforce is the projected increase in the elderly, a more careful examination of the scope of medical care being provided seems a more important initial step.

Of interest, the Health Resources and Services Administration (HRSA) issued a report in October 2006 on “Physicians Supply and Demand: Projections to 2020” that offers a contrasting analysis and perspective. Based on this recent report, the current physician workforce in the USA in the base year (2000) included an estimated 756,000 active physicians under age 75 with approximately 95% being MDs and 5% DOs. Based on projection models, the number of practicing physicians in 2005 who are less than 75 years of age was estimated to be 817,000, with slightly over one third in primary care and the remaining serving as specialists. As the number of women entering medical school has risen during recent decades, so too has the proportion of the workforce that is female. The work patterns of men vs. women (where women have, to date, chosen more primary care practices) serve as another important variable in workforce projections. By 2020, FTE physicians who are engaged primarily in patient care are projected to reach 866,000 (a 10 percent increase from current levels). The census bureau estimates that the USA population will grow by a relatively commensurate rate between 2005 and 2020, resulting in a relatively constant full-time equivalent patient care physician per 100,000 population ratio of approximately 259. In addition, there will be an increasing proportion of elderly citizens who may require medical services.

There is considerable variation in projections by specialty area, and some do experience limitations in physician supply. However, it is very hard to accurately project specific specialty or discipline needs – or the choices of medical school graduates in pursuing them. What does seem clear is that simply graduating more MDs won’t necessarily fill critical need areas – as has been well demonstrated during past decades. Further, workforce projections can also be influenced by changes in the health status of communities or populations, new technology advances, changes in payment or physician productivity, the entry of non-physician clinicians or variances in the models of health care delivery or of health care systems. Based on the analysis it conducted, the HRSA

report notes that “the growth and aging of the United States population will cause a surge in demand for physician services. If current healthcare utilization and delivery patterns continue, the overall supply of physicians should be sufficient to meet the expected demand through the next 10 years. This finding suggests the need for modest increases in United States medical school capacity.” It is certainly at variance with the recommendations by the AAMC to increase the current medical school class size by 30% and to expand the number of medical schools. This is an issue that requires considerable more thought and some tempering of the current focus on expanding MD graduates.

While the issues about the physician workforce are important to all of us, they have a different complexion at Stanford. We are a small research-intensive school of medicine, and while we certainly want to educate and train outstanding physicians, our primary focus should be on educating leaders and physician scholars as well as leaders in the biosciences. If we were to increase our class size, something that requires further contemplation, it would be to address the shortage of physician-scientists - which is a serious problem in the USA and something we are in a unique position to help address. But this too requires additional debate and discussion.

Fellowship Opportunity at the Stanford Center on Longevity

The Stanford Center on Longevity (SCL) will fund postdoctoral fellows for three years of full-time research in interdisciplinary studies related to aging or longevity. We expect to fund two fellows per year and therefore, after three years, to have six fellows in the program on an ongoing basis. The deadline to apply is April 1, 2007. Funding to begin July 1, 2007.

For eligibility requirements and additional information and application form click here: <http://longevity2.stanford.edu/docs/literal/mission.html> then click on the "Fellowships" link.

Some Notable Comings and Goings

We learned several days ago that **Dr. Renee A. Reijo Pera**, currently Co-Director of the Human Embryonic Stem Cell Research Center and Director of the CIRM Training Program at UCSF, has accepted our offer to join Stanford as the Director of Human Embryonic Stem Cell Research and Education in the Stanford Institute for Stem Cell Biology and Regenerative Medicine, and Director of Human Stem Cell Research in the Department of Obstetrics and Gynecology, where she will have her academic appointment. Dr Pera is an internationally recognized leader in embryonic stem cell research and is highly recognized for her scientific accomplishments as well as for her achievements as an educator and mentor. Dr. Pera received her PhD from Cornell and was a Damon Runyon Fellow at the Whitehead Institute and Instructor at MIT before joining UCSF in 1997. She has received numerous awards for her work including the American Stem Cell Research Foundation Award and the Outstanding Faculty Mentor at UCSF Award. In September 2006 Dr. Pera was cited by Newsweek magazine as one of the twenty most influential leaders in the USA. Critical to Dr. Pera's successful recruitment was the combined efforts of Drs. Irv Weissman, Jonathan Berek and Mike Longaker. I want to thank them and also thank our Provost, John Etchemendy, for his

special assistance as well. We are very pleased to have Dr. Pera as a new member of our Stanford community and I hope you will join me in welcoming her.

Dr. Alan Krensky, the Shelagh Galligan Professor of Pediatrics and Chief, Division of Immunology and Transplantation Biology, will officially join the National Institutes of Health in July 2007 as the Deputy Director for the Office of Portfolio Analysis and Strategic Initiatives (OPASI). Dr. Krensky has been a faculty member at Stanford since 1982 and has made numerous and significant contributions as a physician-scientist as well as one of the key architects of the Children's Health Initiative. Indeed he was instrumental in guiding both key initiatives and important recruitments that have helped transform Stanford Pediatrics and the Lucile Packard Children's Hospital. He will be the first incumbent of the newly established OPASI and, as noted by Elias Zerhouni, Director of the NIH, "he will play a key leadership role as the Office of Portfolio Analysis and Strategic Initiatives provides an 'incubator space' to accelerate critical research efforts that address major, cross-cutting NIH priorities."

As described by the NIH, the Office of Portfolio Analysis and Strategic Initiatives was built on the success of the NIH Roadmap for Medical Research and has two goals: to identify important areas of emerging scientific opportunities or rising public health challenges, and to help accelerate investments in these areas to make sure new ideas have a chance to develop. Accordingly, OPASI provides new opportunity for more trans-NIH dialogue, decision-making, and funding and provides the National Institutes of Health with the methods and information necessary to manage its large and complex scientific portfolios and also to help identify important areas of emerging scientific opportunities or rising public health challenges and assists in their rapid implementation.

I want to take this opportunity to thank Dr. Krensky for his many significant contributions, which have been extremely important and which will be enduring. Please also join me in congratulating Dr. Krensky for his important national leadership position. We wish him the very best of success.

Awards and Honors

Helen Blau, PhD, the Donald E. and Delia B. Baxter Professor and Director of the Baxter Laboratory in Genetic Pharmacology, has been appointed to the Scientific Advisory Board of the Ellison Medical Foundation, as of Jan. 1, 2007 for two years. The Ellison Medical Foundation supports basic biomedical research on aging relevant to understanding lifespan development processes and age-related diseases and disabilities, with the goal of stimulating new, creative research that might not be funded by traditional sources or that is often under-funded in the U.S. Congratulations, Dr. Blau.

W. James Nelson, PhD, the Rudy J. and Daphne Donohue Munzer Professor in the School of Medicine, has been appointed by HHS Secretary Michael O. Leavitt as one of three new members to National Advisory General Medical Sciences Council. The council is composed of leaders in the biological and medical sciences, education, health care and

public affairs and members are appointed to four-year terms. Congratulations, Dr. Nelson.

Appointments and Promotions

Raffick Bowen has been appointed to Assistant Professor of Pathology, effective 1/1/2007.

Lorinda Chung has been appointed to Assistant Professor of Medicine (Immunology and Rheumatology) at the Veterans Affairs Palo Alto Health Care System, effective 1/1/2007.

Marc Coram has been appointed to Assistant Professor of Health Research and Policy, effective 1/01/2007.

Myriam J. Curet has been promoted to Professor of Surgery, effective 1/1/2007.

Gundeep S. Dhillon has been appointed to Assistant Professor of Medicine (Pulmonary and Critical Care Medicine), effective 1/1/2007.

Dean Felsher has been promoted to Associate Professor of Medicine (Oncology) and of Pathology, effective 2/1/2007.

Shai Friedland has been reappointed to Assistant Professor of Medicine (Gastroenterology and Hepatology) at the Veterans Affairs Palo Alto Health Care System, effective 1/1/2007.

Kathleen Gutierrez has been reappointed to Assistant Professor of Pediatrics (Infectious Diseases) at the Lucile Salter Packard Children's Hospital, effective 4/1/2007.

Judy Illes has been appointed to Associate Professor (Research) of Pediatrics, effective 2/1/2007.

Michael R. Jeng has been promoted to Associate Professor of Pediatrics (Hematology and Oncology) at the Lucile Salter Packard Children's Hospital, effective 1/1/2007.

Bingwei Lu has been reappointed to Assistant Professor of Pathology, effective 1/1/2007.

Greer M. Murphy has been promoted to Professor of Psychiatry and Behavioral Sciences, effective 1/1/2007.

Mei-Chiung Shih has been appointed to Assistant Professor of Health Research and Policy, effective 1/1/2007.

Christopher N. Ta has been promoted to Associate Professor of Ophthalmology, effective 1/1/2007.

Victor Tse has been promoted to Associate Professor of Neurosurgery at the Santa Clara Valley Medical Center, effective 1/1/2007.

Wen-Kai Weng has been appointed to Assistant Professor of Medicine (Bone Marrow Transplantation, effective 1/1/2007.

Dean's Newsletter

February 12, 2007

Translating Discoveries – Leading the Way

On February 1-3rd we held our School of Medicine Annual Leadership Retreat – the sixth since my arrival at Stanford in April 2001. We have used these retreats to shape our strategic planning, report progress on school-wide initiatives and address important questions and challenges facing the school and medical center. While the composition of the participants changes slightly from year-to-year based on the topics being considered, the core group of 80-90 individuals includes chairs of basic and clinical departments, institute and selected center directors and other School leaders, hospital leaders, medical and graduate students as well as resident and fellow/postdoc organization leaders, university officials, and trustees or hospital board directors. This year we also invited several faculty leaders from other schools at Stanford. The group is diverse but also focused on helping us to make the Stanford University School of Medicine the best it can be. By design the schedule is fairly demanding – but since time is precious it is important to use our retreat time wisely to truly advance our programmatic initiatives. The theme of this year's retreat was ***“Translating Discoveries – Leading the Way,”*** and it built on the Strategic Plan that grew out of our first retreat in January 2002 (see: <http://medstrategicplan.stanford.edu/>).

Challenges Facing Academic Medical Centers: A View from the East

This year we began the retreat with a presentation from Dr. Mark McClellan, a Stanford faculty member who has been on leave in Washington, where he served sequentially as the Commissioner of the Food and Drug Administration (FDA) and, until late in 2006, as the Director of the Center for Medicare and Medicaid Services (CMS). These two enormously important leadership roles equipped Dr. McClellan with a valuable perspective on issues facing critically important federal agencies and programs – as well as healthcare and biomedical research. Further, in each of his leadership positions, Dr. McClellan helped bring about significant changes and new programmatic initiatives.

Dr. McClellan began his remarks by addressing the funding climate impacting the NIH. He affirmed a message I have also conveyed in prior Newsletters (see <http://mednews.stanford.edu/releases/2006/december/year-review.html#nih>); namely, that following the doubling of the NIH budget between 1990-2003, the subsequent years' budgets have been flat to decreased – especially when compared to the biomedical inflation index. The impact of this trend has raised significant and growing concern among the biomedical and bioscience community. Part of the challenge is related to the fact that nearly twice the number of grant applications are being submitted now compared

to the pre-doubling era. . However, it is also increasingly apparent that grants scoring ratings that would clearly have been funded just a couple of years ago are now experiencing difficulty and that even highly established investigators are encountering problems in getting funded. This situation has been also further impacted by some of the political issues that recently surrounded the NIH Reauthorization (see <http://deansnewsletter.stanford.edu/#1>) as well as the perspective in the Congress that NIH had its doubling and now other federal programs need attention – an issue made more acute by the overall decrease in discretionary funding due to the war in Iraq, tax cuts and other federal initiatives. At the same time, the NIH has directed increased attention to promoting research and education in translational research and medicine. Dr. McClellan emphasized the importance for Stanford to seize these opportunities, especially given our focus and excellence in innovation and our proximity to the biotechnology community in Silicon Valley and the Bay area.

While Dr. McClellan did not forecast budget increases for NIH that bore any resemblance to the period of doubling, he did observe that increased support for the FDA is essential and that reform of this agency is likely to occur this year. He opined that Stanford should also align some of its clinical and translational research programs to benefit from changes at the FDA, especially in novel areas of clinical trial methodology, design and analysis that employs better use of biomarkers, genomics, imaging, and improved methods of statistical analysis. Given our focus in recent years in building the infrastructure and interdisciplinary organization to foster clinical and translational research, recently exemplified by the submission of our application for a Clinical and Translational Science Award (CTSA), I would certainly say that we have been oriented toward improving and advancing our efforts in this area of research – which is also important to our distinction and uniqueness as a medical center.

Beyond research and regulation, Dr. McClellan observed that there would be an increased focus on health care reform in the years ahead, which would address in particular coverage of the uninsured and cost containment. He noted that, while some of this reform may be initiated at the federal level, the major activities were likely to emerge from the states – as has recently occurred in proposals by governors in Massachusetts, California, New York and others. The major federal initiatives will likely concentrate on entitlement programs, particularly Medicare and Medicaid. Dr. McClellan offered his view that the Part D drug coverage initiated last year has been a success (although how much the pharmaceutical companies have benefited from this approach was not discussed). He noted in particular that a major area of reform will be in aligning Medicare payments to high value care and that this will mandate the need for metrics to measure quality and service – including clinical quality, patient satisfaction, prices and cost, among others. Indeed, “pay for performance” for hospital and physician services is already becoming a reality under Medicare (see: NEJM 2007; 356:515), and there is every expectation that it will be quickly embraced by private payers. Quality and service data will be made publicly available by rating agencies – or by institutions – and there is every reason to expect that such data will influence consumer choice about where to seek their health care.

While challenges abound, Dr. McClellan observed that, given the changes underway, there are some important opportunities for Stanford. First, he underscored that Stanford should be a leader in translational medicine. While we have certainly played a leadership role in devices and other innovations, this role should extend to biologics and drugs and should be based on novel trial design, the integration of genomics, imaging, and biomarkers, and novel alignments with biotechnology. He also observed that we should use quality performance as a measure of distinction – and even as a competitive tool. Further work is to be done in novel approaches to education and training, especially outside of the traditional hospital environment. And finally, while attention to local and regional issues is important, Dr. McClellan also underscored that in the 21st century global engagements will also impact health care and will require our attention. Each of these important challenges will affect our future. Fortunately, each has been encompassed in one fashion or another in our strategic planning – and were topics for this year's Leadership Retreat.

State-of-the-School in 2007

Building on the challenges and opportunities that I believe affect each of our missions and that I commented on in my January 15th Dean's Newsletter (see: http://deansnewsletter.stanford.edu/archive/01_15_07.html) I followed Dr. McClellan's presentation with a perspective that raised some of the important issues that would be discussed at the retreat. I began by underscoring that 2006 had been a truly remarkable year for the medical school and that the past 5-6 years have been ones of forward momentum, excitement and success on many different fronts. However, while it is important to recognize and celebrate our many individual and collective accomplishments, our future rests more on how we address new challenges and anticipate the significant changes that will emerge, both within and outside of our institution and community, both local and global. Hence I underscored that the purpose of this retreat was to focus on the challenges– and that while this might convey some negative overtones, it is important that, as stewards of the future of Stanford, we consider these issues and develop plans to address them, not simply to survive but to excel and serve as a role model among academic medical centers.

I highlighted ten issues that, in my opinion, serve as serious challenges and even threats to our future success. I chose these areas because of their importance, because they would be topics for discussion at the retreat and because we have the opportunity to anticipate and even solve them, even though there would be many difficulties and risks. Each of these ten issues maps to various aspects of our core missions, essential values, programmatic initiatives and areas of controversy and contention. Being frank and honest with each other is an essential step to addressing such challenges – and I wanted to be sure that they were laid out in a transparent and palpable manner. This is particularly noteworthy as we stand at the threshold of the School of Medicine's Centennial in 2008 and the 50th Anniversary of the School's move from San Francisco to Palo Alto in 2009.

The ten areas were: 1) Discovery and Translation, 2) Size and Connectivity, 3) Depth and Breadth, 4) Disciplinary and Interdisciplinary, 5) Excellence, Professionalism and Quality, 6) Diversity, Leadership and Balance, 7) Resources and Renewal, 8) Program

and Capital Investments, 9) Internal and External Challenges, and 10) Moving Forward and Creating Our Future. Here I will simply highlight some of the observations, comments and recommendations I offered to the retreat participants:

1. Discovery and Translation:

There can be no question that the fundamental underpinning of medicine as a discipline and Stanford as an institution is a commitment to and recognition of the importance of discovery and basic science research. Excellence in curiosity- driven fundamental inquiry has been the defining signature of the medical school and is something to be proud of and to celebrate. Indeed it is notable that the faculty and leadership at Stanford have continuously renewed this commitment by recruiting outstanding faculty and by educating and training future leaders in the biosciences. So it is ironic that, at a time of extraordinary achievement, most recently evidenced by two Nobel Prizes in 2006, more NIH Pioneer Awards than any other medical school and a host of other faculty and students awards and recognitions, there is an air of anxiety and even some tension about whether our institutional commitment to discovery science remains unwavering.

Certainly a major contributing factor is the threat of decreased funding from the NIH ,which is affecting the entire bioscience community. However, this is not the sole issue. Over the past several years we have emphasized “Translating Discoveries” as our banner and overarching mission, and this emphasis has been highlighted by the increased importance that the NIH has placed on translational and clinical medicine. While I believe that I have been consistent and clear in underscoring the reality that translational medicine today is built upon a foundation in discovery science and that fundamental research is the core and centerpiece of our mission at Stanford, I have been surprised that our own great basic science faculty at times feel less valued both within the school and in the university more broadly. While this is certainly not the case, one can recognize that perceptions are important, and our focus on translating discoveries as well as the University’s highlighting of the human health initiative as part of the Stanford Challenge may seem to some to undervalue discovery science. This requires attention.

I well recall that at the first Leadership Retreat I hosted, in January 2002, there was a cultural rift between the basic sciences and the clinical sciences. This situation was partly historical and had clearly been aggravated by the crisis emanating from the failed merger and then de-merger with UCSF. Indeed, one of the most important things to emerge from the 2002 Retreat and those that have followed has been the building of bridges and relationships between the basic and clinical science communities – and, in tandem, between the medical school and the rest of the university. As I noted at the retreat, sustaining these important relationships is essential to our success as an academic medical center and begins with mutual sharing and valuing of what each of us brings to the work of enriching the school of medicine. We are a community that must value both discovery science and translational medicine and that benefits from improved understanding, collaboration and shared values.

But this does not necessarily happen naturally. It requires effort and indeed vigilance along with the recognition that we are a community of excellence built upon our shared

missions in education, research and patient care. One does not supercede the other in overall institutional importance – and each requires commitment in order to attain balance. I am personally committed to achieving that balance and to making the whole greater than the sum of our parts. But I am also cognizant that without our mutual efforts fracture lines can emerge – which we simply cannot let happen.

2. Size and Connectivity:

I have previously noted that Stanford is one of the smallest Schools of Medicine among our peers – about 40% the size of UCSF and less than 10% the faculty of Harvard Medical School. I see our small size largely as an advantage, since it forces us to make strategic choices and to appoint the highest quality faculty we can find. While I say this carefully, I believe that we have been able to accomplish this more or less across the board in our basic science appointments, where careful searches seeking the best in a field guide the selection of faculty. And while we clearly strive to identify the strongest faculty in the clinical departments as well, these selections are also driven by programmatic needs and not infrequently by fewer prospects in a national pool of potential candidates. A reality is that the national pipeline of outstanding physician-scientists is limited and a number of medical and surgical disciplines have a relative paucity of clinician-scholars, clinician-investigators and clinician-educators. Additionally, in the development of clinical programs it is almost always necessary to have a critical mass in order to provide sufficient depth of excellence and clinical coverage. Moreover, given the complexity of medicine today, it is not feasible to eliminate selected disciplines to preserve size constraints and to maintain a high quality program, especially when the emphasis is on high-end tertiary level clinical care as is the case at Stanford. So, an obvious challenge stands before us in sustaining excellence and meeting programmatic needs in the context of our current Provostial cap of 900 UTL, MCL and non-tenure line faculty. This issue has significant immediacy since we are soon to cross the number of 800 full-time faculty. Based on our projections of faculty growth and programmatic development it seems likely that we will reach the cap within the next three years and perhaps sooner.

A relevant question is the basis for the current cap. The medical center clearly benefits from being part of a great university, and all of Stanford's seven schools are small when compared to peers. But they are also excellent despite their size, and it is part of our culture to value excellence and a relatively small size. It is important to recognize the importance of balance within the University, and it is true that, should the medical school exceed the 900-faculty cap, it will become more than half the size of the total faculty of the University. While this kind of ratio is the case at many medical schools and universities, it is not part of our Stanford culture – and I readily acknowledge that we must be mindful and respectful of this reality.

But it is also clear that the detailed program planning we have done during the past 2-3 years has identified important and challenging issues related to our size. These include: (a) the size of our education programs (e.g., possibly leading to an increase in the medical school class size); (b) the need to balance the proportion of UTL, MCL and CE faculty to sustain excellence in basic science as well as clinical performance; (c) the importance of

fulfilling programmatic needs to sustain the clinical programs at SHC and LPCH (which over the next 10-20 years will almost certainly require exceeding the cap by 15%); and (d) the need to maintain a faculty size that will assure the close connectivity of the medical school with the rest of the university, so that we will not have to move research faculty “off campus” and, in doing so, lose the uniqueness that has defined our ability to carry out cutting-edge interdisciplinary research. Clearly size is both a source of strength – and a serious threat to our future excellence.

3. Depth and Breadth:

Our small size may limit our depth and breadth compared to peer institutions. But, as noted above, it compels us to focus on quality and to make strategic priorities. At the same time, it imposes a challenge to individual faculty, who, because of our small size, have multiple demands and expectations. While this is true for virtually everyone, there are additional pressures for clinical faculty, who are expected to demonstrate excellence and leadership in academic pursuits as well as in clinical care. In days past, many academic medical centers celebrated the “triple threat” physician-scientists, who were purportedly great investigators, teachers and clinicians. While I do not doubt that a few individuals can excel in all of these missions, the reality today is that, in order to be a great investigator or an outstanding physician, a sizeable portion of one’s time and effort must be concentrated and focused. We need to strive to set realistic expectations and align as optimally as possible the job expectations with realities for our faculty.

At Stanford there can be no doubt that the coin of the realm is excellence in research. And while this is very much what distinguishes us as an institution, we seem to spend less time than we might valuing the important contributions that faculty make in education and patient care. This has significant implications for how our appointment and promotion process is carried out – especially for clinical faculty. One of the reasons for this challenge is the lack of support and time available for clinical faculty to develop academic proficiency. When programs are limited by size and when patient volumes and demands continue to rise, as they have in recent years at both SHC and LPCH, clinical faculty have less time for scholarship – and are not supported to do so in our current fiscal environment. This becomes a self-fulfilled prophecy, in which busy clinical faculty become less engaged in the academic missions of research and education but feel the pressure to perform and the frustrations that emerge when they cannot do so as successfully as they might like – or our institution demands. Accordingly, if we are serious about having an excellent clinical faculty to complement our basic science faculty, it is important to provide time and support for individual scholarship. But the economic demands of clinical practice and the costs associated with “non-clinical time” pose serious challenges and limitations – which must be addressed.

This represents a threat on multiple levels: a failure to support a critical mass of individuals to sustain and enhance clinical excellence, an unstated understanding that excellence in research can compensate for a lesser performance in clinical acumen and skill, and an inability of motivated clinical faculty to not only be valued for the patient care they deliver but to do so with the greatest degree of excellence while also having protected time for research and education. If not addressed successfully a false hierarchy

of perceived value may emerge that could defeat the opportunity to create a community of excellence across the domains of science and medicine. As with the potential dipole of discovery and translation or that of limiting size and scope, a lack of attention to supporting depth and breadth is something on which we must focus creatively – including developing new funding sources to support the academic development and careers of clinical faculty.

4. Disciplinary and Interdisciplinary:

Academic medical centers, including Stanford, are built on a foundation of disciplines in the form of departments – both basic and clinical. Many of these disciplines were formulated during the 20th century, and a number have evolved dramatically – or will do so in the future. Whereas most medical schools when I was a student had basic science departments of anatomy, physiology, pharmacology and the like, most have evolved to more interdisciplinary areas of focus – and at Stanford, these more traditional departments or disciplines have been supplanted by new departments and programs. At the same time, most clinical departments have retained their traditional components, even though newer technologies and innovations might benefit from realignments of these traditional units. I have raised this issue in the past but recognize that major shifts such as these have significant consequences. So the alternate question is how to balance the disciplinary foundations with crosscutting interdisciplinary themes – whether they are disease focused (as some of our Stanford Institutes of Medicine) or whether they cut across traditional disciplinary boundaries (such as stem cell biology, genomics, imaging, and informatics). While there is concurrence about the need for both traditional departments and interdisciplinary efforts (e.g., institutes, centers or programs like bioengineering and BioX), there are also tensions that exist between them. Sometimes these have to do with perceptions about what is most important or valued, whereas in other situations the potential allocation of resources (space, billets, dollars) creates the challenge.

As you know, at Stanford we are committed to supporting departments, institutes and selected centers, but I am well aware that simply stating this commitment does not dissipate the understandable competition for resources. We have tried to address this sense of competition by creating a working document to define the interactions between departments and institutes, but there is no question that strong views of primacy and relative importance persist. This is an internal challenge that we must continue to work on if we are to optimize our broader institutional success. For instance, while I have no doubt that we can make compelling cases to raise philanthropic dollars for specific faculty or departmental initiatives, it is big and bold ideas that leap beyond traditional departmental disciplines that engender the most excitement in donors capable of making major investments in our vision for the future. This has been very clearly the case with the anonymous donor who had invested tens of millions of dollars in our stem cell program or the recent gift of nearly \$40 million for SIM1. So again, we need to find balance between our disciplinary and interdisciplinary initiatives, focusing foremost on how we improve our school – and medical center – as a whole.

5. Excellence, Professionalism and Quality:

I commented above on the importance of assuring excellence in all we do. I also noted that we have been particularly successful valuing and assuring excellence in research. While we have made strides in recent years, I don't believe that we have necessarily had the same laser focus for quality and excellence in our clinical care missions. As I noted in summarizing Mark McClellan's presentation, this is an issue that will take on increasing importance in the years ahead as physician and hospital quality metrics become compared, ranked and published. I should hasten to add that during the past several years there has been such a focus at the Lucile Packard Children's Hospital in conjunction with our pediatric faculty, and, as a consequence, LPCH stands at the acme of excellence when compared to peer institutions in a number of quality and service performance measures. And while there is unquestionable commitment by the leaders of SHC and the School to quality and service performance in the adult programs, there is work to be done to achieve the levels of success we can and must achieve.

In some ways the situation in which we find ourselves in this area may be linked to an occasional over-emphasis on academic performance for clinical faculty and perhaps an under-emphasis on metrics that support clinical leadership and excellence. Our promotions process, which has not evaluated clinical performance or excellence with the same rigor and robustness as scholarship, likely aggravates this. While this is not surprising in an academic institution, it is also not acceptable in an academic medical center striving to be the best among its peers. Accordingly, increased efforts are underway to develop a plan for improvement – which is all the more important in light of the clear emphasis that physician quality and hospital service will play in the immediate future. Again, these efforts will require a number of culture and programmatic changes, and the resolve to achieve success will be a serious challenge for individuals and our entire enterprise. But here we cannot fail.

I also noted that it is important to revisit how we evaluate the quality of clinical performance of our students and trainees. They are entering a new world of standards and expectations and we will not serve them well by not addressing this more formally. This too will require cultural changes – but here too we must be forward thinking and more cognizant of the world which lies ahead.

6. Diversity, Leadership and Balance:

I have highlighted previously that we have considerable work to improving the diversity of our faculty, especially given the success Stanford has achieved in the diversity of its students. I recognize that this must be viewed as a long-term commitment, and I am pleased with the efforts of our new Office of Diversity and Leadership and, in particular, of chairs and faculty leaders who have made special efforts to seek diversity in recruitments. We all agree that we must put excellence first – but we also acknowledge that excellence and diversity are compatible, even if challenging to fulfill. This is an area where our active partnership and commitment will be essential, and where our success or failure is readily measurable. At this point we are nowhere near where we need to be, but I have confidence that there is a broad commitment to improve our diversity, because greater diversity will benefit our entire community and because it is the right thing to do.

In tandem with diversity, fostering leadership is another critical challenge. Certainly leadership takes many forms, such as leadership as a researcher or clinician or in directing or leading programs or initiatives. During the past couple of years leadership training and mentoring have taken place under separate and joint programs sponsored by the School, SHC and LPCH. Each has met with significant success, but there is work to do on two fronts: first, in creating opportunities for as many individuals to participate in leadership training and development as possible, and second, in benefiting from the skills gained in these programs by engaging more faculty in leadership opportunities. Each is important in further enhancing our school and medical center.

Fostering balance for our faculty, given the tremendous challenges faced in meeting rigorous academic and clinical demands, remains a largely unmet goal. I have previously addressed the issues related to creating a more flexible work environment (see: http://deansnewsletter.stanford.edu/archive/10_23_06.html#3), and reports of success have been noted in the Stanford Report (<http://news-service.stanford.edu/news/2007/january24/med-flexible-012407.html>). But these are exceptions. We really need to focus more on the cultural changes that are necessary and the perceptions that map to them. We also need to develop more resources that help young faculty, in my opinion particularly women, through more day care, financial support, time and more. Here one doesn't want to be Pollyannaish or engage in false promises. We simply need to do better – but I readily acknowledge that the pathway to doing so is neither clear nor easy. But this is a major challenge for all of us.

7. Resources and Renewal:

We are fortunate to be at Stanford, which is well endowed compared to most of our peer medical schools and which has many resources at its disposal – and the opportunity to develop new ones. However, all of our resources are limited and to some degree compartmentalized. As I have noted in other writings, I celebrate and support the success of faculty and departments in creating and developing resources and reserves that help to sustain and enhance their activities. At the same time, I know that unrestricted dollars are quite limited and that the central resources within the Dean's Office are shrinking due to programmatic and capital investments we have made to foster new programs during the past several years. Among my highest priorities is to develop additional resources to support our programs and needs throughout the school as well as at the hospitals and university.

The activities directed to securing these resources come in many forms and require many participants: advocating and taking leadership on national or regional initiatives that increase support for biomedical research (e.g., NIH, CIRM); addressing issues and constituencies that impact healthcare costs and revenues; wisely developing resources that may arise from discovery, patents and royalties; and raising support through medical development from foundations, individuals and other philanthropic communities. Because our needs are so significant (see below) we have considerable work to do in this area. But carrying out this work is essential if we are to renew our investment in people and programs.

Ultimately, the contributions we make depend on the excellence of the individuals who are part of our community. It is expensive to recruit and retain the brightest and most creative scientists, physicians and leaders – but it is imperative that we make these investments if we are to enhance our future success. New recruitments not infrequently cost upwards of a million dollars, and new facilities to support education, research and patient care cost tens to hundreds of millions of dollars or more. This is also an enormously competitive process, and, hence, an important aspect of efforts at renewal must also be the education, training and development of future leaders who can help support Stanford as well as other programs around the world. We must also be cognizant of the very real internal tensions and competitions that arise when the need for new resources is significant and the sources from which they can be raised are limited.

While I have no doubt that we each want the success of Stanford to stand proudly, when it comes down to an individual philanthropic donor or foundation, there is an inevitable struggle in balancing the needs of an individual faculty member versus her or his department. Or there are struggles between departments, centers and institutes. Or there is competition between the academic programs championed through the school and the need for clinical facilities for the hospitals. Or there is tension between the medical center needs and those of the rest of the university. These tensions, conflicts and even confrontations are predictable and expected. But what will matter going forward is how we deal with them. If any one individual, group or constituency becomes too self-focused (or indeed selfish) we will not reach the levels of success we must achieve. This is a big challenge, and I don't want to glaze over it with denial or embellish it with hyperbole. It requires forthright discussions, compromises and a consistent focus on how we can help to assure that each member of our community thrives over time. That said, I view this as one of our biggest challenge during the years ahead.

8. Program and Capital Investments:

Coupled with the need and importance for creating new resources and making strategic investments to assure our renewal, we face the practical challenge of balancing our very real needs for facilities against those for programs and investments in people. In my December 4 2006 Newsletter

(http://deansnewsletter.stanford.edu/archive/12_04_06.html), I laid out what amounts to a multi-billion dollar facilities renewal and construction program encompassing the School, SHC, LPCH and PAVAMC that will, hopefully, unfold over the next 10-20 years. Given the need to meet seismic requirements and the rapidly escalating costs of construction in the Bay Area and California (and also Stanford specifically), there is enormous pressure on each of the entities to find the fiscal resources to support new facilities. The sources include loans through debt financing, excess dollars from operations or reserves and philanthropic support. Because the financial demands on each entity are considerable, there will be a constant tension in balancing how much to invest in needed capital improvements versus people and programmatic needs.

Given the limited life-cycle of buildings, the changing requirements for supporting education, research and patient care and the lack of attention to addressing some of these important issues in the past, significant investments in facilities must be made. To do so

will require a focus on compartmentalizing and directing funds that might otherwise be used for programmatic development. And here lies the obvious tension and challenge. If we simply focus on building facilities we run the risk of not adequately investing in our most important resource – creative, energetic and transformative people. Indeed, if we don't maintain some balance between these competing – but highly integrated needs – we could find ourselves with either great new facilities and less excellent (or fewer) individuals to occupy them – or with an inability to recruit or retain extraordinary individuals or to build exciting new programs, simply because we lack adequate space for research, teaching and patient care. This too will be a tough issue to deal with, and it will require leadership, compromise and understanding.

9. Internal and External Challenges:

Often institutions become united by external challenges, but they can also become distracted or fractured by internal differences. When both occur in tandem the results can be devastating. Without question we must anticipate and plan for a number of important external challenges, some of which I have already addressed. It seems inevitable that there will be pressures on research funding for years to come, and we are entering a cycle where clinical revenues will almost surely decline. Further, depending on the changes in healthcare systems and support in California, nation-wide or globally, potential significant rebasing of clinical financing may follow.

While it is unlikely that these changes will occur precipitously, and most will unfold over years, it is essential to do all we can to anticipate them. This means continuing to consider ways to support faculty through potential lapses in grant funding or even declines in overall research support. It means thinking more creatively about how and where we conduct research, whether we rethink the size of research programs or the lab space that supports them. It means giving thought to the scope and size of our education programs and how they are balanced. It will mean accommodating to potential losses of funding for graduate medical education and the need to think critically about how future clinical programs are coordinated. It will require considerable planning regarding the use of information technology, for both academic and clinical programs, and for how we will relate to the global community as part of a world that is becoming more connected – and flatter (as well described by author Thomas L. Friedman). And of course it means being thoughtful and flexible about new facilities, especially with respect to timelines and adaptability, recognizing that considerable flexibility is lost once architectural plans are completed or construction begins.

Our ability to respond to external challenges will be proportionally linked to how well we can coordinate our internal ones and whether we can stay true to our mission as a research-intensive medical school and medical center. It is of course easier to do this when resources for each of our missions – in education, research and patient care – are abundant. But as the resources become challenged and more limited in one or more areas, tensions arise that pit one group against another. We recognize these tensions will be inevitable and that they can create fracture lines that we will need to anticipate and plan for.

10. Moving Forward and Creating Our Future:

An important part of shaping our future, rather than simply reacting to a series of external and internal pressures and demands, is being clear about what we seek to be – both as individuals and as an institution. That is why I have felt that the simple exercise of strategic planning is so important. It is not that a plan is created that lasts forever – or even for years. Rather, a plan compels us to communicate and to better understand where we are aligned and where we are not. Of course this is complicated when multiple missions must be served and, in particular, when there are valid and different interpretations and viewpoints on what should be done, on what timetable and by whom. The yearly exercise of coming together as a leadership group is simply one way of creating alignments. Of course, considerable work must be done throughout the year to sustain those alignments, create new ones or repair the understandable fractures that will inevitably transpire.

To move forward successfully as individuals and institutions we must understand each other's needs – and equally if not more importantly respect them. Whether it is discovery or translational science, the size and scope of our research, education and clinical missions, the depth and breadth of faculty or programs, or the balance between our disciplinary or interdisciplinary efforts, it is important that we assure excellence, professionalism and quality along with effective leadership, increased diversity and an effort to create balance. Doing so will enable us to address the important needs to foster renewal and to garner the resources that support both programmatic and capital needs. Perhaps most importantly we must be sure that we limit internal tensions and fractiousness so that we more effectively address the internal and external challenges we will face in the years ahead. It is with that in mind that we elected to focus on a number of important questions and issues – the responses to which will determine our ability to serve as a leader that creates change and becomes a role model among academic medical center.

The Questions and Issues

In order to address some of the major challenges facing the School during the years ahead, we decided to construct the retreat around six panel presentations, each focusing on a series of major issues. However, we didn't want the discussion to be dominated by the panel. Rather we wanted to make each session as interactive as possible with the retreat participants in order to foster as much dialogue as possible – and of course to be sure that we permitted expression of differing views and the airing of important questions and possible action items. The major goal in raising the issues we chose was to begin a new process of interactive planning designed to develop potential solutions and action items. Thus the major points and issues that arose during the panel discussions are being collated and codified. They will be used to launch new strategic planning groups to help guide future program developments in the years ahead. Accordingly, I will only share the major questions that each panel posed and leave for future reports how we will go about addressing and solving these important issues:

Panel #1: How do we sustain and enhance our strengths and excellence in basic science research in the current NIH funding climate?

Panel chair Dr. Daria Mochly-Rosen (Senior Associate Dean for Research and faculty member in Chemical and Systems Biology) and panel members Ben Barres (Neurobiology), Steve Galli (Pathology), Stuart Kim (Developmental Biology), Roel Nusse (Developmental Biology), Lucy Shapiro (Developmental Biology) and Irv Weissman (Pathology).

Among the major questions the panels considered were:

- *What should be we be doing to provide an environment that continues to support innovation, excellence and scientific breakthroughs in a declining funding environment?*
- *In what ways can we ensure that the most talented and creative scientists see Stanford as the place where they will be able to do their best work?*
- *How can we develop and optimize core technologies to enhance basic research? (Will the methods that produced success in the past continue to work as well in the future?)*
- *What can we do to promote changes in NIH grant review and fund policies?*

Panel #2: What do we need to do to optimize and align educational programs across the University?

Panel chair Dr. Charles Prober (Senior Associate Dean for Medical Education and faculty member in Pediatrics) and panel members Charlie Anderson (Graduate Student in Biological Sciences), Myriam Curet (Surgery), Mark Horowitz (School of Engineering), Larry Kramer (Law School), Michael Longaker (Surgery), Julie Parsonnet (Medicine), John Pringle (Genetics) and Keyan Salari (Graduate Student in Genetics).

Among the major questions the panel and participants addresses were:

- *In what ways does it make a difference to our educational programs that the School of Medicine is part of the broader Stanford University community?*
- *How can our relatively small School of Medicine increase our educational impact?*
- *How do we augment the teaching skills and opportunities of our residents, fellows and postdocs?*

Panel #3: What do we need to do to optimize and align clinical and translational research between our departments and institutes?

Panel chair Dr. Harry Greenberg (Senior Associate Dean for Research and faculty member in Medicine) and panel members Prista Charuworn (Medical Fellow), Mark Davis (Microbiology & Immunology), Ralph Horwitz (Medicine), Tom Krummel (Surgery), Rich Lewis (Molecular & Cellular Physiology), Frank Longo (Neurology) and Bobby Robbins (Cardio-Thoracic Surgery).

Included in the major questions to this panel and participants were:

- *Where does clinical and translational research fit in the various missions of the clinical departments, basic science departments and institutes?*

- *What is needed to make institutes succeed as clinical and translational research engines?*
- *How can we best evaluate and allocate institutional resources (core services, pilot funding, clinical research space, philanthropy dollars, etc) to clinical and translational research between institutes and departments?*

Panel #4: What do we need to do to ensure that the “Stanford Culture” encourages translational and interdisciplinary research across the University and also fosters career development and success?

Panel chair Dr. David Stevenson (Vice Dean and Senior Associate Dean for Academic Affairs and faculty member in Pediatrics) along with panel members Ann Arvin (Pediatrics), Bill Mobley (Neurology), Rick Myers (Genetics), Channing Robertson (School of Engineering), Hannah Valentine (Medicine) and Richard Zare (Chemistry – School of Humanities and Sciences).

Among the questions discussed were:

- *How can we ensure an appropriate balance between team-based and individual scholarship?*
- *How can adapt the “up or out” rules to the needs of a more diverse professoriate?*

Panel #5: What do we need to do to optimize the connections between our research and clinical programs?

Panel chair Dr. Norm Rizk (Senior Associate Dean for Clinical Affairs and faculty member in Medicine) with panel members including: Steve Alexander (Pediatrics), Chris Dawes (LPCH), Henry Lowe (Medicine), Bill Maloney (Orthopedics), Martha Marsh (SHC), Bev Mitchell (Medicine) and Gary Steinberg (Neurosurgery).

Some of the questions considered by this panel and the participants included:

- *In order to support the clinical and translational research mission of the medical center, what features need to be included in the design of the new SHC and LPCH facilities?*
- *How can we ensure the physician coverage (i.e., critical mass) needed to sustain and grow our clinical programs while also supporting non-clinical (i.e., academic) time for physician faculty engaged in clinical and translational research?*
- *What can be done to better connect SHC and LPCH patient information systems with the patient populations needs our clinical and translational research programs?*

Panel #6: What do we need to do to facilitate School of Medicine facilities expansion and renewal?

Panel chair Philip Pizzo (Dean and faculty member in Pediatrics) along with Ryan Adesnik (University Federal Relations), Marcia Cohen (Finance & Administration), Rob Jackler (Head & Neck Surgery/Otolaryngology), Mark Krasnow (Biochemistry), David

Lennox (University Architect), Bobby Robbins (Cardio-Thoracic Surgery), Doug Stewart (Medical Development)

Among the questions that were discussed were:

- *Should we proceed with a plan that requires some of our research programs to be offsite- whether at the VA, North Campus or elsewhere?*
- *How can we approach the use and management of SUMC space in new ways that will ensure its mutually beneficial and efficient use?*
- *The facilities plan is bold and significant – but also very expensive. What are the risks for proceeding with a plan that will require major fund raising as well as support from the Dean's office, departments and university?*

Your Input is Requested

The questions posed above represent an important sampling of the issues discussed at the retreat. I am extremely interested and eager to get as much feedback as possible from throughout our Stanford community. Accordingly, I would encourage students, residents, fellows/postdocs, faculty, staff and alumni to give me their thoughts about any or all of these questions. You can respond to me directly (ppizzo@stanford.edu) or, if you prefer, to Mr. David O'Brien, Director of Strategic Planning (dob@stanford.edu). This is not a gratuitous request – I am truly interested in your feedback and input and believe it will help me to consider additional views and perspectives that can help shape our future as a leading School of Medicine.

Next Steps

We had engaging and robust discussions about each of the questions posed above and additional important issues that were raised. After the discussion points and questions are collated into sets of action items and issues to be addressed, we will assemble work groups comprised of members of our community to address the various issues and action items and develop recommendations. It is conceivable that we will resolve some of these issues in the next months, whereas others may take a year or more. Regardless, we will seek to make progress on a number of fronts since that is the only way that we can assure that we are truly serving as active stewards of our collective future.

Faculty Fellows Program a Success

During the past couple of years the School of Medicine, Stanford Hospital & Clinics and Lucile Packard Children's Hospital have all initiated leadership development programs. While each of these programs has a different focus and set of objectives, they share in common a commitment to preparing a new generation of institutional leaders and creating a supportive and even nurturing community. Among these programs is the Faculty Fellows Program that was initiated and launched by Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership and Julie Mosely, Manager of Organizational Effectiveness for the School of Medicine. In this program a group of 16 faculty met regularly to learn from experienced leaders and to receive mentoring and guidance about leadership, both individually and collectively.

On Monday evening January 29th a “graduation” dinner for the Faculty Fellows was held, which I felt was celebratory and inspirational. All of the fellows shared how they felt the experience of being in this program had changed them and what that might mean for their role as future leaders. Importantly, virtually every individual commented on the important role that their mentors had played in their personal development and how they felt part of a new community – and part of the School of Medicine. Equally importantly, the mentors and faculty came from both basic and clinical science backgrounds, but that distinction diminished in importance as basic science mentors worked with clinical faculty and vice versa – further affirming the importance and possibility of fostering a unified community of excellence at Stanford.

I want to thank in particular Hannah Valentine and Julie Mosely for the tremendous efforts they put into developing this program. Every participant sang their praises – and quite appropriately so. I also want to thank the Faculty Mentors who contributed time and energy to making this program successful. This years faculty mentors included:

- Ann Leung, MD, Professor of Radiology
- Suzanne Pfeffer, PhD, Professor and Past Chair of Biochemistry
- Oscar Salvatierra, MD, Professor of Surgery
- Gary Steinberg, MD, PhD, Professor and Chair of Neurosurgery and Neurosciences

I also want to list the 2006 Faculty Fellows so that those of you interested in participating in future programs can learn more directly about their experiences. They were:

- Janice ‘Wes’ Brown, Associate Professor of Medicine
- James Chen, Assistant Professor of Chemical and Systems Biology
- Clifford Chin, Associate Professor of Pediatrics
- Myriam Curet, Professor of Surgery
- Ricardo Dometsch, Assistant Professor of Neurobiology
- Romona Doyle, Associate Professor of Medicine
- Tracy Doyle, Assistant Professor of Pathology
- Iris Gibbs, Assistant Professor of Radiation Oncology
- Sabine Girod, Assistant Professor of Surgery
- Hayes Gladstone, Assistant Professor of Dermatology
- Anthony Oro, Associate Professor of Dermatology
- Minnie Sarwal, Associate Professor of Pediatrics
- Erick Sibley, Associate Professor of Pediatrics
- Eric Sokol, Assistant Professor of Obstetrics and Gynecology
- Karl Sylvester, Assistant Professor of Surgery
- Sharon Williams, Assistant Professor of Psychiatry

I am proud of the contributions made by each of these individuals to work on behalf of making Stanford a better institution, and I hope that in the years ahead we will continue

to benefit from the transfer of knowledge and skills for noted leaders to the next generation of leaders.

Doctors and Industry: Lessons from the Past

Over recent years there has been considerable attention to the role of doctors in marketing and industry relations. And while our attention has focused on the role of gifts and other financial inducements that lead physicians to cross the boundary between being objective health care providers and being industry marketers (something that we are working to ban at Stanford – see <http://med.stanford.edu/coi/siip/>), Rob and Laurie Jackler have reopened a window into the amusing and disturbing role that doctors played in helping the tobacco industry to promote smoking. Their fascinating work can be seen at the Lane Library and is described on our website at: http://med.stanford.edu/about_photo/. It is a remarkable albeit sad history and serves as reminder of why doctors should not cross the line between being health care providers to marketing drugs and devices – or, in the story told by the Jacklers, promoting something that was ultimately shown to be a serious health hazard.

I want to commend Rob and Laurie Jackler for their efforts to share this story with us.

Connecting Our Elements: Progress on SIM1 and the LKC

The following information is provided by Maggie Saunders, Program Manager for the Learning and Knowledge Center and the so-called Connective Elements Project. Because construction on the connective elements project will begin this spring, it is important you become more aware of what is about to transpire. The good news is that we will soon be getting underway with the first steps in our facilities master plan. Over time this will redefine our medical campus. The other good news is that you can look at this next phase as a health improvement opportunity since it will increase your walking and exercise program. Of course that means that the bad news is that a number of parking spaces will be disappearing, and this will require you to do some planning. Here's the report from Maggie Saunders:

Many of you have heard about or participated in the Connective Elements and/or the Learning and Knowledge Center (LKC) projects. The LKC project will be a new building constructed on the site of the Fairchild Auditorium. It will house new classrooms, an immersive and simulation-based learning center, a conference center, a cafe, the Dean's Offices, student study and social facilities. We have just completed the schematic design phase for LKC project and will seek Design approval at the Land and Buildings Committee meeting of the Board of Trustees on February 12th. We hope to break ground on the LKC during spring or summer of 2008.

The Connective Elements or CE project, however, will start construction imminently. The CE Project addresses numerous site issues, foremost among them to create a front door to the School of Medicine. A secondary goal of the

CE project is to move most service and delivery for the School of Medicine into the underground tunnel network accessed through a central loading dock facility. To accomplish these two goals we need to complete an additional, and significant, utility relocation project and build a new stretch of tunnel in front of the CCSR building. We have just completed the design phases for the Utilities Relocation project and hope to secure project approval at the February 12th Land and Buildings Committee meeting.

We will begin construction with enormous excitement and some trepidation. With construction will come at least three years of dust, noise, and controlled chaos. We will see a significant change in the parking situation to which we have become accustomed. The School of Medicine, as is true of the other Schools at the University, will be moving the majority of its parking to the perimeter of the School outside of Campus Drive. The main parking lot will become a front entry plaza, green lawn and the site of SIM1 and the Central Loading Dock. In short, the parking will move to the next closest areas including the surface parking lots at Stockfarm and the corner of Panama and Campus Drive as well as the parking garages on Roth Way, Stockfarm and in front of the Stanford Hospital. Maggie Saunders has been working with Parking and Transportation to develop the interim parking plans during construction as well as a long term parking plan. There will be a number of efforts to communicate the plans with the School of Medicine community: a Town Hall Meeting on February 26th at 11:30 a.m. in Fairchild Auditorium, as well as signs, departmental presentations and e-mail notices.

In addition to parking there is a significant and concerted effort to clear the tunnels, currently used for storage and -80 freezers. The new model for receiving and delivery to the School requires that the tunnels be dedicated to delivery vehicles and pedestrian traffic. The items in the tunnels have been inventoried, and the lab managers responsible for the inventory have been assembled into a working committee. This group is actively working to identify which items can be emptied and prepared for disposal versus those that must be retained and relocated. Please work with your lab managers to expedite this process as soon as possible.

But on the whole, the excitement far outweighs the trepidation. Towards the end of April we will break ground on the utilities relocation project. This project precedes the CCSR tunnel, Central Loading Dock and the LKC. We anticipate that the utilities work will be mostly completed by Fall 2007 at which time we will begin construction on the new Loading Dock and the tunnel in front of CCSR. Construction of the LKC and SIM1 will follow soon after completion of the dock and tunnel. When the LKC, Connective Elements and SIM1 are complete there will be a new “front door” to the School of Medicine, with a sign, “Stanford University School of Medicine.” In addition to the new facilities in the LKC and SIM1, there will be a beautiful green lawn and entrance plaza marking completion of the first quad in the School’s long-range facilities master plan.

Stanford Institute on Immunity, Transplantation and Infection Hosts Mini-Med School

On Monday evening February 5th the Stanford Institute for Immunity, Transplantation and Infection (ITI) hosted a community education “mini-med school” entitled ***Playing Defense: Understanding your Immune System***. The evening began with a keynote address by ITI Director Mark Davis on “*Making the Most of the Body’s Own Defenses.*” This set the stage for three breakout sections that focused on interesting and exciting areas of research and clinical care. These included:

- Immunity: led by Drs. Gary Fathman, Mark Genovese and PJ Utz
- Transplantation: led by Drs. Andrew Bonham, Stephan Busque and Sam Srober.
- Infection: led by Drs. Karla Kierkegaard, Jose Montoya, David Relman and Lucy Tompkins

Over 200 hundred members of the community attended the evening’s events. I had the opportunity to move among the breakout sessions and was impressed and pleased by the quality of the presentations and discussions – and of course by the interest and appreciation of our community.

Thanks to our Office of Medical Development and especially Ms. June Lang for coordinating this special evening event.

Clinical Transformation at LPCH

The Clinical Transformation Program (CTP) at the Lucile Packard Children’s Hospital (LPCH) involves the implementation of a new care delivery and documentation model supported by a patient-centric electronic health. One of the critical goals of the CTP is to improve patient safety. Dr. Jin Hahn, Professor of Neurology and Neurological Sciences and of Pediatrics and, by courtesy, of Neurosurgery at the Stanford University Medical Center, asked me to update you on the current program status and I thank him for providing the information that follows (also additional background information on the Clinical Transformation Project can be found at:

<https://intranet.lpch.org/links/projectLog/2006q4.html#20061205ctpUpdateAppreciation>.

During past year the project team has been busy activating CDC Growth Charts, Document Imaging, Transfusion Services Orders and Results, and Automated Results Notification via Pager. These are significant accomplishments and I certainly want to commend Dr. Hahn and his team for the progress they have made.

The current year we will bring additional major enhancements. Care Provider Order Entry (CPOE) will be launched in the autumn of 2007 and will replace paper-based orders. Physicians and other providers will be entering their orders directly into LINKS

on LPCH inpatients. Physicians will be able to enter orders from all hospital locations as well as remotely. Verbal orders will only be accepted in limited situations, such as if the care provider is scrubbed, in code situations, or has no LINKS access. Further information about these new functions of LINKS can be found at:

<https://intranet.lpch.org/links/projectLog/2006q4.html#20061205ctpUpdateContents>

Design teams have focused on several critical aspects of successful CPOE implementation including application design, building electronic order sets, and ensuring adequate access to computer devices. The CTP has completed the Planning and Design Phases and is now in the system Build Phase. Dr Hahn and his team will be sending regular communications to the LPCH Medical Staff to update you on the progress they are making. Satellite locations, such as Packard at El Camino, will be brought on-line after stabilization of Phase 2 on the main campus. Changes will be phased in gradually, taking into consideration numerous factors and concurrent changes within LPCH. Additional changes in functionality will be introduced throughout the next several years. These include outpatient CPOE and other ambulatory care workflow enhancements. LPCH is beginning to plan for the future.

Concurrently Stanford Hospital & Clinics is also busy at work on its EPIC implementation and clinical transformation projects and I will provide updates about their progress in subsequent Newsletters.

Offerings and Performances in the Arts and the Humanities

Dr. Audrey Shafer, who directs the Scholarly Concentration in Arts, Humanities and Bioethics, asked me to inform you about some exciting offerings that are coming up in the next couple of months. These include:

- ***Wednesday, February 21st at 12:30 pm***, a violin concert will be given by *Jennifer Wey*, associate concertmaster of the San Francisco Symphony Youth Orchestra will be given in the Stanford Hospital Atrium as part of the Bing Music Series and thanks to a generous gift from an SHC employee who wished to remain anonymous – but to whom we offer our sincere appreciation.
- ***Thursday, February 22nd at 5pm*** *Dr. Richard Kogan*, celebrated concert pianist, psychiatrist and Director of the Human Sexuality Program at New York Presbyterian-Weil Cornell Medical Center, will deliver a concert and lecture entitled “Music and Medicine: the Life, Art and Illness of George Gershwin”. This event will take place in the Fairchild Auditorium.
- ***Wednesday March 7th at 5pm***, The Writers Forum @ Stanford School of Medicine will be held in the Fairchild Auditorium and will include readings by:
 - ***Dr. Daniel Mason*** (UCSF ’04), Palo Alto native and author of the national best seller, “*The Piano Tuner*”, will read from his new book “*A Far Country*”.
 - ***Joshua Spanogle***, Stanford Medical Student and author of the medical thriller “*Isolation Ward*” will read from his forthcoming book, “*Flawless*”.

- **Dr. Audrey Shafer**, Associate Professor of Anesthesia and director of the Stanford Arts and Humanities program, will read from her recently published children's novel entitled "*The Mailbox*".

In addition to these exciting offerings, I have previously mentioned that the School is hosting some new plays that confront biomedical issues which you might enjoy attending. <http://mednews.stanford.edu/releases/2007/february/plays.html>. They are on February 22nd and March 15th.

Awards and Honors

- **Ann and John Doerr Medical Directorship.** On Thursday evening February 8th Martha Marsh and I had the opportunity to formally thank Ann and John Doerr for their \$4 million gift to establish a medical directorship in their name that will be held by the director of the clinical cancer center. The first incumbent of this new directorship is Dr. Steve Leibel. It was a wonderful opportunity to acknowledge the most appreciated donation by the Doerrs and also to celebrate and honor the contributions of Dr. Leibel as the first Ann and John Doerr Medical Director.
- **Michael T. Longaker, Deane P. and Louise Mitchell Professor in Plastic and Reconstructive Surgery**, has been elected to the position of President of the Society of University Surgeons 2007-2008 as the 69th President. The Society of University Surgeons (SUS) is widely recognized as the world's premier organization dedicated to the advancement of surgical sciences.

Appointments and Promotions

- **Deborah M. Alcorn** has been reappointed to Associate Professor of Ophthalmology, effective 2/01/07.
- **Jenifer L. Culver** has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 2/01/07.
- **Jessica S. Donington** has been reappointed to Assistant Professor of Cardiothoracic Surgery, effective 2/01/07.
- **Jonathan D. Feldman** has been promoted to Clinical Associate Professor of Pediatrics, effective 4/01/06.
- **Howard Fenn** has been reappointed to Clinical Associate Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 09/01/06.
- **Neville H. Golden** has been appointed to Professor of Pediatrics (Adolescent Medicine) at the Lucile Salter Packard Children's Hospital, effective 2/01/07.

- **Christoph B. Egger Halbeis** has been promoted to Clinical Assistant Professor of Anesthesia, effective 2/01/07.
- **Thomas H.S. Hsu** has been reappointed to Assistant Professor of Urology, effective 2/01/07.
- **Booil Jo** has been reappointed to Assistant Professor of Psychiatry and Behavioral Sciences, effective 4/01/07.
- **Tracy Kuo** has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 1/01/07.
- **Nancy Morioka-Douglas** has been promoted to Clinical Professor of Medicine, effective, 09/01/06.
- **Jane Morton** has been reappointed to Clinical Professor of Pediatrics, effective 11/16/06.
- **Yasodha Natkunam** has been promoted to Associate Professor of Pathology effective, 2/01/07.
- **Sunita Pal** has been promoted to Clinical Assistant Professor of Radiology, effective 2/01/07.
- **Jeffrey H. Reese** has been promoted to Clinical Professor of Urology, effective, 09/01/06
- **Hamed Sajjadi** has been reappointed as Clinical Associate Professor (Affiliated) of Otolaryngology – Head and Neck Surgery, effective 5/01/07.
- **Kathryn J. Stevens** has been reappointed to Assistant Professor of Radiology, effective 2/01/07.
- **Lindsey GC Vokach-Brodsky** has been promoted to Clinical Associate Professor of Anesthesia, effective 10/16/06.
- **Douglas Wallace** has been appointed to Clinical Associate Professor of Cardiothoracic Surgery, effective 1/16/07.
- **Stephen Bryan Williams** has been promoted to Clinical Assistant Professor of Medicine, effective 1/01/07.
- **Dean Winslow** has been reappointed to Clinical Professor (Affiliated) of Medicine, effective 09/01/06.

- **Frances Wren** has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences, effective 2/01/07.
- **Joseph C. Wu** has been appointed to Assistant Professor of Radiology, effective 2/01/07.
- **Imad Yamout** has been promoted to Clinical Assistant Professor of Anesthesia, effective 10/16/06.

Dean's Newsletter February 26, 2007

Dr. Larry Mathers: Loss of a Remarkable Teacher, Respected Clinician and Renowned Colleague

On Wednesday night, February 21st I learned that Dr. Larry Mathers had been found dead at his home. The news was a shock and has understandably been met with widespread grief and dismay by students, faculty, staff and friends. Dr. Mathers was a one-of-a-kind person and was loved and respected by the Stanford community, which had been his home and life for more than four decades, and beyond. ***We will be holding a Memorial Service to honor and celebrate Dr. Mathers' life and contributions on Friday, March 9th at 4 PM in the McCaw Hall at the Arrillaga Alumni Center, 326 Galvez Street, Stanford. You are all invited to attend.***

Born in San Francisco, Dr. Mathers attended Stanford as an undergraduate and received a PhD in Anatomy in 1971. Except for two years at the University of Wisconsin, he spent his entire career at Stanford. Over the course of his career, he became one of the most highly regarded and renowned teachers and educators in Stanford's history. He was instrumental in teaching human anatomy to generations of Stanford students, and he did so with dignity and excellence. Indeed, during his career Dr. Mathers received 14 major teaching awards – which must be a record, and a very well deserved one. His accomplishments as a teacher and educator were also recognized by his very recent promotion to Professor in the Teaching Line – a further affirmation of his national and international leadership as an extraordinary teacher. But his accomplishments go much further.

Despite a highly successful career in human anatomy, Dr. Mathers decided to pursue medical training as well, and he received an MD from Stanford in 1982. He then went on to train in pediatrics, neonatology and pediatric intensive care and ultimately became Board Certified in all three areas. He maintained a very active role as an attending physician and Associate Director of the Pediatric Intensive Care Unit, where he provided clinical care as well as education for residents, fellows and students. Indeed, by being actively involved in direct patient care and clinical teaching he complemented his outstanding role as a highly regarded teacher of human anatomy to first year medical

students. I also have no doubt that his compassion and sensitivity as well as clinical acumen in dealing with the sickest of children made him an even more effective teacher and educator of preclinical science – and vice versa. He truly bridged the connection between preclinical and clinical education and earned the respect and admiration of the entire Stanford community. But there is more.

Dr. Mathers was also a committed and dedicated citizen of the School, and he worked with colleagues and the Medical School Faculty Senate to help support and care for students – including those who encountered difficulties. He was always there to help – always willing to give of himself on behalf of others. But this also was only a part of Dr. Mathers.

Larry Mathers had an important life outside the classroom and hospital. He and his wife Mildred Jones-Mathers, who, sadly, died nearly three years ago, were students of Native American Culture, and they spent their vacations visiting different Native American communities. And Larry Mathers was a remarkably talented jazz pianist – and vocalist – who never missed a beat at a party or an event. In fact, even if no one was around he would not infrequently be found playing the piano in the atrium of Stanford Hospital & Clinics to the delight of anyone who had the opportunity to cross the corridors during an impromptu “concert.”

Equally important, Dr. Larry Mathers was a genuinely lovely human being who cared more about others than himself. He was always available, always giving, always reaching out. He shared a part of his life and his humanism with all who wished to receive them – and thus he benefited those whose paths he crossed in numerous sectors of our community.

Death is a part of life and while in medical communities we are more than cognizant of that simple fact, when it occurs suddenly and without warning, especially to someone we love and respect, it leaves us with feelings of great loss. That has been clearly palpable during the past several days as Dr. Mathers’ students, colleagues and friends have grappled, each in their own unique way, with the impact of this very sad news. With that in mind I want to remind you that you can explore and use the Stanford grief website at <http://grief.stanford.edu>, which provides an overview of resources available to our community. If you are interested, students may wish to attend one of the gatherings sponsored by Counseling and Psychological Services, the Deans for Religious Life, and the Residence Deans to share their feelings of loss with one another. There will be such a gathering on Thursday, March 1st in the second floor conference room at Vaden at 5:30 pm (dinner will also be available). And if you wish to share personal comments, reflections or thoughts about Dr. Mathers, we have posted a website and a guestbook that you can access at <http://mednews.stanford.edu/mathers/>.

I know we are all saddened by the loss of such a wonderful colleague and teacher. And while those feelings will linger long into the future, I also hope you will join us to honor and celebrate Dr. Mathers on Friday, March 9th in the Arrillaga Alumni Center at 4:00 pm.

Stem Cell Research in California is Officially Seeded

Twenty-five months following the birth of Proposition 71 and the California Institute for Regenerative Medicine (CIRM), the first research “Seed Grants” were approved by the Independent Citizen’s Oversight Committee (ICOC), of which I have been a member, on Friday, February 16th. It was a historic moment that had as a hallmark the attendance of Governor Arnold Schwarzenegger, whose advance funding of \$150M made the grant awards possible. California now takes a major step forward in becoming the nation’s leader in human embryonic stem cell research. While the ICOC had originally planned to award \$25M of Seed Grants, we increased that amount to nearly \$45M based on the quality of the submissions and the need to truly move the stem cell research agenda forward. It is also remarkable that the amount of money for stem cell research from the NIH for the entire nation this past year was \$38M, and those funds were restricted to the so-called approved cell lines. Those restrictions will not exist with CIRM funds, but it is important to underscore that the research will be conducted with the highest of ethical standards and with attention to assuring that CIRM research grants are appropriately insulated from federal support within the guidelines that are available.

While we must be proud that California will now proceed forward, the results of the highly competitive review process were also quite laudatory to Stanford faculty. Indeed the review process, conducted by leading scientists from outside California, critically evaluated the 231 grant submissions from 36 California institutions. With the expanded funding, 72 grants were ultimately approved for funding, 12 of which were from Stanford faculty (totaling over \$7M). In fact, Stanford received more grants than any of the other 20 successful institutions. The excellence of the Stanford proposals is further affirmed by the fact that they were also among the most highly rated of the approved grants. A listing of the successful Stanford faculty and the focus of their proposals can be found at: <http://mednews.stanford.edu/releases/2007/february/cirm.html>.

I want to offer my congratulations to each of the individuals who were funded – at Stanford and throughout California – and also express my appreciation to those who may not have been successful on this round – but who will likely be so in future submissions. We have lots of work to do in this exciting area of research and I am so pleased that we are finally getting started.

Update on the Stanford Medical Youth Science Program (SMYSP)

At the February 16th meeting of the School’s Executive Committee, Dr. Marilyn Winkleby, Professor of Medicine and Faculty Director of the Stanford Medical Youth Science Program (SMYSP), gave an update on this program and its role in helping to address the crisis in the science and medical education pipeline among minority students. In her presentation Dr. Winkleby drew on her 20 years of experience in directing and evaluating pre-college science education programs. Judith Ned, SMYSP Executive Director, accompanied Dr. Winkleby to this presentation. Over the years SMYSP has

grown into a complementary set of university- and school-based programs, all of which focus on very low-income high school students (see <http://smysp.stanford.edu>).

Dr. Winkleby cited three critical factors contributing to the crisis in science and medical education: 1) too few ethnic minority and low-income students complete postsecondary education; 2) even fewer earn degrees in the sciences and enter medical and health professions; and 3) the problem is accentuated by the rapid increase in ethnic minority and low-income populations, who are at greatest risk of poor health. She pointed out that programs such as SMYSP's 5-week residential summer program afford opportunities for students that school-based programs cannot provide, because they tap into faculty, hospital field placements, and science resources such as anatomy practicums that are not available at other school sites. These experiences are often those that most excite students about science and health careers.

Dr. Winkleby concluded her presentation with the impressive evaluation results from SMYSP. Since 1988, 428 students have completed SMYSP and 96% have been followed for up to 19 years. Ninety-nine percent have been accepted to college. Of those admitted to college or not currently in college, 82% have completed a 4-year college education, with the majority majoring in the biological and physical sciences (58%). Equally impressive, fifty percent of 4-year college graduates are attending or have completed medical or graduate school. Moreover, many of the 4-year college graduates (44%) are becoming or have become health professionals. These are remarkable results, and they attest to the dedication of Dr. Winkelby and all those who work to make the program a successful – and inspiring – experience for the participants.

Dr. Winkleby and the members of the Executive Committee discussed the importance of SMYSP as well as the other pre-college science pipeline programs in the SOM, such as those in immunology, genetics, and cancer biology. They expressed their goal of making Stanford a leader in pre-college science education programs and their hope that efforts will be made through the Stanford Challenge to secure the resources necessary to make this goal a reality. I certainly share their goal – and their hope.

Dr. Rob Jackler Takes on Additional Role as Associate Dean for Continuing Medical Education

During the past several years we have made considerable advances in a number of our medical and graduate student education programs. Going forward I am eager to better align undergraduate medical education with the graduate training that occurs during residency and fellowship. In addition, I believe we have considerable opportunity in continuing medical education (CME).

To address our current status and future challenges in CME I appointed a committee chaired by Dr. Jonathan Berek, Professor and Chair of the Department of Obstetrics and Gynecology, that included representatives from the school as well as Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. The committee highlighted the highly dispersed and sometimes poorly coordinated CME efforts that exist across the medical

center and offered a number of recommendations to better define, align and develop CME programs that are more commensurate with our status as a leading research-intensive school of medicine and medical center. This means establishing a much greater degree of central coordination while also being cognizant of the need for hospital and departmental program development. The services offered by the School's CME office must be value-added and must meet multifaceted needs that range from education and public relations to marketing and compliance. They must also bring value to – and be valued by – the Stanford “brand.”

I am pleased to announce that, based on this assessment, I asked Dr. Robert Jackler, Professor and Chair of the Department of Otolaryngology/Head and Neck Surgery, to become the Associate Dean for Continuing Medical Education, and he has agreed. We envision that for the immediate future this will require about a 15% effort, and we are both confident that this will not interfere with the excellent work he is currently performing as department chair. Dr. Jackler has already begun formulating the early stages of a strategic plan for CME and is considering a number of new initiatives, such as web based learning, simulation based learning and ways of linking the integration of CME with quality improvement – all of which are aligned to our current missions and goals. He will also be seeking better alignment with the Accreditation Council on Continuing Medical Education and greater collaboration between the school and hospital efforts in order to improve our local, regional and national presence in continuing medical education. While it is clear that we have work to do, I am confident that with Dr. Jackler's leadership and his collaboration with the principal stakeholders throughout the medical center, we will make considerable progress in the years ahead.

Medical School Faculty Center Votes on Major By-Law Revisions

On Wednesday, February 21st the Medical School Faculty Senate unanimously approved a major revision of its By-Laws based on a year-long effort that included the establishment last summer of a committee led by Drs. Ron Ariagno, Professor of Pediatrics and Oscar Salvatierra, Professor Emeritus of Surgery, who worked in close collaboration with Senate Chair Dr. Sherry Wren and the Committee of Five.

The major reason for the By-Laws revision was their lack of compliance with expectations of the LCME (Liaison Committee on Medical Education) that the line of authority for medical education be more clearly vested in the Dean of the School of Medicine. As it turns out, the By-Laws had not undergone a major revision for 40 years, since not long after the medical school moved to the Stanford campus. Much has changed in the interim, and a major goal of the By-Laws revisions was to make them more consonant with current practice.

The dominant spirit of the proposed By-Laws is captured in the revised Preamble, which now reads: *The faculty of the Stanford University School of Medicine does establish a Faculty Senate according to these Bylaws, and subject to the provisions of the Articles of Organization of the Academic Council of Stanford University and to the authority of the*

Stanford University Board of Trustees. The Senate shall represent and serve as a voice for the faculty in the School of Medicine. The Senate shall also provide a forum for discussion and communication and shall collaborate with and advise the Dean on matters related to the Senate's responsibilities and on other matters related to the well-being and future of the School of Medicine as well as its faculty and students as desired by the Dean and/or the faculty. The Senate will report to and be accountable to the faculty and will carry out its responsibilities in collaboration with the Dean of the School of Medicine and the academic leadership of the School.

With the approval of the Faculty Senate in hand, the School's Executive Committee will next review the By-Laws for approval. Once that is accomplished they will be sent out to each faculty member for review and approval. If passed, they then go to the President and Board of Trustees for final approval. This rather arduous process is required by the current By-Laws. While faculty will be engaged in this process more formally in the next couple of months, if you wish to review the Faculty Senate proceedings in the interim, they are posted at: <http://med.stanford.edu/senate/>.

Update on Trip Reduction Issues

The Provost has again contacted the Schools to request our attention to trip reduction issues. He said, in part: *"It is critically important for both the university and the surrounding communities that we continue to do everything we can to live within the commute traffic limitations of the GUP....every administrative unit and school must give this effort priority attention and approach this challenge each year with a strong commitment. In addition to using the many successful alternative transportation programs we have in place, as many employees as possible should be encouraged to make the following changes, when appropriate:*

- *Commute to Stanford by public transit, vanpool, carpool, bike, or foot;*
- *Alter work schedules (shift schedules so employees commute out of the peak*
- *periods); or*
- *Telecommute*

Alternative workweek schedules need to be adopted in accordance with certain legally prescribed procedures. Departments should consult with Human Resources for assistance in adopting such schedules and for guidance on telecommuting arrangements. See http://adminguide/22_4.pdf (section 6) for more information.

*I am also asking departments to pay attention to **event scheduling**. If your group sponsors or hosts large events on campus (conferences, seminars, lectures, concerts, large meetings, or other activities), please try to schedule them so that attendees arrive and depart during non-peak commute periods. With the very large number of university activities taking place on campus, controlling event attendee arrival and departure times could have a dramatic impact on our trip counts."*

There are several intertwined issues regarding the General Use Permit, parking, and the move off campus that are timely in this regard. First, commitments that have made to

alternative means of commuting should still be in place. That includes individual commitments made last fall in Phase II of the trip reduction program, as well as departmental commitments made in Phase I, which asked employees to adjust their hours to avoid commuting during peak hours.

Second, this might be a good time to consider giving up your parking sticker and using alternative forms of commuting full time. As you may have heard, the Connective Elements project in the School of Medicine will require the closing of the large south parking lot that extends from the Clark Building to MSOB. This means that parking spaces will be far more difficult to come by, and biking or public transportation will be relatively more convenient. By giving up your parking sticker, you can be refunded for the months remaining in the year, in addition to joining the Commute Club and thereby accessing all of its benefits and becoming eligible for Clean Air Cash.

Third, it is extremely important that events held at the School of Medicine do not add to the burden of traffic during peak hours. Therefore, please be sure to schedule any events in such a way that individuals are not required to drive onto or off of campus during peak hours.

Finally, now that spring is around the corner, this is an excellent time to consider, once again, biking to work. There are numerous advantages to that and other alternative commuting methods: exercise, stress reduction, being good to the environment! There are many resources that can help you consider and make alternative commuting methods; for a start, try <http://www.511.org/>. And please do not forget to complete the on-line Parking & Transportation Survey that was emailed to everyone last week; it takes only a minute to complete. Thanks to everyone for your efforts to reduce the number of peak hour trips you make to campus.

Thanks and Farewell to Dr. Ted Sectish

On Tuesday evening, February 20th pediatric residents and faculty gathered in the Arrillaga Center to offer their appreciation to Dr. Ted Sectish, who is leaving Stanford to become the Program Director for Graduate Medical Education at the Children's Hospital, Boston as well as the director of the Future of Pediatric Education for the Federation of Pediatric Organizations. Dr. Sectish has been the Program Director at the Lucile Packard Children's Hospital since 1993. During that time he has done an outstanding job in helping to recruit outstanding trainees and in developing a wonderful and highly supportive environment for resident education. He has also played an important role in many of the School's education initiatives and was instrumental in the process of revising the New Medical Student Education Curriculum that went into effect in 2003. Dr. Sectish is widely viewed an outstanding teacher – as evidenced by numerous teaching awards at Stanford – as well as a compassionate and exceptionally knowledgeable pediatrician. He is a caring person and is much admired by the pediatric housestaff and faculty – and he will certainly be missed. I want to add my thanks and appreciation to Dr. Sectish for his many accomplishments at Stanford – and wish him well in Boston.

Awards and Honors

- **Dr. Scott L. Delp**, Professor of Bioengineering, Mechanical Engineering and, by courtesy, of Orthopaedic Surgery, was appointed the Charles Lee Powell Foundation Professor of Engineering. Congratulations Dr. Delp.
- **Dr. Michael T. Longaker**, Deane P. and Louise Mitchell Professor, Director of Children's Surgical Research, Deputy Director of Stanford's Institute for Stem Cell Biology and Regenerative Medicine and Director, Program in Regenerative Medicine, Stanford University, Department of Surgery, Division of Plastic and Reconstructive Surgery, has just been elected 69th President of the Society of University Surgeons. Congratulations, Dr. Longaker.
- **Dr. Alison L. Marsden**, Post Doctoral Scholar in Pediatrics, has been awarded the Burroughs Wellcome Fund's Career Award at the Scientific Interface, for the scientific excellence and innovation of her research proposal and the potential to establish an independent research career at the interface between biology and the quantitative, physical, and theoretical disciplines. Congratulations, Dr. Marsden.
- **Dr. Doug Owens**, Professor of Medicine and, by courtesy of Health Research and Policy, has been awarded the prestigious Under Secretary's Award for Health Sciences Research, for his two decades of distinctive research in health outcomes and health care policy. Please join me in congratulating Dr. Owens for this special honor and recognition.
- Two students have been awarded the prestigious 2007 Paul and Daisy Soros Fellowship, created to support graduate study of New Americans:
 - **Amit Kaushal**, graduate student in Biomedical Informatics, is pursuing an MD/PhD at Stanford.
 - **Keyan Salari**, graduate student in Genetics, is pursuing an MD/PhD at Stanford.

Appointments and Promotions

- **Olivia R. Martinez** has been promoted to Professor (Research) of Surgery, effective 3/01/07.

Dean's Newsletter March 12, 2007

A Discussion on Universal Health Insurance

On Monday evening, February 26th I was pleased to be invited by several of our Stanford medical student associations to join Professor Victor Fuchs in a dialogue on universal health insurance and on some of the recent state-based health care proposals that have emerged over the past year. Perhaps even more than the discussion itself, I was extremely

gratified to see how many students participated in the seminar, which I saw as an indicator of the relevance and immediacy of this topic.

In a poll reported by the New York Times on March 2nd, “a majority of Americans say the federal government should guarantee health insurance to every American, especially children, and are willing to pay higher taxes to do it” (http://www.nytimes.com/2007/03/02/washington/02poll.html?_r=1&oref=slogin). But Professor Fuchs observes that other polls have also indicated that, while Americans want health care reform, this means many different things to different individuals, and there is not a consensus on whether this should be a government-based, insurance-based, market-based, etc. solution. Perhaps the only area of agreement is that what we have now – which is not a health care system at all – is not working very well. The costs of health care continue to rise along with the numbers who are uninsured, and dissatisfaction is becoming more and more the norm for both providers and consumers. Further, as I have indicated in previous commentaries, despite the fact that we spend more than any other nation on health care (now 17% of the GDP), we are not leading the world in important outcome metrics – except for how much we spend on administrative overhead, where we are clearly number one.

I readily acknowledge that I am by no means an expert in health care policy *per se*. But I have been part of the health care system for over three decades and have personally observed its continued deterioration – although I have to say that it never got off to a good start when the employee based system we have today was initiated as a wage and price control during the Second World War. Sadly, attempts both before and since then to develop an organized health care system in the USA have failed for a variety of reasons, not least of which have been countervailing pressures (largely economic) by doctors, the insurance industry, the pharmaceutical industry and others. The attempts to correct the escalating costs of health care by market forces has, to a large extent, also failed, in my opinion, and the time has come for much more sweeping changes. But while the American public seems increasingly to support the need for change, the personal choices and likely sacrifices that will need to be made are hardly matters of consensus.

Because of the lack of a coordinated federal health care policy (although proposals are being configured rapidly by both Republican and Democratic presidential hopefuls in anticipation of the 2008 elections) several states have come forward with health care plans. In April, 2006, Massachusetts was among the first to announce a plan for universal coverage – although to date the plan has yet to be enacted and the costs are purported to be much higher than previously projected (see also the May 18 2006 issue of the *New England Journal of Medicine* entitled “Can Massachusetts Lead the Way in Health Care Reform” by SH Altman and M Doonan - <http://content.nejm.org/cgi/content/full/354/20/2093>). And of course, in California Governor Schwarzenegger announced a plan for universal health insurance in January, 2007. While these state plans are of interest – and demonstrate that the failure of a federal policy will result in local or state-based efforts – the fundamental issues remain unaddressed. For instance, they are still based on using market forces to contain cost. But at least these efforts heighten awareness and provoke further discussion – although unless

the dialogue becomes really engaged and effective in creating a solution, a crisis point will occur, especially when the Medicare Trust Fund becomes bankrupt a decade from now.

While the methods for solution are problematic and may be difficult to enact, the general principles of the Schwarzenegger Health Care Proposal have merit. The Governor's plan addresses the need – at least conceptually – to focus more on health promotion and wellness, recognizing as it does that we spend too much on the care of diseases whose root causes might be preventable if more resources were applied to addressing underlying problems. A good example, of course, is obesity and all the co-morbidities associated with it – just as tobacco use is unequivocally associated with serious disease. In addition, the Governor's plan recognizes that 6.5 million Californians are uninsured and that a minimum level of coverage must be in place for all. The proposal addresses coverage of children below the federal poverty level (FPL) as well as uninsured legal residents and even uninsured individuals without a “green card.”

To meet these goals, the Governor's plan requires all Californians to have health insurance coverage and indicates that this will be provided by a combination of Medi-Cal (proposed to be increased “almost” to Medicare levels) and Health Family Program Benefits. Further, there would be an employer mandate for those with >10 employees to either offer insurance or pay 4% of payroll into a subsidized purchasing pool to help cover individuals earning less than 250% of the FPL. Insurers would be expected to limit the percentage of premiums to administrative costs and profit to 15%. In addition, hospitals would be expected to contribute 4% of gross receipts and physicians 2% of gross receipts. While it is important to spread the responsibility, one can only be suspicious of how the politics of such a plan will play out in the efforts to enact it.

Other facets of the plan focus on information technology, quality and efficiency. These too are important since the costs for new technologies and the lack of attention to lower cost solutions serve as serious health cost drivers. Equally notable, to a large extent the Governor's plan is still built on market-based solutions, and it ignores the fact that the legislature voted for (but the Governor vetoed) the single payer California Health Insurance Reliability Act sponsored by Senator Kuehl last year. Ironically the plan to enhance Medicaid funding also comes at a time when the President's budget is seeking to reduce the investment in Medicaid.

I have previously commented that I remain partial to many of the principles of a single payer system, although I fully recognize the complexities of enacting such a system in the USA in the foreseeable future. In our discussion with the medical students, however, Professor Fuchs and I were united in our view that the current employer based system is not tenable over time. I have also previously commented on the health care voucher system proposed by EJ Emmanuel and VR Fuchs (see *N Engl J Med* 2005; 352:1255-1260), which I view as a viable alternative. It includes ten basic components: 1) Universality, in which every American under 65 years would receive a voucher guaranteeing health care services from a qualified insurance company or health plan; 2) Free Choice of Health Plan; 3) Freedom to Purchase Additional Services using personal

after-tax dollars; 4) Funding by an Earmarked Value-Added Tax based on personal consumption; 5) Reliance on a Private Delivery System; 6) End of Employer-Based Insurance – which would be phased out; 7) Elimination of Medicaid and other Means Tested Programs; 8) Phasing Out of Medicare – which would be replaced in time by the voucher system; 9) Administration – wherein management and oversight would be done by a Federal Health Board that would review and modify benefits through regional boards; and 10) Assessment of Technology and Outcomes through an independent Institute for Technology and Outcomes Assessment. While still sustaining the current insurance based models, a system like the one proposed by Emmanuel and Fuchs has considerable merit.

It seems clear that over the next couple of years a number of health care proposals will come forward. There does appear to be an increasing convergence between public dissatisfaction with the current “non-system,” rising costs, lack of coverage and the lack of time available to consumers by health care providers. But most of the solutions will be at the margin and few will address the underlying problems – which is unfortunate, since the crisis will surely loom to even greater proportions in the next decade, when Medicare funding becomes threatened. But perhaps by then our nation will be ready for the changes that inevitably need to come forward if we are to have a fair and more reliable health care system in the United States of America. In the meantime, I am pleased that our students are concerned, interested and engaged in these issues and hope that each in his or her own way will become leaders and advocates for health care reform – and that some actually play a truly transformational role in the future.

A Bright Light Focus on Quality

For all the right reasons, a focus on providing the highest quality clinical services (as judged by various external metrics) along with the best patient service and most advanced and compassionate medical care must be among our most important goals and objectives. And as I have noted previously (see:

http://deansnewsletter.stanford.edu/archive/02_12_07.html), and you are likely well aware, quality metrics are rapidly becoming the yardsticks to compare and contrast clinical programs at hospitals and medical centers. They will increasingly be used to guide payments to doctors and to hospitals – through Medicare and private insurers. And they will become publicly available standards that patients will use to determine where to seek their personal medical care. While there are many concerns that can be expressed about which metrics to use or how they compare to community versus academic institutions, the reality is that some quality metrics are already being used and will be increasingly used in the years ahead. It is certainly important to perform well in whatever comparative assessments are made – but it is equally if not more important to strive to achieve the highest quality performance simply because that is the right thing to do.

Already various institutions are posting their internal results and outcomes. And some external metrics are now posted – including the results of the Child Health Corporation of America (CHCA) – which “is driving children's hospitals to the highest level of performance by creating cultures of improvement and a data-driven foundation for safe,

waste-free, error-free care” (see: http://www.chca.com/company_profile/pi/index.html). It is notable that among the 41 children’s hospitals sharing data and performance results through CHCA, our Lucile Packard Children’s Hospital has fared among the very best. Thanks to the efforts of numerous faculty and staff, and with the support and leadership of LPCH administration and the Board of Directors, a culture of quality performance has been developed over the past several years that is winning national acclaim. Most recently LPCH won the “Race for Results” award for its “Rapid Response Team” project – an award given to only two children’s hospitals each year (an honor made even more significant by the fact that LPCH also won this award in 2005!). This is just one of a panoply of quality driven goals and objectives that have been established under the leadership of Dr. Paul Sharek, Assistant Professor of Pediatrics and Medical Director of Quality Management and his excellent staff.

Serious efforts are also underway at Stanford Hospital & Clinics (SHC) to be a leader in the quality of care. To further enhance these efforts Martha Marsh, President and CEO of SHC, and I charged a working group led by Dr. Norm Rizk, Berthold and Belle N. Guggenheimer Professor of Medicine and Senior Associate Dean for Clinical Affairs, and Dr. Kevin Tabb, Chief Quality and Medical Information Officer at SHC. The working group includes clinical department chairs, medical staff and patient care service representatives, among others. The goal of this working group is to develop the mechanisms and cultural transformations necessary to enable SHC to become a “top 10” institution in quality of care. This goal will translate into actions that will take place at the clinical department or division level and that will result in both short term measures of success as well as the long term changes necessary to sustain high quality programs.

The group is working diligently and will be making its report by April, 2007. The results of their work will lead to changes at both the individual faculty and physician level and at the levels of departments, the school, and the hospital. We are intent on making the necessary changes – and being accountable for them – since this is an area where we must do as well as possible even though we recognize that there is a considerable amount of work and effort required to do so. As in all process changes, these will require cultural changes in tandem with serious attention to defined quality metrics – but this is essential if we are to be a leading academic medical center. More will follow on this important topic in subsequent Newsletters.

The Stanford Challenge and Stanford Medicine

I have previously written about the Stanford Challenge (see: http://deansnewsletter.stanford.edu/archive/10_23_06.html), the \$4.3B campaign launched in October 2006 around a series of major themes, including, among others, the Initiative on Human Health, Energy and the Environment, International Initiatives, and Educating Leaders. In recent weeks we have had the pleasure of announcing several major gifts as part of the Stanford Challenge: a \$5M contribution from Akiko Yamazaki and Jerry Yang for the Learning and Knowledge Center and a \$33M gift from Lorry Lokey for the Stanford Institutes of Medicine 1, which will focus on Stem Cell Biology and Regenerative Medicine. These are wonderful contributions, and they join many

others we have been fortunate to receive in recent months and over the past several years. They are all critical to helping Stanford Medicine become the transformational leader of the 21st century that it can – and must - become.

But we have a very long way to go, given the scope and depth of our plans. Among these is the bold and ambitious reconstruction of the medical center – including the School of Medicine, Stanford Hospital and Clinics and the Lucile Packard Children's Hospital. Indeed I presented the range of facilities projects that will unfold during the next 10-20 years in my December 4, 2006 Newsletter on Planning the Future of the Medical Center (see: http://deansnewsletter.stanford.edu/archive/12_04_06.html). Importantly, this plan transcends bricks and mortar – although it certainly requires new foundations. Now that it has been nearly 50 years since the School of Medicine moved to Palo Alto and reshaped the face of biomedical research and academic medicine, we have the opportunity to plan for the next fifty years and beyond. And we are uniquely poised to do so.

During the past 50 years, Stanford Medicine has achieved national and international prominence. And importantly, we are now a medical center that is seen by our peers to be “on the move.” We have intentionally aligned our missions in education, research and patient care. Building on our rich history of excellence in discovery science, we are putting into place additional plans to further enhance and develop our foundations in research. We are also defining the future of medical and graduate education and the facilities that will support and develop them. Bringing basic and clinical scientists together is a key theme in the Stanford Institutes of Medicine, and we will be developing new integrating cross-connections with genomics and human genetics, molecular imaging and informatics. Equally importantly, we are linking our efforts to translate discoveries with our clinical partners at SHC and LPCH.

To help facilitate these connections and, more importantly, to further enrich them, we have formed a Campaign Executive Committee that links medical development opportunities between the School and SHC. We have done this separately with LPCH but ultimately need to bring all into alignment. The new Executive Committee held its first meeting on Tuesday, February 27th and will meet biweekly hereafter. The Committee includes, Martha Marsh, Doug Stewart, Barbara Clemmons, Amelia Alverson, John Ford, Denise O'Leary, John Freidenrich, and myself. We anticipate that, by combining medical school and hospital leaders with medical center and university development leaders and trustee volunteers, we can coordinate and address the critically important challenges that lie ahead. The tasks are daunting but, taken one piece at a time, are achievable – as long as we stay connected and keep focused on the important mission that stands before us.

In tandem with the Campaign Executive Committee, which will provide an overarching focus, we have defined key initiatives that focus on the interconnections between our academic and clinical programs. Each of these will have Campaign Council and two of them, the Leadership Council on the Learning and Knowledge Center and the Leadership Council on the Cardiovascular Institute, met this past week. Both of these groups have

assembled outstanding community volunteers who will work with Institute Directors, clinical leaders and medical development staff to move our important initiatives forward.

Updates on the Faculty Appointment and Promotion Process

At the March 2nd meeting of the School's Executive Committee, Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, presented an update on activities in the Office of Academic Affairs (OAA). I was unable to attend this meeting due to illness and so this report comes from Dr. Stevenson and Judith Cain, Assistant Dean for Academic Affairs.

Dr. Stevenson began by reporting on the progress that has been made in implementing recommendations from the School-wide Task Force on Appointments and Promotions, which was chaired by Dr. Robert Jackler from 2004 to 2006. Charged with streamlining as much of the excessive bureaucracy as possible while preserving the integrity of appointment and promotion policies and processes, the Task Force targeted several areas for improvement. These included the completion of all reappointment and promotion actions in as short a time as possible and a reduction in the need for and length of interim appointments. The goal is to have the candidate's appointment process completed *prior* to his/her official start date at Stanford. The Task Force also recommended the creation of a web-based system to manage the preparation of, and collection materials for, the appointment forms used to recommend professorial appointments, reappointments and promotions.

Dr. Stevenson said that his office has concentrated most of its efforts on improving on-time performance rates for reappointments and promotions. Toward that end, each candidate coming up for reappointment or promotion now receives notification from Academic Affairs confirming initiation of the review one year in advance of the conclusion of the current appointment date. The Office of Academic Affairs has also developed and communicated month-by-month timelines to departments, which is proving to be an important tool in completing these reviews on time. In addition, Academic Affairs now checks in with departments at two, four and six-month intervals to monitor the progress of the reviews, which allows early intervention when problems arise. Dr. Stevenson noted that this investment of time and energy is beginning to yield positive results. Beginning at the low 2003-04 benchmark of 12%, the on-time rate has now more than tripled and continued steady progress is anticipated.

With respect to appointments requiring interim arrangements while awaiting long form preparation and approval, the actual number (approximately 75% of all new appointments) has remained high over the last three years. However, the duration of these appointments has decreased from nine to six months. Through closer management and oversight, Academic Affairs is redoubling its efforts to make further inroads in achieving the Task Force's recommendation to reduce the number and length of interim appointments.

A centerpiece of the Task Force's recommendations was the creation of a web-based system to manage the preparation of, and collect materials for, the appointment forms used to recommend professorial appointments, reappointments and promotions. Dr. Stevenson introduced Phil Constantinou, Associate Chief Information Officer in the Office of Information Resources and Technology, who presented a demonstration of FAST/FAC, which is poised to streamline and transform the way that these actions are carried out. The first phase of the project, which will allow departments to view individual appointment and leave history, manage long form preparation and process and generate automatic deadline notifications, is set for release during the summer of 2007.

Dr. Stevenson also announced that he has formed a Task Force on the Medical Center Line Professoriate to review the current status of the line and make recommendations to further clarify expectations for their faculty. Chaired by Dr. Stevenson, members of the Task Force are Maurice Druzin, Obstetrics and Gynecology and Associate Dean for Academic Affairs; Ann Leung, Radiology; Frank Longo, Chair, Neurology and Neurological Sciences; Stephen Roth, Pediatrics; Geoffrey Rubin, Radiology; Stephen Ruoss, Medicine; Sherry Wren, Surgery; and Paul Yock, Medicine and Bioengineering.

He also reported that a committee has been established to review appointments, reappointments and promotions in the Clinician/Educator line. Patterned after advisory groups that evaluate similar actions in the professorial lines, the new Clinician/Educator Appointments and Promotions Committee is chaired by Dr. Druzin and its members include the following five clinical professors: Ronald Cohen (Pediatrics), Peter Moskowitz (Radiology), Janice Lowe (Pediatrics), Dean Winslow (Medicine), and Nancy Morioka-Douglas (Medicine.)

I want to thank Dr. Stevenson and the Office of Academic Affairs staff for their many efforts to improve the faculty appointments and promotions processes. The progress to date is very encouraging, and I look forward to further updates in the months ahead.

Carla Shatz Will Join Stanford as Next Director of Bio-X

I am very pleased that Dr. Carla Shatz, currently the Nathan Marsh Pussey Professor and Head of the Department of Neurobiology at Harvard Medical School, will be rejoining Stanford University as the Director of Bio-X, where she will also be a faculty member in Biological Sciences and Neurobiology. We have also been pleased to have Dr. Shatz as a member of the School of Medicine's National Advisory Council – where she has served with distinction – and where she will be surely missed!

Dr. Shatz will be replacing Dr. Matt Scott, who has served as the Chair of the Bio-X Scientific Leadership Council during the past several years. During that time Bio-X has evolved as one of the signature programs of interdisciplinary research and education at Stanford – as well as nationally. And the Clark Center, home of Bio-X, stands as a model of excellence in fostering novel programs in research among the biological, physical and engineering sciences. Professor Scott and his colleagues have done an excellent job in fostering opportunities for new innovations –among both trainees and faculty – and,

consequently, Bio-X has become one of the central pillars in the Initiative on Human Health. On behalf of the School of Medicine, I want to offer my praise and appreciation to Dr. Scott for his many wonderful achievements – both for his leadership of Bio-X as well as in his role as an outstanding faculty member.

Dr. Shatz will further the efforts of Bio-X and will also continue her own excellent research as a neuroscientist, which has been focused on how the patterns of precise and orderly connections found in the adult central nervous system are achieved during development. Her return to Stanford is being met with considerable enthusiasm throughout her community, and we are all pleased to be welcoming her back to a new role – and to wonderfully exciting opportunities.

Honoring and Celebrating the Life of Dr. Larry Mathers

In the last issue of the Dean's Newsletter (<http://deansnewsletter.stanford.edu/>) I told you about the tragic loss of our beloved teacher, scholar, clinician, colleague and friend, Dr. Larry Mathers. On Friday, March 9th several hundred of Dr. Mathers' students, colleagues, family and friends gathered in the Arrillaga Alumni Center to honor and celebrate his life in its many dimensions and remarkable contributions. We had an opportunity to see the roots of Larry's love of music, leadership, and scholarship – and of Stanford - emerge from his childhood days. We had the privilege of witnessing the impact of his teaching, mentoring, and dedication in the words of his students and colleagues. And we had the pleasure of listening to music from friends and colleagues who sang with Larry and also to hear Larry's own voice and music and, in doing so, be reassured that his spirit lives on. We will miss Larry deeply and recognize that an individual as kind, deep, humble and variegated as he was will never be replaced. But we are all better for having known and worked with him or for having been mentored and guided by him – and that will sustain, along with his memory and the sounds of his voice and piano.

If you wish to make a contribution in Larry Mathers' name you can do so to any of the following organizations (please note on check that it is in memory of Dr. Larry Mathers):

- Emerald Glen Home – a residence facility for developmentally disabled adults
1101 Walpert Street
Hayward, CA 94541
- Stanford Department of Anatomy Gift Fund
326 Galvez Street
Stanford, CA 94305-6105
- Stanford Pediatric Intensive Care Unit Gift Fund
326 Galvez Street
Stanford, CA 94305-6105

Awards and Honors

- **Dr. Pat Basu and Dr. Roni Katz** have just been awarded the AMA Excellence in Medicine Awards for Leadership. Congratulations!
- **Dr. Michael Longaker** has been selected by Michigan State University (his alma mater) to receive the Distinguished Alumnus Award from the Michigan State University Men's Basketball Program. Dr. Longaker was a member of the Varsity Basketball Team from 1976 to 1980, and a member of the 1979 NCAA Men's Championship Basketball Team. Congratulations!
- **Dr. Craig Albanese** was installed as the first John A. and Cynthia Fry Gunn Director of Pediatric Surgical Services at the Lucile Salter Packard Children's Hospital on Wednesday evening, February 28th. This wonderful gift from John and Cynthia Fry Gunn continues their legacy of remarkable support for the University, Medical School and LPCH. It is most fitting that Craig Albanese is the first incumbent of this new Directorship. Craig is an internationally recognized leader in pediatric surgery and especially minimally-invasive and fetal surgery. He joined the Stanford community in 2002 and has quickly become established as one of the true leaders of Stanford Medicine and LPCH. Please join me in congratulating Dr. Albanese for this honor and in thanking John and Cynthia Fry Gunn for making the Directorship a reality.
- On Monday evening, March 5th, Stanford Hospital and Clinics and the School of Medicine honored three outstanding individuals for their contributions to patient care and SHC. The three individuals included:
 - **Martin I. Bronk, MD** for his services as a Member of the SHC Board of Directors – which he did with true excellence
 - **Bruce D. Feldstein, MD** as the first recipient of the *Isaac Stein Award for Compassionate Care*
 - **Norman W. Rizk, MD** as the first recipient of the *Denise O'Leary Award for Excellence*

Please join Martha Marsh and me in congratulating these three outstanding physicians.

Appointments and Promotions

- **Joachim F. Hallmeyer** has been appointed to Associate Professor of psychiatry and Behavioral Sciences, effective 3/01/07.

Dean's Newsletter

March 26, 2007

A Terrific Match Year

Although ten days have passed since the results of the 2007 National Resident Matching Program were announced on Thursday, March 15th, the glow has certainly not faded and for good reasons. Our graduating students had a terrific match year. Across the nation, 15,206 students from the 125 allopathic schools of medicine along with 12,738 students from schools of osteopathy, offshore schools and international students applied in the Match. Of these, 93.4% of the US medical school graduates “matched” compared to 73.4% of the second group. At Stanford, 72 students participated in this year's match – and 100% matched, more than 85% with one of their top three choices. Equally importantly, virtually all of our graduates will be participating in top-flight internship/residency programs. Most (45%) will remain in California, with the next most popular states being Massachusetts, New York and Washington. Overall, approximately 20% of this year's graduates will remain in a Stanford training program, 11% will be at UCSF, and 10% at Harvard programs. Other centers with four or more Stanford students joining residency programs are UCLA, Columbia, and University of Washington – and some 20 other major academic medical centers across the nation will have one or more of our graduates.

As I have mentioned in previous reports, popularity for various residency programs changes over the years. Stanford students are both similar as well as different compared to national peers. Medicine, pediatrics and surgery (along with surgical specialties) are the most popular – but this year eight students will be going into Radiation Oncology – which must be a record number among any medical school!

This year's Match included students who began with our New Stanford Curriculum in 2003 as well as students who have completed 5 or more years at Stanford. We have reason to be proud of each of them. In case you haven't seen the list, here is where our students will be going:

Stanford University School of Medicine 2007 Residency Match Results

Abnoui, Freddy	UC San Francisco-CA	Orthopaedic Surgery
Anderson, Ellen	Stanford Univ Progs-CA	Medicine-Preliminary
	Stanford Univ Progs-CA	Radiation Oncology
Bakri, Amit	Mt Sinai SOM/Cabrini-NY	Medicine-Preliminary

	Brigham & Womens Hosp-MA	Radiology-Diagnostic
Berquist, Rebecca	Stanford Univ Progs-CA	Pediatrics
Chacon-Lopez, Quetzalsol	UC San Francisco-Fresno-CA	Emergency Medicine
Chan, Ian	Brigham & Womens Hosp-MA	Surgery-Preliminary
	New York Eye & Ear Infirm-NY	Ophthalmology
Chang, Gwendolen	Cedars-Sinai Medical Center	Internal Medicine
Chao, Annie	O'Connor Hospital-CA	Family Medicine
Chavez, Marisa	Santa Clara Valley MC-CA	Obstetrics-Gynecology
Chen, Richard	Santa Clara Valley MC-CA	Transitional
	Stanford Univ Progs-CA	Dermatology
Chow, Amy	Stanford Univ Progs-CA	Pediatrics
Dorth, Jennifer	Santa Clara Valley MC-CA	Transitional
	Duke Univ Med Ctr-NC	Radiation Oncology
Edgerley, Laura	Stanford Univ Progs-CA	Emergency Medicine
Enriquez, Maria Melissa	Harbor-UCLA Med Ctr-CA	Transitional
	UCLA Medical Center-CA	Radiology-Diagnostic
Forsythe, Kevin	Kaiser Perm-Santa Clara-CA	Medicine-Preliminary
	Mt Sinai Hospital-NY	Radiation Oncology
George, Adia	Northwestern McGaw/CMH-IL	Pediatrics
Gonzalez, Oscar	Stanford Univ Progs-CA	Internal Medicine
Green, Aileen	U Wisconsin Sch of Med & Pub Health-WI	Family Medicine
Hanft, Simon	NYP Hosp-Columbia Univ Med Ctr-NY	Surgery-Preliminary
	Columbia University-NY	Neurological Surgery
Harrington, Katherine	Stanford Univ Progs-CA	General Surgery
Hilgenberg, Sarah	U Washington Affil Hosps-WA	Pediatrics
Hong, Wan-Jen	Stanford Univ Progs-CA	Internal Medicine
Hope, Thomas	Kaiser Permanente-SF-CA	Medicine-Preliminary

	UC San Francisco-CA	Radiology-Diagnostic
Howard, Neva	NYP Hosp-Columbia Univ Med Ctr-NY	Pediatrics
Ishida, Julie	UC San Francisco-CA	Internal Medicine
Johnson, Khaliah	Johns Hopkins Hosp-MD	Pediatrics
Keller, Steven	Massachusetts Gen Hosp-MA	Internal Medicine
Ketchum, Eric	U Washington Affil Hosps-WA	Internal Medicine
Ketunuti, Melissa	Georgetown Univ Hosp-DC	General Surgery
Kirschen, Matthew	Stanford Univ Progs-CA	Pediatrics
Kunnavatana, Sermsin	Stanford Univ Progs-CA	Trans/Anes Santa Clara
	Stanford Univ Progs-CA	Anesthesiology
Laird, Ashley	Harbor-UCLA Med Ctr-CA	Emergency Medicine
Langley, Sarah	Kaiser Permanente-SF-CA	Medicine-Preliminary
	UC San Francisco-CA	Anesthesiology
Lansdale, Meagan	CA Pacific Med Center-CA	Medicine-Preliminary
	UC San Francisco-CA	Anesthesiology
Lares, Eddie	Loma Linda University-CA	Emergency Medicine
Lawson, Elise	UCLA Medical Center-CA	General Surgery
Le, Brian	Northwestern McGaw/NMH/VA-IL	Surgery-Preliminary
	Northwestern Univ Feinberg School-IL	Urology
Lee, Byung	Rhode Island Hosp/Brown U-RI	Orthopaedic Surgery
Liu, Jen-Jane	Stanford Univ Progs-CA	Urology
Loza, Maria	Arrowhead Reg Med Ctr-CA	Transitional
	U Southern California-CA	Emergency Medicine
Manoli, Devanand	UC San Francisco-CA	Psychiatry
McDonald, Erin	Georgetown Univ Hosp-DC	General Surgery
Meraz, Sofia	Kaiser Perm-Orange Co-CA	Family Practice
Mitiku, Nesanet	Alameda Co Med Ctr-CA	Medicine-Preliminary

	U Washington Affil Hosps-WA	Phys Medicine & Rehab
Muchmore, Mary-Elizabeth	UC San Francisco-CA	Internal Medicine
Nehra, Deepika	Massachusetts Gen Hosp-MA	General Surgery
Neice, Andrew	Stanford Univ Progs-CA	Trans/Anes Santa Clara
	Stanford Univ Progs-CA	Anesthesiology
Nguyen, Long	NYP Hosp-Weill Cornell Med Ctr-NY	Psych/Payne Whitney
Okeke, Lance	Duke Univ Med Ctr-NC	Internal Medicine
Peck, Melicent	Stanford Univ Progs-CA	Internal Medicine
Ramachandran, Ravi	Yale-New Haven Hosp-CT	Orthopaedic Surgery
Ray, Emily	Virginia Mason Med Ctr-WA	Internal Medicine
Rice-Townsend, Samuel	Brigham & Womens Hosp-MA	General Surgery
Ryou, Thomas	NYP Hosp-Columbia Univ Med Ctr-NY	Pediatrics
Sanchez, Daniel	UCLA Medical Center-CA	Internal Medicine
Satterwhite, Thomas	Stanford Univ Progs-CA	Plastic Surgery
Shapiro, Lauren	Santa Clara Valley MC-CA	Medicine-Preliminary
	Memorial Sloan-Kettering-NY	Radiation Oncology
Shivaram, Giridhar	Swedish Med Center-WA	Surgery-Preliminary
	U Washington Affil Hosps-WA	Radiology-Diagnostic
Sims, Leroy	Harbor-UCLA Med Ctr-CA	Emergency Medicine
So, Tracy	Barnes-Jewish Hosp-MO	Plastic Surgery
Song, Suisui	Santa Clara Valley MC-CA	Medicine-Preliminary
	Univ of Chicago Med Ctr-IL	Radiation Oncology
Spanogle, Joshua	Stanford Univ Progs-CA	Medicine-Preliminary
	Mayo School of Grad Med Educ-MN	Dermatology
Sutphin, Patrick	Massachusetts Gen Hosp-MA	Medicine-Preliminary
	Massachusetts Gen Hosp-MA	Radiology-Diagnostic
van Roessel, Peter	NYP Hosp-Columbia Univ Med Ctr-NY	Psych-Columbia-NYPH

Vittor, Amy	Hosp of the Univ of PA	Internal Medicine
Westover, Kenneth	Brigham & Womens Hosp-MA	Med-Prelim/Brig/Faulk
	Brigham & Womens Hosp-MA	Radiation Oncology
Wong, Lisa	Colorado Health Foundation-CO	Transitional
	U Colorado-CO	Ophthalmology
Wu, Amy	UC San Diego Med Ctr-CA	Otolaryngology
Yong, Celina	UC San Francisco-CA	Internal Medicine

In addition, students from across the nation will be joining some 22 Stanford Programs at Stanford Hospital & Clinics, Lucile Packard Children's Hospital, the Palo Alto VA Medical Center and Santa Clara Valley Medical Center. Our various Program Directors and clinical department chairs have expressed their pleasure with various departmental Match results – so the level of happiness is high. Congratulations to all!

Stanford Excels Again in Competition for Stem Cell Funding

On Friday, March 16th the Independent Citizens' Oversight Committee (ICOC) for the California Institute of Regenerative Medicine announced the approval of an additional \$75.7M of funding for established scientists involved in stem cell research. In this latest round of grants, 29 were awarded to an applicant pool of 70 investigators from 23 institutions. Stanford received six of the awards and when one of our recent recruits (Dr. Rene Reijo Pera from UCSF) is added, we will have 7 of the 29 Comprehensive Awards (totaling \$17,678,661). Adding in the recent SEED Grants (where Stanford also had top billing) and the Training Grant (which received the highest score in the competition), Stanford has received 20 of the 119 awards for a total of \$28.9M. Clearly this is a terrific success and signifies that high quality of our faculty. But it is also a beginning – and a recognition – that the hard work of advancing knowledge in stem cell research and regenerative medicine is truly underway. Obviously we are all hopeful that this will be the beginning of real progress. Congratulations to all!

National Advisory Council Reviews Strategic Plans and Programs

On Monday, March 19th we had our fourth annual site visit by the School of Medicine's National Advisory Council (NAC). The NAC was appointed almost five years ago to review the strategic directions of the medical school and report their findings and observations to the Provost and President. The NAC, chaired by Dr. Ed Benz, President of the Dana Farber Cancer Institute, includes Dr. Elizabeth Blackburn, Professor of Biochemistry and Biophysics at UCSF; Dr. Tom Boat, Chair of Pediatrics, Cincinnati Children's Hospital; Mariann Byerwalter, University Trustee; Dr. Ying-Ying Goh, University Trustee; Dr. Dan Lowenstein, Professor of Neurology, UCSF; Dr. Jim Madara, Vice President and Dean, University of Chicago School of Medicine; Dr. William Peck, former Vice Chancellor and Dean, Washington University; Dr. David Satcher, President of Morehouse College; and Dr. Bill Stead, Associate Vice Chancellor

for Health Affairs & Chief Information Officer, Vanderbilt University Medical Center. The past three reviews by the NAC have been quite laudatory – which is, of course, reassuring.

This year's meeting focused on our burgeoning efforts in clinical and translational research and the roles of the institutes, departments and centers. It included presentations by Dr. Harry Greenberg, Senior Associate Dean of Research and Joseph D. Grant Professor of Medicine, on the scope of our activities in preparation for the Clinical and Translational Science Award (CTSA) and by Dr. Bev Mitchell, Deputy Director and George E. Becker Professor of Medicine, on the status of the Stanford Comprehensive Cancer Center. Both presentations gave evidence of efforts now underway at Stanford to enhance translational research by interdisciplinary efforts that cut across basic and clinical science departments as well as various schools at Stanford. We are hoping to hear any day now about the final status of our application to become an NCI-designated cancer center, and we expect to learn the reviews of our CTSA application in May or June. It is clear, however, that these two efforts have played a major role in furthering our mission in clinical and translational research.

During a working lunch, Dr Hannah Valentine, Senior Associate Dean for Diversity and Leadership and Professor of Medicine, gave an update on current programs and efforts to enhance diversity in the School of Medicine and to train future leaders. In doing so she was joined by some of the recent graduates of the Faculty Fellows Program, each of whom shared their views and evaluation of the program and commented on how the program influenced their own career development. The Fellows who participated were Drs. Myriam Curet, Professor of Surgery; Ricardo Dolmetsch, Assistant Professor of Neurobiology; Tracy George, Assistant Professor of Pathology; Sabine Girod, Assistant Professor of Surgery; Tony Oro, Associate Professor of Dermatology, and Eric Sibley, Associate Professor of Pediatrics. They all underscored how much they had learned during the year-long program through their interactions with each other and their mentors, as well as through presentations by leaders about the "leadership journey." Perhaps most importantly, they each commented on how the experience had enabled them to feel more a part of the school and its mission. It also gave them a greater appreciation for the value of a diverse community that could more effectively share ideas and experiences and, based on that, address questions they might have otherwise been overlooked. This session was quite interactive and it seemed to be very well appreciated by the members of the National Advisory Council.

The next panel featured some of our new department chairs, each of whom addressed some of the challenges and opportunities they face in their individual department and how they are seeking to engage in interactions with the Stanford Institutes of Medicine as well as other programs in the School and University. The new department chairs who participated in this panel were Drs. Jonathan Berek, Professor and Chair of Obstetrics & Gynecology; Dr. Ralph Horwitz, Professor and Chair of Medicine; Dr. Karla Kirkegaard, Professor and Chair of Microbiology & Immunology; Dr. Frank Longo, George E. and Lucy Becker Professor and Chair of Neurology; and Dr. Roel Nusse, Professor and Chair of Developmental Biology.

I gave a presentation on our master facility plan based on the scope of the workforce projections we have carried out during the past year and the funding plan that has been developed. I shared the bold and ambitious plan that we have put together, which includes the School, the Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. While this plan continues to evolve and develop, a reasonably complete portrait of it was presented in the December 4 2006 issue of the Dean's Newsletter (see: http://deansnewsletter.stanford.edu/archive/12_04_06.html).

At the close of the day the committee shared their observations, views and recommendations with President Hennessy. I expect to receive a written report in the next several weeks and will share the outcome with you – although I expect it will be quite supportive and complimentary.

Stanford Institutes of Medicine Hold Successful Retreats

The Stanford Comprehensive Cancer Center

On Monday, March 12th Members of the Stanford Cancer Center gathered at the Quadrus Conference Center for the first annual Members Retreat. The symposium featured a keynote address by Dr. David Livingston, the Chief of the Division of Human Cancer Genetics at the Dana-Farber/Harvard Cancer Center, where he is also the Emil Frei Professor of Medicine and Genetics at Harvard Medical School. Dr. Livingston reviewed the focus and planning activities that led to the development of the Dana Farber/Harvard Cancer Center including how it is currently organized and how it helps coordinate basic research, clinical research and population sciences. The 933 members of the Center are distributed throughout the medical school as well as the five major teaching hospitals. The Center is employing a matrix model that aligns discipline-based faculty with disease-based groups. The Center also provides a number of cores that provide both service and opportunities for innovation. According to Dr. Livingston, since its inauguration, the Dana Farber/Harvard Cancer has stimulated new clinical trials and permitted better management over the progress of clinical trials. It has also served as a magnet for investigators and students to engage in new collaborations and opportunities.

Speaking about the new Stanford Comprehensive Cancer Center, Dr. Bev Mitchell, Deputy Director and the George E. Becker Professor of Medicine, noted that we should be receiving news within weeks about our application for NCI designation based on the excellent proposal submitted in February 2006, which included very strong basic science along with excellent clinical and population science. Dr. Mitchell noted that across the University there are now 270 Cancer Center members who have major areas of focus including cancer stem cells, imaging, immunology, genomics, cancer biology and clinical programs in lymphoma and bone marrow transplantation. But Dr. Mitchell also noted that we have a need to develop more robust solid tumor programs. She cited in particular a center for breast cancer – that could be part of a Women's Cancer Center – as well as one for GI malignancies, prostate cancer, head & neck tumors and brain cancer. She also commented that we have work to do to further build our efforts in cancer genetics, novel therapeutics and preventive strategies and to further build the infrastructure to support a

clinical trials system. Importantly, this will require a number of strategic recruitments that will cut across departments – a number of which are now underway. Similarly, evaluation and support for shared resources will be critical as well as the further enhancement of population sciences and improved alliance with the Northern California Cancer Center.

The retreat also focused on mechanisms to promote translational research and on career development, particularly of younger faculty members – including ways of facilitating collaborations among disease based investigators with those engaged in population sciences. Breakout sessions dealt with population sciences and genomics, cancer imaging, cancer stem cells, improving clinical trials and shared resources.

I was able to attend the morning session of the Retreat, and what was most striking to me was the spirit of collaboration and interest among the attendees. I well remember the tentativeness that existed when the question of forming a comprehensive cancer center was posed some five years ago. Now there is no question – and the Stanford Comprehensive Center is poised to be an essential asset in our basic as well as clinical efforts in cancer research and care. Special thanks go to the leaders who brought this to fruition, particularly Drs. Karl Blume, Steve Leibel, Bev Mitchell and Irv Weissman. But thanks also to the faculty whose tremendous interest has emerged during the past few years and who will clearly propel Stanford in excellence in the years ahead.

The Stanford Institute of Immunity, Transplantation and Infection

The Stanford Institute of Immunity, Transplantation and Infection (ITI) held its first Retreat on March 11-12th, with over sixty faculty who joined in a very lively series of research presentations and discussions. Dr. Mark Davis, Burt and Marion Avery Professor in Immunology and Director of ITI, provided this update of the Retreat. Per Mark, the presentations “were notable for both their range and quality, as cutting edge clinical trials were juxtaposed with novel basic research, and all had to strain at times to assimilate talks on unfamiliar areas. It was an intense day and a half of almost non-stop presentations, and much was learned (and discussed) by all. There were presentations on the different ways pathogens such as the Hepatitis C virus subvert host defenses, how 90% of the cells in the human body have resident microbes, and also about a new gene expression 'signature' of transplant tolerance.

“The session chaired by Dr. Sam Strober was particularly relevant to what the Stanford Institutes of Medicine seek to foster. In his introduction he chronicled many years of work in a mouse model showing how radiation aimed specifically at the lymphoid organs could allow mismatched organ or tissue transplants to be tolerated by the host and vice versa. This has been very successful in curtailing often-fatal graft-versus-host reactions in bone marrow transplant patients and was developed to the point where it was ready to try with organ transplants. This led to a presentation by Dr. Stephan Busque, who described the first three preliminary trials of this approach with kidney transplantation. While the early results were negative, and the patients had to be returned to immunosuppressive drug regimes, after continuous improvement of the protocol, the third clinical trial appears to offer substantial hope, with at least one of the patients being rejection free for months, without having to take the large number of drugs needed to suppress organ

rejection. This is exactly the kind of close partnership between basic scientists and clinicians that we need to solve some of the very toughest medical problems.

“Another important “first” at the meeting was the presentation of Stanford's new Human Immune Monitoring Center. Under the direction of Dr. David Hirschberg, this unique facility has just gotten started and will provide "one stop shopping" for the analysis of clinical samples for a wide variety of immune markers and signs of infectious disease. It will allow a great deal more data to be obtained from a clinical sample (in this case blood) and thus a much better understanding of a particular patients' immune status and prognosis. All members of ITI and the Stanford community are invited to use the HIMC, and it is expected to have broad applicability. It is also hoped that surveying across both healthy people and those suffering from specific diseases will help us to derive specific "metrics" of immune health that could inform medical decision making in much the same way that blood cholesterol analysis informs decisions or advice pertaining to cardiovascular health. There were also excellent presentations on autoimmunity, bioinformatics, liver assist devices and liver cell engineering.

“In the evening we heard talks from June Lang, the senior development officer for ITI, about fundraising, and a particularly rousing talk by Dr. Paul Utz about the very innovative and successful high school summer program that each year brings twenty of some of the most talented high school students in the country to receive basic lab training and then work directly in one of the Stanford research labs. While they currently go to immunology labs for the most part, this program could easily be expanded throughout ITI and even to the other Institutes.

“In the short session Monday morning we learned about venomous snakes as pathogens, the use of 2D NMR to determine a crucial mechanism in the way a virus takes over a cell. We also saw how mutagenesis of a cell death promoting protein turned it into an inhibitor of cell death and thus a possible "drug" that can be used to help prevent graft rejection. The sessions ended with an excellent presentation by Dr. Man Wah Tan, detailing the many pathways in the nematode "C. elegans" that were important to combating infectious diseases, including some that were only thought to involve nervous system function previously. Mark Davis closed the meeting by thanking the organizers-including Michele King, ITI's Program manager, who made all the arrangements and made sure the meeting was going smoothly, and also Larry Steinman, Karla Kirkegaard, Carlos Esquivel, Sam Strober and Garry Fathman for organizing their sessions so well.”

Mid-year Fundraising Progress - Update from the Office of Medical Development

I have received this very encouraging news from Doug Stewart, Associate Vice President for Medical Development and Alumni Affairs. For the first six months of FY2007 we are ahead of all 12 months of the previous FY, both in cash and in new pledges. Specifically, for the six months that ended on February 28, 2007, combined School of Medicine and Stanford Hospital **new activity** (new gifts and new pledges) totaled **\$173,099,203** - compared with \$53,694,709 for the same six months the previous year - and compared with a total of \$156,034,737 for all 12 months of last fiscal year (our previous record).

Moreover, for the six months that ended on February 28, 2007, combined School of Medicine and Stanford Hospital **cash received** (outright gifts and pledge payments) totaled **\$126,331,149** - compared with \$50,285,399 for the same six months the previous year - and compared with a total of \$115,271,429 for all 12 months of last fiscal year.

This is excellent progress, and it is a wonderful testament to the efforts of our entire Office of Medical Development and to the commitment and generosity of those who have given in support of the goals and bold vision of the Stanford School of Medicine and the Stanford Hospital and Clinics. Thank you.

Kidney Transplant Program Excels

The Scientific Registry of Transplant Recipients lists the Stanford Renal Transplant Team as the national leader in one and three year survival rates. This service continues to do a wonderful job and they deserve our thanks and admiration. Special thanks to the team leaders Stephan Busque (Surgery) and John Scandling (Medicine).

Executive Committee Approves By-Law Revisions for the Medical School Faculty Senate

In a recent Dean's Newsletter, (http://deansnewsletter.stanford.edu/archive/02_26_07.html#5), I told you about the major revisions that had been drafted to the By-Laws of the School of Medicine Faculty Senate. I let you know at that time that these extensive revisions had been approved by the Senate and were on their way to the School's Executive Committee. I am now pleased to report that, at the March 16th Executive Committee meeting, the revisions were passed unanimously by that body. The next step will be an email ballot process of the entire electorate, which consists of all members of the Academic Council, the Medical Center Line, and the Clinician Educator Line. Members of these groups should expect to receive their ballots in the near future. Once this step has been accomplished, the revised By-Laws will be submitted to President Hennessy and then to the University's Board of Trustees, where they, hopefully, will receive final approval. I look forward to their implementation, which I believe will result in a significant improvement in the clarity of the governance of the School of Medicine.

STRIDE Takes Another Step

The STRIDE (Stanford Translational Research Integrated Database Environment) initiative is a multi-year informatics research and development project led by Dr Henry Lowe, Senior Associate Dean for Information Resources and Technology, to support clinical and translational research at Stanford by creating an integrated, standards-based clinical data warehouse and research data management platform. The project is based in the Center for Clinical Informatics within the School of Medicine's Office of Information Resources and Technology (IRT). The STRIDE team works closely with both Lucile Packard Children's Hospital and Stanford Hospital and Clinics to establish electronic data feeds from hospital clinical systems into the STRIDE clinical data warehouse. As of March 2007, STRIDE contains clinical information on over three quarters of a million pediatric and adult patients cared for at Stanford. STRIDE is a highly secure environment

utilizing encryption, fine-grained access control and robust auditing. Access to STRIDE clinical data for research purposes requires Stanford IRB review and approval.

To assist Stanford faculty researchers in identifying patients who may be eligible to participate in clinical research studies, the STRIDE team has developed the Anonymous Patient Cohort Discovery Tool. This cross-platform application will allow Stanford School of Medicine faculty researchers to directly query STRIDE's clinical data warehouse of over 73 million clinical observations, to ask the question "might a cohort of Stanford University Medical Center patients with these characteristics exist in the STRIDE clinical data warehouse?" The tool does not expose any individual patient identifiers or clinical data but rather uses criteria such as demographics, diagnosis, procedures performed, clinical reports and laboratory test results to determine the existence, and the approximate size of, anonymous patient cohorts. The system uses statistical techniques to prevent identification of individual patients. This patient cohort discovery process would normally be preparatory to HIPAA-compliant chart review and IRB-approved clinical data extraction or patient contact for research purposes. A beta-test of the STRIDE Anonymous Patient Cohort Discovery Tool will commence in mid-April. Eligible Stanford School of Medicine faculty will be contacted in early April to invite their participation in this evaluation.

Additional information on the STRIDE project and the STRIDE Anonymous Patient Cohort Discovery Tool beta-test is available at <http://clinicalinformatics.stanford.edu/STRIDE/>

Announcements from the Office of Diversity and Leadership

I was pleased to receive the following announcements from Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership, and Claudia Morgan, Associate Director.

First, the *2007 School of Medicine Faculty Fellows* have been selected. The Fellows meet regularly to learn from experienced leaders and to receive mentoring and guidance about leadership, both individually and collectively. The program represents an important component of our leadership enhancement efforts throughout the School and Medical Center (see: http://deansnewsletter.stanford.edu/archive/11_28_05.html#2).

A review committee consisting of Drs. Marcia Stefanick, Marlene Rabinovitch, Craig Albanese, Ray Gaeta, Fernando Mendoza, Hannah Valantine, Alice Whittemore, and Julie Moseley selected fourteen fellows from a large pool of nominations.

We congratulate the following Faculty Fellows: Drs. Manuel Amieva (Pediatrics, Microbiology & Immunology), Maxwell Boakye (Neurosurgery), Stephan Busque (Surgery), LaVera Crawley (Pediatrics), Mark Genovese (Medicine), Garry Gold (Radiology), Cheryl Gore-Felton (Psychiatry & Behavioral Sciences), Amreen Husain (OB/GYN), Sheri Krams (Surgery), Michael McConnell (Medicine), Sylvia Plevritis (Radiology), Phil Tsao (Medicine), Ann Weinacker (Medicine), and Sherry Wren

(Surgery). We thank the nominators for their efforts in submitting the many worthy candidates.

Second, the winners of the *2007 Diversity Faculty Fellowship Awards* have been chosen. This program, modeled after the Center of Excellence Faculty Fellowship Program, is directed at enhancing the diversity (broadly defined) of the faculty of the School of Medicine by supporting the development of assistant professors who contribute to such diversity. The intent of the fellowship is to enhance the research productivity of junior faculty in order to advance their progress towards promotion. Congratulations to the following six awardees: Uma Sundram MD, PhD (Pathology, Dermatology), Jennifer Cochran PhD (Bioengineering), Lauren Gerson MD, MSc (Medicine), Joseph Liao MD (Urology), Manuel Amieva MD, PhD (Pediatrics, Microbiology & Immunology), and Tirin Moore PhD (Neurobiology). Congratulations to all!

Bicycle Parking and Safety

As many of you now know, we will soon be starting construction work in anticipation of the building of the Learning and Knowledge Center and the Stanford Institutes of Medicine 1. Much of this work will involve re-routing and updating utilities, creating an underground tunnel delivery system and moving the loading dock on the south side of the medical school campus. To do this work most of the parking spaces in the ground lots south of the Beckman Center and CCSR will disappear. Importantly, once this happens those spaces will not return and alternate parking will be in the Stock Farm garage and parking lots.

With the reduction in parking, many faculty, students and staff have begun using bicycles for transportation (which is great news) and a number of you have asked what type of bike parking and safety will be available. According to our facilities team, a number of actions are underway:

- Last year all the bike racks were replaced with 30 “lighting bolt racks” along the south side of the Edwards building as well as the Lane and Always buildings. This provided 150 bike spaces of which approximately 80 were incremental.
- Over the course of this year another 28 racks of varying lengths will be added providing 150 incremental bike spaces. This project will be completed by the end of March and the new racks will be located along MSLS, Edwards (west side), Beckman, Psychiatry building and along Governor’s Lane. Among the advantages of these new racks is their ability to provide a 3-point contact with a bike thus enabling the locking of the front tire and frame using a “U” lock.
- In addition arrangements are being made to have Security Services increase their presence and surveillance – to offer improved bike safety.
- However, we are not planning to replace the bike racks between the Fairchild Science Building and Auditorium since this area will become a construction site once the LKC project begins.

- That said, when the LKC project moves forward additional bike parking will be provided in that area.
- In addition, bike lockers will be placed on the south side of the CCSR. Each locker is expected to hold two bikes and it is currently planned to install about 10 bike lockers in that area – assignment of which will be managed by the Parking and Transportation Service.

I hope this addresses some of the questions that have been raised. That said, I would be remiss in not reminding all bike riders to be sure that they are wearing a bike helmet and that they have front and rear lights when they are riding at night. Bike safety on campus remains appalling and I continue to strongly encourage all riders to ride with safety.

Announcement: Women in Biosciences

On Tuesday, May 1st Stanford will celebrate Women in the Biosciences with a symposium in the Clark Center from 2-5 PM. Among the featured speakers are: Julie Theriot (Biochemistry and Microbiology & Immunology), Judith Frydman (Biological Sciences), Daria Mochly-Rosen (Chemical and Systems Biology), Anne Villeneuve (Developmental Biology), Michele Calos (Genetics), Merritt Maduke (Molecular & Cellular Physiology) and Jennifer Raymond (Neurobiology).

Awards and Honors

- **Dr. David Cornfield**, Professor of Pediatrics, has been elected Vice President (with succession to President in 2009) of the Society for Pediatric Research. Congratulations, Dr. Cornfield.
- **Dr. Sharon A. Hunt**, Professor of Cardiovascular Medicine, has been selected by the American Society of Transplantation to receive the Senior Achievement award in Clinical Transplantation of 2007.

Appointments and Promotions

- **Ranjana H. Advani** has been promoted Associate Professor of Medicine (Oncology), effective 3/01/07.
- **Meenakshi Aggarwal** has been appointed to Clinical Assistant Professor (Affiliated) (Medicine, Division of Cardiology), effective 4/01/07.
- **James Andrus** has been appointed to Clinical Associate Professor (Pediatrics, Division of Critical Care), effective 2/01/07.
- **Michael Bellino** has been appointed to Clinical Associate Professor (Orthopaedic Surgery), effective 4/01/07.

- **William E. Berquist** has been promoted to Professor of Pediatrics (Gastroenterology) at the Lucile Salter Packard Children's Hospital, effective 3/01/07.
- **Thor Besier** has been appointed to Assistant Professor of Orthopaedic Surgery, effective 3/01/07.
- **Jed E. Black** has been promoted to Associate Professor of Psychiatry and Behavioral Sciences, effective 3/01/07.
- **Zev Bryant** has been appointed to Assistant Professor of Bioengineering, effective 3/01/07.
- **Brendan Carvalho** has been reappointed to Assistant Professor of Anesthesia, effective 3/01/07.
- **Glenn Cockerham** has been appointed to Clinical Associate Professor (Pathology), effective 3/01/07.
- **Alvara Davila** has been promoted to Associate Professor (Affiliated) (Medicine, Division of Gastro), effective 2/16/07.
- **Linda Foppiano** has been appointed to Clinical Associate Professor (Anesthesia, Division of Cardiac), effective 3/19/07.
- **Jeffrey Glenn** has been reappointed to Assistant Professor of Medicine (Gastroenterology and Hepatology), effective 9/01/07.
- **Joachim F. Hallmeyer** has been appointed to Assistant Professor of Bioengineering, effective 3/01/07.
- **Marc L. Melcher** has been appointed to Assistant Professor of Surgery, effective 3/01/07.
- **Harlan Pinto** has been reappointed to Associate Professor of Medicine (Oncology) and, by courtesy, of Otolaryngology - Head and Neck Surgery at the Veterans Affairs Palo Alto Health Care System, effective 3/01/07.
- **Klaus Porzig** has been appointed to Clinical Professor (Medicine, Division of Oncology), effective 3/01/07.
- **Shalini Pereira** has been appointed to Clinical Assistant Professor (Pathology), effective 4/01/07.
- **Dharshi Sivakumar** has been promoted to Clinical Assistant Professor (Pediatrics, Division of Neonatal & Developmental Medicine), effective 4/01/07.

- **Laura Varich** has been promoted to Clinical Associate Professor (Radiology), effective 4/01/07.
- **Po Wang** has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences, effective 3/01/07.
- **Claire Wislon** has been appointed to Clinical Associate Professor (Pediatrics, Division of Gastroenterology), effective 7/01/07.
- **Wendy Wong** has been promoted to Assistant Professor (Pediatrics, Division of Hematology/Oncology), effective 9/01/07.

Dean's Newsletter

April 9, 2007

Tobacco, Human Health and Academic Freedom

Earlier this year Dr. Rob Jackler, Edward C. and Amy H. Sewall Professor and Chair of Head & Neck Surgery/Otolaryngology, along with wife, Laurie, presented an exhibit on the role of doctors in helping to market smoking during the 20th Century (see http://med.stanford.edu/about_photo/archive/02_07_07.html). The story is a disturbing one, especially when coupled with the long-standing tactics of the tobacco industry to promote smoking despite its clear association with human disease – a pattern that continues today in developing nations and that targets teenagers and women, especially in socio-economically challenged communities. In 2006, Judge Gladys Kessler, in her landmark decision on behalf of the Department of Justice (*USA v. Philip Morris et al.*), described the tobacco industry (her word was enterprise) as an “intricate, interlocking, and overlapping web of national and international organizations, committees, affiliations, conferences, research laboratories, funding mechanisms, and repositories for smoking and health information which Defendants (the tobacco industry) established, staffed and funded ... to accomplish the following goals: counter the growing scientific evidence that smoking causes cancer and other illnesses, avoid liability verdicts in the growing number of (“plaintiffs”) personal injury lawsuits against the (tobacco industry), and ensure the economic viability of the industry.”

Based on its distortion of public information, manipulation of nicotine in cigarettes to create and sustain addiction, false marketing, youth marketing, and serious efforts to discredit the impact of passive smoking, among other activities, Judge Kessler concluded that the tobacco industry violated the civil provisions of the Racketeer Influenced and Corrupt Organizations Act (RICO) by engaging in a conspiracy to defraud the public by producing and marketing dangerous and addictive products and by misleading the public about the risks associated with these products.

It is doubtful that anyone associated with academic medicine would support smoking given its broad and deleterious impacts on human health. But a derivative question is

whether institutions like Stanford should accept money for research or permit individual faculty to accept money for other activities (e.g., consulting) from the tobacco industry or their foundations (e.g., the Philip Morris External Research Program (PMERP). Several schools of medicine or public health (including Harvard and Johns Hopkins) have policies that prohibit the acceptance of funding from the tobacco industry for research or other purposes. Such a policy does not presently exist at Stanford. However, in February 2007, Robert Proctor, Professor of History, with co-sponsorship by Dr. Hank Greely, Deane F. and Kate Edelman Johnson Professor of Law, and Dr. Rob Jackler introduced a resolution through the University Faculty Senate process recommending prohibition of accepting research funding from the tobacco industry. The proposed resolution is currently under consideration. If such a resolution were to pass, Stanford University would be the first private university in the nation to embrace such a policy for the entire institution. Of interest, the Regents of the University of California will be considering a similar policy in May.

Because of the importance of this issue, I asked Professors Jackler, Proctor and Greely to make a presentation to the School of Medicine's Executive Committee on Friday April 6th. While I did not intend for the committee to engage in a formal vote I felt it important that this issue be thoroughly discussed and its various implications carefully considered. For reference, following is the original policy, which was enacted by the Stanford University Academic Senate on December 8, 1971. The proposed change is also presented below:

Current Policy of the Academic Senate	Proposed Change
<i>"Individual scholars should be free to select the subject matter of their research, to seek support from any source for their work and form their own findings and conclusions."</i>	<i>"Stanford University will not enter into sponsored research agreements with companies that make or market tobacco products. In addition, Stanford University will not enter into research agreements with entities controlled by such companies, where those entities fund research on tobacco-related diseases, alternative causes of such diseases, or the uses and effects of tobacco, tobacco products, or their components." (The resolution would be reviewed in ten years time.)</i>

The Executive Committee engaged in a vigorous, sometimes intense, but thoughtful discussion and debate about the proposed resolution and the issues. It is important to begin by stating what should be obvious. All of the Committee members present (although I did not do individual polling) seemed clear that they do not support smoking or the tobacco industry; nor did they disagree with the proposition that this industry, likely more than any other, has produced – and continues to produce – products that are seriously detrimental to human health. Further, there was concurrence that the tactics and marketing of the tobacco industry continue their long practice of misinformation and

outreach to vulnerable communities – youth, developing nations and others – for the purpose of selling their products seemingly regardless of its negative impact on health. That said, there was considerable discussion and debate about whether the 1971 policy should be changed with respect to this specific industry or whether the ability of our faculty to seek funding from any source should continue unencumbered by even this single restriction.

At least for research grants (I have no knowledge of consulting arrangements) there has been until recently only one research grant supported by PMERP at Stanford – and this to an outstanding and highly qualified investigator addressing an important problem. This investigator has decided to terminate the grant, such that in the immediate future Stanford would not be receiving any research funding from the tobacco industry. So that makes the issue one of a proposed policy with future implications for Stanford and, by inference, a strong indictment of one industry. One might even argue that the 1971 policy is working, since personal choices by individual faculty have led them away from seeking any research funding from the tobacco industry. Of course, that could change – either because other funding sources (e.g., NIH) become more limited or because a specific faculty member elects to pursue funding from the tobacco industry to support a specific research question. In contrast, the lack of a definitive policy misses the opportunity to make a specific statement about the tobacco industry *per se* – which might be seen as either a moral or a data-driven stand.

At the same time, and as was discussed vigorously at the Executive Committee and, I gather, in other venues, there is concern about the “slippery slope.” That is, should there be a line beyond which an institution like Stanford should prohibit the acceptance of funding from specific sources based on their nature and/or activities? While there is good evidence that the tobacco industry has crossed that line, it is not the only one associated with products that negatively impact health. With the rising incidence of obesity and its myriad of complications throughout life, should we similarly prohibit funding for research from the McDonald Foundation or others associated with fast foods – or even certain kinds of food? What about industries that are damaging the environment, such as the oil industry? With all the evidence on global warming, have they crossed the line? And what about the pharmaceutical industry, which has made decisions to leave drugs on the market when they have known about complications – should we ban them as well? And you can raise others I am sure.

The nuances and the complexity - as well as the simplicity - of the arguments provoke debate such as the one that took place at our Executive Committee. None of the debate indicates a lack of abhorrence of tobacco and the damage done by the industry that produces and markets tobacco products. Rather it is about whether specific policies should be generated for specific funding sources and if so, how such policies will be monitored and managed in future years as new data emerges. And, of course, there is the question of whether such policies encroach on the academic freedom of our faculty – another issue that generates many different perspectives.

I respect the range of opinions that have been offered and the spirit in which they have been presented. I have an opinion as well. To me it seems clear that the tobacco industry has crossed a line in a manner different from other funding sources. Not only have they crossed that line but they continue to do so, and the current marketing tactics of this industry are seriously disturbing. While I trust informed faculty to make individual decisions that are morally sound, I also believe that there are moments when it is time to send a clear message to a specific industry – in this case the tobacco industry. Thus, I personally support the spirit of the proposal to prohibit Stanford's acceptance of tobacco money for research. However, I would want such a prohibition tied to any money coming to faculty for consulting as well as research. That is, just as Stanford divested its investments in the tobacco industry nearly a decade ago, I believe that faculty should not receive money from the tobacco industry for consulting or research.

I am interested in your opinions as well. Please share any points of view that you have about this significant issue.

Director of NIH Visits with Stanford Academic and Industry Leaders

On Monday April 2nd we hosted Dr. Elias Zerhouni, Director of the NIH, for two important events. The first was an informal dialogue with our School of Medicine Executive Committee, and the second was a meeting Stanford co-hosted with UCSF and UC Berkeley that included, by invitation, CEOs from biotech, venture capitalists, and University trustees, among others. Both meetings underscored the importance of the NIH to biomedical research and to the unique role it plays in fostering a climate of innovation and discovery like the one that exists at Stanford. A goal of the discussion was to draw a closer alignment between the NIH and industry to enhance and support innovation – a message that needs to be conveyed to the US Congress, especially in light of the flat to declining budgets the NIH has experienced in the past 3-4 years. Indeed, as Dr. Zerhouni knows and certainly heard from faculty during his visit, the competition for funding has become extremely serious during the past 2-3 years. It is exacting a toll on accomplished scientists, thus negatively impacting the foundations of academic medical centers, and if not ameliorated, risks damaging the nation's investment in biomedical research.

While the doubling of the NIH budget from 1998-2003 created an air of excitement – leading many more individuals to apply (and succeed) in receiving NIH funding - and while it led many institutions (albeit not Stanford) to engage in capital investments to create space for more NIH investigators, the past 3-4 years has seen the pendulum swing in the opposite direction. There are a number of reasons why NIH funding has been held flat to declining since the doubling. Key among these is the loss of the bi-partisan congressional support that the NIH experienced in past years. This has been due to such factors as: the belief that NIH “had its day” and other agencies should now be supported; the sense that NIH failed to deliver great discoveries or impact human disease despite the doubling; scandals around conflict of interest at the NIH that raised serious concerns about the integrity of the once highly respected agency; and an anti-science mood that began permeating the congress – and the nation – in ways that had not existed a decade ago. Moreover, discretionary dollars were being depleted due to the war in Iraq and

elsewhere, making funding options more limited. In addition, political agendas began shaping NIH funding – from the NIH reauthorization to challenges to the peer review system and beyond. I have previously written about a number of these issues in past Newsletters (see: http://deansnewsletter.stanford.edu/archive/12_18_06.html#1d) and have also been working to address them on a national level.

In his discussions with community leaders, Dr. Zerhouni opined on the changing public health challenges, including the shift from acute to chronic disease conditions, the aging population, the health disparities that exist in the USA (made worse by the lack of a true healthcare system), emerging and re-emerging infectious diseases and emerging non-communicable diseases. He noted that we need to transform the health care system to intervene before symptoms appear and thus preserve normal function for as long as possible. Further, we need to benefit from the increased understanding and recognition of various preclinical molecular events in order to detect patients at risk for disease at much earlier stages. This means moving medicine from curative to preemptive by making it more predictive, personalized and participatory.

From his perspective as Director of the world's most significant biomedical research institute he also noted that NIH needs a balanced portfolio – including sustenance of its historical and current support for basic fundamental research (around 65% of the budget) coupled with an investment in translational and clinical research. He pointed out that the discoveries that have taken place in the past decades through basic and translational research have markedly improved disease outcomes at a cost far less than what we pay for health care per se. For example, the average investment in cardiovascular research is about \$3.70 per American per year (or a total of \$110 per American over the past 30 years). Similarly the average expenditure on cancer per American during the past 30 years has been about \$260 – with an impact that has been far-reaching in terms of insights into the fundamentals of cancer biology and increasingly to cancer treatment. Plus, as a consequence of NIH investments in biomedical research and academic medical centers, more than 3100 new technologies have been brought to market in the past six years, and since 1980 more than 4500 new companies have been formed because of new technologies developed at US institutions. So the impact of biomedical research has been far-reaching and highly significant – but it cannot be sustained without continued investments and support.

California has led the nation in NIH funding (followed by Massachusetts, Maryland and Pennsylvania) and the support to institutions like Stanford, UC-Berkeley, and UCSF has increased significantly during the NIH doubling period. At the same time, the number of applicants for NIH funding nationwide also increased from 24,154 in 1998 to 51,007 in 2007. While the success rate held at approximately 31% during the period of doubling, it has declined to 19% and falling since the budget has declined. Both the increased number of applicants (a good thing) and the lower budget compared to inflation (a bad thing) have contributed to the current sense of crisis. Despite this, Dr. Zerhouni wanted to make clear that cycles in NIH funding have occurred in the past but that the recovery from depressions required a clear message of why support is needed– which he believes has not been fully articulated to date. He also emphasized repeatedly that the NIH has not

decreased its support for basic research – and that the investment has grown in nominal dollars. Further, he underscored that initiatives like the NIH Roadmap have consumed only a small portion of the NIH budget (about 1.1% to date) and thus are not the source of the funding crisis. Rather this is attributable to more applicants and fewer dollars.

Among his major concerns is preserving the next generation of biomedical research scientists during a time of funding downturn. Accordingly, the NIH has recently introduced the “New Investigator’s Program.” As part of this Program the NIH instituted the Pathway to Independence Award. California received 24 of the 58 the new awards that were announced in November 2006, and Stanford faculty accounted for 8 – the highest of any institution. To foster creativity, the NIH Director’s Pioneer Awards were introduced three years ago and to date 34 have been given – seven of which have been to Stanford faculty – again the highest in the nation. In addition a new program – the NIH Innovator Award - has been just announced to support new investigators who do not yet have an R01 grant and who propose projects that have the potential for great impact on biomedical or behavioral sciences. The NIH anticipates making at least 14 of these awards in September 2007.

Dr. Zerhouni made it clear that he and his colleagues at NIH are quite aware that these are tough times. His goals are to increase the number of competing research project grants and to strengthen support for at-risk investigators – including new investigators, those with first grant renewals and well-established investigators with little or no additional support. Importantly he noted that among the greatest mistakes that could be made would be to stop taking risks.

Because the NIH Director cannot lobby the Congress for increased support for the NIH, it is incumbent on each of us to make the case. That is why we have joined forces with industry leaders in California to make the case for why investment in the NIH is critical to our nation’s future. I participated in a highly successful visit to Congress with CEO leaders from the California Healthcare Institute on January 18th and will join Dr. Zerhouni in a panel discussion to a bipartisan congressional delegation on April 25th. In addition, Ryan Adesnik, in conjunction with government affairs representatives from peer institutions, has arranged for the 2006 Nobel Laureates (which of course will include Andy Fire and Roger Kornberg from Stanford) to share their support for the NIH with Members of Congress.

While the NIH funding remains a major challenge, there do appear to be some positive indicators that our messages are getting some traction. But much remains to be done and I encourage all members of our community to be advocates through their professional societies – or to contact me or Ryan Adesnik (ryan.adesnik@stanford.edu) if you have any suggestions or recommendations about how we can do more to advance this important cause.

An Important Perspective on the VA

Lisa Freeman, Director of the VA Palo Alto Health Care System (VAPAHCS) and Larry Leung, Maureen Lyles D'Ambrogio Professor and Chief of Staff at VAPAHCS, have experienced first hand the impact of the disclosures about medical care at military hospitals such as Walter Reed Army Medical Center and, in a more general way, the VA Department of Defense military medical facilities. While many of the disclosures have been highly disturbing, we all recognize that not infrequently such dialogues can cast a mantle of blame that can be indiscriminate. Accordingly, I spoke with Ms Freeman and Dr. Leung and asked them to offer some perspective from their leadership roles at the VAPAHCS. Because of the important collaborations and interactions between Stanford and the VAPAHCS, we wanted to share some observations, facts and perceptions.

For decades, the Stanford University School of Medicine and VA Palo Alto Health Care System (VAPAHCS) have had one of the finest academic and clinical affiliations in the nation. VAPAHCS staff train over 1,300 residents, interns, and students each year. VAPAHCS has 80 affiliation agreements to train health care professionals in various disciplines. In addition to the physician training programs (anesthesiology, medicine, surgery, psychiatry, etc.) they have trainees in audiology, blind rehabilitation, chaplain, dental, nursing, research, social work and other disciplines.

VAPAHCS is a major referral center for other VA facilities, the Department of Defense and private health care providers. It is renowned for its state-of-the-art diagnostic, medical, surgical and specialty care. Additionally, it is home for the National Center for Post Traumatic Stress Disorder (PTSD) and one of four VA Polytrauma Centers in the nation, providing specialized care for military service members who sustained multiple and severe injuries in combat in Iraq and Afghanistan.

Because we do have such a close relationship between Stanford and the VAPAHCS, we wanted to share some facts about the health care system:

- In FY 2006, VAPAHCS exceeded VA standards regarding clinical practice guidelines in care of patients with cancer, cardiovascular diseases, endocrinology, smoking cessation and long-term care.
- VAPAHCS had the highest patient satisfaction results in both inpatient and outpatient settings of any facility in the Sierra Pacific Network and one of the highest in the entire VA system.
- VAPAHCS was named one of the nation's 100 Most Wired Hospitals for 2006, by Hospitals & Health Networks Magazine. This was the fourth time VAPAHCS was included in this list.
- In March 2007, the Joint Commission conducted an unannounced full five-day survey resulting in a three-year accreditation decision.
- VAPAHCS maintains six "Centers of Excellence" including: Autopsy, Domiciliary Care for Homeless Veterans, HIV/AIDS Services, Spinal Cord Injury, Comprehensive Medical Rehabilitation and Cardiac Surgery.
- In consecutive years, VAPAHCS staff, Dr. James Hallenbeck and Dr. David Gaba, were awarded the Worthen Award for academic excellence, the highest award given by VA in education.

- Also in consecutive years, Dr. Tom Rando and Dr. David Rehlman were selected as recipients of NIH Pioneer awards – comprising two of the seven NIH Pioneer Awards received by Stanford faculty in the past three years – the highest number in the nation.
- VAPAHCS' Research Program is always ranked among the top three programs within the VA system in terms of total research dollars awarded.
- VAPAHCS is among an elite number of VA facilities to host a GRECC (Geriatric Research, Education and Clinical Center), a MIRECC (Mental Illness Research, Education and Clinical Center), a Health Services Research Center of Excellence and a Rehabilitation Research and Development Center.
- Approximately 100 Stanford faculty in the School of Medicine are based at VAPAHCS.

On the national level during 2006, VA received a number of prestigious awards and accolades for high standards of care. VAPAHCS was praised in media segments from Anderson Cooper 360, the Jim Lehrer Newshour, People Magazine, Newsweek, National Geographic and front-page stories in the San Francisco Chronicle and San Jose Mercury News and on all the local television stations.

While we all recognize that the serious problems observed at some military facilities are egregious and require immediate attention, I want to say that such problems are not the case at the VAPAHCS, despite the fact that the news media seems to include all VA facilities in their commentaries. Clearly there are exceptions and I believe that the VAPAHCS is one of those. Indeed, I am proud of the VAPAHCS and the outstanding work being done by faculty and staff. We have many wonderful interactions and I look forward to those increasing in the years ahead. In fact, as I mentioned in my December 4th Newsletter (see: http://deansnewsletter.stanford.edu/archive/12_04_06.html#1g) I fully believe that our partnership will continue to grow productively and successfully in the years ahead.

Certainly Ms. Freeman, Dr. Leung and I recognize that a continued and ongoing focus and commitment to quality and excellence in patient care as well as research and education are essential – and these are goals we share together.

US News & World Reports Again

On Monday April 2nd US News & World Reports (USNWR) posted the ranking of the “top graduate schools” in the USA, including the top research-intensive schools of medicine. You are likely aware from prior communications (see: http://deansnewsletter.stanford.edu/archive/04_03_06.html) that I have been corresponding and meeting with the editors of USNWR for some time to advocate for a change in the methodology they employ – and they did make a change to a degree last year by including the data on NIH funding per faculty member. In looking at the data for this year, where we are once again ranked #7, it is clear that the only thing holding us from a higher rank in this survey is the total amount of NIH funding. We are lower than any other school in the top 10 in total NIH funding - which is really a function of our smaller faculty size compared to peers. Since total NIH funding weighs heavily in the

scoring, we are truly impacted by that category. In contrast, we are highest in NIH funding per faculty member (a better surrogate for quality). However, since this has a lower weight, it is offset by total NIH funding. Accordingly there is a ceiling that we are not able to break through. And while I know that USNWR ranking is not a serious validation or measure of the excellence of research-intensive US medical schools, it is unfortunate that the size of a research intensive school (we are about 40% as large as UCSF and less than 10% the size of Harvard in our fulltime faculty) counts more than its quality in the USNWR data that goes to the public. Left out, of course, is the fact that two of our wonderful faculty won Nobel prizes last year or the fact that we received more NIH pioneer awards than any school in the nation or the fact that our students received more HHMI fellowships than any school or the fact that we are among the lowest schools in the nation in indebtedness at graduation. We have great students, faculty and staff and in my opinion they are #1!

A New Program on Professional Billing Integrity

Ms Diane Meyer, the Chief Compliance and Privacy Officer at Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH), asked me to share some information about the recently launched Program in Professional Billing Integrity. This program is designed to foster continuous performance improvement by promoting accurate documentation and coding through education and auditing. It will include the traditional components of education and retrospective chart audits, as well as emerging indicators designed to identify how well physicians and non-physician providers are meeting regulatory requirements. The new program will be implemented in several stages.

The initial stage is scheduled to begin in April and is designed to address the core requirement for an effective professional fee compliance program stated by the U.S. Department of Health and Human Services, Office of Inspector General (OIG):

"The OIG recommends that a baseline, or 'snapshot,' be used to enable a practice to judge over time its progress in reducing or eliminating potential areas of vulnerability. The OIG recommends that claims for services submitted and paid after the implementation of an education and training program be examined, so as to give the physician practice a benchmark against which to measure future compliance effectiveness."

The first step is baseline education for all physician and non-physician providers. Mandatory educational sessions will be conducted by the Compliance Department during the months of April, May and June. The two-hour educational sessions will be grouped by specialty area and will include documentation and coding information specific to the specialty. In addition to the specialty-specific information, the training will cover Teaching Physician Documentation, Evaluation and Management Services, Modifiers, and, if applicable to the specialty area, Consults, Critical Care and Observation Care.

Each specialty will have several sessions scheduled and each physician and non-physician provider is required to attend one of the mandatory educational sessions for

his/her specialty area. According to Ms Meyer, departmental DFAs will be notifying physicians of the dates and times for the specific sessions scheduled for the specialty and will be issuing instructions for physicians to register for one of the sessions. To accommodate physicians who are rarely on campus or who are on sabbatical, an exception may be granted by contacting the Compliance Department and an alternative means of education will be provided. Please contact your DFA if you have questions about registering for one of the sessions.

To demonstrate an effective compliance program to government agencies, it is important that all physician and non-physician providers who bill for their professional services attend the baseline educational program. According to Ms Meyer, the SHC-LPCH Compliance Department will maintain a verifiable record for each participant in the educational session that includes the content of the documentation and coding training and will make these records available to government investigators should an individual provider fall under government scrutiny. This is important since demonstration of standardized, in-depth training regarding documentation and coding rules generally reduces the impact of government fines and penalties in the event of unfavorable government investigations.

After the educational component is completed, Ms Meyer notes that the next stage will be baseline retrospective audits for all physicians and non-physician providers conducted by the Compliance Department. These audits will be conducted on claims submitted subsequent to the date that the physician attended the baseline educational session. Importantly, **no** pre-education claims will be audited for the baseline retrospective audits. Accordingly, the educational session is an opportunity for physicians and non-physician providers to learn the specific billing rules against which their documentation will be measured during the audits. Audit results will be benchmarked and reviewed by Departmental and Division leadership, School of Medicine leadership, hospital leadership, and the Audit and Compliance Committees of the hospital Board of Directors.

During fiscal year 2008 (which begins on September 1 2007), the Office of the Dean, the Counsel of Chairs Committee, hospital leadership and the Compliance Department will be continuing development of the collaborative Professional Fee Billing Integrity Program. The Compliance Department will be implementing additional risk indicators designed to identify areas of vulnerability in professional fee billing.

If you have any questions about the new program or the mandatory educational sessions, please contact Diane Meyer, Chief Compliance Officer at 724-2572, dmeyer@stanfordmed.org.

Update on The Respectful Workplace Initiative

For the past four years, the School of Medicine's Dean's Office has spearheaded a program designed to improve the nature of faculty and staff interactions in the medical school. The Respectful Workplace Initiative has included the training of all staff and faculty in the policy on Respectful Workplace and in encouraging work units to develop

effective and respectful communications and approaches to conflicts and disputes that naturally occur in any workplace. It has also been designed to foster a sense of entitlement (yes, entitlement) that all should be treated with dignity in all situations regardless of status or power.

There are two components of the Initiative--mandatory Respectful Workplace Briefings and optional lunchtime Respectful Communications programs. This spring and summer, the Human Resources Group (HRG) will continue ongoing mandatory training of new staff in the Respectful Workplace Briefings. HRG and the Office of the Ombudsperson planned a series of five optional lunchtime programs focused on giving members of the medical school community opportunities to enhance their abilities to deal with challenging situations and respectful communications in the workplace.

The first of these optional Respectful Communications programs was held on March 29, 2007 and featured John Cleese (famous for Monty Python and A Fish Called Wanda) via videotape entitled *Meetings Bloody Meetings*. This video was very well received and was an excellent opportunity to learn how to conduct and participate most effectively in meetings. If you have a work group who may benefit from viewing this video, please contact Norma Leavitt, Human Resource Group, at 5-8607 for arrangements.

Additional lunchtime programs are scheduled as follows:

- **April 19, 2007** Rosan Gomperts, Director of the Help Center and David Rasch, University Ombudsperson, will review different types of hostile behaviors, the effects of these behaviors and ways to potentially manage these types of situations. There will also be a brief review of the policies and resources to assist with managing hostility in the workplace. (MSOB, X303)
- **May 23, 2007** Frederic Luskin, Director of the Stanford Forgiveness Project and author of *Forgive for Good*, will talk about the importance of practicing forgiveness and how forgiveness can reduce anger and depression and enhance hopefulness. (Beckman Center, Munzer Auditorium)
- **June 20, 2007** *Straight Talking*, a John Cleese video presenting techniques of assertive behavior to show that the basic rule of assertive behavior is honesty and why aggressive behavior doesn't work in the long run. (MSOB, X303)
- **July (date TBD)** Lee Lyon, Human Resources Director of Stanford Linear Accelerator Center, will present a communications model including our responsibilities for relationships and interactions with others. (Location TBD)

A separate email invitation will be sent to departments for staff and faculty and will include further information on location, time, and registration information. We hope you will plan time in your busy schedule to attend.

More on US Healthcare Reform

At the Annual Meeting of the Association of Academic Health Centers, where I serve as a member of the Board of Directors, the topic of our expensive and in many ways failing health care system was front and center. Among the speakers at a plenary session was Senator Ron Wyden from Oregon, who has proposed the Healthy American's Act. He began his presentation with a statement that also appears on his website"

"Employer-based health coverage is "melting away like a popsicle on the summer sidewalk" and Senator Ron Wyden, a member of the Finance Committee, has offered a groundbreaking proposal that will revolutionize the way Americans get health care. Wyden's Healthy Americans Act will provide affordable, high-quality, private health coverage for every American regardless of where they live or work."

Senator Wyden's Healthy American's Act proposes to "guarantee private health care coverage that cannot be taken away for all Americans; provides benefits for all Americans equal to those of Members of Congress; provides incentives for individuals and insurers to focus on prevention, wellness and disease management; provides tough cost containment and saves \$1.48 trillion over 10 years; and is fully paid for by spending the \$2.2 trillion currently spent on health care in America. He seeks to accomplish this by sustaining private health care insurance (rather than moving to a single payer system) and his proposal does not address entitlement programs like Medicare and Medicaid – which are important since Medicare in particular is on a path to insolvency in the next decade. Nonetheless he does offer a credible plan compared to many of the expedited "quick fix" strategies more aimed at political expediency. Accordingly, if you are interested you might wish to examine the details in more depth since I suspect this will be one of the proposals that will gather momentum during the next couple of years. The url is http://wyden.senate.gov/Healthy_Americans_Act/HAA_How_It_Works.pdf.

Universities Reaching Out

I have recently received information that may be of interest to those of you who might enjoy taking on-line university courses free of charge. Some prominent universities are moving in this direction – including MIT and Princeton. You can now access MIT's Open Courseware site (<http://ocw.mit.edu/index.html>) where some 1800 courses are available for free! In another venue, Princeton President Shirley Tilghman recently announced that many courses will be available at the University Channel's Website <http://uc.princeton.edu/main/>. I wanted to make you aware of these interesting offerings.

Upcoming Events

The Office of Diversity and Leadership would like to invite you to hear **Dr. Carl Cardella, M.D., FRCPC**, speak on **How to be Successful at your First Academic Job** on Tuesday May 8th, at 12 noon, in the Clark Auditorium. Dr. Cardella is Professor of Medicine at the University of Toronto. Since seating is limited, please respond to lydiae@stanford.edu by May 4th. There will be a buffet lunch immediately after the presentation.

Awards and Honors

- **Dr. Harry Greenberg**, Senior Associate Dean for Research and Grant Professor of Medicine has just been voted the President-elect of the American Society of Virology – a great honor bestowed by a community of distinguished scientists.
- Medical student **Jennifer Staple**, the founder and CEO of Unite for Sight, a nonprofit organization that helps the blind and homeless, is receiving a Brick Award, which has been called the “Oscar of Youth Service” for her work. This Award, which is given by the organization Do Something, celebrates young people making our world better place. Jennifer is also the organizer of the upcoming Unite for Sight Conference, which will be held at the School of Medicine on April 14-15. For more information about the conference, see: <http://news-service.stanford.edu/news/2007/february28/med-staple-022807.html>
- **Dr. Joanna Wysocka**, Assistant Professor of Chemical & Systems Biology and Developmental Biology, has been named one of this year’s Searle Scholars. This highly prestigious award supports young scientists who have demonstrated outstanding accomplishment and innovation.

Congratulations to all!

Appointments and Promotions

- **Michael J. Cherry** has been reappointed to Associate Professor (Research) of Genetics, effective 4/01/07.
- **Amarendra Das** has been reappointed to Assistant Professor of Medicine (Stanford Medical Informatics) and of Psychiatry and Behavioral Sciences, effective 5/01/07.
- **Joachim F. Hallmayer** has been appointed to Associate Professor of Psychiatry and Behavioral Sciences, effective 3/01/07.
- **Theo Palmer** has been promoted to Associate Professor of Neurosurgery, effective 4/01/07.
- **Renee Reijo Pera** has been appointed to Professor of Obstetrics and Gynecology, effective 4/01/07.

Dean's Newsletter

April 23, 2007

Dr. Hugh O'Brodovich Is Named New Chair of Pediatrics

I am enormously pleased and excited to announce that Dr. Hugh O'Brodovich has accepted my invitation to serve as the next Chair of Pediatrics at Stanford and Chief of Staff at the Lucile Packard Children's Hospital (LPCH), succeeding Dr. Harvey Cohen who served with distinction in the roles during the past thirteen years. While I must admit that the search for the new chair went on much longer than I anticipated, due largely to some unexpected events and very challenging circumstances, I am most pleased with the outcome and believe that we have identified the most outstanding leader possible to help move Stanford Pediatrics and the LPCH to a new level of excellence.

In making this appointment I would like to thank the diligent work of the Pediatric Chair Search Committee, led by Dr. Tom Krummel, Professor and Chair of the Department of Surgery. That committee identified over 140 possible candidates and interviewed more than 20 excellent pediatric leaders. They worked long hours and helped to enlighten the broad pediatric community about the excellent opportunities available at Stanford. While Dr. O'Brodovich was very highly considered by the Search Committee during the early phase of the search in 2005, he declined to pursue the position for a variety of personal and professional circumstances. Thankfully a number of those issues changed in the intervening 15 months, permitting me to re-engage him in mid-January 2007. Since then we have each learned a tremendous amount about each other, culminating in his acceptance of the offer to serve as Chair on Friday, April 20th. I want to thank in particular Mr. Chris Dawes, President and CEO of LPCH, along with his hospital leaders for the important role they played in the search. I also want to thank the Dean's Office, particularly Marcia Cohen, Julia Tussing, Rebecca Trumbull, Mira Engel and Kendra Baldwin for their diligent work in helping to make this recruitment successful. This took more than a village to achieve successful resolution – indeed it took a University!

Dr. Hugh O'Brodovich, Professor of Paediatrics and Physiology, is uniquely qualified to assume the exciting responsibilities at Stanford and LPCH based on his long and exemplary track record as a leader, researcher, educator, scholar and clinician. He served as Chair of the Department of Paediatrics and Paediatrician-in-Chief at the world-renowned Hospital for Sick Children (HSC) and the University of Toronto from 1996-2006. At these institutions individuals are not permitted to exceed ten years in their leadership position. During his tenure as chair at the University of Toronto and Paediatrician-in-Chief at HSC, Dr. O'Brodovich increased the HSC's full time pediatric faculty from 110 to 175 full time pediatricians (163 FTE) with 45% being recruited from outside of Canada, more than one third being clinician-scientists and researchers and 30% belonging to visible minorities. The University-wide Department of Paediatrics consisted of 341 pediatricians located at four fully affiliated academic health science centers and community sites. He, his executive committee and the faculty developed novel faculty mentorship programs for clinician scientists and clinician teachers that played a significant role in the success of his Career Development and Compensation program.

This novel performance-based pathway for academic departments has been published in the peer-reviewed literature. As published, relevant aspects of this model have been adapted by all Canadian pediatric academic health science centers as part of their career development strategies, organizational structure and physician work-force planning.

Dr. O'Brodovich received his medical degree in 1975 from the University of Manitoba, where he then completed his residency training in Paediatrics and Respiratory Medicine. At that time, one of his senior residents was our own Dr. Charles Prober, Professor of Pediatrics and Senior Associate Dean for Medical Student Education. Dr. O'Brodovich then completed a three-year post-doctoral research fellowship in Pediatric Pulmonology at the College of Physicians and Surgeons of Columbia University. He then spent five years on the faculty at McMaster University, moving to the Hospital for Sick Children in 1986 where he served as senior scientist, Head of the Research Institute's Division of Respiratory Research and Division Chief of Respiratory Medicine prior to becoming chair. Dr. O'Brodovich received the R.S. McLaughlin Foundation Chair in Paediatrics at HSC. Throughout his entire career he has continuously held research grants from the Medical Research Council of Canada, now the Canadian Institutes of Health Research, in addition to other national peer-reviewed funding agencies.

Under his direction, Dr. O'Brodovich built a tremendous leadership team in the Department of Paediatrics that has enabled the development of a number of programs that impact clinical care, research endeavors and educational programs. Some of the many accomplishments include: a fellowship program that started out with three positions in 1996 and which has now grown to an internationally renowned program with over 30 fellows per year; the enhanced presence of pediatrics within the undergraduate medical education program; the establishment of a new Division of Developmental Pediatrics; an expanded postdoctoral program which in 2005 had 219 Department of Pediatrics' subspecialty training fellows from 26 countries training during a single year; an increase in the number of department faculty holding appointments within the Research Institute; an increase in research grant funding; implementation of Career Development and Compensation Program; and integral involvement with the National Coalition for Child and Youth Health. The Hospital for Sick Children is one of the world's best children's hospitals with an international reputation no doubt strengthened by the leadership of Dr. O'Brodovich. The hospital is known for its leadership in scholarly clinical care; basic, clinical and health outcomes research; and the education of medical students, postgraduate and specialty trainees and continuing education participants.

Dr. O'Brodovich was also instrumental in establishing the Medical Research Council's Group in Lung Development and established and was the inaugural head of the HSC's Lung Gene-Based Therapy research program. The impact of his research contributions is reflected by his international reputation in the scientific community as acknowledged through the receipt of the Scientific Achievement Award from the American Thoracic Society, the Polgar Lectureship from the Children's Hospital of Philadelphia, the Kendig Award from the American Academy of Pediatrics/American College of Chest Physicians, and the Fleischner medal, amongst others. He has also been a leader in education; prior to becoming Chair of Paediatrics he was the Chairman of the sub-specialty board for

pediatric pulmonology of the American Academy of Pediatrics and the Vice-Chair for Respiratory Medicine with the Royal College of Physicians and Surgeons of Canada.

An individual of renowned reputation internationally, Dr. O'Brodovich has held numerous positions of leadership, among them the inaugural presidency of the Paediatrics Chairs of Canada and member of the Executive Committee of the American Medical Association of Medical School Pediatric Department Chairs, Inc. Currently President-elect of the Fleischner Society and Fellow of the Canadian Academy of Health Sciences, Dr. O'Brodovich is also an elected member of the American Physiological Society, the Canadian Society for Clinical Investigation, the Society for Pediatric Research, and the American Pediatric Society. His dedication to advocacy of children's health is reflected in his role as one of the founding members of Canada's National Coalition for Child and Youth Health. He is presently on the Advisory Board for the Canada's Institute for Human Development Child and Youth Health, Canada's NICHD.

Despite my personal knowledge of Dr. O'Brodovich during my past role as a pediatric department chair in Boston, I carried out extensive reference checking from leaders in Canada and the USA. A consistent theme emerged of a visionary leader who is highly regarded by basic science and clinical colleagues, who is able to work successfully with hospital and academic leaders, who is able to bring positive change to institutions through his energy, focused determination and commitment to excellence and who is highly recognized as a transformative leader. I would also add that Dr. O'Brodovich was highly recommended by Dr. Tom Boat, a member of the School of Medicine National Advisory Council (and chair of Pediatrics at the Cincinnati Children's Hospital) as well as Dr. Elias Zerhouni, Director of the National Institutes of Health, both of whom felt that recruiting him to Stanford would be a great coup.

At this juncture in the history of Stanford Pediatrics and the Lucile Packard Children's Hospital, I believe that we are ready to move to the next level of excellence and I am confident that Dr. Hugh O'Brodovich has the professional and personal skills and abilities to help us achieve our goals and beyond. Please join me in welcoming Dr Hugh O'Brodovich as our new Chair of Pediatrics at Stanford.

NCI Designation At Last!

On Wednesday, April 18th we received the wonderful news that we could announce our designation by the National Cancer Institute as an NCI Cancer Center (see: <http://mednews.stanford.edu/releases/2007/april/NCI.html>). Depending on one's perspective, this great news took either 5 years or 35 years to come to fruition. Before my arrival in April 2001, Stanford had made at least five other attempts to apply to the NCI for designation as a Cancer Center – none of which actually resulted in a formal application. I placed the issue of becoming an NCI Cancer Center and/or a Ludwig Center before a faculty task force in 2002, and, while there was receptivity to pursuing one or both, there was still a culture of disbelief that we could achieve either. This is not at all to say that Stanford didn't have all the ingredients – a world-class cancer biology program, outstanding clinical investigators and an integrated medical center. It was

simply that the culture of the institution was not really aligned to such cooperative efforts – a criticism that we heard from our first External Advisory Board. But we found our ways to success – now being both an NCI Designated Cancer Center as well as a Ludwig Cancer Center.

The keys to success included engaging faculty leadership and collaboration under a dedicated leader (and, to a degree, taskmaster). This was Dr. Karl Blume, Professor Emeritus and world-renowned leader in Bone and Stem Cell Transplantation. Dr. Blume played a critical role in bringing together an outstanding group of basic and clinical scientists and in forging the initial interactions with the Northern California Cancer Center, whose members would enrich our expertise in population based research. In catalyzing our faculty, a truly wonderful effort was unleashed. The results were exemplary projects that were highly rated by a return visit of the External Advisory Board and ultimately by the Site Visit Team from the NCI. Coupled with the faculty initiatives were the selection of institutional leadership and the recruitment of individuals who would complement and enrich the leadership team. A critical appointment was that of Irv Weissman, Virginia & D.K. Ludwig Professor for Clinical Investigation in Cancer Research, as the Director and Principal Investigator of the NCI cancer center proposal, which was submitted in February 2006. In addition to Dr. Blume, key to the ultimate success of the grant proposal were the recruitments of Dr. Steve Leibel as Clinical Director and Dr. Bev Mitchell as the Deputy Director. This team encompasses the full range of connectivity from basic to translational research to patient care. And they do it with passion and excellence.

While we have known since the summer of 2006 that we achieved an excellent score in our 2006 application, we were prevented from making any public announcements until a number of budgetary and administrative issues were worked out at the NCI. That now being done, the April 18th announcement was wonderful news to our entire community.

I feel confident that we are uniquely poised to make important contributions to the future of cancer diagnosis, treatment and prevention. Equally important, we are well positioned to continue and enhance the basic discovery research that has led to so many innovations from Stanford over the years. By becoming an NCI designated Cancer Center I believe that our community will work even more closely together and join with others around the nation and the world to advance basic discovery, treatment and prevention. I also believe that the NCI designation will have an important impact on the quality, depth and breadth of our clinical programs and will permit us to be one of the most important and significant centers of excellence in cancer in the nation.

It did take a while to get to this point of success and affirmation –but it is a moment to celebrate, and it represents a new beginning and era for Stanford and our community locally and globally.

Dr. Paul Berg Is Remarkable in So Many Ways

Since coming to Stanford I have had the privilege of interacting and getting to know remarkable individuals who have transformed our world by their discoveries, innovations and accomplishments in patient care. Without doubt, one of the most extraordinary among these is Dr. Paul Berg, Robert W. and Vivian K. Cahill Professor of Cancer Research, Emeritus, who has also served as a Senior Advisor to me – a confidante, colleague and friend. Of course Paul Berg is world renowned for his scientific discoveries that led to the 1980 Nobel Prize in Chemistry for his fundamental work in recombinant DNA – which also spawned much of the revolution in biotechnology.

Because Dr. Berg has been part of the Stanford Medicine community since the Medical School moved to the University campus in 1959 he has both participated in and helped launch many of the remarkable changes that have characterized the past five remarkable decades and that have brought the medical school to international renown. In addition to being an extraordinary scientist and scholar, Dr. Berg has also been a committed and highly respected teacher and educator, admired and remembered by generations of Stanford students.

And now he has taken another step in demonstrating his dedication to Stanford and our community. Dr. Berg and his wife Millie have announced that they will contribute \$4 Million dollars to help launch the Learning and Knowledge Center (LKC) – see also: <http://lkc.stanford.edu/>. As you know, the LKC will be the centerpiece for the medical school – housing special facilities of simulation and virtual reality learning, small and large classrooms for medical and graduate students, a new conference center, quiet rooms and exercise facilities for students and more. It will be at the intersection of the school's missions in education, research and patient care and will help link these missions to the rest of the campus and to the hospitals. It will embody and facilitate our missions in Translating Discoveries and in the training and education of future leaders in medicine and science.

I am deeply touched by Millie and Paul's gift on so many different levels. Thanks to their generosity we are now one step closer to bringing the LKC to fruition (although we still have lots of additional such steps to make it a reality). But this gift also represents an affirmation by two wonderful members of our Stanford community of the value they place in our vision for the future – which the LKC will symbolize and embrace. Please join me in thanking Millie and Paul Berg for not only what they have contributed but also for what they will help to create and foster during the years and decades that lie ahead.

Appreciation to Wonderful Friends and Remarkable Students

On Thursday evening, April 19th we held our annual "Student Financial Aid Dinner." I must confess that this is one of my favorite events of the year – largely because it brings together wonderful individuals who have contributed to medical scholarships and financial support with the very students whose lives they have changed because of their contributions. It is an evening when students and donor families share stories about each other and get to know who they are and what matters to them. It helps start new relationships and give credence and life to the reality of how much it matters to have

individuals who are committed to enabling students receive an education that might have been out of their reach. At a time when medical school student indebtedness continues to soar we are also pleased that, thanks to the personal contributions of many individuals in our community, Stanford medical students have among the lowest levels of indebtedness at graduation – even though the majority are doing five or more years of medical school. As someone who needed scholarship support to attend college and medical school, I am personally cognizant of how much this means in shaping one's life and career – and in opening doors that might have remained un-open or even unknown.

Among the highlights of the dinner were presentations by three students – who represent their classmates and colleagues, since the personal story and sojourn of each of our terrific students is remarkable in its own right. This year our speakers were Cindy Mong, SMS III, Olushola Bidemi Olorunnipa, SMS II, and Cheri Blauwet, SMS IV. Each has traveled a different path and all shared how their passions in life both personally and professionally led them to careers in medicine and Stanford – and how their experiences as medical students and the support they have received from donors and our community will enable, foster and enrich their future lives and professional undertakings. Their words, as well as their artistic and athletic accomplishments, were inspiring and, together with the many talents and accomplishments of their classmates, serve to affirm why we are all so fortunate to be at Stanford – and to have students who will transform the future and donors who help to make that possible.

Medical Students Win a Number of Prestigious Fellowships

As you surely know, we have tremendously talented students at Stanford – in the MD and in the PhD programs. This year 24 of our medical students have won prestigious awards from a number of the most noteworthy and competitive foundations and organizations. They include the following:

Howard Hughes Medical Institute (HHMI) Programs

HHMI-Cloisters (at the NIH):

- Sonny Batra
- Jorge Caballero
- Reza Ehsanian (extending to a second-year at the Cloisters program and accepted into the NIH-Oxford PhD program for 2008)
- Katie Pricola

HHMI Fellowship:

- John DeCaro
- Andra Dingman
- Craig Giacomini
- William Goodyer
- Stanley Hoang
- Mark Hsu
- Steven Minear

- Elizabeth Zambricki

Doris Duke Fellowship:

- David Janka
- Gabriel Martinez-Diaz
- Lena Winestone

Sarnoff Fellowship:

- Trevor Chan
- Olakunle Ogunrinade

Soros Fellowship:

- Amit Kaushal
- Keyan Solari

Fogarty Fellowship:

- Melanie Gipp
- Marie Wang

Mt. Sinai International Exchange Fellowship:

- Debra Elena Garcia

Rotary Club International Fellowship

- Jolene Nakao

AOA Fellowship

- Aadel Chaudhuri

Please join me in congratulating each of these students.

Industry Relations and Conflict of Interest

More than six months have passed since we implemented the Stanford Industry Interactions Policy in October 2006 (see: <http://med.stanford.edu/coi/siip/>). Since then our policy and stance has attracted national attention and many other medical centers across the nation are beginning to take steps in a similar direction. On Sunday, April 15th I participated in a panel at the annual Council of Dean's Meeting of the Association of American Medical Colleges (AAMC) on the status and consequences of our policy. I have written about this topic a number of times in past Newsletters (see: http://deansnewsletter.stanford.edu/archive/06_26_06.html#1), and our Stanford Industry Interaction Policy (SIIP) Oversight Committee has been monitoring the implementation of the guidelines and addressing questions or concerns that arise from our internal or external community. If you are unfamiliar with the current guidelines you should review them at <http://med.stanford.edu/coi/siip/> since we fully expect all members of our community to be compliant with them.

To date the policy seems to be working across the medical center; for instance, to the best of our knowledge, the presence of industry related marketing that is not consistent with the policy has disappeared. This assessment is further supported by the inquiries and questions coming to the telephone or email hotline, although we recognize this is an organic and evolving process. We are also further refining the policies to address potential conflicts that might arise in physician prescribing practice and will be making questions about this area part of our annual conflict of interest disclosure. Coupled with

this is the need and responsibility to train and educate students, trainees, faculty and staff on appropriate and acceptable interactions with industry and, perhaps most importantly, to create a culture of ethics that permeates our entire community. I should add that the public attention being given these issues – by the press and by congressional leaders – affirms the importance of taking the kinds of steps we have done at Stanford to address concerns. Failure to do this will almost surely lead to external regulation that will likely be even more stringent and challenging.

Exchange on Tobacco Raises More Smoke than Illumination

In the April 9th Dean's Newsletter I wrote about the tobacco, human health and academic freedom (see: <http://deansnewsletter.stanford.edu/#1>), a topic that has engendered debate within the school and across the university. In my recent commentary I referred to a proposal put forth by Professors Robert Proctor, Hank Greely and Rob Jackler that, at its heart, stated that *“Stanford University will not enter into sponsored research agreements with companies that make or market tobacco products. In addition, Stanford University will not enter into research agreements with entities controlled by such companies, where those entities fund research on tobacco-related diseases, alternative causes of such diseases, or the uses and effects of tobacco, tobacco products, or their components.”* (The resolution would be reviewed in ten years time.)

As I noted in the last Newsletter, this proposal, which would change the current policy that *“Individual scholars should be free to select the subject matter of their research, to seek support from any source for their work and form their own findings and conclusions,”* prompted considerable debate and discussion at the School's April 6th Executive Committee. That debate continued at our April 20th Executive Committee and mirrored the April 18th discussion at the University Academic Senate that followed the reading by Professor Bernd Girod of the report from the Committee on Research – of which Dr. Girod serves as chair. As I discussed in my past Newsletter, no one seriously questions the abhorrent behavior of the tobacco industry. However, there is concern that accepting the Proctor proposal and, thus, deviating from the current policy, which has been in place since 1971, would challenge academic freedom and/or create a “slippery slope” that could infringe on the right of faculty to accept certain sources of funding or lead to a widening of the ban in the future. I certainly appreciate these concerns and believe that the best policy is to allow individual faculty to make the personal choice of what research they will do or how it will be supported. As such, I would not want to see any erosion of academic freedom or the opening of a door to a slippery slope of exceptions that could paralyze or politicize future research agendas, initiatives or pursuits.

That said, and as I conveyed in the April 9th Newsletter (<http://deansnewsletter.stanford.edu/#1>) I believe that this matter is more one of professional ethics than of academic freedom. The tobacco industry stands far apart from virtually every other comparison in continuing to produce and market a product that is associated with serious health consequences and death. They have done this in the past, do it presently and give evidence of doing so in the future. As such, I continue to believe

that it is important to differentiate this industry from others and to make an institutional statement about objections to this highly detrimental behavior. As we launch efforts to treat and prevent disease, it seems prudent to acknowledge that tobacco has been a major cause of morbidity and mortality and that, based on the tobacco industry's marketing in other nations (including developing nations), these health consequences will continue to mount in the decades ahead.

I fully appreciate the importance of universities being neutral to political agendas – although many faculty contribute to them in their professional or personal pursuits. But I also recognize that in our history universities have taken stands on important society issues, and the role of tobacco in our society is certainly one such example – and perhaps among the most egregious ones. If the concerns about infringing academic freedom by the Proctor proposal seem too onerous, perhaps other stances, such as banning all tobacco use on campus, would be a serious statement of concern. That too deserves serious discussion and consideration.

HHMI Opens a New Round of Competition

I hope that all faculty who are eligible have learned about the plan of the Howard Hughes Medical Institute (HHMI) to open a new round of competition. Unlike prior competitions, all eligible faculty are welcome to apply – there is not an institutional limit or cap on applications as has been the case in previous competitions. The deadline for application is June 13, 2007. Potential applicants must have a doctoral degree, hold a tenured or tenure track position as an Assistant Professor or higher rank (based on prior rulings from HHMI, only UTL faculty at Stanford are eligible) and they must have at least four but not more than ten years experience since first appointed as an Assistant Professor. Several other conditions also apply. If you think you are eligible and would like to apply please review <http://www.hhmi.org/research/competitions/investigator2008/> and <http://www.hhmi.org/research/competitions/investigator2008>. Additional facts on HHMI or on being an HHMI investigator are available at http://www.hhmi.org/research/investigators/investigator_faq.html and http://www.hhmi.org/research/investigators/investigator_faq.html.

I encourage faculty members who are interested in pursuing this opportunity to discuss this with their department chairs or with other HHMI investigators at Stanford (we currently have 14 HHMI members on our faculty). While the process is highly competitive, this is a unique opportunity and I hope that one or more of our faculty will be successful in this upcoming competition. HHMI welcomes applications from outstanding women and minorities underrepresented in the sciences.

Medical Senate By-Laws Continue Their Journey

As I reported in a recent Newsletter, (http://deansnewsletter.stanford.edu/archive/02_26_07.html#5), in February, the Medical School Faculty Senate unanimously approved a major revision of its Bylaws based on a year-long effort that included the establishment last summer of a committee led by Drs. Ron Ariagno, Professor of Pediatrics, and Oscar Salvatierra, Professor Emeritus of

Surgery, who worked in close collaboration with Senate Chair Dr. Sherry Wren and the Committee of Five. I am pleased to report that both the Executive Committee and the School's faculty at large have also voted their approval. The revised Bylaws will now be sent to President Hennessy and to the University Board of Trustees for final approval.

I believe that the revised Bylaws will be a significant improvement in the governance of the School, and I look forward to working with the Senate in their implementation. I also want to thank all the members of the committee who worked on this project: Ronald Ariagno, Carl Feinstein, Raymond Gaeta, Kathy Gillam, Ann James, Sarah Michie, Elizabeth Porter, Ellen Porzig, Oscar Salvatierra, and Sherry Wren. Their work is greatly appreciated.

Good News on Trips and Traffic

I have learned from Julia Tussing, Managing Director, Finance and Administration, that the results of this year's Parking and Transportation Services Peak-Period Trip Survey are in, and they are very encouraging for the School of Medicine.

I was pleased to see a the very significant increase in response rates for this year's survey, which rose from 33% last year to 52% this year, an increase of 58%. I was even more pleased with the results, which can be summarized as follows:

- The School of Medicine (SoM) drive alone "at least once per week" rate went down in the morning from 60% to 54%, and in the evening from 58% to 51%, for decreases of 11% and 14%, respectively.
- Our decrease in "typical" weekday drive-alone traffic was about twice as large as the University as a whole, from 45% to 36% in the morning and from 39% to 31% in the evening—a decrease of 25%! Out of the almost 2000 people responding, this equates to a reduction of 340 trips per day; if applied to the whole SoM population, almost double that.
- Our numbers are now very comparable to the University as a whole in both categories, whereas last year they were significantly higher.

Even assuming there are some sampling bias and size issues, these results are impressive. Congratulations and many thanks for the efforts of the Trip Reduction Coordinators in each department as well as the individuals who have made and kept their commitment to reduce trips!

Reaching Out to High School Students: Stanford 101

Thanks to the efforts of Michele Brandt and our Office Communications and Public Affairs, Stanford held a Med School 101 for approximately 130 high school students

from Palo Alto, Gunn, East Palo Alto Academy and Menlo High Schools on Friday April 20th. After an orientation to careers in medicine the students divided into small group sessions that focused on such topics as “Mind control for better living;” “Germs from the silver screen;” “Young at heart;” “Virtual surgery – performed by you!;” “To sleep, perchance to dream...but why?;” among others.

This was a great opportunity for students to learn more about the exciting opportunities unfolding in the biosciences and medicine. I am very appreciative to Michele Brandt and the Office of Communications for putting together this wonderful program.

Upcoming Events

- On Tuesday, April 30th (8:00 am – 4:30 pm), the First **Annual Symposium on Technology and Culture**, sponsored by the Stanford International Initiative, will be held in the Bechtel Conference Center, Encina Hall. The symposium is open to the entire Stanford community, but is designed primarily for Stanford faculty to share their work with other faculty as a means of promoting collaborative interdisciplinary work on various aspects of the symposium's theme. Come in for the entire day or drop in for individual panels. Registration not required. For further information: <http://cultechsymposium.stanford.edu>.
- On Wednesday, May 16th (11:00 am – 2:00 pm), the Annual **Medical Student Research and Population Health Symposium** will be held in Fairchild Auditorium Lobby. In addition to the original research presentations of MD and MD/PhD students, the first year class will present their Population Health Projects completed as a part of the Practice of Medicine course. Close to 70 students will be presenting.

Awards and Honors

- ***Stanford Medicine Wins Praise*** – I think you will all agree with me that the past years of the School's publication *Stanford Medicine* have featured informative and timely issues addressing important and often controversial topics. That was certainly the case for the most recent issue entitled the Silent Inferno that won (among other awards) Harvard's Neiman Foundation for Narrative Journalism and the Jon Marshall Award from Northwestern's School of Journalism. I am appreciative to Stanford Medicine's editor Rosanne Spector and Executive Director Paul Costello for their vision and outstanding leadership - and to the writers and faculty who have contributed to the excellence of *Stanford Medicine*.
- ***Dr. Jennifer Cochran***, Assistant Professor of Bioengineering, is a recipient of one of this year's Kimmel Scholar Awards. This highly prestigious award from the Sidney Kimmel Foundation supports the nation's most promising young cancer researchers who have demonstrated outstanding accomplishment and innovation.
- ***Dr. Rebecca Smith-Coggins***, Associate Professor of Surgery, has been elected for a term of four years to the Board of Directors of the American Board of

Emergency Medicine (ABEM). ABEM has established a reputation for high ethical standards and for quality in thought and process.

- **Cheryl Koopman, PhD**, Associate Professor (Research) in the Department of Psychiatry and Behavioral Sciences has been voted the President-elect of the International Society of Political Psychology (ISPP). ISPP is an interdisciplinary organization representing all fields of inquiry concerned with exploring the relationships between political and psychological processes.

Appointments and Promotions

- **Katrin I Andreasson** has been appointed to Associate Professor of Neurology and Neurological Sciences, effective 4/01/07.
- **David Apfelberg** has been promoted to Adjunct Clinical Professor of Surgery effective 4/01/07.
- **Juliana Barr** has been reappointed to Associate Professor of Anesthesia at the Veterans Affairs Palo Alto Health Care System, effective 5/01/07.
- **Paul S. Blumenthal** has been appointed to Professor of Obstetrics and Gynecology, effective 4/01/07.
- **Victor Carrion** has been promoted to Associate Professor of Psychiatry and Behavioral Sciences, effective 4/01/07.
- **Michael J. Cherry** has been reappointed to Associate Professor (Research) of Genetics, effective 4/01/07.
- **Amarendra Das** has been reappointed to Assistant Professor of Medicine (Stanford Medical Informatics) and of Psychiatry and Behavioral Sciences, effective 5/01/07.
- **Alice A. Edler** has been reappointed to Assistant Professor of Anesthesia, effective 4/01/07.
- **Hayes B. Gladstone** has been promoted to Associate Professor of Dermatology and, by courtesy, of Otolaryngology (Head and Neck Surgery) effective 4/01/07.
- **Max Kanevsky** has been reappointed to Assistant Professor of Anesthesia, effective 4/01/07.
- **Edward R. Laws** has been appointed to Professor of Neurosurgery and, by courtesy, of Neurology and Neurological Sciences, effective 4/01/07.
- **Quynh-Thu Le** has been promoted to Professor of Radiation Oncology, effective 4/01/07.
- **Donald Mordecai** has been promoted to Adjunct Clinical Assistant Professor of Psychiatry and Behavioral Sciences effective 1/1/07.
- **Theo Palmer** has been promoted to Associate Professor of Neurosurgery, effective 4/01/07.
- **Jongsoo Park** has been reappointed to Assistant Professor of Neurosurgery at the Stanford University Medical Center and at the Lucile Salter Packard Children's Hospital, effective 4/01/07.
- **Renee Reijo Pera** has been appointed to Professor of Obstetrics and Gynecology and the Institute for Stem Cell Biology and Regenerative Medicine, effective 4/01/07.

- **Barry Press** has been promoted to Adjunct Clinical Professor of Medicine effective 9/1/06.
- **Uma N. Sundram** has been reappointed to Assistant Professor of Pathology and Dermatology, effective 5/01/07.
- **Pieter J.A. van der Starre** has been reappointed to Associate Professor of Anesthesia, effective 4/01/07.

Dean's Newsletter

May 7, 2007

Continuing Our Advocacy for Biomedical Research and Healthcare

This is a time when continued and very strong advocacy to support both biomedical research and radical improvements in our nation's healthcare system is critical and essential. Indeed these issues are completely interlinked. As I have frequently noted in prior communications, because of our nation's fifty-year investment in basic biomedical research, largely through the National Institutes of Health, the USA has dominated the world in discoveries in the biosciences and in the translation of this knowledge to improving human disease. This investment in the NIH has played a critical role in permitting our nation's leading research-intensive academic medical centers to train and develop generations of outstanding physicians and scientists. It has also allowed for the development of innovations and discoveries that have fueled and fostered biotechnology and economic health of communities – in addition to the creation of new diagnostic tools and instruments for the treatment and prevention of disease.

This has special relevance to California in general and to leading centers like Stanford specifically. For example, California leads the nation in the total amount of funding it receives from the NIH (\$3.6B), with the next most successful state being Massachusetts at \$2.2B. The impact of this funding has been enormous both scientifically and economically. For example, California also leads the nation in having the largest number of biomedical companies (currently 2700), which collectively employ some 258,000 individuals (above and beyond those employed at our academic medical centers, universities and research institutes). These successes have leveraged \$2.9B in venture capital investment in California biomedical companies and \$28B of reported private investment in research and development that have resulted in significant product development. Indeed the link between academic medical centers and industry is essential to bringing translational research to fruition in a way that improves the human condition. Reductions in biomedical research support not only slow down the basic discovery process and diminish the pipeline of future scientists and physicians, they also have a direct negative impact on industry and thus on the economic health of our communities, state and nation.

Ironically, during the past several years, this very investment and the world-class enterprise it has fostered and developed have become vulnerable to significant funding reductions by the Administration as well as the Congress. In fact, the Administration's

proposal for the NIH FY08 budget is \$500M lower than FY07 and if enacted would result in a 13% loss of purchasing power by the NIH since 2003, the year in which the NIH doubling was completed. Indeed this would further aggravate what is rapidly becoming a serious threat to the success of our nation's investment in biomedical research – at the very time that other nations are making significant investments and increasingly competing for the knowledge pool of trainees and scientists.

Thankfully, both the House and the Senate are now taking a more proactive stance in supporting the nation's investment in biomedical research. A letter in the House led by Representatives Ed Markey (D-MA) and David Reichert (R-WA) has garnered 186 signatures and is achieving bi-partisan support. A similar effort in the Senate, led by Senators Ted Kennedy (D-MA) and Orin Hatch (R-UT) to generate a parallel letter is achieving similar success. These letters call for a 6.7% increase in the FY08 NIH budget – which would at least hold the purchasing power commensurate with inflation. Although this would not restore the losses that have incurred in the past four years, it would prevent further deterioration. Given the lack of discretionary dollars, to a great extent due to the War in Iraq, this may be the best that can be hoped for at this point – although it is critical to make clear that flat funding will inevitably have serious consequences both now and over time.

We have been working to bring these messages to the Congress. On Wednesday, April 28th I joined Mike Bishop, Chancellor at UCSF, and several other academic leaders from California in a roundtable discussion that included industry CEOs who are members of the California Healthcare Institute along with Elias Zerhouni, Director of the NIH, and eight members of the California House of Representatives. We had a very successful interchange and were able to underscore the critical importance of basic research and of the partnerships between academia and industry that would be unraveled if support for the NIH continued to decline. Congressional Members expressed their support for research – and their recognition that the nation's investment in the biosciences helped fuel the biotechnology industry and our California economy. Following this roundtable I joined the CEOs and met with individual Members of the House and Senate to underscore this message. While at institutions like Stanford we certainly appreciate the importance of biomedical research in its own right, I think it is important to note that the Congress sees this even more clearly when the impact on industry is articulated by CEO leaders. Hence this is an approach that needs to be continued in other sectors as well.

The message about the importance of the NIH and of support for science was further underscored on May 2nd when the 2006 Nobel Laureates visited the Congress. We were fortunate and privileged to have both Andy Fire and Roger Kornberg meet with important committees and individually with a number of Members of the House and Senate. Based on the observations of Ryan Adesnik, Stanford's Director of Federal Relations, Drs. Kornberg and Fire were terrific in delivering this important message to the Congress, and we should all be appreciative of their efforts. I am copying below their written testimony since I believe it expresses well a message we can adopt in other communications, certainly in tandem with that underscoring the importance of our nation's continued investment in innovation. Their testimony follows:

Testimony of Andrew Fire, Professor of Pathology and Genetics and 2006 Nobel Laureate in Medicine and Physiology before the US Senate Subcommittee on Science, Technology and Innovation, May 2, 2007

Before we consider the value of science, we should first consider the goals of the scientific enterprise in this country.

Although each individual scientist brings a unique set of goals to their work, certain themes run throughout the scientific community and elsewhere:

Every American and every citizen of the world should have the opportunity to live a full and complete life without the ravages of tragic disease.

Every American and every citizen of the world should have access to sufficient resources and energy to fulfill their potential as individuals and as members of society.

Every American and every citizen of the world should have the opportunity to live in a world where they are safe from threats of terrorism, war, and other violence.

Our children, our grandchildren, and generations to come should have opportunities that are comparable to the best that our current society has to offer.

Scientific progress is by no means the only component in pursuing these goals. It is nonetheless a critical part. As our world inevitably changes, we will need to understand how these changes can affect our lives. As we become capable of greater manipulation of our environment, so questions of appropriate behavior, balance and sustainability become critical. We are at a turning point where technology and science will underlie most of the major decisions made by individuals, groups, and societies. There is no turning back from this.

Before we can talk about the value of science, we need to talk about limitations.

Science can help us to learn how the world works. Science can inform our decisions by allowing us to predict, albeit imperfectly, the concrete consequences of proposed action. Science and technology allow us to manipulate the world within us and around us using an ever-expanding array of tools.

Science can't, shouldn't, and doesn't supplant our value systems. The value we place on human life is not a scientific calculation. Likewise, the many issues we debate as a society: our allocation of resources between the young and the old, our definitions of the beginning and end of life, our ways to prioritize the individual and the society, our allocation of effort toward long term maintenance of the human race; all of these rely on fundamental value systems outside of and beyond

the scientific enterprise. Although scientific data (from molecular biology to theoretical physics to economics) can in some case inform ongoing debates as to the material consequences of each choice, the eventual decisions must come from our values and value systems.

Before we can talk about the value of science, we need to talk about opportunities.

From a portfolio too large to summarize, here are a few.

A dedicated war on cancer has been a flagship of the American scientific enterprise for the last 36 years. Inroads toward improving treatment of many types of cancer have been made in this interval, often based on a pipeline model that starts from investigation of fundamental biology and continues through careful clinical trials. The pipeline is by no means swift, but the initial results have made a difference between life and death, and between hope and despair, for millions of young and old people. Despite these advances, cancer still takes a devastating toll on individuals and families alike. We know that we can do more.

Infectious disease was declared to be a "closed book" in the 1960s, leading to a shift away from the commitment of this country to our public health agencies. This turned out to be tragically misguided. We now understand that new epidemics of infectious diseases are an intrinsic aspect of the dynamically connected society we live in: Flu, AIDS, SARS, Tuberculosis, Malaria and many more that we can only speculate on. Our capabilities for rapidly identifying and tracking infectious disease have never been better. Still, I am scared for the future. We know that we can do more.

Clean, safe, and renewable, energy production may become the most pressing economic, scientific, technical, and political challenges of the 21st century. Science has provided an armful of possible contributions in the form of new sources and dramatically improved efficiencies. Despite the recent burgeoning of a new energy industry, an upcoming global crisis in energy availability and in the consequences of our current use patterns seem virtually certain. We know that we can do more.

Before we can talk about the value of science, we need to talk about some of the challenges.

We do not train enough scientists, engineers, or doctors. We do not train enough teachers. To maintain a technologically driven society and to meet the challenges ahead, we need to vastly increase the number of technically trained individuals ready to work in all areas. Our needs in the area of science education are evident at all levels: in elementary, middle, and high schools, in college, graduate, and professional schools, in continued training of our scientific workforce, and in the sophisticated scientific training that the general public will need to make rational decisions. In none of these areas are we completely lost. Education in this

country has a remarkable history. Many of our institutions are unparalleled in their quality anywhere in the world. At the same time, many of our young people never get the chance to make contributions that could uniquely benefit the society because their communities lack the needed educational opportunities. This is not an area that we can afford to ignore. Investment in education is an investment in our future. A neglect of this opportunity at any level would be a colossal mistake.

The critical early discovery stages of the developmental "pipeline" for science and technology often take place, by nature and by necessity, in universities and non-profit research centers. Research of value in such open environments has only been possible with public support of federal agencies. This research has driven both innovation and discovery in American science to an extent that the scientific enterprise in the US is truly and uniquely a societal effort. In this realm we face a continuous challenge in maintaining a productive and creative scientific enterprise under the inevitably fluctuating conditions of public support. Science in the US has thrived on a competitive granting system, a sink-or-swim arrangement that does a remarkable job in funding the most important and highest quality research while driving the establishment as a whole toward excellence. But how do we handle the inevitable instability in supply and demand, in the cost of research, in the size of the academic workforce, and in policies and outlook of the institutions of higher learning that are partners with the government in making this work? In times of expansion, there is ample room in the system for all types of ideas, all points within the pipeline, and all levels of venture-risk. In times of contraction, we all fear that the next grant review might end our research careers. Clearly, the solution here cannot be an infinite and exponential growth of the public research enterprise. Private support for science can smooth out some of the rough spots, but as a small fraction of the total there is simply not enough private support for more than a token level of stabilization. To allow some stability, interactions between research institutions and federal funding agencies are crucial: many grantee institutions are finding that their role must now include a clear commitment to bridging support for their faculty, employees, and for ongoing scientific projects, even as they recognize that moving forward will only happen with federal support. More institutions will realize this over the next few years. At the same time, the great value of continuity in our public investment in science and technology needs to be communicated. We are at a crossroads in this area in the biomedical community with many critical research programs that may not survive the next few years, many creative senior investigators shutting their labs, and many potentially brilliant young investigators afraid to choose careers in a field this unstable.

Discovery-based investigations in academia make up just one segment of the larger scientific enterprise. Even the most important of basic discoveries make their impact through a development process that involves extensive further research in academic settings combined with research and development in the commercial sector. Translation of basic discoveries toward beneficial results relies on additional groups of dedicated and highly trained scientists, physicians,

engineers, and others. Fulfillment of the potential from academic discoveries also requires massive investment in the commercial sector, considerable risk-taking, and a real chance that any given project will fail. In the biomedical area, we simply do not know enough about the individual human body or about the diversity in our species to predict the outcome for a proposed new treatment. Clinical trials must be done, they must be done carefully and safely, they are extremely costly, and a fraction give a disappointing result. Given the costs of clinical trials, the vast majority must be carried out in the private sector. When there is success, we have great advances in medicine. Although we also learn from the failures, this is rarely a consolation to the affected shareholders. For commercial translation of scientific discovery to continue there needs to be a reasonable expectation of possible return on investment. Much of this relies on the US Patent system, itself a gigantic and often cumbersome endeavor that like so many of our institutions is both imperfect and the best we have. The patent system doesn't operate in an economic vacuum. For commercialization to benefit society there also needs to be a mechanism where technologies are available at prices that allow accessibility by all Americans who are in need. One of the lessons we may hope to learn over the next few years is how best to incentivize the risk-taking that is essential in commercial technology development while providing new technologies affordably to all who are in need.

As basic and applied scientists in education, academics, government, and industry we can make the greatest positive impact by supporting each others endeavors, training each other in the areas that we know best, and by listening to each other to understand the needs and potential of fields that are unfamiliar.

Before we can talk about the value of science, we need perhaps most urgently to talk about our own responsibilities as scientists.

It is our responsibility to continue a scientific enterprise directed toward improvements for all Americans and for all people everywhere.

It is our responsibility to seek out and pursue areas of inquiry where scientific progress could benefit humanity, whether it benefits a few individuals, a few communities, countries, continents, or the entire human race.

It is our responsibility at each stage of scientific inquiry to integrate our work into the larger scientific community both in the US and worldwide.

It is our responsibility carry out our research in an ethical, truthful, and open manner and to follow the rules and restrictions set down by our governments and our conscience.

It is our responsibility to maintain a pride in the creativity and uniqueness of our own thought and research, while acknowledging and fostering the ideas and contributions of others.

It is our responsibility as scientists to be leaders in teaching science at all levels.

It is our responsibility to communicate the scope of scientific opportunities and the spectrum of progress to our leadership, to the public, and to our neighbors around the world. At the same time, it is an equal responsibility to communicate the limitations of our work, the challenges that we face in improving the human condition and the risks that come from increased ability to manipulate our bodies and our environment.

The 21st century will bring new challenges, new opportunities, new risks, new technologies, and new understanding. It is our responsibility as scientists to make these work to the benefit of our society and of all humankind.

We will do our best.

Testimony of Dr. Roger Kornberg, Winzer Professor, Department of Structural Biology and 2006 Nobel Laureate in Chemistry before the US Senate Subcommittee on Science, Technology and Innovation, May 2, 2007

Chairman Kerry, Ranking Member Ensign, and Members of the Subcommittee, I am grateful for this opportunity to describe our research to those who support it. I will give a brief account of the research, its significance, and future prospects. Then I wish to explain some of the challenges we face and how they may be overcome.

The control of gene expression

Our research has to do with genes, which direct the formation and the activities of our bodies. Every cell in our bodies contains a complete set of genes. Which subset of genes is used in a particular cell determines whether it becomes nerve, muscle, blood, liver and so forth. The goal of our research and that of many others has been to understand how this controlled use of genetic information is accomplished. The practical implications are enormous. All infectious disease entails genetic control. Cancer results from a breakdown of control. Therapeutic approaches such as stem cells require intervention in genetic control.

Genetic information has been likened to a blueprint or a book. In order to use the information, the book must be opened and read. Our work has uncovered principles of both the opening and the reading of genetic information. We are now close to understanding genetic control.

The nucleosome, fundamental particle of the chromosome

Genetic information is contained in a long thin molecule of DNA. Human DNA is a meter in length and must be compressed to a micrometer in our cells. This might be accomplished in an organized way by spooling, as is done for sewing

thread or garden hose. The problem is that to gain access to a gene in the middle, the entire length must be unspooled. Nature has solved this problem by the use of mini-spools. I proposed in 1974, and it has since been verified, that DNA is wrapped around a set of eight protein molecules in a particle known as the nucleosome. A million of these particles are strung together in a human chromosome. For access to a gene in the middle, only a few particles need be unspooled, while the rest are left undisturbed. Unspooling is a key control point for gene activity, and is already a promising target of anticancer drugs.

RNA polymerase, the gene-reader in our cells

Once DNA is unspooled, the genetic information can be read. The gene reader is a protein machine known as RNA polymerase, which copies the genetic message into a related form called RNA, in a process known as transcription. RNA directs the synthesis of proteins, which perform all bodily functions.

In work done over the past 25 years, we have obtained a picture of RNA polymerase in the act of transcription. RNA polymerase is composed of 30,000 carbon, oxygen, and nitrogen atoms. Our picture shows the precise location of every atom. In this picture, we see the DNA double helix entering the polymerase machine and the RNA product as it is formed and released. This picture has revealed the basis for readout of the genetic code, and how occasional mistakes are corrected. It has already been employed for the design of new antibiotic drugs.

The future: A molecular computer for the control of gene expression

RNA polymerase does not act alone in the readout of genetic information. An additional 50 protein molecules participate directly in transcription. We discovered, in particular, a giant assembly of 20 proteins called Mediator that serves as a kind of molecular computer. Mediator receives information from inside the cell and from the environment, which it processes and delivers to RNA polymerase. A major objective for the next decade of our work is to determine the atomic structure of Mediator and to understand the control of transcription. We already know that mutations in genes encoding Mediator can cause cancer. Knowledge of Mediator structure will enable us to correct many such problems and to intervene more generally in the control of gene expression.

The challenge of funding basic research

Our work has been supported almost entirely by the NIH. The cost was about \$20 million over 30 years, mostly for the stipends of the more than 80 graduate and postdoctoral trainees involved. Due to current constraints on the NIH budget, virtually none of our work would be funded today. I can say with certainty that a grant application for the research leading to the discovery of the nucleosome, fundamental particle of the chromosome, would not be approved. The reason is simple: I had no idea at the outset of what I might find, and no good idea of how to go about it. Our RNA polymerase structure work was supported by NIH only after it became clear it would succeed. When we began, the prospects for success

were virtually nil – no way of producing the RNA polymerase, no hope of forming the crystals needed for imaging, and no technology for deriving the image.

The reason for the disconnect between funding and discovery is clear: funds are awarded for compelling ideas, supported by preliminary evidence, creating a high likelihood of success. But discoveries are by their nature unanticipated, completely unknown. They cannot be sought out in a deliberate manner. They cannot be proposed to granting agencies or evaluated by review groups. So how are discoveries made in the American system? The answer is by risk-taking. Scientists supported to do straightforward research may divert some of their funds for testing new ideas. If they succeed, then the results form the basis for new grant applications. If they fail, they may be in trouble and be unable to continue even with their original research.

The risky nature of truly innovative research is both the strength and the Achilles heel of our system. In the past, when NIH funded approximately 20% of new grant applications, most capable investigators could obtain support, some of them would conceive of and try new ideas, and occasionally an important discovery was made. Today, with funding levels at 10% or less, many fine investigators have lost their support, few will take risks, and the pace of discovery will fall dramatically.

In the March 23, 2007 issue of Science magazine, Senator Arlen Specter is quoted as asking the reasonable question “What’s going to happen to NIH if the budget is cut by \$500 million?” The answer is that the number of publications from NIH-sponsored research will decline accordingly, by about 5%, but innovation will be stifled across the board. The chilling effect of funding cuts ripples through the system, deterring bold action and creativity on the part of established investigators, and discouraging young scientists from entering the system. This has already happened. My European colleagues have noted a reverse brain drain already occurring now.

There is another way in which small budget cuts can have a disproportionate effect. Research is highly synergistic. One part depends on others. For example, my own determination of the RNA polymerase structure was critically dependent on the work of hundreds of physicists and engineers, on synchrotrons such as that at the Stanford Linear Accelerator and on cutting edge photon physics.

Of all the adverse effects of flat-funding or even cutting the NIH budget, the disillusionment of young people is the worst. The choice of a career in science already represents a great sacrifice. A passion for science must be weighed against a long period of training - 10 or more years of postgraduate study at low wages - and the possibility of no career at the end. The importance of young scientists cannot be overstated. To paraphrase an illustrious politician, it’s the people, stupid! Progress in science, and discovery in particular, is the work of the

best young minds. America has taken pride in the Nobel class of 2006, present here today. If we do not take action now to restore enthusiasm for the pursuit of science, there will be no American class of 2026.

Discovery as a driving force of progress

Much has been said about the value of basic research, and I am sure the arguments are well known to you. I would like to add some points not so often stated. Scientific medicine is comparatively new, just over a hundred years old. The advances already made have impacted the lives of us all. Every major advance can be traced to a discovery made in the pursuit of basic knowledge, not for a medical or economic purpose. Some examples are X-rays, antibiotics, magnetic resonance imaging, recombinant DNA, and structure-based drug design. Future advances, including the prevention or cure of cancer, AIDS, Alzheimer's, and other dread afflictions, will come from new discoveries and new information. Efforts currently targeted towards these and other worthy ends are unlikely to succeed. I recall the words of Lyndon Johnson to the effect of "life-saving discoveries locked up in the laboratory." This serious sentiment was mistaken. Application of existing knowledge is not the limiting factor. The knowledge itself is limiting.

It has been remarked that we know 1% of everything about the human body. A small fraction of a percent would probably be more accurate. But consider how enormous have been the benefits to our health and our economy from what little we know now. Imagine how great would be the benefits of knowing the remaining 99%!

There is a further overarching purpose to basic research. An urge to explore is a part of our nature. It was a major factor in the evolution of our species. It has motivated us to go to the moon and to outer space. The exploration of inner, human space is no less grand. It is also an expression of the human spirit.

In addition to the meetings we had in Washington, we were also visited at Stanford on May 2nd by a delegation from the Office of Secretary of the Department of Health & Human Services Mike Leavitt regarding Stanford's approach to "personalized medicine" and the use of new technologies to improve health care. I was joined in this discussion by Drs. Sam Ghambir (Radiology and Molecular Imaging), Henry Lowe (Clinical Informatics and Information Resources & Technology), Iris Schrijver (Molecular Genetic Pathology), Ralph Horwitz (Medicine) and Russ Altman (Bioengineering). I began the discussion by underscoring that efforts to develop personalized medicine (which is still a work in progress) would be squandered – or at least would not achieve optimal fruition – if we did not have a concerted effort to develop a more rational system of national health care and to create a focus on wellness in addition to disease management. At the same time, our faculty leaders shared some of their research accomplishments in developing tools that will dramatically improve early detection of disease and more patient-specific approaches to diagnosis, treatment, disease management and prevention. But unless we also deal more successfully with the large number of individuals who do not have access

to health care as well as the soaring costs, such research findings may further dichotomize the nation into those who have opportunities to benefit from these new discoveries and those who do not – a problem seriously challenged by the wide gulfs in health literacy.

Without question our ability to improve health care and reduce its costs depends on our nation's willingness to make a more serious commitment than it has to date to the development of a more rationale system that is more economically sustainable, better accessed and driven by quality rather than price. But the future improvement in health care costs and outcomes is also highly dependent on our nation's continued investment in biomedical research – for both discovery- based research as well as for clinical and translational research. The latter is critical in order to foster partnerships with industry to develop products and devices that create more specific and successful opportunities for diagnosis, treatment and prevention. These issues are inextricably linked and we must do all we can to advocate for their support and adoption – the health of future generations and of our nation depends on those investments and their outcomes.

LPCH Launches the “Breaking New Ground” Campaign

Wednesday, May 2nd was a magical evening for the Lucile Packard Children's Hospital and Stanford Pediatrics. LPCH President and CEO Chris Dawes, having gathered faculty, staff and numerous supporters, members of the LPCH Board of Directors and volunteers, hosted a dinner event that culminated in the announcement of the new campaign entitled “*Breaking New Ground.*” During the past decade LPCH has risen to become one of the most prominent children's hospitals in the nation, and the Pediatric Programs at Stanford have grown significantly in both scope and excellence. Despite my usual reservations about US News & World Report rankings, I was pleased to note that Stanford Pediatrics was now ranked 6th in the nation (recognizing of course that this is really a reputation score rather than one based on serious metrics). But there is no question that LPCH, Stanford Pediatric Medicine and Surgical Services and their academic programs are “on the move.” Indeed, they are destined to take another step forward with the recently announced recruitment of Dr. Hugh O’Broovich as the next Chair of Pediatrics at Stanford and Chief of Staff at LPCH (see: <http://deansnewsletter.stanford.edu/#1>). One of the important reasons for the success of LPCH and Stanford Pediatrics has been the incredible financial support that has been raised by the Lucile Packard Foundation for Children's Health in tandem with the David and Lucile Packard Foundation.

Given the planned significant physical growth of LPCH to support essential clinical programs and to help relieve the serious capacity problems that sometimes now result in having to turn patients away because of the lack of beds, along with the plans to further enhance the academic and research programs in pediatrics, additional resources are needed. Accordingly the announcement by LPCH Board of Directors members Ann Bass, Elizabeth Dunlevie and Susan Packard Orr that a new campaign for \$300M was being launched was welcomed and celebrated by all – but when they further announced that \$163M has already been committed, the reaction was understandably jubilant. While there is a clear recognition that much hard work remains to achieve the goal set by this

new campaign, the accomplishments to date by LPCH, LPFCH, Board members, Stanford faculty and community supporters, volunteers and donors are simply extraordinary. While we can all be proud of what has been accomplished to date it is remarkable to contemplate what will be achieved in the years ahead that will surely improve the lives of children and families.

Congratulations and deep appreciation to all!

Medical School Hosts University Academic Senate

On Thursday, May 3rd the School of Medicine hosted the elected and ex officio Senators of the Stanford University Academic Council. This is the second time during my tenure at Stanford that the Senate has crossed Campus Drive to visit the medical school. We used the opportunity to provide an update on how we have been progressing with our Strategic Plan “Translating Discoveries” and its evolving impact on our missions in education, research and patient care. I also provided an update on the master facility planning efforts underway at the Medical School and Medical Center. Such a visit provides an opportunity for faculty less familiar with the medical school to learn more about our unique and special efforts and accomplishments – and also to provide a vision of where we are heading in the future. In addition, the visit provided an opportunity for Senators to visit various programs and get some hands-on experiences. Thanks to the efforts of Kristin Goldthorpe and Kathy Gillam, along with a number of our faculty and staff, we were able to host four tours, including:

- I. ***The Stanford Cancer Center*** (<http://cancer.stanford.edu>), hosted by Beverly Mitchell, M.D., Deputy Director, and Steven Leibel, M.D. Medical Director. It should be noted that after more than 30 years, the Cancer Center has received recognition as a NIH Cancer Center.
- II. ***The Goodman Simulation Center*** (<http://goodmancenter.stanford.edu>), hosted by Tom Krummel, M.D, Chair of Surgery
- III. ***Neonatal Intensive Care Unit*** (<http://neonatology.stanford.edu>), hosted by William E. Benitz, M.D., Interim Chief of Neonatal and Developmental Medicine
- IV. ***Imaging Center in the Clark Building*** (<http://mips.stanford.edu>) hosted by Christopher Contag, Ph.D. Co-director and Director of the Stanford Center for *in vivo* Imaging.

Because of the focus on the medical school and tours, the Academic Council did not conduct other business on May 2nd. However it was announced that on May 17th, the next scheduled Senate meeting, the issues surrounding tobacco use (see: <http://deansnewsletter.stanford.edu/#7> and <http://deansnewsletter.stanford.edu/#7>) will again be discussed.

Medical School Students and Graduates - Past and Future

The sequential weekends of April 26-29th and May 4-6th brought admitted MD students who are deciding whether to matriculate at Stanford followed by returning MD and PhD alumni of Stanford University School of Medicine. Both weekends were characterized by enormous energy, excitement, pride and memories. Some 90 admitted MD students arrived on April 26th (one of the largest number of students to ever participate in admit weekend) and participated in an array of informational sessions as well as social functions that helped further acquaint them with the exciting programs taking place at Stanford. They met students, faculty and staff and learned about the opportunities here that are truly unique and exciting. They also attended dinners and the annual medical student talent show. According to Dr. Gabe Garcia, Professor of Medicine and Director of Admissions, more than 6500 applicants were received this year for our 86 places. The quality of the applicants – and of course of the admitted students – is extraordinary. They will be making their final decisions by May 15th. At the same time, the Bioscience PhD programs have also had an extraordinary group of students apply for matriculation and they too will finalize their decisions by May 15th. We are blessed by having a remarkable student body at Stanford and the class that will enter in the Fall of 2007 appears to destined to continue and even enhance that tradition.

Just as new students were thinking about the impact of Stanford on their future, this past weekend graduates from the MD and PhD programs as well as residency and fellowship programs returned for the 2007 Alumni Weekend. It was a time for nostalgia as well as opportunity to learn more about where the School is heading for the future. Various lectures, symposia, tours and social events provided exciting and variegated venues to our alumni. Among the highlights was the Annual JE Wallace Sterling “Muleshoe” Lifetime Alumni Achievement Award Ceremony and Dinner, which was held on Friday evening, May 4th, at which awards were presented to Drs. Linda Hawes Clever, MD’65 and JD Northway, MD’60. On Saturday morning, May 5th a Symposium on Infectious Disease Challenges was held in the Fairchild Auditorium, and in the afternoon a Symposium entitled “RAN: How It Is Made, What It Looks Like, and What It Is Good For” was held in the Munzer Auditorium. In addition there were tours of the Jasper Ridge Biological Preserve, the Medical Center, the Cantor Center for the Visual Arts and the Stanford Linear Accelerator. On Saturday evening, class dinners – including a very well attended 50 year class reunion – followed the “Dean’s Cocktail Reception,” which I hosted.

It brings indescribable joy to witness the fondness that alumni have for Stanford and the esteem that prospective students have for joining our community – clearly affirming why we should be proud to be members of the Medical School and Medical Center.

Special thanks to our students, staff and faculty leaders, along with the Office of Student Affairs and Stanford University Medical Center Alumni Center, for making these programs and events so successful.

Endurance as One Metaphor for Success

At various leadership discussions and events I have been asked about the factors in my own life and career that have enabled success. Among a number of personal experiences

and factors, I often highlight the importance of physical endurance, health and well-being as important components of leadership. Many leadership positions today are viewed as “extreme jobs” and often consume workweeks not infrequently measuring 80 or more hours, with many stresses and challenges during the day and events in the evenings and weekends. Keeping up with a demanding schedule, constantly changing agendas and important issues that impact the lives of people and programs requires a wealth of energy, focus, commitment and determination. But success in achieving programmatic agendas also requires flexibility, adaptation and sharing the responsibility for the mission as a whole, for the individuals involved – and for one’s own success.

Each of us has different features of our lives that help create our identity and shape who we are – or think we are. Quite naturally, our personal assessments must also be balanced by external metrics that provide reality checks on performance and tangible outcomes.

I have often commented in small group discussions that, at least for me, in addition to intellectual and programmatically driven metrics of success, I also feel strongly about personal measures that include physical and athletic activity. There are many forms for this but as some of you know, for me it is measured in long distance running and periodic competitions. It is hard to fit this into busy schedules but I view it as a priority and so engage in it in the very early morning hours – generally arising around 4 am – and doing 8-10 miles weekday mornings and twice that on Saturdays, while listening to unabridged books (I guess this is a way of fusing cognitive and emotional pleasure with physical endurance).

To me, the marathon is a metaphor for the kind of endurance activity that gives me a sense of confidence during my workday – a feeling that even though the issues may be tough and take a long time to achieve, one can get there if you pace yourself, adapt your plans and stay focused on where you need to go. I was reminded of this once again on Sunday, April 29th when I ran the Big Sur Marathon that begins at Pfeiffer State Park and ends 26.3 miles later in Carmel. It is a challenging course and the official guidelines state that runners should anticipate finishing times at least 20 minutes slower than “usual” marathon times. For me there is something significant about lining up with thousands of individuals who share a common goal. In the Big Sur this was 3000 men and women – but in the NYC Marathon that I did last November it was ten times that number! Regardless, there is a sense of community at the beginning of a marathon – of a mass of humanity that slowly erupts on a forward trajectory.

But while one is part of something that may be greater than the whole of the individual parts, one is also a single engine and within minutes it is clear that all the runners have to plot and plan their individual journeys, while also paying attention to the individuals who surround and engulf them. In the case of a challenging course like the Big Sur Marathon, you know at the beginning that there will be large and small hills, ups and some downs. But it is hard to gauge how you will feel at future time points and, more importantly, how you will preserve your energy to achieve the endpoint and to adapt to the conditions that may require changes in plans or expectations. If one gets too swept up with the enthusiasm and adrenalin of the start – and joins the group that seems ready to sprint out

quickly – you might do either very well or very badly as the time and the miles present new challenges.

For me last Sunday's Big Sur Marathon was an unknown. I knew from prior experiences that I had completed this distance many times. But I also knew that I had experienced a significant respiratory illness in the months preceding the event as well as a pulled tendon. So, there was natural uncertainty about how things would turn out. But thankfully, despite those worries and concerns, all was well that ended well.

While all this may seem tangential to a "Dean's Newsletter" I would like to suggest that it is highly relevant. Each day I face – just as you do – lots of challenges, some which have immediate solutions but many of which do not. For me, the confidence that I can complete individual tasks or take on challenging issues like configuring and implement a strategic plan such as "*Translating Discoveries*," or take a long view toward a facilities master plan, engage in the ups and downs of faculty recruitment, raise philanthropic funds and countless other tasks comes from knowing that in a totally different part of my life I have learned to take the long view: keep my eyes on the goal; set a pace but be prepared to speed up or slow down depending on the conditions; be prepared for the unexpected turns in the course or find that those which were anticipated are actually different than forecast; be aware of the rhythms of the individuals who come in and out of one's field; occasionally pause to refuel but always, despite what may seem endless, to keep moving forward – and perhaps most importantly, to be "in there for the long run." That is why, at least for me, accomplishments in personal endurance serve as at least one metaphor for success.

Thanks to Our Ombudsperson Martha McKee

After ten and a half years of service as the Ombudsperson at the School of Medicine, Martha McKee will be leaving the School in June. She will be relocating to Tucson, Arizona. Martha has been a wonderful asset to the School and has been instrumental in assisting hundreds of visitors to the Ombuds Office with academic and work related problems. She has maintained a confidential and neutral resource for our community by practicing ombuds work at the highest levels of professionalism. Those of you have interacted with Martha know her to be a kind and compassionate listener who cares deeply about the welfare of individuals in our community. I understand and applaud Martha's desire for new professional challenges and personal opportunities. Please join me in wishing her the best for the future!

Help Us to Assess "Job Satisfaction" Among Faculty at Stanford

I want to inform you of an opportunity to participate in a survey on faculty job satisfaction. This survey research is part of a national pilot study co-sponsored by the Association of America Medical Colleges (AAMC) and the Collaborative on Academic Careers in Higher Education (COACHE).

The purpose of the survey is to learn how faculty members view specific institutional policies here at Stanford University and to gauge your current job satisfaction compared

to faculty at peer institutions. To ensure confidentiality, the AAMC and COACHE will publish only aggregated results in which individuals and institutions cannot be identified. The AAMC and COACHE will not use any individual faculty member's name or email address for any purpose other than to contact you to participate in this study.

The AAMC and COACHE will provide our medical school with their summary analysis only; the surveys are completely confidential and will be handled through the COACHE project team. Your privacy will be maintained in all published and written data, and your identity will be carefully protected in any information shared with Stanford. We welcome this opportunity to learn from an independent, comparative study, and we hope the results will help us improve our faculty's career satisfaction and success.

During the week of April 23 you received a web-link in an email from Harvard, directing you to the survey. The survey is easy to complete, and should take no more than 20-25 minutes of your time. If you have any questions about this survey, please contact Claudia Morgan at cjmorgan@stanford.edu or 723-2329, or COACHE at coache@gse.harvard.edu or 617-496-9344. I encourage you to participate in this study, and thank you for your cooperation and collaboration.

Upcoming Events

Medicine and the Muse

Monday, May 7 -- tonight

5:00 – 7:00 pm

McCaw Hall, Arrillaga Alumni Center

You are invited to the annual Medicine and the Muse Event that has been organized by our students and faculty to celebrate the interface between the arts and medicine. Tonight's event features music, literature, visual and performing arts and more. Dr. Stephen Bergman, author of "The House of God" and "Mount Misery," will deliver the keynote address. A reception, which is open to the public, will follow the event. It will be held in McCaw Hall at the Arrillaga Alumni Center. I want to thank James Andrews, SMS III and Dr. Audrey Shafer, Associate Professor of Anesthesia and Co-Director of the Scholar Concentration on Bioethics and the Humanities, for their efforts in organizing this year's Medicine and the Muse event. For additional details see <http://bioethics.stanford.edu/arts>.

Wellness Fair

Wednesday, May 9

10:00 am – 3:00 pm

Arrillaga Center for Sports and Recreation

This year's Wellness Fair will take place on Wednesday, May 9th, and Provost John Etchemendy has written to encourage everyone to attend. In case you missed his message, I include it here:

Dear colleague,

Please join me at this year's Wellness Fair on Wednesday, May 9, from 10 a.m. to 3 p.m. in the Arrillaga Center for Sports and Recreation.

I've written to your supervisor, asking that you be encouraged to attend. So while you're at it, please bring your boss to this event, too! The health of each and every Stanford employee is important to us.

This year's Fair is co-hosted by the Benefits Department and the Department of Athletics, Physical Education, Recreation & Wellness group. They plan to show all of us ways to improve our physical and mental well-being. I think it will be a fun and informative event.

Here are a few of the things you can do at the Fair:

- Have your blood pressure, body fat, bone density, strength and flexibility, and cholesterol measured
- Test your fitness with a Stanford fitness trainer
- Enjoy healthy food demonstrations
- Try out stationary bikes, elliptical trainers and rowing machines
- Get a bike safety check
- Learn more about ergonomically correct workstations and healthy work postures
- Observe Pilates, fencing, rock climbing, self-defense and yoga classes

I'll be there. I hope to see you, too.

John Etchemendy

P.S.

Save the Date - May 31, 2007 - for the all campus "Cardinal Walk" at Roble Field. Join us for refreshments and free pedometers to the first 2000 people registering at the event starting at 11:30 am. The walk, led by Provost John Etchemendy, will begin at 12:05 pm and is a 1.5 mile route through campus. We look forward to seeing you at the first annual Cardinal Walk. Questions can be directed to Jennifer Sexton at jbsexton@stanford.edu

I would like to add my enthusiastic endorsement of the Wellness Fair, as well as the subsequent Cardinal Walk. These are excellent opportunities to focus attention on crucial aspects of personal well-being, and I strongly encourage you to take advantage of them.

Awards and Honors

- ***Leiberman Fellowship Winners:*** I was very pleased to learn that PhD candidate Chun-chun Chen, Neurosciences Program, and MD/PhD Candidate Ricardo Paniagua, Immunology Program, have received Lieberman Fellowships for the 2007-08 year. This is the first year in which the School has received two of these Fellowships.

The Lieberman Fellowships are named in honor of one of Stanford's most distinguished citizens, Provost Emeritus Gerald J. Lieberman. A member of the Department of Statistics and Operations Research, Professor Lieberman achieved eminence as a scholar, teacher, and university statesman in a career that spanned 43 years as a student and faculty member at Stanford. Besides serving as Provost, he was the Vice Provost and Dean of Research and Graduate Studies from 1980 until 1985. Throughout his years as a teacher and administrator, Professor Lieberman took a strong interest in advancing the educational opportunities and well being of graduate students.

In honoring Professor Lieberman by establishing a graduate fellowship program in his name, Stanford also honors the qualities of outstanding scholarship, teaching, and university service that his career exemplifies. The intent of the program is, in some measure, to recognize and promote the same qualities in young scholars.

Congratulations to these outstanding students!

- ***HHMI Fellowships:***
In my April 23, 2007 Newsletter I listed the talented students who won prestigious awards. I would like to add and congratulate **Mark Chao** for also receiving an HHMI Fellowship this year.

Appointments and Promotions

- ***Arlina Ahluwalia*** appointed promoted to Clinical Assistant Professor of Medicine, effective 6/01/07.
- ***Sadick Alsadir*** has been appointed to Clinical Assistant Professor of Medicine, effective 5/01/07.

- ***Cheryl Cho-Phan*** has been appointed to Clinical Assistant Professor of Oncology, effective 5/01/07.
- ***Mark Cohen*** has been appointed to Clinical Assistant Professor of Pediatrics, effective 5/01/07.
- ***Cornelia L. Dekker*** has been promoted to Professor (Research) of Pediatrics (Infectious Diseases), effective 5/01/07.
- ***Sonja Dieterich*** has been appointed to Clinical Associate Professor of Radiation Oncology; Physics, effective 6/04/07.
- ***Dawn C. Duane*** has been promoted to Clinical Assistant Professor of Neurology & Neurological Sciences, effective 5/01/07.
- ***Kevin Garber*** has been appointed to Clinical Assistant Professor of Neurology, effective 4/01/07.
- ***Laura Gross*** has been appointed Clinical Assistant Professor of Medicine, effective 6/01/07.
- ***Keith N. Humphreys*** has been promoted to Professor (Research) of Psychiatry and Behavioral Sciences, effective 5/01/07.
- ***Neil Schwartz*** has been appointed to Clinical Assistant Professor of Neurology, effective 5/01/07.
- ***Gavin Sherlock*** has been reappointed to Assistant Professor (Research) of Genetics, effective 4/01/07.
- ***Lawrence Siegel*** has been appointed to Clinical Associate Professor of Anesthesia, effective 10/01/06.
- ***Connie Teresi*** has been appointed to Clinical Assistant Professor of Medicine, effective 4/14/07.
- ***Laraine Zappert*** has been appointed to Clinical Professor of Psychiatry, effective 5/01/07.

Dean's Newsletter

May 21, 2007

Promoting Health: Extending a Ban on Smoking

During the past few months there has been considerable discussion at Stanford about whether the University should prohibit research funding from the tobacco industry. I have commented in previous Dean's Newsletters (see: http://deansnewsletter.stanford.edu/archive/04_09_07.html#1 and http://deansnewsletter.stanford.edu/archive/04_23_07.html#7) about a proposal to enact such a ban that was brought to the Academic Council by Professors Proctor, Greely and Jackler and that sparked considerable debate –which unfortunately sometimes became unnecessarily personal. The underlying issues are serious and evoke responses, perceptions and defenses about academic freedom, the risks of creating a “slippery slope” that might spill over to challenges or bans for other sources of research support, as well as the question of whether the tobacco industry is beyond others in its behavior. I have drawn some personal conclusions but know from many discussions with colleagues in the School of Medicine and throughout the University that two important themes have emerged.

First, and importantly, there is virtually universal disdain for the tobacco industry's practices – historically, currently and what appears destined to occur in the future. Second, despite that disdain, many faculty are concerned about setting a precedent that could have inadvertent consequences for the University's research mission. That was evidenced at the Thursday, May 17th meeting of the Academic Senate when a majority of the voting members (deans and University officials are non-voting ex officio members) elected to deny the proposal and thus uphold the long-standing University policy, which states that *“Individual scholars should be free to select the subject matter of their research, to seek support from any source for their work and form their own findings and conclusions.”* Regardless of our views, we should now lay this matter to rest. While some medical schools (Harvard, Johns Hopkins) have developed separate policies from their parent universities that ban tobacco funding, I would not support moving in that direction at Stanford. I strongly believe that our research community should be united under one set of policies and regulations.

However, we do have a responsibility and an opportunity to demonstrate and voice our core mission of promoting human health. Given the irrefutable evidence that tobacco use is one of the most serious threats to health, the medical school will be enacting policies later this summer that will further restrict smoking or tobacco use on its campus – outdoors in addition to the indoor restrictions that are currently in place. Part of the reason for this decision is the evidence that even outdoor smoking can contribute to adverse health consequences (see July 7th Stanford Report: <http://news-service.stanford.edu/news/2004/july7/med-smokefree-77.html>). In banning smoking anywhere on our campus we will also be signaling to our medical school community that such practices are contrary to our mission and should be vigorously restricted. We will also pursue further discussions with the hospital leaders to make this a Medical Center

wide policy, although I am cognizant that exceptions may need to be made for selected patients.

It is my hope that this expansion of our official smoking policy will signal to the tobacco industry our nearly universal abhorrence of its practices and our commitment to promoting the health of our community. It is my hope that in the next months to years we will couple this with programs to facilitate exercise and nutrition as well. Given the contribution of life-style and environmental impacts on health, it is important that we do all we can to improve the health of our employees as well as that of the communities we serve.

Stanford University School of Medicine Gets an “A”

I am of course fully aware that there are very strong feelings about grades among our medical students, particularly during their preclinical years. I agree that the avoidance of formal grades has permitted our students to work more collegially and productively as they navigate the preclinical sciences. At the same time, I do have a strong view that evaluations are an important aspect of clinical medicine and that formalizing this process is a topic needing further attention. But that is not the focus of this current commentary. Rather, in case you haven't heard, Stanford University School of Medicine was one of just five medical schools to receive an “A” from the American Medical Student Association in the 2007 PharmaFree Scorecard. This reflects the progress we have made in limiting the presence of marketing and gift giving through the Stanford Industry Interactions Guidelines that we adopted in October 2006 and that can be reviewed at <http://med.stanford.edu/coi/siip/>.

Concerns about the interactions of physicians with the pharmaceutical and device industry have been further heightened by individual and institutional practices – including concerns about the potential inadvertent impact of industry on the Food and Drug Administration (FDA) through the “Prescription Drug User Fee Act” (see Mark McClellan “*Drug Safety Reform at the FDA – Pendulum Swing or Systemic Improvement*” in the *New England Journal of Medicine*, 2007; 356:1700-1702) and the very fact that according to a recent study by Campbell et al that was reported in the *New England Journal of Medicine* (2007; 356:1742-1750), 94% of physicians have some financial involvement with industry – a rather shocking finding.

We are among a small group of schools that are helping to distinguish and differentiate research collaborations with industry (which we wish to support and engage) versus marketing associations with industry – which we seek to avoid. We have much more work to do in this area, but I am pleased that we are playing an important role in stimulating and leading a more enlightened national dialogue on this serious issue. That does deserve an “A.”!

A Major Step Forward for Stem Cell Research in California

On Wednesday, May 16th the California Supreme Court declined to hear an appeal in the litigation that challenged the constitutionality of Proposition 71, The California Stem Cell Research and Cures Act. Coming some 30 months and 14 days after the voters of

California voted to support stem cell research by passing with a considerable majority a \$3 billion bond initiative, this is a major victory for medical science, our citizens and the global community. As you likely know, Proposition 71 established the California Institute for Regenerative Medicine (CIRM), which is responsible for providing the funding to California investigators. But because of litigation, funding was brought to a near standstill until last summer when Governor Arnold Schwarzenegger authorized a \$150 million loan to the CIRM from the state's general fund. Together with an additional \$45 million from 14 individuals and institutions through the purchase of bond anticipation notes (BANs), CIRM was able to award \$158 million for stem cell research this past year. This research is now taking place at non-profit research institutions, medical schools and universities in California. Stanford has done exceedingly well in this competitive funding, having received \$28.9 million for its training grants as well as seed and comprehensive grant proposals.

Having served on the 29 member governing board (the so-called Independent Citizens' Oversight Committee or ICOC) from the inception of the CIRM I, along with my colleagues, have spent countless hours and many days of meetings to develop the policies, procedures and operations of the CIRM. While the negative impact of the litigation was deeply felt by all, the Supreme Court decision now allows us to move to the next round of funding – which will include \$48.5 million in shared laboratories grants and loans and up to \$222 million for major facility construction at universities, medical schools, research hospitals and research institutes in California. More importantly, this legal decision now offers the hope of funding research that will create new knowledge about stem cell biology and regenerative medicine and that will eventually lead to new therapies and treatments.

The timing of the decision is also of critical importance since the ICOC Presidential Search Committee (of which I am a member) is actively seeking the next leader of the CIRM. This decision now makes this position all the more important and exciting. Clearly this is all great news for California and for biomedical research.

While we celebrate the ability to move forward in California – and in other states as they take similar steps – we must recognize that, as important as these state initiatives are in filling in important gaps in research funding, it is equally if not more important to do all we can to strengthen our nation's biomedical research engine, the National Institutes of Health, both generally and more specifically in stem cell research. Unfortunately the latter remains a highly politicized issue and, despite increasing support in the House and Senate, the votes are not sufficient to override a Presidential veto of legislation to permit broader Federal funding in this area. That leaves only two options: first, to continue our advocacy in California and nationally and, second, to exercise our rights through the democratic process – especially in November 2008.

Are Research Universities Organized for Optimizing Interdisciplinary Research?

Some years ago I raised the question of whether the current departmental structure that defines the School of Medicine – as well as virtually all medical schools and universities

– should be re-examined in order to foster more optimal alignments among disciplines and promote interdisciplinary research and education. Part of this discussion emerged from our burgeoning efforts to establish the Stanford Institutes of Medicine, which some faculty leaders then thought – and some continue to think - might threaten or challenge the traditional domain of departments. When I originally raised this issue, many junior faculty and a number of senior faculty were supportive to change – but I think it is safe to say that many department chairs were not and hence I elected to put the matter aside and allow a more evolutionary approach to interdisciplinary research and education unfold. Interestingly, in the April 26th issue of *Nature* (2007; 446:949) an editorial entitled “*The University of the Future*” leads with the statement that “The traditional model of the US research university – based on the pre-eminence of the single-discipline department – needs to be stretched and challenged.” In part this editorial was stimulated by an update of what is referred to as “The Arizona Experiment” – where an effort by Arizona State University President Nicholas Crow is underway to break away from the traditional department-based model and build instead problem-focused interdisciplinary research centers. It is an experiment that has both supporters and detractors – but it will certainly be worth watching, as long as thoughtful metrics are configured to monitor its progress, successes and failures.

At Stanford, interdisciplinary research has been part of the fabric of the University for decades and has largely been accomplished by faculty-initiated efforts. Even Bio-X, now widely known as emblematic of interdisciplinary research, and alluded to in the *Nature* editorial mentioned above, has been faculty driven. Like many others at Stanford, I believe that the intersections between the physical and life sciences are exciting and essential to future discovery based research – as well as to translating discoveries. And while the foundations for these efforts are best left with faculty initiatives and collaborations, I also believe that efforts to further enhance these efforts across the University benefit from institution wide efforts. It is for those reasons that the Stanford Institutes of Medicine were launched.

The Institutes are progressing in various ways and on different time-lines. For example, our efforts in establishing the Stanford Cancer Center (despite its very long latency) are now fostering a new level of institutional interaction and national recognition (see below). Similarly, the Stanford Institute for Stem Cell Biology and Regenerative Medicine has achieved considerable momentum, through the support of the California Institute for Regenerative Medicine, the receipt of numerous philanthropic gifts and a community that has forged numerous education and research collaborations, among other factors. Both of these Stanford Institutes of Medicine are featured as university-wide initiatives in the Stanford Challenge (see http://deansnewsletter.stanford.edu/archive/10_23_06.html#1).

The Neuroscience Institute at Stanford (NIS) represents perhaps the broadest institutional initiative and opportunity since it extends across a number of clinical and basic science departments within the Medical School as well as in the Schools of Humanities & Sciences, Engineering, Law, Business and Education. It also engages the interlinking strategic centers of Genomics, Imaging, and Informatics, and it connects to Stem Cell

Biology and Regenerative Medicine, among others. In addition, NIS raises some of the most important societal challenges of contemporary science– from memory and human consciousness to behavior – as well as delving into the most basic and fundamental issues surrounding neural circuitry and the definitions of both the normal and abnormal workings of neural systems.

For these and other reasons, I was pleased to have the opportunity to address the Annual Retreat of the NIS at Asilomar on May 6-8th. Given the extraordinarily talented faculty at Stanford who are devoted to various aspects and features of neuroscience – and the outstanding students and staff who work with them – the goal of NIS to become among the world’s best (if not the best) university-wide initiative in neuroscience seems both plausible and achievable. While considerable progress has been made I challenged the group to think even more boldly and broadly to identify the most compelling vision possible that will distinguish Stanford Neuroscience from any efforts imagined here to date. Building on our foundations of discovery based fundamental research and extending the boundaries as broadly as possible – including to the communities that surround us – provide unique opportunities. I am excited to know that numerous leaders and members of the NIS have embraced this challenge and are working on ways to meet the Stanford Challenge. I am looking forward to receiving the benefits of their creativity in the months ahead and to sharing them with you. Clearly we are poised for success, and the time is right to bring this vision forth.

Another Affirmation for the Stanford Cancer Center

In the April 23, 2007 Dean’s Newsletter (see:

http://deansnewsletter.stanford.edu/archive/04_23_07.html#2) I announced the wonderful news that we have become an NCI-designated Cancer Center. But we all acknowledge that this important recognition is just one step along the path of becoming one of the nation’s foremost cancer treatment and prevention centers. Our achieving that goal will be based on excellence in basic discovery research together with translational and population science research and excellence in the delivery of patient care. To further validate our progress and better delineate future efforts, the Stanford University Cancer Center (SUCC) External Advisory Board (EAB) conducted a site visit on Monday May 14th. The EAB includes Drs. Ed Benz (Dana Farber Cancer Institute, Harvard), Janelle Baldwin (Fred Hutchinson Cancer Research Center), Elizabeth Blackburn (UCSF), Shelly Earp (Lineberger Comprehensive Cancer Center, UNC), John Glick (Abramson Cancer Center, U Penn), Ed Harlow (Harvard), Ron Herberman (University of Pittsburgh Cancer Institute), Richard Jones (Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins), Joyce Niland (City of Hope Comprehensive Cancer Center), Electra Paskett (James Cancer Hospital and Solove Research Institute, OSU), Louise Strong (MD Anderson Cancer Center) and Marcy Waldinger (University of Michigan Comprehensive Cancer Center).

This is an impressive and highly experienced group of cancer center director leaders and investigators with expertise across the spectrum of basic research, translational discovery

and population sciences. Of interest, a number of these same individuals visited with us several years ago when we were first contemplating making an application for NCI designation. Because I had known many of them from my own past work as an oncologist, they provided me with an informal summary that was, as it turned out, humbling. Specifically, they commented that, while cancer research was enormously strong at Stanford and while we had some areas of excellence in translational research, they questioned whether we would “ever get our act together – based on our prior performance” sufficiently to make a credible application to the NCI for cancer center designation. I have been pleased that, with each passing visit, the skepticism of the EAB has morphed to increasing support.

Now, on the eve of our entry into the cadre of NCI designated Cancer Centers, we have a wonderful portfolio of basic discovery research programs, a rapidly developing number of clinical and translational research projects and, thanks to our partnership with the Northern California Cancer Center (NCCC), a burgeoning program in population sciences. And I am happy to report that the EAB, at their May 14th meeting, was most enthusiastic and impressed with our progress and our future. For that I thank all of the investigators and scientists who have stepped forward to forge new collaborative efforts in cancer research and care. I also thank the leaders and director of the NCCC for their willingness to join with Stanford in this important effort. And, of course, I thank the leaders who have moved our agenda forward, especially Irv Weissman, Bev Mitchell, Steve Leibel and Karl Blume – among many others.

In my mind the evolution of the Stanford Cancer Center is a new model for interaction and collaboration and should serve as such for our other Stanford Institutes of Medicine and Strategic Centers. The more that we can accomplish in areas of coordination, interaction, integration and cross-disciplinary research and patient care, the stronger we will be as an institution to help lead medicine and bioscience research in the 21st Century.

Physician Leadership Program Completes Its Second Year

Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership provided this report.

On Saturday May 19th, the Physician Leadership Program, co-sponsored by the School of Medicine and Stanford Hospital and Clinics, witnessed the graduation of a second group of outstanding leaders. The twenty-six graduating associate professors had completed a yearlong leadership program under the directorship of Dr. Joseph Hopkins, MD, MBA, Clinical Professor of Medicine. A highlight of the program was the faculty-led project that each participant conducted using a team-based approach. Each presentation was a vivid testimony of the talents of our faculty and of their outstanding leadership capabilities. It was delightful and inspiring to see the diversity of work that has been accomplished. One faculty leader commented, “The graduation ceremony reminded me of the ‘magic’ of Stanford. To hear about the wonderful, often groundbreaking work that everyone is doing, in spite of all the challenges we each face in our extremely busy lives, was like drinking champagne: it made me feel effervescent!”

Importantly, each of these faculty members is actively leading changes that will enable us to realize the SoM and Stanford Hospital's vision for excellence. Success in achieving their stated project goals is an inspiring indication of the positive change that can occur with the right leadership. Two faculty leader commented: "What I learned from the course and grew to appreciate was an idea of leadership more rooted in service to others and in navigating through complex systems for the general good." "Early on during the leadership course, I was astonished by the feeling of the group in general of being unable to make any change at Stanford- despite the fact that this group was picked because of their ability to lead. However, during the leadership course, reinforced by the project, where theory became practice, there was an amazing difference in the group's perception of our ability to effect change at Stanford."

In addition to accomplishing change with their individual projects, the graduating faculty leaders uniformly expressed the tremendous value of the program in building community, providing them with new networks, mentoring, and an enhanced feeling of being connected to the institution. Learning from each other, they had acquired a greater understanding of how the institution works, experienced support through shared interest, and appreciated dedicated time to discussing leadership issues with their peers. The overarching theme expressed was the powerful effect of team and collaborative work, consistent with a reframing of "leadership" as organizational capacity in which the emphasis is on developing social capital through relationships. This approach represents an important paradigm shift – instead of thinking of leadership as something that someone does – it is thought of as "something people do together."

Congratulations to all of the graduates of this year's Physician Leadership Program!

The Continuing Challenge of Enhancing Diversity

In the May issue of *Nature Medicine* an editorial entitled "Minority Report" (2007;13:513) concludes "*Minority representation in science will not increase overnight. But the need for diversity at the bench and in the highest echelons of science cannot wait another generation. Investments must be made now to recruit and retain minority scientists so that their representation increases to reflect the importance of diverse voices in scientific research.*" This important challenge is made more daunting by the fact that between 1993-2002 only 2.6% of new PhDs were black and only 3.7% were Hispanic. Improving the diversity of the faculty remains an important goal both for the President and Provost and throughout the university, including the School of Medicine, where Dr. Hannah Valantine, Professor of Medicine, leads our efforts as the Senior Associate Dean for Diversity and Leadership. While progress throughout the University has occurred during the past several years, additional major investments are still needed.

In the recent update of University faculty "gains and losses" presented to the Academic Senate and most recently at the Spring Departments Chairs Workshop, Vice Provost for

Faculty Development Pat Jones noted that the number of women faculty continues to increase, with women comprising 24.3% of the faculty as a whole and, most encouragingly, 43% of the junior faculty hired in the past year. Importantly, female and male faculty earn tenure at similar rates. While faculty of color comprise 18.4% of the faculty, it is discouraging to note that little to no growth has occurred in the recruitment of underrepresented minority faculty - especially of Black and Native American faculty. Clearly recruiting and supporting additional underrepresented minority faculty is an important priority for the School of Medicine as well as for the University. Efforts are underway to provide more assistance to search committees, heighten awareness and foster outreach programs. We have done better with the recruitment of medical and graduate students - but have work to do to make these efforts even more successful. But we also need to be more creative in retaining and developing underrepresented minority students and trainees to join our faculty so that our opportunity to more successfully diversify our faculty can be enriched and enhanced.

Advocacy on Hepatitis Prevention Among Asian Americans Takes Hold

California continues to take the lead on a number of important health initiatives. Among these is the opportunity to reduce or prevent liver cancer among high-risk populations, especially the Asian community, by immunization against Hepatitis B. This effort has been spearheaded by the vision and leadership of Dr. Sam So, Lui Hac Minh Professor and the founder and director of the decade-old Asian Liver Center at Stanford. Most recently Dr. So has aligned with other community organizations as well as with San Francisco Mayor Gavin Newsome to launch the Hep B Free Campaign, which will test and vaccinate all Asian and Pacific Islander American residents for hepatitis B – making San Francisco the first city to carry out such an effort. The goal is to raise both awareness and collaboration among the health care services to help enact this important program – which is made more important by the fact that San Francisco has the highest incidence of liver cancer in the USA, mainly due to unrecognized hepatitis B infection among the Asian and Pacific Islander populations. Indeed, two out of three Asian American San Francisco residents who turned out to be chronically infected with hepatitis B were unaware of the infection. Because infected populations can be monitored more closely for possible liver cancer and since uninfected patients and especially newborns can have infection largely prevented by the hepatitis B vaccine, this campaign has important health benefits. It is a great example of promoting human health and I want to especially acknowledge Dr. Sam So for his key role in making these important programs a reality. Without question, we need many more examples of such advocacy efforts if we are to reduce disease morbidity and the cost of health care in this nation – and around the world.

New Public-Private Partnership to Enhance Emergency Care in India

Thanks to the efforts of Drs. SV Mahadevan, Assistant Professor of Surgery, and his Emergency Medicine colleagues Drs. Matthew Strehlow, Gregory Gilbert, Peter D'Souza and Alice Chao, an agreement was signed on May 9th with the nonprofit group Emergency Management Research Institute (EMRI), based in Hyderabad, India. Under this agreement, paramedics will be trained to provide emergency services in the southern state of Andhra Pradesh, which has a population of 80 million. The ultimate goal is to extend this program through India – whose population is now 1 billion (see:

http://med.stanford.edu/news_releases/2007/may/EMRI.html for additional details). This ambitious project represents a unique public-private partnership that will include education and training programs provided by the Stanford's Emergency Medicine program. It is a wonderful example of Stanford's goal of reaching out to our global community as part of the Stanford Challenge. I am appreciative to Dr. Mahadevan and his colleagues for the leadership and to the collaboration with EMRI and India.

A Wealth of Talents

Within a span of just 10 days our students have given evidence of their vast array of talents across a spectrum ranging from the arts to the sciences and the community beyond. On May 7th, the annual Medicine and the Muse featured presentations, readings from forthcoming books and essays, visual commentaries, and instrumental and voice musical celebrations by medical and graduate students. Various displays and posters accompanied the students' presentations. The program also included a keynote address by Dr. Samuel Shem, Professor of Psychiatry at Harvard Medical School and author of "The House of God" and "Mount Misery." Medicine and the Muse was an amazing display of virtuosity and talent that helped humanize and provide an emotional and artistic voice to the many dimensions of human biology, medicine and disease.

Balancing this artistic talent was a wide range of scientific accomplishments displayed on May 16th at the 24th Annual Stanford Medical Student Research Symposium. Some 48 poster presentations were provided that ranged in content from basic science studies to clinical and translational research projects. I was pleased to review a number of these projects and witness the depth and excellence of our students' research efforts – and the guidance and mentoring they were receiving from colleagues and faculty members.

In addition, a number of our students presented their work from a variety of community service projects undertaken as an extension of their efforts in the Practice of Medicine course. This exhibit further complemented the repertoire of talents and experiences that were on display – representing the spectrum from basic discovery to clinical, translational and population science research to community service to arts and the humanities. Pretty amazing.

Some Notable Events

Goodman Simulation Center and the Learning and Knowledge Center: On Wednesday, May 9th Dr. Paul Berg, Robert W. and Vivian K. Cahill Professor Emeritus, hosted an event featuring the new Goodman Simulation Center and the upcoming Learning and Knowledge Center. Thanks to the vision and dedication of Dr. Tom Krummel, Emile Holman Professor and Chair of Surgery, and the wonderful support of the Goodman family, the Stanford Hospital & Clinics based Center for Simulation was officially opened in November 2006 (see:

http://deansnewsletter.stanford.edu/archive/11_20_06.html#6). Guests had the opportunity to visit the Goodman Center and to also learn about the rapidly developing

plans for the LKC (see <http://lkc.stanford.edu/>). In addition to housing the Center for Simulation and Immersive Learning, the LKC will foster both advanced technical learning and skill acquisition along with state-of-the-art classrooms, a conference center, executive meeting rooms, and student center, as well as a café and a bookstore. Work has already commenced on the infrastructure and site preparation of the LKC, and we hope to have ground breaking in February 2008 with project completion in late 2009 or early 2010. These are very exciting developments - the LKC and related projects will be transformative for the School of Medicine and Medical Center.

Fight for Memory: Stanford's Alzheimer Disease: On May 16th a special luncheon was hosted by Michael and Emily Goldberg and Rick and Paula Murdock to feature the efforts underway at Stanford to develop a Center for Alzheimer Disease. The current impact of dementia on the population is already seriously felt and is destined to get significantly worse with the aging population. At this very well attended event. Dr. Frank Longo, George E. and Lucy Becker Professor, described some of his own research in developing new potential approaches to the treatment of Alzheimer disease and dementias as well as the broad University-wide commitment to working collaboratively under the broad umbrella of the Neuroscience Institute at Stanford. As noted above, neuroscience is one of our highest priorities in the School and University. One of the most important challenges and opportunities before us is the development of better tools for the diagnosis, treatment and prevention of dementias – built on a deeper and more fundamental understanding of the mechanisms causing these serious disorders.

Awards and Honors

- **Dr. Stan Falkow**, Robert W. and Vivian K. Cahill Professor, received the wonderful news this week that he was elected to become a Foreign Member of the Royal Society of London for Improving Natural Knowledge (see also: <http://www.royalsoc.ac.uk/page.asp?tip=1&id=6628>). This is a most prestigious honor and another recognition of a remarkably successful career. Please join me in congratulating Dr. Falkow.
- **Dr. Ron Garcia**, Assistant Dean for Minority Affairs, and **Dr. Fernando Mendoza**, Professor of Pediatrics and Associate Dean of Minority Advising and Programs, were nominated and selected as two of the 100 Most Influential Latinos in Silicon Valley. Their biographies and pictures will be published in the San Jose Magazine July issue. Please join me in congratulating Dr. Garcia and Dr. Mendoza.
- **Dr. Richard Tsien**, George B. Smith Professor of Molecular and Cellular Physiology, has been named recipient of the Gill Prize given by the Linda and Jack Gill Center for Biomolecular Science at Indiana University for outstanding contributions to his field. Please join me in congratulating Dick for his extremely important and continuing scientific contributions and for his terrific citizenship in support of our community!

- The **Office of Communication & Public Affairs** has been notified by the Council for Advancement and Support of Education (CASE) that they have won an impressive variety of honors for their publications:
 - Gold medal - News releases covering research, medicine and science
 - Silver medal - Staff writing for "Medical Center Report"
 - Silver medal - "Stanford Medicine" in the category of special-interest magazines
 - Silver medal - Overall visual design of "Stanford Medicine"
 - Bronze medal - Illustration that accompanied the story titled, "The Oasis" (Stanford Medicine, Spring 2006).
- Congratulations to Paul Costello and his team!

Appointments and Promotions

- ***Rajni Agarwal-Hashmi*** has been reappointed to Assistant Professor of Pediatrics (Stem Cell Transplantation) at the Lucile Salter Packard Children's Hospital, effective 5/01/07.
- ***Sandip Biswal*** has been reappointed to Assistant Professor of Radiology, effective 5/01/07.
- ***Maxwell Boakye*** has been reappointed to Assistant Professor of Neurosurgery at the Veterans Affairs Palo Alto Health Care System, effective 5/01/07.
- ***Kiki Chang*** has been promoted to Associate Professor of Psychiatry and Behavioral Sciences, effective 5/01/07.
- ***Benjamin I. Chung*** has been appointed to Assistant Professor of Urology at the Veterans Affairs Palo Alto Health Care System and at the Stanford University Medical Center, effective 6/01/07.
- ***Edward J. Damrose*** has been reappointed to Assistant Professor of Otolaryngology – Head and Neck Surgery, effective 5/01/07.
- ***Cornelia L. Dekker*** has been promoted to Professor (Research) of Pediatrics (Infectious Diseases), effective 5/01/07.
- ***Magali Fontaine*** has been reappointed to Assistant Professor of Pathology effective 5/01/07.
- ***Paul C. Grimm*** has been appointed to Professor of Pediatrics (Nephrology) at the Lucile Salter Packard Children's Hospital, effective 5/01/07.
- ***Keith N. Humphreys*** has been promoted to Professor (Research) of Psychiatry and Behavioral Sciences, effective 5/01/07.

- **Neeraja Kambham** has been reappointed to Assistant Professor of Pathology, effective 5/01/07.
- **Karen J. Parker** has been appointed to Assistant Professor (Research) of Psychiatry and Behavioral Sciences, effective 5/01/07.
- **Gavin Sherlock** has been reappointed to Assistant Professor (Research) of Genetics, effective 4/01/07.
- **Aaron Straight** has been reappointed to Assistant Professor of Biochemistry, effective 6/01/07.
- **Edith V. Sullivan** has been reappointed to Professor (Research) Psychiatry and Behavioral Sciences, effective 6/01/07.
- **Hannes O. Vogel** has been promoted to Professor of Pathology and of Pediatrics (Medical Genetics) and, by courtesy, of Neurosurgery, effective 5/01/07.
- **Christine A.C. Wijman** has been promoted to Associate Professor of Neurology and Neurological Sciences and, by courtesy, of Neurosurgery, effective 5/01/07.

Dean's Newsletter

June 4, 2007

Commencement 2007 Will Be June 16-17

June 16-17th is Commencement Weekend, and I invite all medical school faculty to participate in the School of Medicine Convocation Ceremony, which will begin at 1:30 pm on Saturday, June 16th. I hope as many faculty who are able to participate will join us in this wonderfully festive occasion, during which we will honor 30 recipients of the Master of Science Degree, 89 recipients of the Doctor of Philosophy Degree and 76 recipients of the Doctor of Medicine Degree – with a number of the graduates receiving more than one degree. Please let Ms. Zera Murphy (Zera.Murphy@Stanford.edu) know if you plan to participate.

Dr. Herbert L. Abrams, Professor of Radiology, Emeritus, will give this year's Commencement Address to Medical School Graduates. In addition to his enormously distinguished career as a pioneer and leader in cardiovascular radiology, Dr. Abrams is a world-renowned leader in nuclear proliferation and founding vice-president of the International Physicians for Prevention of Nuclear War as well as a 1985 recipient of the Nobel Peace Prize.

Among the great traditions of the medical school commencement are the addresses to graduates by members of the graduating class. This year Joe Dam Dunn will speak on

behalf of the PhD graduates and Joshua Spanogle will speak for the graduating class in Medicine.

On Sunday, June 17th the University Commencement will take place in the Stanford Stadium at 9:30 am to 12:30 pm. This year's University Commencement Speaker is Dana Gioia, Stanford alumnus and renowned poet, literary critic and chairman of the National Endowment for the Arts. I welcome as many of our faculty and students to participate in this event as well.

I look forward to welcoming our graduates, along with their families and friends, on June 16-17 and hope to see as many faculty members as possible as well.

Bioscience Programs Garner Outstanding Candidates

Renewal is one of the remarkably wonderful things about universities. Just as we prepare to confer degrees on distinguished students who will graduate in two weeks, we are also pleased and honored to welcome students who will be joining Stanford in late summer to begin their graduate school education. Based on the information I received from Dr. Ellen FitzSimmons Porzig, Associate Dean for Graduate Education, the 12 departmental and interdisciplinary programs offering PhD degrees received 1365 applications, of which 278 were offered interviews. Ultimately, 180 students were admitted, of whom 101 will be matriculating in bioscience programs in the Schools of Medicine and Humanities and Sciences – with the second highest yield on record. In addition to having a record of excellence and future promise, 16 of the entering students are also members of under-represented minorities and an additional two students are under-represented in science at Stanford. We remain committed first and foremost to admitting the very best students possible – but we are also committed to having as diversified a student body as possible, and I am grateful to the efforts of our faculty, students and members of the Dean's Office in attracting such wonderful individuals to Stanford.

In addition, 373 students applied to the joint School of Engineering and Medicine Bioengineering Department (335 for the PhD program and 38 for a MS degree). Of the PhD applicants, 42 were interviewed and 31 were extended offers, of whom 17 accepted and will matriculate in 2007. This is the fourth year of admissions to the still new Bioengineering Department and although its history is short, the consensus is that each year the quality of the applicants and admitted students continues to get better and better – a comment that can be offered about virtually all Stanford programs.

Without question the lifeblood of a university is the quality and commitment of its students. I am very pleased with the selection of the graduate student class entering in 2007 and grateful to the faculty and the students who make Stanford such a wonderful environment in which to work, learn and contribute new knowledge.

Why Do We Need Free Clinics?

I wish we did not need free clinics as they are currently constituted. But I am proud of and thankful to our medical and undergraduate students, faculty and community physicians volunteers for all they do to serve patients coming to the Cardinal Free Clinics – including the Arbor Free Clinic and the Pacific Free Clinic. On Wednesday evening, May 30th, we had the opportunity to thank and acknowledge the contributions of all of these volunteers in a celebratory dinner at the Arrillaga Alumni Center. Special thanks to the 2007-08 Managers (Asya Agulnik, Marissa Aillaud, Tiffany Castillo and Pearl Chang) and to Drs. Rex Chiu, Medical Director of Pacific Free Clinic, and to Lars Osterberg and Ian Tong, Co-Medical Directors of Arbor Free Clinic, for their tremendous efforts and commitment during the past year(s).

There can be no question that “free clinics” are a consequence of as well as a response to the lack of a health care system in the United States. With over forty million uninsured and many more minimally insured Americans, access to health care is limited to emergency facilities or to no health care at all. While free clinics are not an answer to the health care needs of the uninsured, they provide an important safety net for our community by providing health assessments and offering access to at least some individuals in need. Sadly, the need for free clinic services may grow even more as the state of California and various counties cut back on mental health and preventive medicine services over the next year!

Free clinics offer an opportunity for our students to minister to underserved individuals, make a patient-provider connection that is not driven by market forces or money, and learn from exceptional community physician and faculty role models – and from each other. In addition, this important volunteer work enables students to better appreciate the serious deficiencies of our current health care (non)-system and to become better-informed advocates for change. I sincerely hope that the rising national (and state-wide) dialogue on addressing healthcare in the United States will be met by real changes in the years ahead. If that occurs the need for free clinics may well disappear – but the lessons learned in the art and professionalism of medicine will be sustaining and important to current and future generations of students and physicians.

Stanford Digestive Disease Center and the Symposium on Hepatitis C

The Stanford Digestive Disease Center (DDC), with the co-sponsorship of the Immunity, Transplantation and Infection Institute, will hold its Third Annual Symposium on June 8, 2007, 8:30 am to 4:30 pm in the Clark Center auditorium. The event, focused on “The Virology and Treatment of Hepatitis C,” features experts from outside and inside Stanford, including: John McHutchison (Duke University), Stanley Lemon (University of Texas Medical Branch at Galveston), Christopher Walker (Ohio State University), Michael Houghton (Epiphany Biosciences Inc.), and from Stanford: Mark Kay, Carlos Esquivel, Steven Fount, Shoshana Levy, Xiaosong He and Jeffrey Glenn, DDC Symposium Director. Harry Greenberg, DDC Director and Senior Associate Dean for

Research and Training, will open the Symposium with welcome remarks and an overview of the Center. You are welcome and invited to attend the symposium.

The DDC is a 5-year NIH multi-disciplinary program grant. It has 46 Research Base Investigators and Associate Members from 10 departments: nine from the School of Medicine and one from Engineering. It also supports a variety of core functions. The DDC's scientific Cores include the FACS/Immunoprobe (Director, Eugene Butcher of Pathology; Associate Director, Bishr Omary of Medicine/Gastroenterology and Hepatology), Cell Imaging (Director, Stan Falkow of Microbiology and Immunology; Associate Director, Anson Lowe of Medicine/Gastroenterology and Hepatology), Proteomics/Genomics (Director, David Relman of Medicine/Infectious Diseases; Associate Director, Bill Robinson of Medicine/Rheumatology and Immunology), Animal Imaging and Tissue Histology (Director, Chris Contag of Pediatrics/Neonatology; Associate Director, Allen Cooper of Medicine/Gastroenterology and Hepatology).

Focusing on Early Diagnosis of Cancer

Even with sophisticated imaging and other diagnostic technologies, cancer is diagnosed today only when many millions to trillions of malignant cells have populated a solid lesion or invaded tissues like the bone marrow. Early detection, diagnosis and intervention could play a critically important role in improving the outcome of cancer. But while the technologies are evolving, they are not available today. Accordingly, the recently announced collaboration between the Canary Foundation, the Stanford Cancer Center and the Department of Radiology to establish a Center of Excellence for Cancer Early Detection is important and exciting. On Tuesday evening, May 22nd, Mr. Don Listwin, founder of the Canary Foundation, announced a \$7.5 million gift to this new center, of which \$4 million will support the center; the remaining will support the research of individual faculty (see also: <http://news-service.stanford.edu/news/2007/may30/med-canary-053007.html>). Of particular note, the Department of Radiology, led by Dr. Gary Glazer, has pledged a \$4 million match that will further enhance the research efforts, which will focus initially in genomic medicine and molecular imaging. This is an exciting collaboration that utilizes the strengths of Stanford faculty in innovation and technology development, which are highly relevant to our burgeoning efforts in cancer diagnosis, treatment and prevention.

Interest in Stem Cell Biology and Regenerative Medicine Continues to Grow

On Wednesday, May 30th the Stanford University Medical Center hosted a program entitled "Harnessing the Power of Stem Cells: A New Medical Frontier" that was attended by over 200 members of the community. There is no question that stem cell biology and regenerative medicine are now regarded as one of the most exciting – and controversial – areas of biomedical research. Stanford has been in the forefront of this effort and has made great strides since the formation of the Stanford Institute for Stem Cell Biology and Regenerative Medicine, which is led by Dr. Irv Weissman, Virginia and

DK Ludwig Professor. It is particularly exciting to witness the number of outstanding Stanford faculty who are engaged in stem cell research across a broad array of biological processes and disease states – a number of whom spoke at this highly successful event. In addition to the keynote address by Dr. Weissman, some of the most challenging and exciting areas of investigation were presented by a highly diversified and outstanding faculty group from across the university, including:

- **Embryonic Stem Cells:** *Hank Greely*, Deane F and Kate Edelman Johnson Professor of Law and *Renee Pera*, Professor of Obstetrics and Gynecology
- **Cancer:** *Mike Clarke*, Karel H and Avice N. Beekhuis Professor in Cancer Biology and *Steve Quake*, Professor of Bioengineering
- **Autoimmunity:** *Seung Kim*, Associate Professor of Developmental Biology and *Judy Shizuru*, Associate Professor of Medicine
- **Tissue Regeneration:** *Mike Longaker*, Deane P and Louise Mitchell Professor in Plastic and Reconstructive Surgery
- **Heart Disease:** *Bobby Robbins*, Professor and Chair of Cardiothoracic Surgery and Director of the Stanford Cardiovascular Institute and *Joe Wu*, Assistant Professor of Radiology and of Medicine
- **Neurological Diseases:** *Theo Palmer*, Associate Professor Neurosurgery and *Gary Steinberg*, Bernard and Ronni Lacroute-William Randolph Hearst Professor and Chair of Neurosurgery and Neurosciences

Particularly exciting is the fact that more than half of these faculty have joined Stanford since the Stem Cell and Regenerative Medicine Institute efforts began in earnest. Equally important are the breadth of scholarship and the inclusion of interdisciplinary skills and backgrounds that forge new opportunities for discovery and that, in time, will translate those discoveries to improvements in the lives of adults and children. It is also important to note that this group is only a small portion of the Stanford faculty now studying stem cell biology – many of whom now benefit from the funds being provided by the California Institute of Regenerative Medicine. We can look forward to the enhancement and enrichment of those efforts in the years ahead. And while we must be careful not to over promise as to when discoveries will impact human disease I am confident that this will happen and that Stanford will be a leader in transforming this important new field of medicine and science.

Violence, Injury and Death Among the Young

While a great part of our attention and focus in academic medical centers is devoted to the diagnosis, treatment and prevention of disease – and to better understanding fundamental biological processes – the major causes of death among teenagers are accidents, injuries and violence, including suicide. This was well illustrated in the May

23rd presentation by Dr. Edward Cornwell, Associate Professor of Anesthesiology and Critical Care Medicine and Director of the Adult Trauma Service at Johns Hopkins on “A Trauma Surgeon’s Perspective on Youth Violence”. In his inspiring presentation and his responses to “5 Questions” (see: <http://news-service.stanford.edu/news/2007/may16/med-cornwell-051607.html>) Dr. Cornwell described how his experiences as a trauma surgeon prompted him to develop community programs in Baltimore in an attempt to help engage teenagers and young adults to reduce gang and community violence. One must admire and praise such a dedicated physician who is willing to go beyond the traditional borders of the medical center to help educate, inform and hopefully motivate vulnerable youth to amend their life styles and escape from the “culture of violence.”

While such efforts are important, I cannot help but express concern that their impact will be overshadowed by some of the societal issues that promote violence and by the ready availability and ease of acquiring guns. This was all too sadly illustrated in the horrible shootings that recently occurred at Virginia Tech, but they occur on different scales and with less notice virtually every day in the streets of cities around this nation. Sadly, better gun control, which would almost certainly impact on some of this violence, remains beyond the political and, dare I say moral, will of this nation. And yet, if effective gun control policies were established and implemented it is most likely that Dr. Cornwell’s efforts would be made simpler – and that violent deaths due to gunshot injuries would decline.

To a not insignificant degree we are increasingly immune to violence, since it comes across our TV each day in the inflicted deaths that occur in global communities – or in the wars between and within nations. So important is this matter that the next issue of Stanford Medicine will be devoted to the topic of “War” – and will be available later this month.

Medical Faculty Prominent as University Faculty Award Honorees

Faculty excellence is measured in many ways, among which are major awards and honors. And what makes Stanford so great is the quality of its faculty and students. Each year the President and Provost honor major award recipients and newly elected members of national academies. This year 121 faculty members from across the university were so honored – ranging from Nobel Prizes and major professional or society honors to election to distinguished honorary societies and academies. We should all be proud to be members of such an outstanding community of scholarship and excellence. I am also proud to note that 50 of these 121 awards were among faculty in the School of Medicine – many of whom I mentioned in prior Dean’s Newsletters. Congratulations to all.

Upcoming Events

Once again the very popular Outdoor Summer Science Talks are being scheduled at the Cantor Arts Museum. Everyone is invited to attend these informative sessions, which are free and open to the public.

Outdoor Science Talk 1 - Thursday, June 28th, 7pm

Regenerative Medicine: What Is It? Where Do We Stand? Where Are We Going?
with Dr. Michael T. Longaker.

Outdoor Science Talk 2 – Thursday, July 12th, 7pm

Recent Advances in Heart Surgery with Dr. Robert Robbins.

Outdoor Science Talk 3 – Thursday, July 26, 7pm

Cool Hands, Better Performance with Professor H. Craig Heller.

Outdoor Science Talk 4 – Thursday, August, 9th, 7pm

Drugs: One Size Does Not Fit All with Dr. Russ Altman

Awards and Honors

Dr. Sarah S. Donaldson, Catherine and Howard Avery Professor and Associate Chair and Residency Program Director for the Department of Radiation Oncology, has just received the Gold Medal from the American College of Radiology. Prior recipients include Marie Curie, as well as former Stanford faculty Robert Reid Newell, Henry Kaplan, and Malcolm Bagshaw. Congratulations, Dr. Donaldson.

Dr. William J. Maloney, Elsbach-Richards Professor in Surgery just been elected to serve as President of the HIP Society starting in 2009. Congratulations, Dr. Maloney.

Dr. Raymond L. Hintz, Department of Pediatrics Professor Emeritus, has been awarded The Human Growth Foundation 2007 Lifetime Achievement Award for his outstanding contributions to the field of pediatric endocrinology and growth. The Human Growth Foundation is a non-profit organization, composed of patients, families, and medical professionals, whose mission is to help individuals with disorders of growth and growth hormone through research, education, support, and advocacy. Congratulations, Dr. Hintz.

Richard W. Tsien, George D. Smith Professor of Molecular and Cellular Physiology at Stanford, has just received the 2007 Gill Award at the annual meeting of the Linda and Jack Gill Center for Biomolecular Science at Indiana University Bloomington, in honor of his career-long contributions to the field of neuroscience.

Appointments and Promotions

- **Penny Gardner** has been promoted to Adjunct Clinical Associate Professor of Pediatrics, effective 5/1/07.
- **Theodore A. Jardetsky** has been appointed to Professor of Structural Biology, effective 6/01/07.

- **John K. Salisbury** has been reappointed to Professor (Research) of Computer Science and Surgery, effective 9/01/07.
- **Carla Shatz** has been appointed to Professor of Biological Sciences and of Neurobiology, effective 6/01/07.

Dean's Newsletter

June 18, 2007

Commemorating Commencement 2007

The year since our last Commencement in 2006 has been a highly memorable one for the Stanford University School of Medicine. It witnessed the remarkable excellence of our faculty with two Nobel Prizes along with more than 50 other major honors, awards and distinctions. It was a time of continued progress in the fulfillment of ***Translating Discoveries***, and included the significant milestone of being named an NCI-Designated Cancer Center. It was a time of compelling basic science discoveries as well as of notable achievements in clinical research and innovations in patient-care. During this past year we recruited numerous extraordinary faculty and leaders and admitted a class of exceptional graduate and medical students who will be joining the Stanford community in late summer. But to the purpose of the moment, on June 16th we celebrated our 2007 Commencement and graduated a class of highly talented individuals who will join the ranks of our bioscience and medical communities. They emerge with extraordinary promise but face significant challenges due to the worrisome climate now casting shadows over the nation's support for biomedical research as well as the continued deterioration of our "healthcare system." It is our obligation to do all we can to foster their future careers and help create the opportunities for their continued success. But it is also my hope – and should be our expectation – that these new graduates will continue the tradition of Stanford by becoming leaders who will transform medicine, science and our society. They are our source of hope and promise and we are proud to celebrate their achievements to date – and to anticipate their contributions for tomorrow.

Reflections – Representing PhD and MD Graduating Students

Joe Dan Dunn, Candidate for Doctor of Philosophy

Graduation. Graduation is what brings us together today. Graduation, that blessed arrangement, that dream within a dream...

At this ceremony marking the end of my formal education, I will tell a story about the beginning. On a warm August day in Texas in the -- let's say -- early 80's, my father

drove me to my first ever day of school. During the drive he explained that I would go to school for only half a day; I would have class in the mornings until Christmas break and then would switch to afternoons for the remainder of the school year. Upon hearing this information, my eyes grew wide, and I exclaimed in dismay, “Christmas? I have to go to school until Christmas?”

Of course, at the time I had no idea that I would be in school not only until that Christmas but also for many, many Christmases to come. My classmates and I chose the long road. Earning a PhD is no quick and easy task but rather an arduous, sometimes lengthy, sometimes very, very lengthy journey. And let us not forget that science can be a particularly harsh teacher.

Why do we do it? Is it for the prestige? The snazzy lab coats? The freedom to work long hours for low pay? The wary, frightened, and rarely respectful glances from the undergrads? No. We do it because, as Antoine de Saint Exupery wrote in *The Little Prince*, “When a mystery is too overpowering, one dare not disobey.” We do it for the thrill of discovery and for the chance to expand the boundaries of human knowledge – even if, admittedly, we only push the boundary back a few millimeters at a time.

And why does it take so long? Is it because *The Onion* consistently publishes such hilarious and distracting articles? No. Borrowing again from *The Little Prince*, it is because, “Straight ahead of him, no one can go very far.” The road to a PhD is often filled with unexpected twists and turns. Indeed, these surprises are what make science so darned interesting. For some of us, an analogy can be drawn between our graduate careers and the plot of the classic Cohen brothers film *The Big Lebowski*: after a series of perplexing and seemingly random observations, we manage to sort through all the strands of data in our heads to solve the puzzles set before us as thesis projects. Of course, our solutions often raise more questions than answers, but hey, we’ve got to save something for future graduate students.

For others of us, our graduate careers are more like the experiences of the protagonists of *Harold and Kumar Go to White Castle*: after a series of mishaps and zany adventures that force us to grow as scientists, we finally reach our goal and earn the degree.

And for all of us, at times it no doubt seemed like we were trapped in an episode of the Teletubbies: upon hearing us present beautiful data from that perfect experiment our advisors would say, “again.”

Regardless of how we reached our goals, the fact remains that my classmates and I have all been deemed worthy of the degrees we sought to obtain. So congratulations to all that are graduating today. And, on behalf of my classmates, I would to thank our advisors, mentors, colleagues, friends, and family for their support over the years... sometimes many years... sometimes many, many years.

In the midst of this celebratory moment I pose a challenge to my fellow graduates: whether you continue to do research, whether you continue to practice medicine, whether

you decide to enter a new field, do what you can to promote science education. A strong science curriculum inspires and prepares the next generation of scientists. Moreover, a solid science education is also critical for the next generation of non-scientists so we can avoid a future in which public health and environmental policy decisions are based on ideologies and political agendas rather than scientific data. I urge you: please, do what you can to defend science.

Graduation is a crossroads of journeys that signifies both an end and a beginning. And so I will close with the following poem from *The Lord of the Rings*:

The Road Goes Ever On and On
*Down from the door where it began.
Now far ahead the Road has gone,
And I must follow, if I can,
Pursuing it with eager feet,
Until it joins some larger way
Where many paths and errands meet.
And whither then? I cannot say*

Joshua Spanogle, Candidate for Doctor of Medicine

Man, what a difference four years to twelve years makes.

I think back to the beginning of school—two weeks into classes and already we magnets for medical questions. Family and friends treating us like we’d been in practice since the Eisenhower administration. The questions about glucosamine and beta blockers, the question about what to do when Zoe got a FruitLoop stuck up her nose. And, my personal favorite: the frantic call from my mother. “Josh, the dog just ate a bug and his head is the size of a basketball.” We fumbled through answers and explanations, we quickly learned that “I don’t know” doesn’t wash with anyone claiming blood ties or history with us. And so we—some of the best and brightest students in medicine—did what any reasonable person would do in such circumstances—we went to Google. Now, years of medical education under our belts, we field more questions about arthritis, high blood pressure, allergic dogs. But this time, we answer right then and there. We are faster, we are smarter. But most importantly, our Google searches are better. And we know about Up-To-Date (folks: don’t ask your kids about Up-To-Date; just assume they’re really, really smart).

But I’m not here to sing the praises of Internet search skills, or even our basic medical training. What I want to talk about is engagement, and I don’t mean the kind that ends with inappropriate speeches by the best man. I’m talking about physician engagement with issues beyond the OR or the clinic. And the reason I want to talk about this is that I believe we’re at an historic moment when it comes to health care in the U.S.

Let me set the stage. 47 million uninsured. Health care spending of over 2 trillion bucks last year, \$6700 for every person in this country. It's expected to be about \$4 trillion by 2015. (To put this in perspective, if you put 4 trillion on a scale, it would weigh more than the sun. Just kidding, but it's a lot of money). On the research side, NIH funding peaked in 2003 and, despite producing some spectacular results, funding has declined (in real dollars) since then. I don't need to tell anyone involved in the hunt for grants that these are, indeed, lean times.

In summary, the health of health care in this country is not what it should be.

Let me set another stage as an example: in the first 100 years of this country 4.6% of members of Congress were physicians. In the past 40 years, 1.1% were.

So, why all the wonky numbers in a graduation speech? For me, it comes down to this: at a time when health care is becoming the largest single chunk of our economy, when it has its fingers deep into the lives of every person here, when the political climate—for the first time in almost 15 years—is truly recognizing the importance of the issue...At this time, physician participation in these immense forces that shape the country's fate—and especially our fate as doctors—is at an historic low.

But why? Why the lack of doctors in public life? People much smarter than I have come up with answers, ranging from the narrow focus of physician education to the demands of daily practice, which don't allow doctors to explore other career options while still caring for patients. The gist of it is that physicians can't focus on anything but either practice and/or research because there aren't enough hours in the day. This, I think, is a problem, not only because it's somewhat disingenuous—there is research that says development of expertise in two disciplines enhances performance in each—but because it deprives society of the unique perspective physicians can provide.

So, am I saying that all of us should chuck our training and run for that open seat in the 9th District? Hardly. However, I am saying that physicians—for themselves and for society—should be more involved in the larger debate, which sorely needs the doctor's voice right now. And the ways in which we can speak up are myriad: through elected politics and policy work, sure, but it can also be through letters-to-the-editor, it can be through business, it can be through art. It can even, God forbid, be through fiction. The important thing is to engage.

And this is the point at which we come full circle: back from the travails of national policy to the Stanford campus, June 16th, 2007. I might be biased, but Stanford Med is doing a better job than any other school in the country to prepare its students for "Engagement with Medicine"—Capital "E", capital "M"—which comes down to a lot more than providing us access to Up-To-Date. Not only has Stanford given us an unparalleled medical education—that goes without saying—it has also allowed us the flexibility to wrangle with the world outside the hospital. And it has supported that endeavor with cold hard cash—a little over \$2 million in student research funds last year alone. These were grants for work in the lab, for work in public policy, epidemiology,

the arts. These were grants for papers that had titles ranging from “Formation, Malformation and Transformation: My Experience as Medical Student and Patient” to “Ensemble molecular dynamics yields sub millisecond kinetics and intermediates of membrane fusion.” Stanford truly has provided fertile ground for scientists, policy experts, advocates, writers and entrepreneurs. From the top down, this medical school recognizes the importance of the physician’s role in society. It recognizes the importance of engagement. This is not trivial. Especially now.

So what are we supposed to do with all this? What do we do with a stellar medical education that pays attention to the “big picture?” Here, I will only speak for myself. Just as I hope to carry my medical education with me for the rest of my life, I hope I will continue to carry the Stanford ethos. In short, I hope I never stop being a Stanford student, though I admit not paying tuition will be a very, very welcome change.

In the end, there is a lot of thanks to go around today. Thanks to the faculty and administration for the dynamic and supportive environment they’ve created. Thanks to my classmates, who’ve already been so engaged and challenging. Thanks to the parents and families, who’ve sweated and sacrificed so we could trudge through fluorescent-lit hospital corridors while the California sun shone outside. And, finally, I trust, someday society will thank Stanford Medical School for the forward-thinking, paradigm-busting physician leaders who get their wings today.

Oh, and one final thing, for the families here. Don’t let all the paradigm-busting, forward-thinking, physician-engagement talk fool you. Even if your kid finds herself cooling her heels in a Senate office someday, she will always—always—have time to take a look at that rash that’s been giving you such trouble lately.

Commencement Speaker: Professor Herb Abrams

Dr. Herb Abrams is Emeritus Professor of Radiology at Stanford, where he has also served as a member-in-residence at the Center for International Security and Cooperation. A world-renowned authority in diagnostic radiology with major leadership positions at Stanford and Harvard, Dr. Abrams has also been a leading figure in issues surrounding the human frailties controlling nuclear arms, the impact of ionizing radiation and nuclear weapons, and the impact of purposeful as well as inadvertent decisions made around nuclear proliferation and war.

In addition to his numerous scholarly articles on diagnostic and particularly cardiovascular radiology, Dr. Abrams was the founding vice-president of International Physicians for the Prevention of Nuclear War, which received the 1985 Nobel Peace Prize. He has received numerous honors for his academic and public policy contributions and I am pleased to welcome him to address you today.

Fourth Dimension of Biomedicine

It's a pleasure and an honor to share some thoughts with the extraordinary women and men this convocation. Yesterday, you were medical and graduate students, and tomorrow you will join the transplanetary society of physicians and biomedical scientists whose lives of service and intellectual engagement have absolutely no bounds. I congratulate you, together with your assembled families, friends and faculty, and welcome you to this unique sisterhood and brotherhood.

I've been asked to say a few words about my career and my involvement in diagnostic imaging and the greater world outside. In brief, I went to medical school to become a psychiatrist; discovered the excitement of internal medicine at the end of my second year; and began to understand in my third year that radiology was the quintessence of diagnostic medicine. Whether it was the brain, the heart, the lungs, or the skeletal system, radiologic imaging provided the road map for virtually all surgical and many medical therapies. After a few post-graduate years in internal medicine, I came to Stanford in 1948 for residency training in radiology. I remained on the faculty, and with the move of the medical school from San Francisco to Palo Alto in 1959, I became professor and director of the diagnostic radiology division. In 1967, I accepted the challenge of developing radiology further at Harvard Medical School as Chairman of the medical school department, with day-to-day operational responsibility for radiology at the Brigham and Women's and Dana-Farber hospitals. I returned to Stanford in 1985, eighteen years later.

Throughout this period, my laboratory and clinical research focused on cardiovascular pathophysiology and imaging. That was the centerpiece of my work in the three dimensions of medicine: patient care, research and teaching. I had the pleasure of doing the first selective coronary arteriogram at Stanford in 1960, and, with Ricketts, of designing and describing in the JAMA the first percutaneous transfemoral pre-shaped catheter method, the basis of modern coronary arteriography.

We're all aware of the breadth and import of those three dimensions, but what in the world is the "fourth dimension," my topic for today? The answer to that question will become clear as I reflect on my involvement in two physician movements during the last century.

Earlier this year, on the weekend of February 23, 2007, I had the opportunity to meet with some of the next generation of leaders in one of those movements, when Stanford was host to the annual national meeting of Students Physicians for Social Responsibility. I was privileged to address and then to listen to 100 bright, energetic and informed attendees from medical schools across the nation present an impressive set of papers on nuclear issues, the environment, and violence prevention at many levels. It was like a shot of adrenaline.

For many years I had served on the National Board of "PSR", as Physicians for Social Responsibility is referred to. It began as an effort by a small number of physicians in late

1961 to “study the dilemma in which the world now finds itself.” This concern was expressed in a series of articles in the New England Journal of Medicine on the human and ecologic effects of a nuclear attack, and the physician’s role in the post-attack period.

PSR, with other groups, was active in demanding a ban on nuclear testing, collecting hundreds of baby teeth and demonstrating that they contained Strontium 90. Together with worried parents, they took the teeth to Washington. As the clamor about the hazards of fallout around the globe grew louder, an atmospheric test ban was proposed and signed on August 5, 1963.

Towards the end of the seventies, PSR was galvanized once more by the heightening alarm over nuclear weapons stockpiles and the tension of the Cold War. After a series of symposia held around the country on college campuses, including Stanford, its membership increased rapidly and many new chapters were formed.

In the summer of 1979, a few of us in PSR joined together to discuss an international organization to form a bridge between the East and West. The goal would be to inform and educate physicians, the public, and policy makers in many nations on the life and health impact of nuclear war. International Physicians for the Prevention of Nuclear War, known as IPPNW, was formally incorporated in the spring of 1980. In March 1981, the first international congress was held, with about seventy participants from the United States, the Soviet Union, Japan, Canada, France, the United Kingdom, Norway, Sweden, and the Netherlands. An appeal to the United Nations and to the heads of all governments emerged from the meeting, urging a set of measures for the avoidance of nuclear war.

IPPNW grew rapidly through the years, with sixty national physician groups meeting in a series of congresses in Cambridge, Amsterdam, Helsinki, Bonn, Moscow, Montreal, Hiroshima, Mexico City, and Beijing. In 1985, it was awarded the Nobel Peace Prize, and as its founding Vice-President, I had the pleasure, along with my wife, of sitting next to the King of Norway at the ceremony in Oslo. The chairman of the Nobel committee explained the choice: “IPPNW has educated us and the world on the dangers to life and health that nuclear weapons represent. The prize expresses a hope that bridges can be built over the chasms that represent our fear of the future.”

With the end of the eighties, we had come a long way from the threat of a massive nuclear exchange between the USSR and the USA. There was a sense of wonder that the Northern Hemisphere had managed to weather the Cold War without an episode of nuclear violence. IPPNW leadership communicated directly with Gorbachev and had major hearings with some in Congress and the executive branch. Doctors were engaged in their traditional role of preventing disease and death. In 1987, with international pressure high, Reagan and Gorbachev signed the treaty to eliminate Intermediate-Range nuclear weapons

Beyond the impact of IPPNW on policy decisions, it provided an extraordinary opportunity for person-to-person exchanges, and ultimately communication with a larger

audience during the Cold War. I was asked to lead a party of eight physicians to the USSR in July 1985. It was a time of tension, the Russians highly suspicious of Reagan's intentions to launch a preemptive strike under an SDI umbrella, the Americans viewing the Soviet nuclear arsenal and policies with great distrust. What good could our visit possibly do?

Importantly, there was the richness of the direct interaction with Soviet physicians and health workers. There was also the unusual opportunity to express the concern of many Americans over the nuclear arms race before large audiences of health professionals, and on Soviet television. During our ten-day visit to Moscow, Tbilisi, Kiev and Leningrad, we presented graphic lectures on the "Medical Consequences of Nuclear War" and documented the sheer size and composition of the Soviet stockpile, side-by-side with that of the U.S. As we concluded our trip with our daily exchange of ideas and observations, there was a powerful feeling that one visit was worth a thousand books.

Subsequently, I was contacted in the United States by the daughter of a Soviet dissident in chronic congestive heart failure, desperately in need of valve replacement. The prosthetic valves were not available in the USSR at the time. When I reached Moscow for an IPPNW meeting, I was able to transfer the valves to the dissident's brother, who came to my hotel from his home in Leningrad. Subsequently, cardiac surgery was successfully performed and he became asymptomatic. IPPNW was the bridge.

At our meeting in Cologne in June 1986, a few of us expressed our concern to our Russian colleagues about a Soviet cardiologist named Vladimir Brodsky, who had been imprisoned as a member of the Moscow Trust Group, the Soviet analogue of Human Rights Watch. We were assured that his case would be pressed with Soviet authorities. He was not released. In early August, I sent a letter to Dr. Chazov, the head of Soviet IPPNW and director of the Moscow Institute of Cardiology, in which I said: "Dear Eugene, I write to you in the hope that it may be possible to follow through on the review of Brodsky's case and have more encouraging news about him in the very near future."

In early September, at the World Congress of Cardiology in Washington, I had breakfast with Chazov. He informed me that Brodsky's wife had already left the Soviet Union and was in Vienna, and that Brodsky was now out of prison, back in Moscow, and would be released within days. Two weeks later, my wife and I were awakened by an excited phone call from Switzerland at 5:00 A.M. from Brodsky and his wife, both now safely out of the USSR, and thrilled to be free. We all had dinner at our house on the campus a few months later, and received a first-hand account of their unhappy journey, and its happy ending.

On May 28, 1987, at the time of the Moscow IPPNW meeting, I met with Andrei Saccharov and his wife, Elena Bonner, and had supper at their apartment. It was only five months before that Gorbachev had invited the great Soviet physicist, architect of the Soviet H-bomb, Nobelist and the USSR's most famous dissident to return to Moscow after seven years of internal exile in the closed city of Gorky. Saccharov had written in 1980 that "the questions of war and peace and disarmament are so crucial that they must

be given absolute priority.” But with Glasnost in the air, the matter of Human Rights continued to pre-occupy him, and his voice was never stilled.

These are just a few examples of the “bridge” function. Beneath a broad umbrella, physicians from vastly different national, geographic, political, ethnic, economic and value-based backgrounds succeeded in carrying on a conversation, effecting change, educating each other and our respective constituencies, and pressuring government to act so as to moderate the huge threat to human health and life. The mobilization of thousands of medical voices towards a life-enhancing societal goal can create a power bloc of great influence.

Participation in such a movement is a single facet of Activism, which I consider the “Fourth Dimension” of Biomedicine. Activism means engagement, involvement, sharing a voice or an activity, individual or joint or cooperative action in an area of need. There are many avenues, levels, and values that converge on the term. It represents an understanding that there are large areas beyond our professional work and achievements that link to urgent continental or planetary needs. It stems from the connectivity of all humans and the awareness of that great universal community in which hundreds of thousands of smaller ones co-exist. It reflects a sense of values that derive partially from the Enlightenment and persist in religious and secular humanism over time.

You may ask, “Why expand the notion of participation in the vast array of areas of need to Stanford medical and graduate students, for heaven’s sake? After all, your projects in the last year or more have taken you to 48 countries in Africa, Asia, Europe, South and Central America and Australia. You have spent time in Zimbabwe, Mongolia, Nepal, Tanzania, Nigeria and China. You were involved not only in research but also in vaccine programs, dehydration assessment, improving maternal health and other important goals.”

The answer is that you are entering a new phase, a giant step on the road to the independent lives you will all lead, with huge demands on your time and energy that may limit your vistas as the 24 hour day consumes you. You may find it difficult to find the time to savor and enjoy the activist experience.

During meetings past midnight in PSR and IPPNW we often asked ourselves, when time was short and competing priorities urgent, what can any one person do? Why waste our energy? Can we justify this “digression” from the professional roles that we have trained for all our lives?

At any juncture in the life of a free society and the democratic process, we ask ourselves the same question: what good does it do? One voice in the wilderness cannot change history; add a few more or even a few thousand more and they represent a tiny fraction of the whole.

But as the day ended in Oslo at the time of the IPPNW Nobel award and the procession moved from downtown Oslo to the Aula, the great auditorium, there was a strong sense

of faith in the renewal of the individual and his ability to have an impact. We could then recall the words of Robert Kennedy in Capetown in 1966:

“Each time a man [or woman] stands up for an idea, or acts to improve the lives of others or strikes out against injustice, he [she] sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring, those ripples build a current which can sweep down the mightiest walls of oppression and resistance.”

Awards and Honors

2007 Stanford University School of Medicine Award for Graduate Teaching

Tim Stearns, Biological Sciences and Genetics

2007 Stanford University School of Medicine Award for Outstanding Service to Graduate Students

Karla A. Kirkegaard, Microbiology and Immunology

Arthur L. Bloomfield Award for Excellence in the Teaching of Clinical Medicine

James Baxter, Medicine

Paul Fisher, Neurology and Pediatrics

2007 Henry J. Kaiser Family Foundation Award for Outstanding and Innovative Contributions to Medical Education

Audrey Shafer, Anesthesiology

The 2007 recipients of the Henry J. Kaiser Family Foundation Awards for Excellence in Preclinical Teaching

Ben Barres, Developmental Biology and Neurology

Gilbert Chu, Medicine - Oncology

Drew Nevins, Medicine – Infectious Diseases

The 2007 Kaiser Family Foundation Awards for Excellence in Clinical Teaching

Paul Fisher, Neurology and Pediatrics

Steven Guest, Nephrology

John Jernick, Medicine – Family and Community Medicine

Franklin G. Ebaugh, Jr. Award for Outstanding Dedication to Advising Medical Students

Elizabeth Stuart, Pediatrics

The Lawrence H. Mathers Award for Exceptional Commitment to Teaching and Active Involvement in Medical Student Education

Neil Gesundheit, Medicine – Endocrinology

The Arnold P. Gold Foundation Award for Humanism and Excellence in Teaching by Residents

Anthony Caffarelli, General Surgery

Shari Chevez, Pediatrics

Gregory Feldman, General Surgery

Noelle Johnstone, Pediatrics

Eliza Long, General Surgery

Aaron York, Psychiatry

The Alwin C. Rambar-James B.D. Mark Award for Excellence in Patient Care

Yasser Y. El-Sayed, Obstetrics and Gynecology

2007 GRADUATES
MASTER OF SCIENCE

Aneel Advani

Biomedical Informatics

Kelly Ann Basinger

Biophysics

Michael Nathaniel Cantor

Biomedical Informatics

Ian Richard Carroll

Epidemiology

Kevin E. Chan

Epidemiology

Alicia Hsin-Ming Chang

Epidemiology

Samantha Pei -Ting Chui

Biomedical Informatics

Lorinda Chung

Epidemiology

Gregory Engel

Epidemiology

Kurt Hwa Huang

Biomedical Informatics

Sun Kim

Epidemiology

Allison Walsh Kurian

Epidemiology

Joseph Eric Levi tt

Epidemiology

Hau Liu

Health Services Research

Christina Tzung-Ying Lu

Biomedical Informatics

Sharon Elizabeth Moayeri

Health Services Research

John Yungjoo Park

Biomedical Informatics

Young Sun Park

Molecular and Cellular Physiology

Erin Gourley Reid

Epidemiology

Julianna Theresa Ross

Microbiology and Immunology

Venkata Ratnam Saripalli

Biomedical Informatics

Michael David Scanlon

Neurosciences

Kanaka Das Shetty

Health Services Research

Trenna Sutcliffe

Epidemiology

Aaron Tam

Biomedical Informatics

Robin Varghese

Epidemiology

Joyce Vilija

Health Services Research

Jonathan David Weiss

Health Services Research

Christine Hyoja Won

Epidemiology

Denise Kar -Yan Woo

Epidemiology

DOCTOR OF PHILOSOPHY

Rosanna ‘Anolani Alegado

Microbiology and Immunology
Characterizing the Processes Involved in Establishment of Salmonella Typhimurium in the Intestine of Caenorhabditis Elegans

Laura Louise Almstead

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Christopher Snow
Biophysics
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Tatana Spicakova
Cancer Biology
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Heather Lynn Stickney
Developmental Biology
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DOCTOR OF MEDICINE

Freddy Abnoui

University of California at San Francisco
San Francisco, CA • Orthopaedic
Surgery

Ellen Marie Anderson

Stanford Hospital and Clinics
Palo Alto, CA • Medicine – Preliminary
Stanford Hospital and Clinics
Palo Alto, CA • Radiation Oncology

Gabriel Juan Aranovich

Health Research Policy
San Francisco, CA • Research

Amit Kamal Bakri

Mount Sinai School of Medicine and
Cabrini Medical Center
New York, NY • Medicine –Preliminary
Brigham and Women’s Hospital
Boston, MA • Diagnostic Radiology

Benjamin Bernard Berk

Boston Consulting Group
Chicago, IL • Management Consulting

Rebecca Katherine Berquist

Stanford Hospital and Clinics
Palo Alto, CA • Pediatrics

Jeremy Todd Blitzer

Synergenics LLC
San Francisco, CA • Investments

Alyssa Ann Brewer

University of California at Irvine
Irvine, CA • Assistant Professor,
Department of Cognitive Sciences

Quetzalsol Felipe Chacon-Lopez

University of California at San Francisco
Fresno, CA • Emergency Medicine

Ian Hing-yeung Chan

Brigham and Women’s Hospital
Boston, MA • Surgery – Preliminary
New York Eye and Ear Infirmary
New York, NY • Ophthalmology

Gwendolen Yat-Quan Chang

Cedars – Sinai Medical Center
Los Angeles, CA • Internal Medicine

Annie Bertha Chao

O’Connor Hospital
San Jose, CA • Family Medicine

Marisa Chavez

Santa Clara Valley Medical Center
San Jose, CA • Obstetrics and Gynecology

Richard Owguan Chen

Santa Clara Valley Medical Center
San Jose, CA • Transitional
Stanford Hospital and Clinics
Palo Alto, CA • Dermatology

Amy Yuen-Yee Chow

Stanford Hospital and Clinics
Palo Alto, CA • Pediatrics

Tracy Dooley

Seven Hills Partners
San Francisco, CA • Investment Banking

Jennifer A. Dorth

Santa Clara Valley Medical Center
San Jose, CA • Transitional
Duke University Medical Center
Durham, NC • Radiation Oncology

Laura Patricia Edgerley

Stanford Hospital and Clinics
Palo Alto, CA • Emergency Medicine

Maria Melissa Enriquez

University of California at Los Angeles
Harbor Medical Center
Torrance, CA • Transitional
University of California at Los Angeles
Medical Center
Los Angeles, CA • Diagnostic Radiology
Department of Radiology

Norman Blank, M.D. Award

Kevin Forsythe

Kaiser Permanente Medical Center
Santa Clara, CA • Medicine –
Preliminary
Mount Sinai Hospital
New York, New York • Radiation
Oncology

Adia Geran George

McGaw Medical Center of Northwestern
University
Chicago, IL • Pediatrics

Oscar Gonzalez

Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Aileen Louise Green

University of Wisconsin School of
Medicine and Public Health
Madison, WI • Family Medicine

Simon Jeremy Hanft

New York Presbyterian Hospital at
Columbia University Medical Center
New York, NY • Surgery – Preliminary
Columbia University Medical Center
New York, NY • Neurological Surgery

Katherine Brooks Harrington

Stanford Hospital and Clinics
Palo Alto, CA • General Surgery

Sarah Lynn Hilgenberg

University of Washington Affiliated
Hospitals
Seattle, WA • Pediatrics

Wan-Jen Hong

Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Thomas Hope

Kaiser Permanente Medical Center
San Francisco, CA • Medicine – Preliminary
University of California at San Francisco
San Francisco, CA • Diagnostic Radiology

Neva Margaret Howard

New York Presbyterian Hospital at
Columbia University Medical Center
New York, NY • Pediatrics

Julie Hanako Ishida

University of California at San Francisco
San Francisco, CA • Internal Medicine

Khaliah Aesha Johnson

Johns Hopkins Hospital
Baltimore, MD • Pediatrics

Peter Matthews Kasson

Stanford University
Childhood Disease Research
Palo Alto, CA • Berry Postdoctoral Fellow

Steven Paul Keller

Massachusetts General Hospital
Boston, MA • Internal Medicine

***The Department of Medicine Allen B.
Barbour Award for Excellence in Internal
Medicine***

Eric Smith Ketchum

University of Washington Affiliated
Hospitals
Seattle, WA • Internal Medicine

Melissa Ketunuti

Georgetown University Hospital
Washington, DC • General Surgery

Matthew Phillip Kirschen

Stanford Hospital and Clinics
Palo Alto, CA • Pediatrics

Sermsin Shaun Kunnavatana

Santa Clara County Medical Center
San Jose, CA • Transitional
Stanford Hospital and Clinics
Palo Alto, CA • Anesthesiology

Ashley Rosanna Laird

University of California at Los Angeles
Harbor Medical Center
Torrance, CA • Emergency Medicine

Sarah Elizabeth Langley

Kaiser Permanente Medical Center
San Francisco, CA • Medicine -
Preliminary
University of California at San Francisco
San Francisco, CA • Anesthesiology

Meagan Frances Lansdale

California Pacific Medical Center
San Francisco, CA • Medicine –
Preliminary
University of California at San Francisco
San Francisco, CA • Anesthesiology

Eduardo Lares

Loma Linda University Medical Center
Loma Linda, CA • Emergency Medicine

Elise Hanna Lawson

University of California at Los Angeles
Medical Center
Los Angeles, CA • General Surgery

Brian Van Le

McGaw Medical Center of Northwestern
University
Chicago, IL • Surgery – Preliminary
Feinberg Medical School of Northwestern
University
Chicago, IL • Urology

Byung Joo Lee

Rhode Island Hospital – Brown University
Providence, RI • Orthopaedic Surgery

Jen-Jane Liu

Stanford Hospital and Clinics
Palo Alto, CA • Urology

Maria Angelica Loza

Arrowhead Regional Medical Center
Colton, CA • Transitional
University of Southern California
Los Angeles, CA • Emergency Medicine

Devanand Sadanand Manoli

University of California at San Francisco
San Francisco, CA • Psychiatry

Erin Carlyle McDonald

Georgetown University Hospital
Washington, DC • General Surgery

Sofia Elena Meraz

Kaiser Permanente Orange County Medical
Center Anaheim Hills, CA • Family Practice

Nesanet Senaite Mitiku

Alameda County Medical Center
Oakland, CA • Medicine – Preliminary
University of Washington Affiliated
Hospitals
Seattle, WA • Physical Medicine and
Rehabilitation

Mary-Elizabeth Muchmore

University of California at San Francisco
San Francisco, CA • Internal Medicine

Deepika Nehra

Massachusetts General Hospital
Boston, MA • General Surgery

Andrew Elliott Neice

Santa Clara County Medical Center
San Jose, CA • Transitional
Stanford Hospital and Clinics
Palo Alto, CA • Anesthesiology

Long Hoang Nguyen

New York Presbyterian Hospital at
Weill Cornell Medical Center Payne
Whitney Psychiatric Clinic
New York, NY • Psychiatry

Nwora Lance Okeke

Duke University Medical Center
Durham, NC • Internal Medicine

Melicent Clare Peck

Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Ravi Ramachandran

Yale New Haven Hospital
New Haven, CT • Orthopaedic Surgery

Samuel Emlen Rice-Townsend

Brigham and Women's Hospital
Boston, MA • General Surgery

Thomas K. Ryou

New York Presbyterian Hospital at
Columbia University Medical Center
New York, NY • Pediatrics

Daniel Robert Sanchez

University of California at Los Angeles
Medical Center
Los Angeles, CA • Internal Medicine

Thomas Solayao Satterwhite

Stanford Hospital and Clinics
Palo Alto, CA • Plastic Surgery

Lauren Quinn Shapiro

Santa Clara Valley Medical Center
San Jose, CA • Medicine – Preliminary
Memorial Sloan-Kettering Cancer Center
New York, NY • Radiation Oncology

Giridhar Mysore Shivaram

Swedish Medical Center
Seattle, WA • Surgery – Preliminary
University of Washington Affiliated
Hospitals
Seattle, WA • Diagnostic Radiology

Leroy Sims

University of California at Los Angeles
Harbor Medical Center
Torrance, CA • Emergency Medicine

Tracy Yuen Linn So

Barnes-Jewish Hospital at Washington
University Medical Center
St. Louis, MO • Plastic Surgery

Farzad Soleimani

Residency to Begin in 2008

Suisui Song

Santa Clara Valley Medical Center
San Jose, CA • Medicine – Preliminary
University of Chicago Medical Center
Chicago, IL • Radiation Oncology

Joshua Paul Spanogle

Stanford Hospital and Clinics
Palo Alto, CA • Medicine – Preliminary
Mayo School of Graduate Medical
Education
Rochester, MN • Dermatology

Patrick David Sutphin

Massachusetts General Hospital
Boston, MA • Medicine – Preliminary
Massachusetts General Hospital
Boston, MA • Diagnostic Radiology

Peter Johannes van Roessel

New York Presbyterian Hospital at
Columbia University Medical Center
New York, NY • Psychiatry

Amy Yomiko Vittor

Hospital of the University of Pennsylvania
Philadelphia, PA • Internal Medicine

Kenneth Dale Westover

Brigham and Women's Faulkner Hospital
Boston, MA • Medicine – Preliminary
Brigham and Women's Hospital
Boston, MA • Radiation Oncology

Lisa Jun-Pei Wong

Colorado Health Foundation
Denver, CO • Transitional
University of Colorado Health Sciences
Center
Denver, CO • Ophthalmology

Amy Pui Wah Wu

University of California at San Diego
Medical Center
La Jolla, CA • Otolaryngology

Celina Mei Yong

University of California at San Francisco
San Francisco, CA • Internal Medicine

It took a lot of organizing, planning and hard work to have the Commencement events run so smoothly. Many thanks to Zera Murphy, Suzanne Bethard, and their team – Ann Davis, Joann Berridge, Jana Baldwin, Mira Engel, Lorie Langdon, Kathy Fitzgerald, Velissa Peairs and Cass Sooter – for a job well done!

Upcoming Events

Medical Grand Rounds – Note: New Day and Location

Starting Wednesday, July 11th Medicine Grand Rounds will occur every Wednesday, from 8 – 9 am, in M-106. For additional information or questions please contact Sarah Pearson at sarahp1@stanford.edu or 650-498-4558.

Awards and Honors

Dr. Donna Bouley, Associate Professor of Comparative Medicine, has won the Dinkelspiel Award for exceptional contributions to undergraduate education and the quality of student life at Stanford. Congratulations, Dr. Bouley.

The following 46 of our students received the prestigious and highly competitive National Science Foundation Graduate Research Fellowships. Several of our students also received Honorable Mention in the NSF Fellowship competition.

Biochemistry

Nicole Cobb

Stephanie Weber

Nicolas Tilmans - Honorable Mention

Biological Sciences

Kevin Miklasz

Jason Ladner

Shelby Sturgis - Honorable Mention

Rachel Adams - Honorable Mention

Andrew Carroll - Honorable Mention

Blaise Hamel - Honorable Mention

Qinzi Ji - Honorable Mention

Maria Spletter - NIH-NRSA Predoc Fellowship

Biophysics

Gregory (Greg) Bowman

Cancer Biology

Alan (Hunter) Shain

Johanna Schaub

Catherine Del Vecchio

Katherine Jameson - Honorable Mention

Kartik Viswanathan - Honorable Mention

Xiao Xu - Honorable Mention

Daniel Dickinson - Honorable Mention

Michelle Marques –Honorable Mention

Chemical and Systems Biology

Denise Chen - Honorable Mention

Developmental Biology

Angela Kulp

Jose Morillo

Abraham (Abe) Bassan

Alya Raphael - Honorable Mention

Paul Nagami - Honorable Mention

Erika Bustamante - NIH Predoc Fellowship

Genetics

Monica Rodriguez

Jamie Conklin - Honorable Mention

David Goode - Honorable Mention

Simona Rosu - Honorable Mention

Eric Van Nostrand - Honorable Mention

Jared Wenger - Honorable Mention

Immunology

Amy Palin - Honorable Mention

Luis Zuniga - NIH Predoc Fellowship

Microbiology and Immunology

Audrie Lin

Junaid Ziauddin

Molecular and Cellular Physiology

T.D. Barbara Nguyen-Vu

Neurosciences

Emily Drabant -

Christopher (Chris) Olin

Joy Wu

Alexander Pollen

Other SoM Graduate Programs**Bioengineering**

Stephen Lee

William Yang

Elbert Hu

Biomedical Informatics

Sarah Aerni

Appointments and Promotions

- ***Sheri M. Krams*** has been reappointed to Associate Professor (Research) of Surgery, effective 7/1/07.
- ***Jun Lin*** has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences, effective 7/1/07.
- ***Jianghong Rao*** has been appointed to Assistant Professor of Radiology, effective 7/1/07.
- ***Zijie Sun*** has been appointed to Associate Professor of Urology and of Genetics, effective 6/1/07.

Dean's Newsletter July 9, 2007

Board of Trustees Approves Plan to Help University Building Projects

In the December 4, 2006 Dean's Newsletter

(http://deansnewsletter.stanford.edu/archive/12_04_06.html) I delineated the plans and timelines for physically transforming the School of Medicine and the Medical Center during the next 10-15 years. Among the major changes being planned are the new Learning and Knowledge Center (for which the preparative is already underway), the Stanford Institutes of Medicine (SIM) 1-3, and the Foundations in Medicine (FIM) 1-3. Some of these (e.g., the LKC and SIMs) are incremental new facilities, whereas others (e.g., the FIMs) are new facilities that replace ones whose life cannot be productively and financially extended (e.g., Gale, Alway, Lane and Edwards buildings). To make room for these new facilities, an exciting new master plan for the Medical School has been developed which, when completed, will result in a wonderful environment for learning and research that is closely aligned to patient care facilities, and that will serve future generations of students, faculty and staff deep into the School's next century. Equally important, the transformed medical school campus we are now developing will offer important connections and alignments to the University, particularly to the Schools of Engineering and Humanities and Sciences. These physical contiguities help make Stanford unique and promote and facilitate the exciting interdisciplinary programs in research and education underway and being developed.

In tandem with the developments on the School of Medicine footprint, we are also collaborating with the School of Engineering in the development of a new Bioengineering building that will be housed on the Science and Engineering Quad 2 (SEQ2). We are also working with our colleagues at the Palo Alto VA Medical Center to develop one or more research facilities that will facilitate and enhance selected areas of program alignment. It is important to point out that these exciting and transformative changes are guided by the results of our comprehensive Strategic Planning efforts over

the past several years that helped define our overarching mission in *Translating Discoveries*, and closely connect our defined missions in education, research and patient care.

The construction plans of the School of Medicine are coupled with equally exciting and compelling plans at the Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCCH). To provide the highest quality patient care and service as well as meet California seismic mandates, SHC is planning a replacement hospital facility that will ultimately provide the most advanced patient care facilities available. Similarly, LPCCH will be expanding its facilities so that it can continue to provide the most sophisticated and highest quality pediatric services. The timing of these new hospital facilities will also occur during the next 10-15 years. Thus at the conclusion of this process Stanford Medicine will be even better able to serve patients from our communities locally and beyond so that they will benefit from the important innovations and discoveries made by our faculty and students. Taken together we have crafted a bold vision for the future – but one that is compatible and consonant with a world-class institution and the spirit of the *Stanford Challenge* (http://deansnewsletter.stanford.edu/archive/10_23_06.html).

Needless to say, bold visions are also expensive and when the new facility and related infrastructure projects are combined, the cost for just the School of Medicine components of these projects is currently estimated at approximately \$1.3 billion in cost-inflation dollars. Of course we have coupled our facilities planning with equally comprehensive financial planning to assess the feasibility of these projects as well as equally detailed program planning to assure that the projected space will support our long-term program plans and requirements. While portions of these facilities will be funded through debt as well as school and departmental resources and from the President's fund, the largest source is projected to come from philanthropy. Accordingly, we have also been deeply engaged in expanding our Office of Medical Development and in working closely with both Medical School and University leaders to help raise the funds necessary to move these projects forward. This will be a constant and ongoing process but it is important to note that we are making real progress thanks to the efforts of many individuals – especially the wonderful members of our community locally and globally who are stepping forward to help support our facilities and programs. We are deeply appreciative of these wonderful gifts and contributions, and will do all we can to honor those who have placed their trust and resources in helping to make Stanford a leading research-intensive School of Medicine for the 21st century.

Despite our progress to date, it is clear that the challenges before us are significant because of the size and scope of the transformative plan we envision. This is also true of the broader University's plans envisioned through the *Stanford Challenge*. While significant progress has already been made toward the \$4.3 fundraising goal that was announced with the Stanford Challenge in October 2006, it is widely appreciated that raising support for facilities is particularly difficult. Since it is recognized that committing significant resources to capital projects from operating and reserve budgets would require limiting program development throughout the university, the Board of

Trustees has considered a number of options and alternatives. While one approach might be to fund projects through increased debt borrowing, this runs the risk of seriously impacting future resources that might be available for the University as well as the School of Medicine. There needs to be a balance between how much debt is leveraged to support capital programs. Further, the Trustees, who are the ultimate fiduciaries for the University, want to be mindful of how resources from sources like endowments are available to future generations, as well as to those currently responsible for the stewardship of Stanford. Recognizing these challenges, the Board of Trustees announced a decision on June 13, 2007 to increase the endowment payout rate from 5% to 5.5% for the next five years. This increased payout will free up unrestricted funds that can be dedicated to support major facility projects. Because the annual returns on the “Merged Endowment Pool” has averaged 15% during the past 25 years, increasing the payout rate now will provide an immediate source of funds with relatively minimal impact on the long-term financial viability of the university’s endowment. This higher payout rate will be monitored closely with adjustments made should the current market forecasts change. With this decision, each school has been asked to develop plans by which unrestricted general funds can be used for major facility projects.

Because endowment income must be spent in accordance with the specific restrictions of each endowment (and there are over 6000 separate endowment accounts throughout the University!), it is envisioned that the incremental endowment income can be used in place of unrestricted school funds that would be allocated through the operating budget and related programs. Each School has been asked by the Board of Trustees to set up account(s) for the dollars that would be sequestered by this process and which would be used to help support major facilities. Because the School of Medicine is a “formula school”, we have been working on a plan that will permit us to achieve the directive of the Board of Trustees based on the School’s endowment resources – which were at \$2.13 billion as of April 30, 2007. The school’s endowment is located in a wide variety of accounts including central and department funds and endowed professorships– which in the aggregate will yield more than \$26 million in incremental payout per year under the new Board of Trustees’ policy. To assure that we can fulfill the Board of Trustees’ mandate, the Dean’s Office will be working with central funding sources as well as those held in departmental and professorship accounts to permit the appropriate exchanges to take place. Importantly this will **not** result in any decrement of funds coming to faculty, departments or school than would have taken place in the absence of this change in endowment payout policy – which is good news. Indeed had the Board of Trustees not taken this important decision, it is likely that reductions in general operating dollars would have been necessary to meet essential capital developments. Notably, these capital projects can also be envisioned as the conversion of selected financial assets into physical assets – both of which are part of the endowment we will leave to future generations of students and faculty.

While the implementation of this new policy will require the cooperation of faculty and departments, it offers an important step in helping to achieve the facilities plan that I outlined above. While we will continue to raise as many funds as we can from philanthropy, this new policy will reduce the need to leverage excessive debt and will

help provide resources to support projects that may be less achievable from fundraising sources. It should be obvious that the Board of Trustees and University leadership will be closely monitoring how we utilize these resources and whether we are fulfilling their expectations based on this important financial decision. I am confident that we will do so – and pleased that these new resources will help us with the transformative facilities plan that I summarized above and that I have discussed in more detail in prior Newsletters. Unquestionably this is a major step forward for the School of Medicine and the Stanford University.

Defining the Research Laboratory of the Future

To help guide our thinking about the size and scope of the research laboratory of the future, I charged a group of faculty and staff to examine this issue. The goal of this committee was to offer as enlightened a view as possible on how we should best plan for new laboratory space – whether in the SIMs or FIMs – and how research space should be most optimally utilized in the decades ahead. A group of faculty and staff led by Nancy Tierney, Tim Gadus, John Pringle and Daria Mochly-Rosen grappled with these questions, sought advice from the research community at Stanford (over 200 faculty responded to a survey on this issue) and, based on this work, generated a thoughtful and helpful report. You can access their May 2007 report on “Defining the Research Facilities Model of the Future” at

<http://medfacilities.stanford.edu/space/downloads/TaskForceReport.pdf>. I would encourage you to review their report and offer any additional comments you have to Nancy Tierney or John Pringle. In turn I want to thank all who worked on this committee or who contributed to the data collection. This work is already helping to shape our planning for future research facilities at Stanford.

Getting Our Message to the Community on Hospital Renewal and Expansion

As I described above, the Medical Center facilities plans include major capital projects for the School of Medicine, Stanford Hospital & Clinics (SHC) and the Lucile Packard Children’s Hospital (LPCH). These essential projects are critical to the future of the Medical Center and the communities it serves. While the entirety of the hospital renewal and replacement projects are all in the City of Palo Alto, the facilities projects of the School are only partly in Palo Alto (e.g., the Foundations in Medicine (FIMs) that replace the Gale, Alway, Lane and Edwards buildings); the remainder of the facilities projects (e.g., Learning and Knowledge Center and the Stanford Institutes of Medicine 1-3) are governed by the County of Santa Clara and the “General Use Permit (GUP).”

Accordingly, together with the leaders at SHC and LPCH we have been working closely on the “Entitlement Process” with the City of Palo Alto. Because some of you reside in Palo Alto and others have friends and colleagues who do, it is important for each of us to be cognizant of the key reasons why the hospital replacement and renewal projects are so critical and essential to our community. I would like to share some of the reasons with you so that if you are queried, you can respond knowledgeably. Equally importantly I would hope that you would serve as an advocate for these important projects. If you have questions or concerns, please do not hesitate to raise them with me or other leaders in the Medical Center.

Among the major reasons why we (the School, SHC and LPCH) believe the Stanford renewal and replacement projects are so important are:

- **Our patients deserve the best medical care in modern facilities:** New medical innovations and discoveries emanating from basic and clinical research help to assure advances in patient care. Moreover, complex treatments available at SHC and LPCH require a new design for modern facilities. We want to ensure that our quality of care will continue to keep pace with cutting edge technologies and advances in new treatment strategies that optimize patient recovery. Our new facilities will take advantage of the tremendous benefits that emerge from having the hospitals and the School of Medicine housed together. It also means that medical breakthroughs developed at Stanford and in conjunction with the biotechnology and device industry that is uniquely available in Silicon Valley will thus be available in our immediate community.
- **We want to be here when you need us most:** Whether it's a personal emergency, a pandemic or environmental catastrophe (like an earthquake), we want to make certain that we're here for the Palo Alto and the surrounding communities – at the time they need us most. Right now we are turning away hundreds of patients who need emergency or state-of-the-art medical care because of the limitations on our facilities. Rebuilding our hospitals to make them earthquake safe and expanding our emergency capacity will ensure we will be available to help our community in the times of greatest need.
- **We need to take down the “No Vacancy” Sign:** The hospitals must have more space to meet the growing needs of our community. LPCH has an acute shortage of beds and has been forced to turn away critically ill children and refer them to other facilities. SHC cannot admit many adult patients because of a shortage of rooms. Moreover, better management of infectious diseases, single patient occupancy rooms – something that would exist in the new facilities - would facilitate medical and surgical treatments and patient recovery. In addition, the Emergency Medical Facilities for SHC and LCPH are seriously undersized and need replacement.

These are just some of the important factors that mandate the hospital renewal and replacement projects. This month SHC, LPCH and the School sent out some 80,000 copies of the first edition of Stanford Medicine News, a new publication designed to provide updates to the community on the important activities taking place at the Medical Center. Palo Alto is unique in having such an extraordinary medical resource in its own backyard and we need to do all we can to help educate our community about why the preservation and enhancement of the Medical Center is essential to the health and well-being of our community. I hope you will do all you can to help with this education process.

A Focus on Quality

There is an increasing public focus on the quality of patient care being provided at community and teaching hospitals reflected in publicly accessible reports that compare hospitals locally and nationally on various quality outcome measures. This is being coupled with an effort by a number of payers, including CMS (the Center for Medicare and Medicaid Services) to link hospital payments to comparative performance. Among the most well known sources now providing information about hospital and physician performance are the *University Healthcare Consortium*, *Leapfrog*, *Hospital Compare* and *US News & World Reports*. While some are reputation scores, an increasing number are based on more objective metrics of quality performance. Certainly among our very highest institutional priorities is the delivery of the highest quality patient care possible. But it is also clear that our reputation – and financial success as a medical center - will be strongly impacted by how we perform on a variety of quality metrics in comparison to peer institutions. Indeed recent months have seen dramatic reports of hospital success or failure based on how well institutions measure up to these comparative metrics. Needless to say, the scope and validity of the quality measures that are chosen by various organizations can impact outcomes – as can the types of patients and severity of illness being treated at any one center. While innovation and discovery are important aspects of our mission and can differentiate us from our peers, we also need to measure up on the comparative metrics that are being employed. And while many physicians and faculty may quickly retort that these comparative metrics are inappropriate for their type of practice or what they believe constitutes “state-of-the-art” care, especially if they are not rated favorably, such protestations will accomplish little other than deflect us from the reality that irrespective of our opinion, we must work to achieve success on the comparative metrics as a starting point. That said, we can also embrace quality measures into our culture and academic enterprise and thus help shape the national discourse taking place on which metrics to employ and what truly represents outstanding quality of care. But we will only have a voice that will be listened to when we offer our comments and recommendations from a platform of excellence in the defined metrics of quality.

Some of our plans and efforts to achieve outstanding quality of patient care were recently presented to the Board of Directors at SHC and LPCH as well as to the Medical Center Committee of the Board of Trustees. These have been based on joint efforts of faculty and school leaders and hospital leaders. A highly successful program focused on quality and safety has been in place at LPCH for the past 5 years and has yielded considerable success. Indeed, LPCH has received recognition from payers such as Aetna and Blue Shield for “Excellence in Patient Safety and Health Care Quality.” Moreover, LPCH recently ranked #1 in the nation by the Leapfrog Survey assessing evidence-based measures of quality and safety; it has also had the distinction of being a two-time winner of the “Race for Results” from CHCA and its national prominence has enabled LPCH to help shape the debate and discussion about efforts to improve patient quality and safety. Importantly, there is an alignment of faculty and hospital leaders at LPCH in these areas along with a culture of oversight and expectation by the hospital Board of Directors that helps assure continued process improvements. While the metrics used in assessing pediatric practice are simpler and perhaps less rigorous than those being employed at

adult hospitals, LPCH is well positioned to continue to improve and to address the new challenges that will unfold in the years ahead.

During the past six months, leaders at SHC and the School of Medicine have worked diligently to develop additional programs and opportunities to enhance their integrated performance on meeting quality and safety metrics. These efforts will be overseen by the Hospital CEO and Dean and will regularly present progress reports to the SHC/SoM community and its Board of Directors. Dr. Kevin Tabb, Chief Quality and Medical Information Officer at SHC and Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs, have overseen a comprehensive Working Group on Quality to generate programs and policies to improve patient quality for SHC. A number of clinical department chairs and hospital leaders participated in this process which made clear that to be successful in this arena, every chair, deputy chief and medical director needs to develop explicit requirements in patient quality for every member of the medical staff. To help facilitate this, we will seek ways for quality patient care performance to be integrated into both the appointment and promotions process for clinical faculty and also into incentive performance bonuses. In tandem, a curriculum will be developed on patient quality that will be used to teach and guide medical students, residents and fellows about the importance of a systematic approach to patient quality. Indeed it is recognized that these metrics will be a critical facet of patient care systems forever more.

To help monitor and facilitate the organizational and the cultural changes that are needed to create a broad medical center climate of quality, SHC is investing considerable resources to expand its quality improvement and patient safety department and to align these services the medical directors and clinical chairs to develop specific quality improvement plans, data analysis and reporting. Of course this will require clinical chairs to personally review and act on these data and to develop annual quality improvement action plans with clear timelines. To underscore the importance of these efforts, senior hospital leaders as well as chairs and school leaders will be evaluated on their performance (and that of their faculty and staff) and have a portion of incentive compensation linked to outcomes.

To help further our efforts in quality it is also planned that SHC and the School of Medicine will create a Center for Quality and Effectiveness that will enable Stanford to lead in clinical quality and in research and scholarship for quality and effectiveness. This new Center will help develop processes and outcomes to assess clinical care, address the gap between outcomes achieved in clinical research and those achieved in clinical practice and help remediate the inequalities in health care access and outcome impacted by factors such as race, gender, and social class among others. I am pleased to note that Dr. Ralph Horwitz, Arthur L Bloomfield Professor of Medicine and Chair of the Department of Medicine has agreed to lead the development of the Center for Quality and Effectiveness.

It is also clear that being transparent about our outcomes and quality metrics, including both areas of success or failure, is of critical importance. Accordingly, a biweekly “quality alert” report is now being sent to hospital and faculty leaders. Moreover, within

six months SHC plans to proactively publish institutional core measures of performance on its own website – a practice that has already been established at LPCH. In addition to regular communications and updates at departmental meetings, the Council of Clinical Chairs, Board of Director meetings, etc., we will also host an annual “quality summit” that brings together faculty, community and hospital leaders to assess where we are – and where we need to go – to become a true leader in this emerging field.

Importantly a number of these activities, policies and programs have been or will soon be launched. While this is important it is abundantly clear that ongoing and across the board efforts will be needed if we are to be successful. Indeed, every community and faculty physician, each chair and medical director and hospital staff– together with School and Hospital – must be continuously engaged, responsible and accountable if we are to be successful. And there is no choice - successful we must be.

A Ban on Industrial Support is Likely to Extend to CME at Stanford

In October 2006 the School of Medicine, together with the Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital, took a national leadership position by instituting a ban on gifts from industry to support educational and related activities (see: Stanford Industry Interactions Policy at <http://med.stanford.edu/coi/siip/>). As we and other institutions, along with a number of regulatory and legislative bodies, examine the data on an additional issue – the interactions of industry with Continuing Medical Education (CME) - the findings are disturbing. In a Perspective article by Dr. Robert Steinbrook entitled “Commercial Support and Continuing Medical Education” in the *New England Journal of Medicine* (2005; 352:534-435 – see: <http://content.nejm.org/cgi/content/full/352/6/534>) it was noted that the majority of support for CME in the USA came from commercial sources – a trend which has continued and even accelerated in recent years - and that now accounts for nearly two-thirds of the cost of current CME activities. While industry claims that that they have a hands-off policy on how these funds are used, the reality appears to be much more intertwined – with promotion of speakers, topics, etc – with the money not infrequently provided through third-party sources.

Oversight of CME takes place through the Accreditation Council for Continuing Medical Education (ACCME), a regulatory body that has tried to create policies to protect the integrity of the education mission. In reality, many of the policies are adaptations to existing realities and raise the very real question of whether truly unrestricted pharmaceutical and device industry support for CME can be achieved in the current climate. While many CME activities take place under the banner of medical schools and teaching hospitals, it should also be noted that a number of for-profit CME organizations have been established that are actively and robustly supported by industry. In fact, in the absence of industrial support, most CME programs could not be solvent – or competitive.

Because CME is required for medical recertification, every physician is required to accrue CME credits each year. Medical schools and medical centers use CME for education as well as for marketing – and so does industry. The negative features

associated with these interrelationships have prompted two recent Congressional hearings, led by Senators Herb Kohl (D-Wis.), Max Baucus (D-Mont.) and Charles Grassley (R-Iowa). In fact, it seems only a matter of time before some forms of regulation are imposed. But regardless of such activities, it is both prudent and responsible for leading institutions to re-examine their CME programs, how they are configured, what they seek to accomplish, and how they are supported. I have asked Drs. Rob Jackler, our newly appointed Associate Dean for Continuing Medical Education, and Myriam Curet, Senior Associate Dean for Graduate Medical Education, to examine this issue and make recommendations to current practice within the next four months. As we did when we established our Stanford Industry Interaction Policy, I am interested in your thoughts and opinion on this topic and thus seek your opinion. Were we to ban industrial support for CME (unless it was clearly and unequivocally unrestricted) it would surely have a number of consequences – both locally and nationally. But it is important that we do the right thing to support the integrity of our programs and our missions in education.

Smoke Free Medical School Goes Into Effect in August

In the April 9th, 23rd and May 21st Dean's Newsletters (see: http://deansnewsletter.stanford.edu/archive/04_09_07.html#1, http://deansnewsletter.stanford.edu/archive/04_23_07.html#7, [http://deansnewsletter.stanford.edu/archive/05_21_07.html #1](http://deansnewsletter.stanford.edu/archive/05_21_07.html#1)), I highlighted some of the recent debates and discussions that have taken place in recent months on the tobacco industry, focusing more specifically on whether or not universities should accept funds for research from this entity. I also noted that even though the University elected to sustain its policy stating that "*individual scholars should be free to select the subject matter of their research, to seek support from any source for their work and form their own findings and conclusions*", on a related matter, the School of Medicine's Executive Committee agreed that it was appropriate to extend the non-smoking policy to cover the entirety of the medical school campus – both inside and outside. This is part of a broader effort to do what we can to promote health among our faculty, students and staff – which includes fostering some activities (like exercise and proper nutrition) and avoiding others (like smoking). Our "Tobacco Free Campus" policy will go into effect on August 1st. I will be sending you more specific information about what this will mean – especially the boundaries for smoking on the medical school campus.

To that regard it is interesting to note that the Cleveland Clinic has just announced a new nonsmoking hiring policy that commenced on July 1st that will ultimately restrict employment to individuals who are unwilling to cease tobacco use through smoking cessation programs. The basis for this decision rests on their commitment as an institution to promote healthy living – especially recognizing that smoking contributes to a number of serious chronic as well as life-threatening illnesses that cost approximately \$75 billion annually in direct and indirect medical costs. Their goal is to play a more proactive role in reducing health care costs by promoting health and wellness.

Clearly the Cleveland Clinic has taken a much stronger stand than we are taking on the issue of tobacco use. But I hope that the policies we are putting into place in the School

of Medicine will help reinforce that smoking is seriously detrimental to health. Coupled with that message will be a series of resources that will appear on a new website to help members of our community engage in smoking cessation programs or pursue other health improvement activities that better promote individual and our collective wellness.

Planning for the Future: Appointment of a Senior Faculty Transition Task Force

There is broad consensus about the importance of mentoring and counseling at the early stages of one's career in medicine and science. There is also recognition that mentoring and career guidance is helpful – and indeed important – throughout one's career. But there is little if any attention paid to guidance or mentoring that may take place at the later stages of one's career. Given the fact that many scientists and physicians are living longer – and working longer – the lack of such guidance is a problem – or at least a challenge.

The need to better formalize our approach to senior faculty transitions was illustrated to me in a discussion that I had with Dr. Gary Schoolnik, Professor of Medicine (Infectious Diseases and Geographic Medicine) a few months ago. Dr. Schoolnik pointed out that he was at an interesting point in his own career – he is well-funded by the NIH, highly productive as an internationally recognized physician and scientist, but cognizant that now entering his early sixties, he should be giving some thought to his own transitions – as a faculty member, investigator, clinician and citizen. But he was also aware that there were no defined individuals or programs to whom he might turn for advice. As we discussed this important topic together with Dr. Harry Greenberg, Senior Associate Dean of Research, I felt that this was an issue that requires some thought and a more formalized approach. Simply put, there is every reason to be as responsive to senior faculty and the issues they face in their lives and careers as we are to more junior faculty and trainees.

Accordingly, I asked Dr. Schoolnik to serve as the Chair of a Senior Faculty Transitions Task Force and also appointed Dr. Kathy Gillam, Senior Advisor to the Dean to serve as Co-Chair. Members of the Task Force include Professors John Boothroyd, Regina Casper, Linda Cork, Harry Greenberg, Peter Gregory, Bob Lehman, Michael Levitt, Jim Mark, Chirsty Sandborg and Stanley Schrier along with staff members Rob Krochak, Ellen Waxman and Sam Zelch.

The charge to this Task Force is to come up with policies, procedures and resources through which advice and guidance can be provided to senior faculty about career and life planning. For some faculty this might involve changing the size or scope of their research - which could mean downsizing for some or increasing the allocation of their effort for others. Similarly this might result in changes in clinical activities and responsibilities or different roles in education or administration. For other senior faculty this may mean opportunities outside of medicine in either the public or private sector. The Task Force is cognizant that a number of factors impact a senior faculty member's decisions and options – including personal factors (e.g., marital status, personal finances, health and family issues, etc.) and professional issues (e.g., research funding, size of lab

group, clinical activities and proficiencies, etc.). There is also a broad range of desires and expectations – some individuals wish to continue working whereas others contemplate retirement or some transition. That said, we anticipate that these issues will increase in the future as our faculty ages and as longevity permits individuals to stay in the workforce much longer than in previous generations. Interestingly, as we were preparing our agenda for this Task Force I noted that some of the issues we are concerned about have a broader platform as pointed out in a recent editorial in the June issue of Nature Medicine (2007; 13:649) entitled “The Young and the Restless” (see: <http://www.nature.com/nm/journal/v13/n6/full/nm0607-649.html>) which unfortunately pits young faculty against old – but also raises important issues and needs for senior faculty.

From my point of view the major reasons for addressing this important issue is to be proactive and helpful. I am well aware that the decisions about transition are highly individualized and I want to underscore that when I refer to transitions I am **not** specifically highlighting retirement or becoming *emeritus* per se. Indeed I would argue that most of our senior faculty are more interested in how their personal transition, whatever form it takes, is associated with new opportunities and challenges – whether in education, research, patient care or other activities within the university or community. My hope is that our Task Force will help guide the kinds of resource or mentoring/career advice programs. Indeed we should be thinking about making Senior Transitions another exciting facet of a career in academic medicine and science.

The Task Force is already engaged, gathering data and setting agendas. I hope that we will have more to report on this important issue later this year.

Upcoming Events

The first of the Outdoor Summer Science Talks at the Cantor Art Museum was very successful. Everyone is invited to attend the next sessions, which are free and open to the public.

Outdoor Science Talk 2 - Recent Advances in Heart Surgery

Dr. Robert Robbins

Thursday, July 12th, 7pm

Outdoor Science Talk 3 - Cool Hands, Better Performance

Professor H. Craig Heller

Thursday, July 26, 7pm

Outdoor Science Talk 4 - Drugs: One Size Does Not Fit All

Dr. Russ Altman

Thursday, August, 9th, 7pm.

Awards and Honors

- **CIRM Awards**

As you will hopefully recall from prior Newsletters, Stanford has been extremely successful in successful awards from the California Institute for Regenerative Medicine. What is likely less apparent, but equally important, is that our Research Management Group (RMG) has also been a leader in working through the administrative and financial issues related to the applications – such that Stanford will be the first to receive the funding for these awards – which is great news. So, in addition to thanking our faculty I also want to thank our RMG staff for their leadership and diligence that has helped make us a leader in science and research administration!

- **Dr. Marilyn Winkleby**, Associate Professor of Medicine and Director of the Stanford Medical Youth Science Program, in collaboration with Drs. PJ Utz (Medicine), Barry Starr and Rick Myers (Genetics) and Parvati Dev (SUMMIT) received the wonderful news that their proposal is one of 31 in the nation that will receive funding from the Howard Hughes Medical Institute “to provide a unique opportunity for the biomedical research community to provide hands-on experiences and rich content to students and teachers, extending their impact to a broader range of the education continuum.” In this competition, 297 institutions were invited to submit proposals and based on these submissions, HHMI has awarded \$1.5 billion in grant support (Stanford will receive \$748,330).

Based on their proposal, the Stanford plan “will help sustain, integrate, and expand three exceptional biomedical outreach programs in the fields of Medical Sciences, Immunology, and Genetics within the Stanford University School of Medicine. The three existing programs will form the foundation for integrated and new activities for high school students, teachers, Stanford students, families, and the community that are not possible through the individual programs. The Initiative will offer scientific training to high school students, with a special emphasis on low-income and ethnic minority students who are in great need of science education. Centered in Santa Clara County, California, the Initiative will draw on local scientific resources and expertise to specifically target the County’s large underserved population and will expand activities to the 11 under-resourced high schools in the San Jose East Side Union High School District that serves 20,000 students.”

This is exciting news for Dr. Winkleby and her collaborators and will permit them to continue offering exciting programs to students and our community. Please join me in congratulating Drs. Winkleby, Utz, Starr, Myers and Dev.

Appointments and Promotions

- **Stéphan Busque** has been reappointed to Associate Professor of Surgery (Transplantation), effective 7/1/07.

- **Eliza F. Chakravarty** has been reappointed to Assistant Professor of Medicine (Immunology and Rheumatology), effective 7/1/07.
- **Lisa J. Chamberlain** has been appointed to Assistant Professor of Pediatrics (General Pediatrics) at the Lucile Salter Packard Children's Hospital, effective 6/1/07.
- **James Chang** has been promoted to Professor of Surgery (Plastic and Reconstructive Surgery) at the Veterans Affairs Palo Alto Health Care System, effective 6/1/07.
- **Alexander D. Colevas** has been appointed to Associate Professor of Medicine (Oncology) and, by courtesy, of Otolaryngology – Head and Neck Surgery, effective 6/1/07.
- **Tina Cowan** has been reappointed to Associate Professor of Pathology and, by courtesy, of Pediatrics (Medical Genetics), effective 7/1/07.
- **Lauren Gerson** has been promoted to Associate Professor of Medicine (Gastroenterology & Hepatology), effective 6/1/07.
- **Iris Gibbs** has been promoted to Associate Professor of Radiation Oncology, effective 7/1/07.
- **Louis P. Halamek** has been reappointed to Associate Professor of Pediatrics (Neonatology) at Lucile Salter Packard Children's Hospital and, by courtesy, of Obstetrics and Gynecology, effective 6/1/07.
- **Paula J. Hillard** has been appointed to Professor of Obstetrics and Gynecology, effective 7/1/07.
- **Susan Hintz** has been promoted to Associate Professor of Pediatrics (Neonatology) at the Lucile Salter Packard Children's Hospital, effective 6/1/07.
- **Kathleen Horst** has been appointed to Assistant Professor of Radiation Oncology, effective 7/1/07.
- **John R. Huguenard** has been promoted to Professor of Neurology and Neurological Sciences and, by courtesy, of Molecular and Cellular Physiology, effective 7/1/07.
- **Ruth B. Lathi** has been appointed to Assistant Professor of Obstetrics and Gynecology, effective 7/1/07.
- **Henry Lowe** has been reappointed to Associate Professor (Research) of Medicine (Medical Informatics), effective 7/1/07.
- **Eric W. Olcott** has been reappointed to Associate Professor of Radiology at the Veterans Affairs Palo Alto Health Care System, effective 6/1/07.

- ***Daniel Palanker*** has been promoted to Associate Professor (Research) of Ophthalmology, effective 7/1/07.
- ***Christopher K. Payne*** has been reappointed to Associate Professor of Urology, effective 6/1/07.
- ***Priscilla S.A. Sarinas*** has been reappointed to Associate Professor of Medicine (Pulmonary and Critical Care Medicine) at the Veterans Affairs Palo Alto Health Care System, effective 6/1/07.
- ***Glyn Williams*** has been reappointed to Associate Professor of Anesthesia, effective 6/1/07.
- ***Sherry M. Wren*** has been promoted to Professor of Surgery at the Veterans Affairs Palo Alto Health Care System, effective 6/1/07.
- ***Wei Zhou*** has been appointed to Associate Professor of Surgery (Vascular Surgery) at the Veterans Affairs Palo Alto Health Care System, effective 7/1/07.

Dean's Newsletter

July 30, 2007

Summer Transitions

For much of the University, the summer session that begins after commencement is a quieter time, with the undergraduate students largely gone and faculty away or otherwise engaged. In contrast, the Medical School and Medical Center hardly miss a beat in summer – and in many ways there is a flurry of activity. New interns, residents, fellows and postdocs arrive and begin their graduate or postgraduate training in clinical medicine and/or research. And with that our Medical Center community is infused with new perspectives, energy and opportunities. On the administrative side, summer brings to conclusion the final phases of budget setting, faculty reviews and salary assessments for the new academic year, which begins September 1st - among many other activities. So, the so-called “lazy days of summer” are more wishful thinking for the Medical Center – although many do take some time for well-deserved vacations. And the Dean's Newsletter often moves to a less regular schedule during the summer months – offering a vacation of sorts to readers and, of course, to its writer!

Healthcare Up in the Air

The good news is that discussions and debates about healthcare in America are on the rise. With the early staging of the Republican and Democrat presidential debates fully underway, commentaries, reflections and recommendations about healthcare in America have become increasingly prominent. And while sweeping changes on the federal level

seem unlikely, at least for now, a number of states are moving forward with healthcare reforms of their own. For example, Vermont proposes to introduce a new state-subsidized health plan to cover the approximately 10% of its citizens who are currently uninsured. Concurrent with this, Vermont also seeks to focus on preventive care and better management of chronic illness as a way of controlling costs. Maine is also seeking a program to enroll the 130,000 state residents who lack insurance in an affordably priced plan from a private insurer based on a sliding scale of household income. And Massachusetts is attempting to institute its “nearly universal” coverage of nearly half a million residents who lack health insurance.

These New England plans, along with the one proposed for California, which I previously reviewed in the *Dean's Newsletter* (see: http://deansnewsletter.stanford.edu/archive/03_12_07.html#1), all strive to address the rising costs of healthcare along with the problems of access and of the large number of uninsured individuals. They also, to varying degrees, include a sharper focus on prevention, wellness and quality. These efforts are all admirable and one hopes that each will be successful— or at least that they will provide an opportunity to assess different approaches to solving this country's health care challenges. While it is important for states to move forward where the federal government or nation as a whole has been unable to do so, it is also clear that the mobility of our citizenry and the porosity of state borders, among many other factors, will eventually make a national solution essential. But what will that look like and when will it happen?

While I promise not to lapse into the role of a movie critic *per se*, it is important to note that further attention to the crisis in health care (beyond the presidential debates and related rhetoric) is taking place this summer with the release of Michael Moore's “documentary” entitled *Sicko* (<http://www.revolutionhealth.com/healthy-living/special-feature/sicko?msc=S20016>), which I had the opportunity to see about 10 days ago. Admittedly it is highly anecdotal, although the various vignettes do help to tell a story that, while clearly organized around a point of view, quite poignantly reveals what works and what doesn't in the US health care system – and how it contrasts to that of nations having more organized systems, such as Canada, the UK and France. While a big fear of Americans is that such systems would mean “rationing” of health care, I think it is fair to say that this already happens based on what insurance companies or HMOs are willing to pay for – something that will only increase as the pressures and costs continue to rise.

Given the severity of the healthcare crisis in this country, it continues to amaze me that doctors have remained so unengaged in the debate. Even more sadly, when they do become involved – not infrequently through organizations like the American Medical Association – they often seem to take on such self-serving positions that they lose the moral high ground or sometimes even a credible voice in the debate. In an opinion piece in the July 25th Washington Post (see: <http://www.washingtonpost.com/wp-dyn/content/article/2007/07/24/AR2007072401850.html>), Regina Herzlinger, a Harvard Business School professor and authority on health care, opines that the AMA recently “declared war on retail medical clinics located in places such as CVS and Wal-Mart” while noting that “these clinics do a lot of good: their convenient locations and extended

hours – they are open usually every day – enable ready access so that busy people need not defer important medical care such as flu shots, and their prices enable the uninsured to obtain care at reasonable costs rather than face the high prices that hospital emergency rooms all too often reserve solely for the uninsured.” Of course the AMA immediately responded that the purpose of their action was to protect the quality of the services being offered (see: <http://www.washingtonpost.com/wp-dyn/content/article/2007/07/27/AR2007072702049.html>). While this is surely an appropriate concern, it is also true that these new market driven health care offerings are also challenging the province of primary health care providers – and they appear to be growing in number and following across the nation.

Of course the fundamental problem is that these new ventures, such as the store based medical kiosks run by nurse practitioners, are just another market-based response to the lack of a clearly defined health care system. And it is likely that other ventures will arise – some driven by a desire to improve health care delivery and others driven by profit – in the absence of a more encompassing approach to health care reform.

I certainly understand that the complexities involved in radically reforming the US healthcare system are nearly overwhelming. But the consequences of not doing so look equally large. I surely do not think that significant reform will take place by the sound-bite solutions of presidential debates or by a polarized political process. What is needed is a much more apolitical and bi-partisan concerted effort that asks first what will improve the health care and health of this nation – and that does so without all the preconceived and often economically or emotionally biased positions on what will not work. I recognize it is Pollyannaish to think that this will happen imminently – but I also think that it will happen, indeed that it needs to take place, since the current system is neither sustainable nor truly defensible. I also hope that academic medical centers will offer a different voice to this debate than that which has been representing medicine and doctors heretofore.

Tobacco Beyond Stanford School of Medicine

Going from movie critic (see above) to book reviewer is dicey at best. But for those interested in public health, public policy and some of the major economic forces driving both, Alan Brandt’s recent book entitled *The Cigarette Century: The Rise, Fall and Deadly Persistence of the Product That Defined America* (Basic Books, 2007) is worth knowing about. Brandt is the Amalie Moses Kass Professor of the History of Medicine and History of Science at Harvard and is a highly credible scholar. In his book he addresses major questions of personal, social and corporate responsibility by focusing on how the tobacco industry, which first got its foothold in the USA in the 1880s and rose to prominence following World War I, came to influence so profoundly not only health outcomes (20% of all deaths each year in the US are tobacco related, and tobacco-related deaths represent the second leading cause of death in the world) but the entire economics of our nation. He also delves into our response – or lack of response – to the data regarding tobacco use and disease.

In September the Stanford School of Medicine will take the additional step of banning smoking outside as well as inside of its buildings (smoking is already prohibited inside buildings). This is part of our overall effort to improve the health and wellness of our community and will be coupled with access to smoking cessation programs as well as other wellness programs. It is a small but important step.

I was reminded of the larger issues involving tobacco use when I was asked to make some opening comments to the 4th Meeting of the World Health Organization (WHO) Study Group on Tobacco Product Regulation when it met at Stanford on July 25-27th. While various restrictions on smoking in a number of states and cities are helping reduce smoking among adults in the USA, there are still clearly vulnerable populations – especially teens and the impoverished - who are continuing to or beginning to smoke. Advertising and marketing by the tobacco industry help to foster this and create the dependencies that addict new generations of smokers. This problem is even worse in other parts of the world – which makes the work of groups like the WHO so important. Given the impact of tobacco related illnesses on mortality, disease morbidity and health care costs, one would think that reducing or eliminating tobacco use would be a high priority for nations around the world. Such priorities and concerted efforts led to the elimination of polio generations ago and could do the same for tobacco. Doing so is certainly possible and highly desirable– just not politically expedient.

So while banning smoking anywhere on the Stanford School of Medicine campus is just as small step given the magnitude of the problem, it is a step, which if taken by others could have a significant pro-health impact. We need to work with our colleagues in the university and community to establish similar policies.

Update on Facilities Planning

In recent weeks much has been written in the local media about the hospital expansion projects. These efforts are incredibly important – as I addressed in the July 9th issue of the Dean's Newsletter (see: <http://deansnewsletter.stanford.edu/#3>). Less has been reported about other Medical School projects that are currently underway but that are not located in the City of Palo Alto. I wanted to give you a quick update on their status as well.

Three major projects are underway or being actively planned. The first is the Connectivity Project, which is currently underway, albeit mostly below ground (although the closure of the south parking lots certainly calls attention to it). This project involves the location and relocation of major utilities and the creation of infrastructure and underground tunnels that will support the Learning and Knowledge Center (LKC) and the Stanford Institutes of Medicine-1 (SIM1) as they move to the next phase of construction.

Presently the LKC group is working through interior design issues and preparing for construction (see <http://lkc.stanford.edu/> for regular updates). The site for the future LKC-1 is the Fairchild Auditorium, which is currently planned for demolition beginning in mid-October. The actual ground breaking for the LKC is scheduled for March 2008, but this will require approval of the Board of Trustees, which is anticipated this October.

That said, we are currently on schedule – although we still have some major philanthropic work to complete.

The architects for SIM1 are also completing the schematic programming. They have made major progress in defining the size and layout of this exciting facility. The proposed Site Plan for SIM1 was presented to the Ad Hoc Board Committee for the SEMC (Science, Engineering and Medicine Campus) on Wednesday, July 25th and received favorable reviews. The next step for SIM1 is to proceed to architectural design, and we currently are on schedule for this as well.

There are a lot of other projects being planned or worked on, but for the first three – the Connecting Elements, LKC1 and SIM1 – we are making great progress, and we are adhering to our timelines and budgets. Clearly more to follow!

Awards and Honors

- **Dr. Marilyn Winkleby**, PhD, MPH, Professor of Medicine has been named the recipient of the 2007 Robert F. Allen Symbol of H.O.P.E. (Helping Other People Through Empowerment) Award. This national award honors individuals who have made outstanding contributions to promoting cultural diversity within health promotion or who have demonstrated significant achievement in serving the health promotion needs of underserved populations. Dr. Winkleby received her award at the National Wellness Conference on July 18th in Wisconsin.
- **Dr. Lubert Stryer**, the Mrs. George A. Winzer Professor of Medicine, Emeritus, has been named one of the 2006 winners of the National Medal of Science, the highest honor and award conferred by the USA. He received his award at a White House ceremony on July 27th (see http://med.stanford.edu/news_releases/2007/july/stryer.html for additional coverage).
- **Dr. Ann M. Arvin**, Lucile Salter Packard Professor of Pediatrics, Vice Provost and Dean of Research and Professor of Microbiology & Immunology, has been elected to serve a four-year term on the NIAID Council.
- The American College of Rheumatology (ACR) has just announced its 2008 award winner, including these Stanford recipients:
 - **Dr. Edward D. Harris, Jr.**, George DeForest Barnett Professor of Medicine, Emeritus has received the Presidential Gold Medal, the College's highest award.
 - **Dr. Garrison Fathman**, Professor in Medicine, Immunology and Rheumatology, has been named as an ACR Master.
 - **Kate Lorig**, Professor in Research (Immunology and Rheumatology), is the first non-M.D. to become a Master of ACR.

Congratulations to all!

Appointments and Promotions

- **Sarah M. Horwitz** has been appointed to Professor of Pediatrics (General Pediatrics), effective 8/1/07.
Profile: http://med.stanford.edu/profiles/Sarah_Horwitz/
- **Donna M. Peehl** has been appointed to Professor (Research) of Urology, effective 8/1/07.
Profile: http://med.stanford.edu/profiles/Donna_Peehl/
- **Eunice Rodriguez** has been appointed to Associate Professor (Teaching) of Pediatrics, effective 8/1/07.
Profile: http://med.stanford.edu/profiles/Eunice_Rodriguez/

Dean's Newsletter August 20, 2007

Progress and Transitions in the Neuroscience Institute

In the May 21st Dean's Newsletter (see

http://deansnewsletter.stanford.edu/archive/05_21_07.html#4) I discussed the importance of the Neuroscience Institute as an important component of the **Stanford Challenge** (see:

http://deansnewsletter.stanford.edu/archive/10_23_06.html,

http://deansnewsletter.stanford.edu/archive/03_12_07.html#3). I highlighted the *Challenge* as an opportunity for the neuroscience community at Stanford to construct a bold and compelling vision that could transform this rapidly evolving field by developing a bold and integrated research agenda. Indeed that was my own challenge to the group assembled at the Neuroscience Institute Retreat at Asilomar on May 6-8th. I am pleased to report now that the NIS community has galvanized its efforts and has addressed this challenge in an exciting manner. Specifically, NIS has developed the blueprint for a fundamental and integrated research agenda that it has codified under the banner of "**Neuro-X: Brain, Behavior and Society**". Its 55-page working proposal seeks to integrate observations that extend across the entire continuum from molecules to neurons, neural circuits, behavior, cognition and society. In tandem, the NIS aims to catalyze and accelerate basic discovery and prospects for translating new innovations into clinical practice. In doing so, **Neuro-X** will seek "a deeper understanding of the mind and how it is shaped by biological and social processes; improvements in human health, longevity, well-being and productivity; and applications to social policy grounded in science, law and ethics."

In addressing this broad continuum, the NIS community has set as a goal the engagement of faculty from virtually every school at Stanford through five discrete and integrated

research themes, together with new centers and programs to support research and clinical programs and innovative education and training programs. Ultimately these efforts will be supported and enhanced by new research and clinical facilities as well as the other resources needed to stimulate new programs, discoveries, innovations and advances in patient care.

The *Neuro-X* vision and goals propose five major experimental programs or themes:

1. **Neural circuits: bridging molecules to mind.** Investigators across the university will work to achieve a detailed understanding of the molecular mechanisms underlying the plasticity of synapses and circuits. They will also track changes in the activity of ensembles of synapses, neurons and circuits as well as visualize the structural changes in synapses and circuits in response to various experiences. Investigators will also develop tools that will enable the control of neural activity in specific sets of neurons and circuits. This will help determine the molecular and cellular basis for the functioning of neural circuits and thus help to define the fundamental building blocks for cognitive functions and behavior. This research agenda will be facilitated through the creation of a new *Program in Neural Circuit Control*.
2. **Imaging neural circuits in action.** Over the last decades, imaging techniques have provided new insights into the structure and function of neural circuits. This is a rapidly developing area of innovation and discovery that is already advanced at Stanford. These efforts will become even further developed through the establishment of a *Center for Cognitive and Neurobiological Imaging* that will help link investigators and students across the University. The resulting resources and technologies across the scale of analysis (from molecular to cellular to organ and system levels) will further the ability to decipher neural circuit and brain function during perception, cognition and action.
3. **From experimentation to computation and theory.** In this program the daunting task of understanding how neural circuits produce complex brain functions will be made possible through powerful computational platforms and highly refined theoretical models. These efforts will be advanced by the *Center for Mind, Brain and Computation*.
4. **Solving the Riddle of Disease to Treat and Prevent Brain Disorders: *The Program for Translational Neuroscience at Stanford*.** This broad initiative will foster connections between insights and discoveries emanating from basic research and the care of adults and children. It will facilitate the creation of a culture of interdisciplinary collaboration in tandem with novel platforms that will enhance translational research (e.g., neuroimaging, neural engineering and prosthetics, drug development). This program will build on efforts already underway to understand the basis for neural circuit malfunction and repair as well as the genes and molecules that perturb circuit function in disease. It will also strive to develop treatments, intervention and tools that correct faulty neural

circuit function. It will be important to develop, in addition to research programs and facilities, the clinical and hospital facilities that will enable this important work to be carried out.

5. **Neuroscience and Society.** Advances in neuroscience evoke new challenges in ethics, education, business, the law and society. This initiative will attempt to link and bridge these domains – from K-12 education to a better understanding of how the human brain makes decisions that influence both positive and negative behavior. To help address these important issues a *Center on the Brain and Society* will be developed as part of the *Neuro-X* initiative.

These important themes and research programs will be further enhanced by the development of various proposed cores, including:

1. A Behavioral and Functional Neuroscience Laboratory
2. Gene Vector Core Facility
3. Instrumentation Core Facility
4. Interventional Neuroscience/Circuit Control Facility

In addition to these cross-cutting themes and cores, the NIS and its *Neuro-X* program also envision the development of a number of interdisciplinary programs that will be more focused or disease based. These are also evolving but among those currently in the planning phase are:

1. Alzheimer's Translational Research Center
2. Autism Program
3. Center for Down Syndrome Research and Treatment
4. Epilepsy Program
5. Mood Disorders Research Program
6. Motor Control Program
7. Pain and Analgesia Research Program
8. Parkinson's Disease Program
9. Neural Stem Cell Program
10. Sleep Disorders Program
11. Spinal Cord Injury and Repair Program
12. Stroke Center

Ultimately, the success of the NIS Neuro-X program will rest on the construction of new facilities for research and patient care – which are included in the master plans for the School of Medicine and Stanford Hospital & Clinics respectively. In addition, the NIS is planning exciting training programs as part of the Neuro-X effort along with the recruitment of new faculty to further amplify the excellent research and clinical programs already extant at Stanford.

This exiting proposal emanated from a group of leaders in the Neuroscience Institute. I would like to particularly thank Dr. Bill Mobley who has served as the Director of the

NIS from its inception. In developing the *Neuro-X* program he worked closely with Professors Dick Tsien, Sue McConnell, Hank Greely, Jay McClelland, Rob Malenka, Bill Newsome, Alan Schatzberg and Brian Wandell along with Lang Ahn Pham and more than 35 neuroscience faculty across the University. I want to extend my thanks and appreciation to each of them.

The development and construction of the *Neuro-X* program also led Dr. Bill Mobley to reflect deeply on his own focus and plans for the future. With the delivery of this wonderful Neuro-X proposal, Dr. Mobley has informed me that he has elected to step down as Director of the NIS and focus his energies on his own important research, which has received less of his valuable time and energy than he would like. I want to thank Dr. Mobley for all the important and significant work he and his colleagues have accomplished during the nearly four years that he has served as the Director of the Neuroscience Institute. I also want to thank him for the exciting new opportunities that he and his colleagues have created in the *Neuro-X* program. I am in the process of considering Dr. Mobley's replacement and will be sharing information about that in the near future.

One further success of Dr. Mobley, along with Drs. Rob Malenka, Craig Garner and other members of the NIS, has been the recruitment of Dr. Tom Südhof, who has agreed this past week to join Stanford. Dr. Südhof is currently Professor of Molecular Genetics, HHMI Investigator, Director of Basic Neuroscience, and holder of the Gill as well as the Loyd B Sands Distinguished Chairs in Neuroscience at the UT Southwestern School of Medicine (see: <http://www8.utsw.edu/utsw/cda/dept120915/files/144559.html>) where he has had an enormously distinguished career. Dr. Südhof's research interests focus on the machinery that mediates the targeted secretion of neurotransmitters at a synapse. His laboratory is particularly interested in how neurons assemble the presynaptic secretory apparatus precisely at the synaptic junction, how ultrafast neurotransmitter release is achieved, and how release is modulated under conditions of synaptic plasticity. Dr. Südhof is being proposed to join Stanford as the first incumbent of the Avrum Goldstein Chair and his work will have a major impact on the entire neuroscience program. Please join me in welcoming Tom Südhof to Stanford.

This is a time of significant and exciting developments, challenges, transitions and opportunity in neuroscience. We have a remarkably accomplished and talented neuroscience faculty at Stanford and with the *Neuro-X* program we have the opportunity to transform this field and make Stanford a world leader in this important area of research, education and patient care. To paraphrase Winston Churchill, this is not the beginning of the end, but rather the end of the beginning – with exciting times ahead at Stanford.

More About Industry Marketing and Academic Medical Centers

In October of 2006 the Stanford School of Medicine initiated its Industry Interactions Policy (see: <http://med.stanford.edu/coi/siip/>). In doing so, we became one of a handful of academic medical centers to take a strong position on the intrusion of marketing by

industry into education and clinical programs. Over the subsequent 11 months an increasing number of medical schools and academic medical centers have adopted similar policies, some based on the work done at Stanford. As I noted in the July 9th Newsletter (http://deansnewsletter.stanford.edu/archive/07_09_07.html#5), our policies continue to evolve, and we are presently examining the broad question of industry support for Continuing Medical Education through a broad faculty committee led by Dr. Harry Greenberg, Senior Associate Dean for Research. We anticipate that the work of this committee will be completed in the next several months.

Outside of Stanford, issues surrounding industry support for physicians involved in education programs – or for gifts from industry to medical schools and hospitals – has received increasing public attention, including a six-part story in the August 6th Los Angeles Times (<http://www.latimes.com/features/health/la-he-bribingthegatekeeper6aug06,1,7957877.story>) as well as the announcement in the August 4th NY Times that Senator Charles Grassley (R-Iowa) has called for the formation of a registry of drug company payments to physicians. Whether this constitutes a harbinger of federal regulation or is simply another public warning, it is clear that there is an increasing concern about this issue. These developments underscore the value and importance of our decision last year to self-impose restrictions at Stanford. We strive to be a role model among academic medical centers, and I do believe we are fulfilling that intention on this issue– as well as many other important ones.

Changes in Medical Education Leadership

Dr. Charles Prober, Senior Associate Dean for Education has asked me to share with you some of the key leadership changes he is initiating in medical student education and curriculum oversight. These include:

Clarence Braddock III, MD, MPH will be assuming the role of Associate Dean for Medical Education and Chair of the Committee on Courses and Curriculum. Since his arrival in 2003 from the University of Washington, Dr. Braddock has been instrumental in developing and overseeing the very successful Practice of Medicine (POM) course. In addition to being an accomplished and compassionate clinician and effective educator, Dr. Braddock is a recognized national expert in patient-physician communication, informed decision making, and medical ethics education.

As Dr. Braddock takes on his new role, *Preetha Basaviah, MD* will become the Director of POM. Recently recruited from UCSF, where she served a Co-Director of the “Foundations” program in their preclinical curriculum, Dr. Basaviah is recognized for her superb clinical, teaching, and mentoring skills. In addition, *Andrew Nevins, MD* will be increasing his efforts in the Standardized Patient Program, through his appointment as Medical Director. Dr. Nevins’ leadership of this program has resulted in its continued improvement and increasing utilization by both preclinical and clinical students.

Other leadership changes include:

Elizabeth Stuart, MD, one of the leaders of the highly successful pediatric clerkship, has been appointed Director of Clerkship Education and Chair of the Committee on MD Performance Assessment and Advising. Dr. Stuart will be working with all clerkship Directors, with the goals of continuing to enhance clinical training, while improving the timeliness and richness of student evaluations.

Laurence Baker, PhD will be assuming the role of Director of the Scholarly Concentration Program. Dr. Baker also will become Chair of the Committee on Medical Student Scholarship, the committee responsible for the review of all Medical Scholar applications.

William Mobley, MD, PhD and **Audrey Shafer, MD** will be leading the development of a new program, *Translating Discoveries*, a program that will be replacing the Applied Biomedical Science series. Stay tuned for the unveiling of this exciting initiative!

I also want to add my thanks to Dr. Charles Prober for his leadership in continuing to shape our education programs – and to achieve our shared goals of having the most innovative program possible in medical education.

Leadership Changes in the Department of Medicine

Dr. Ralph Horwitz, Chair of the Department of Medicine, has let me know of the following changes in the leadership in the department. First, he and Kevin Tabb, Chief Quality and Information Officer, have announced the appointment of **Dr. Clarence Braddock**, Associate Professor of Medicine, as Associate Chair for Organizational Improvement and Medical Director for Quality at Stanford Hospital and Clinics. In his new role, Dr. Braddock will oversee quality, patient safety and organizational improvement for the department. He will also take leadership in introducing educational initiatives focused on quality and safety for students, residents and fellows in the department. As evidenced from Dr. Prober's announcement (see above), Dr. Braddock is taking on a number of important leadership roles in the Medical Center

In addition, Dr. Horwitz has announced the reorganization of the department chair's office whereby a number of faculty have assumed increasing responsibility for leadership functions within the Department. To reflect this enhanced level of responsibility and authority, the following individuals have been named Vice Chairs: **Andy Hoffman** for Academic Affairs; **Larry Leung** for the Palo Alto VA; **Kelley Skeff** for Education; and **Ann Weinacker** for Clinical Affairs. **Sandra Horning** has also been named Vice Chair for the Department.

Please join me in supporting all of these faculty in their efforts on behalf of the department and medical school.

Palliative Care Program at Stanford Hospital & Clinics (SHC) Opens

On August 1st SHC opened a Palliative Care Program to provide patients and families with the highest quality of supportive and quality of life care for a variety of challenging symptoms, including pain, nausea, and shortness of breath. The new Team includes Dr. Stephanie Harman along with Judy Passaglia, RN, MS and Sandy Chan, LCSW. The Palliative Care service is available to assist with symptom management and with discussions of goals of care and management, including advanced directives, communications about prognosis, treatment options, hospice care and family support. A consultation by the Palliative Care service requires a physician order. The team can be reached at 723-6661 or Pager 26254.

Palliative Care Services are also well established for children and families at the Lucile Packard Children's Hospital. See

<http://www.lpch.org/diseaseHealthInfo/healthLibrary/terminallyill/pliativ.html> for additional information.

Conversing with Seniors at the Hyatt

On Tuesday July 31st I had the pleasure of delivering a presentation to over 150 residents at the Classic Hyatt on Sand Hill Road. The residents of the Hyatt represent a highly knowledgeable community – many with strong ties to Stanford. I had the opportunity to discuss a wide array of issues such as the impact of healthcare on the public trust in our communities and nation – along with the remarkable advances that occurred in medicine during the second half of the 20th century as a consequence of basic and applied research.

Upcoming Event: "Inside Terrorism: the X-ray Project"

From September 4-15 the Radiology Interest Group, co-sponsored by the Stanford Medical Student Association and the School of Medicine, among other groups, will be hosting an exhibit entitled "Inside Terrorism: the X-ray Project." The exhibit will be held in the Fairchild Auditorium, and there will be an opening reception on September 4 from 5:30 - 7:30 p.m.

This exhibit uses X-rays and CT-scans of the victims of terrorist attacks from hospitals in Jerusalem to explore complex social issues surrounding terrorism. The School sought to be thoughtful in its review of this project and is sensitive to various points of view of this topic, especially as it manifests itself in the Middle East. However, terrorism is a worldwide phenomenon that knows no boundaries. While the images in this exhibit are taken from Jerusalem hospitals, the radiographs and CT-scans cannot distinguish race, religion, age, or sex. As such they represent the broad cross-section of people who, tragically, are the targets of terrorist attacks, such as commuters on the London subway system and on the trains in Madrid, celebrants at a wedding in Amman, Jordan and at a bat mitzvah in Hadera, Israel, little kids eating pizza, tourists in Bali and Egypt, people praying in churches and mosques and synagogues. Because terrorism transcends geographic as well as religious, ethnic and societal borders, the School supports this

exhibit, and I encourage you to see it while it is at Stanford. More information about the exhibit can be found as <http://www.x-rayproject.org>.

In addition to awakening our knowledge about the consequences of terrorism through efforts like the X-Ray Project, the medical profession has also had to confront the role of physicians as terrorists in light of the horrendous events that recently occurred in the UK – where doctors were responsible for acts of terrorism. As pointed out by a perspective piece in the August 16th issue of the *New England Journal of Medicine* (2007;357:635-637) entitled *When Doctors Become Terrorists* by Dr. Simon Wessely (see: <http://content.nejm.org/cgi/content/short/357/7/635>), these awful experiences are not new. Indeed, doctors have played a role in past and recent terrorist activities, forcing us all to confront our roles and be aware of the possibility of crossing the line of humanism and professionalism. As Wessely notes, “An idealistic doctor can indeed become fixated on disease and its eradication, and there are times when even obsessive single-mindedness can serve a useful purpose. But danger lurks if that single-mindedness is not tempered by empathy for the plight of the individual. If the doctors now in custody are indeed judged to have planned mass murder on the streets of London, this is a failure not of medicine but of humanity.”

Employee of the Year Spirit Award

I have received the following announcement from the Spirit Award Selection Committee. I hope you will take the opportunity to nominate someone for this award.

Dear Colleagues:

The School of Medicine is pleased to announce the Dean's 2007 Employee of the Year Spirit Award Program that will take place during the Fall of 2007. This award will acknowledge two staff members – one exempt and one nonexempt – who have been selected for providing outstanding contributions to the mission and vision of the School of Medicine. Dean Pizzo will award each of the two selected staff members with a \$1,500.00 cash award at the School's Annual Staff Recognition Banquet on November 8, 2007.

Criteria and Eligibility

Any faculty, staff, student, fellow and post doc working at the School of Medicine may nominate any eligible staff members (i.e., non-exempt and exempt) – bargaining unit workers are not eligible – in any department or administrative area who meet the award criteria. To be selected, staff must consistently demonstrate the following traits:

- Customer service
- Positive attitude
- Initiative

- Dedication
- Motivation

Staff members must have been employed as regular employees, at least half-time (50% FTE) or more, in one department/unit for the past 2 years.

Nomination Process

Nomination Ballots can be accessed online at <http://med.stanford.edu/SPIRIT>. You may fill out the online form and then click the SUBMIT button (only once) – and your ballot will be forwarded to the SPIRIT Award Selection Committee, Human Resources Group. If you wish, you may print out a hard copy of the ballot or obtain one from your department DFA, fill it out and forward it directly to the Spirit Award Selection Committee, c/o Human Resource Group, Medical School Office Building, Mail Code 5460. All ballots must be received by the Selection Committee by Friday, September 14, 2007. Late ballots will not be accepted.

Recipients will be selected and notified in late October and will be invited to attend the Dean's Recognition Program on November 8th.

We are quite excited to be bringing this award forward once again and hope you will use this opportunity to nominate deserving employees. Please let me know if you have any questions (or suggestions) about the aforementioned process or award.

Thank you for your participation!

Awards and Honors

Kristen Whitaker, 2nd year medical student, and **Elizabeth Chao**, a Ph.D. graduate in the Biochemistry Department, were selected through a highly competitive national competition to participate in the 6th annual Paul Ambrose Scholars Program and attended the Leadership Symposium in June in Washington, DC. Congratulations to Kristen and Elizabeth.

Appointments and Promotions

- **Ramona Doyle** has been reappointed to Associate Professor of Medicine (Pulmonary and Critical Care Medicine), effective 8/1/07.
- **Stephen A. Felt** has been appointed to Assistant Professor of Comparative Medicine, effective 12/1/07.
- **Sarah M. Horwitz** has been appointed to Professor of Pediatrics, effective 8/1/07.

- **Monisha Kumar** has been appointed to Assistant Professor of Neurology and Neurological Sciences, effective 7/1/07.
- **Geoffrey K. Lighthall** has been promoted to Associate Professor of Anesthesia at the Veterans Affairs Palo Alto Health Care System, effective 8/1/07.
- **Daniel J. Murphy** has been promoted to Professor of Pediatrics (Cardiology) at the Lucile Salter Packard Children's Hospital, effective 8/1/07.
- **Donna M. Peehl** has been promoted to Professor (Research) of Urology, effective 8/1/07.
- **Edward T. Riley** has been reappointed to Associate Professor of Anesthesia and, by courtesy, of Obstetrics and Gynecology, effective 8/1/07.
- **Eunice Rodriguez** has been appointed to Associate Professor (Teaching) of Pediatrics, effective 8/1/07.
- **David A. Spain** has been reappointed to Professor of Surgery, effective 8/1/07.
- **Daya Upadhyay** has been appointed to Assistant Professor of Medicine (Pulmonary and Critical Care Medicine), effective 9/1/07.
- **Irene L. Wapnir** has been reappointed to Associate Professor of Surgery, effective 8/1/07.
- **James Zehnder** has been promoted to Professor of Pathology and of Medicine (Hematology), effective 8/1/07.

Dean's Newsletter

September 10, 2007

Learning Medicine in a Global Community: Another Year Begins

Medicine, like most of our lives, has become increasingly global in its dimensions, reach and impact. It was only a decade ago that many major academic centers in this country viewed medical care from a decidedly United States-centric perspective. Indeed, many medical centers (e.g., Mayo, Cleveland Clinics, Johns Hopkins, Partners) established international centers that catered to international communities whose members were willing to travel to their various centers for medical or surgical interventions. I would be remiss if I did not also say that a significant financial motive drove some of these programs, since payment was usually cost and cash based. While many international patients continue to travel to the U.S. (or Europe or Australia) for personal healthcare, a

notable change is unfolding wherein a number of countries (e.g., India and Thailand, among others) are offering less expensive high quality procedures, such as joint replacements, that are attracting U.S. patients and companies. Another example, and one consonant with Thomas Friedman's "*The World is Flat*" hypothesis, is that many U.S. hospitals have begun using digital imaging technology to have their emergency nighttime radiographs requiring immediate assessment (when their own radiology staff are out of the hospital) read by radiologists in countries like India, where time zone differences provide opportunities for rapid information sharing.

In addition, international medical graduates train in various medical and surgical specialties in the U.S. (as well as other countries) and constitute an important component of our medical workforce. At the same time, U.S. medical students and physicians carry out clinical work, research or education programs in other nations around the world. Also, a number of medical schools oversee medical education or research programs in Asia, Africa, the Mid-East and elsewhere, and an increasing number of U.S. students desire an international experience as part of the training or plan to spend some portion of their time abroad during their career. And of course, the global nature of medicine is well evidenced by the fact that infectious diseases more rapidly traverse geographic borders through air travel, and potentially preventable disorders in the U.S. (e.g., tobacco use, poor nutritional habits and consequent obesity) may, regrettably, be exported or emulated globally, with consequent healthcare consequences.

More than ever it is important that we learn and teach medicine and science with greater global awareness and intent. Cultural sensitivity and an increased appreciation of the impact of different social and ethnic mores as well as differences in the perception of disease – including its treatment or prevention - are enhanced and enriched by learning in a more diverse community. One of the wonderful features of Stanford Medical School is the diversity of its students. I was pleased to witness this diversity once again when our incoming First Year Students arrived on August 30th for Orientation and the beginning of classes. Of the 86 incoming medical students, 18 were born in countries outside the United States and 14% are underrepresented in medicine. Students also came from throughout the U.S., although California led the field as the birthplace to 25 of the incoming students. (Of course I might add that some have considered California as a foreign country in its own right). The rest come from 23 other states and the District of Columbia – making for a geographically and culturally enriched incoming class. So we have much to celebrate in the broad diversity of our new students– which we all believe plays an important role in the overall educational experience and opportunities for the entire medical school.

Our new students are talented in a number of important ways. They were selected from an applicant pool of 6599 (yes, that is 1 out of 77 applicants who finally join Stanford!) and did their undergraduate work at 37 different colleges or universities. Of these Stanford and Harvard led the pack, with 12 and 11 graduates respectively, followed by graduates of Yale (8), Johns Hopkins (7) and MIT (5). The majority (59) concentrated in biological sciences as undergraduates, 22 in physical or engineering sciences and the

remainder in humanities. Moreover, a quarter of the class enters medical school with one or more advanced degrees – and many plan additional ones during their time at Stanford.

In addition to our incoming medical students, 7 of our PhD students enrolled in the Masters in Medical Science Program pioneered by Dr. Ben Barres, Professor of Neurobiology. This program provides a grounding in medicine for selected students whose discovery based investigation may address translational research.

With each new class we seek to continue to enhance the Stanford legacy by training leaders and critical thinkers as well as excellent and caring physicians. We expect our students to be the transformers of tomorrow's medicine, biomedical science and healthcare. We take this responsibility seriously and endeavor to develop and refine our unique and exciting education programs, which were rejuvenated as the New Stanford Curriculum in 2003 (see: <http://med.stanford.edu/md/>). To an ever-increasing degree, the special focus of our education offerings accounts for why outstanding students like those who joined us last week chose to come to Stanford – and why we invited them to be part of our community. We recognize that each has unique and highly individualized talents, knowledge, interests and goals, and it is our responsibility to assure that their dreams and aspirations are fulfilled, while recognizing that these will evolve and take many unanticipated directions during the years ahead.

As I underscored during my welcoming comments at Orientation, the opportunity at Stanford is to train both broadly and deeply and to do so in a way that permits opportunities for lifetime transitions and opportunities. Medicine and science are among the most exciting and fulfilling career paths that I know of, and they offer a lifetime of learning, contributing to the public good and advocating for positive world changes. For many this will mean traditional pathways that include clinical medicine or specialty care in either academic centers or communities around the nation. Many will combine this with career paths that include (sometimes exclusively) a commitment to research and/or education. Others will follow other pathways at various stages of their careers – as hospital, medical school or university leaders and administrators, in industry or consulting, as part or full-time artists, public health or international health leaders and numerous other paths. For many, career paths will change over time – which is why a commitment to lifetime learning and to serial skill acquisition is so important. And if these are done wisely (and of course with some luck) a life of continuing personal discovery and opportunity can result, and one's career rarely, if ever, becomes a "job" in the more traditional sense.

Regardless of the path chosen, it is important for every Stanford student and graduate to be an advocate for change and leadership in their professional or personal communities, locally or globally. There is much that needs such leadership, both now and in the future. Whether it is advancing new discoveries, including in areas where new territories must be explored and failure looms high, or in tackling some of the health woes of our society, we can each make a difference. I have written all too often about the need for leadership in helping to transform our nation's healthcare or in confronting the policies that pit science against religion or politics. Thankfully, these are topics that many throughout the nation,

and indeed the world, are increasingly discussing and for which they are, sometimes, seeking solutions. These issues will likely grow larger as national resources for investment in science and education – and health care – are limited by unfortunate global conflicts and ideologies. This is another reason for viewing medicine today as part of a global effort and enterprise for which bold new visions are needed and for which Stanford can play an important role.

Stanford Medical Youth Science Program Celebrates its 20th Anniversary

In 1987 the foundations were laid for the wonderfully successful Stanford Medical Youth Science Program (SMYSP), which was envisioned, championed and brought to fruition by the dedicated leadership of Dr. Marilyn Winkleby, Professor of Medicine. On August 17-19th the 20th Anniversary of SMYSP was celebrated with workshops and a Reunion Banquet. Over these two decades, nearly 600 students have graduated from SMYSP, the vast majority of whom have graduated from college and now pursuing careers as health professionals. This is a truly remarkable accomplishment, and it offers evidence of what personal advocacy can accomplish and how lives can be changed as a consequence. Please join me in congratulating all the participants and graduates of SMYSP and especially its leaders, Dr. Winkleby and Judith Ned. Well done!

The Stanford Challenge and Medical Development 2006-2007

The Stanford Challenge (http://deansnewsletter.stanford.edu/archive/10_23_06.html) was publicly announced in October 2006, when more than half of the \$4.3 billion campaign goal had been raised. As I have previously discussed, the Stanford Challenge is unique among university fundraising campaigns in *Seeking Solutions* to some of the world's most pressing problems and in its goal of *Educating Leaders* who will address the future because they have been equipped with the skills and knowledge to meet important global challenges. Focused on three major themes (The Initiative on Energy and the Environment, the International Initiative, and the Initiative on Human Health), the Stanford Challenge is addressing problems in alternative energy sources and in creating a sustainable environment, is seeking solutions to global warming and global conflicts and security and is taking on the major health and biomedical research challenges of the 21st century. It is a commitment to transform Stanford and, through the knowledge, discoveries and insights gained, to help with important global issues.

On September 5th, I had the opportunity to address leading alumni and friends of Stanford at a Washington D.C. launch of the Stanford Challenge, held at the Phillips Gallery and hosted by Stanford University Trustee Vicki Sant and her husband Roger Sant, together with Stanford parents Jim Johnson and his wife Maxine Isaacs. I relayed to this group my conviction that Stanford is uniquely poised to take on these challenges. We are a relatively small research-intensive University, with world class schools of Business, Earth Science, Education, Engineering, Humanities & Sciences, Law and Medicine. In addition, we have an extraordinarily talented students and faculty who are highly entrepreneurial and willing to work across disciplines and take on big challenges – even

with the risk of failure. The campaign themes, *Seeking Solutions* and *Educating Leaders*, are in my view, wonderfully emblematic of Stanford in the 21st century.

At the D.C. launch, we also hosted a panel presentation on the challenges and opportunities in stem cell biology and regenerative medicine that featured Irv Weissman, Virginia & DK Ludwig Professor and Director of the Stanford Institute of Stem Cell Biology and Regenerative Medicine, and Hank Greely, Deane & Kate Edelman Johnson Professor of Law and of Genetics. The panel spanned the basic discoveries and opportunities emerging from research in stem cell biology along with the scientific, political, ethical and legal issues that challenge and confound this important new area of science and medicine. Thanks to our recent successes at Stanford and the important funding now flowing through the California Institute for Regenerative Medicine and fueling research and education in California, we were able to convey the exiting opportunities and prospects for the future. It did not escape the audience that similar research is not going on in Washington or most of the rest of the nation because of the restrictions placed on the NIH by the current Executive Branch and Congress – something that we all hope will change in the not too distant future.

Through our presentations and a vibrant discussion session we were able to convey the excitement that is taking place at Stanford as the Stanford Challenge continues to unfold. I am also happy to say that the School of Medicine and Medical Center have played an important part in the Stanford Challenge.

As most of you know, Stanford's fiscal years run September 1 through August 31st. One of the exciting accomplishments of the fiscal year that just ended is the continued progress in private fundraising for the medical center. I have been spending an ever-increasing amount of time and energy on development and am thankful to the many faculty who have lent their time and efforts to helping with our fundraising activities. We have also forged a close working relationship between the School and Stanford Hospital & Clinics, and the SUMC Executive Committee, led by John Freidenrich and Denise O'Leary, has been working diligently and collaboratively.

The continued growth, organization and effectiveness of our Office of Medical Development, led by Associate Vice President Douglas Stewart, have been vital to our efforts. Certainly most significant and exciting is that Doug reports that FY 2007 (September 1, 2006 – August 31, 2007) broke previous fundraising records by a considerable margin. Notably, for the School of Medicine and Stanford Hospital, combined new fundraising activity (new gifts and new pledges) exceeded \$270 million (compared with \$156 million last fiscal year, a previous record), and cash received (new gifts and pledge payments) exceeded \$188 million (up from \$115 million last fiscal year).

Especially noteworthy is the excellent progress we have made on capital projects for the School of Medicine, with several great gifts for the Learning and Knowledge Center, including a \$5 million commitment from Akiko Yamazaki and Jerry Yang and a \$4 million pledge from Professor Paul Berg and his wife Millie. For SIM-1, the first of our

Stanford Institutes of Medicine research buildings, progress has been substantial, led by Lorry Lokey's remarkable commitment of at least \$40 million. Wonderful anonymous donors to our stem cell program have contributed more than \$7 million last fiscal year. And just last week, our friends John and Regina Scully pledged \$20 million to the medical center, half to support stem cell research in SIM-1, and half toward the new Stanford Hospital construction. It is also exceedingly important that the Stanford Hospital efforts are gaining momentum with record new activity. I am also pleased to say that we have a number of very significant potential capital gifts in the pipeline and am optimistic that a number of these will come to fruition in the months ahead.

We saw a record number of new endowed professorships established this year, with many more in the pipeline. Among these are the Dorothy and Thye King Chan Professorship in Neurosurgery (now held by John Adler, Jr., MD), the Coyote Foundation Professorship (to be held by Gregory Albers, MD), the Allan and Tina Neill Professorship of Lymphatic Research and Medicine (to be held by Stanley Rockson, MD), and the Joan and Peter E. Haas, Jr., Professorship for Cutaneous Lymphoma Research (to be held by Youn Kim, MD). A number of key faculty leaders helped make these professorships a reality, including Drs. Frank Longo, Rich Hoppe and Gary Steinberg, among others. Nearly a dozen more endowed professorship gifts are in various stages of discussion and approval.

The School of Medicine is enjoying robust alumni support, as well. Among the highlights, Dr. Bob Cody, class representative for the MD Class of 1957, did a magnificent job of organizing his 50th year class reunion. In addition to rallying his classmates to attend, he also challenged them to each make a gift of at least \$2,500 to the school. The class responded with 44 gifts that totaled \$207,500, the largest class gift on record.

These achievements reflect not only the efforts of our Development Office staff and volunteer leaders, but also those of all of our faculty and staff across the medical center, who appreciate that philanthropy is critical to our growth and continued excellence. Thank you to all of you – most especially to the record number of donors who chose to support us this year. That said, we began a new fiscal year (FY08) on September 1st, and, as always, we started again at the beginning, with a blank slate but with lots of optimism for continued success in the year ahead!

Update on the Department of Bioengineering

Beginning at the September 7th Executive Committee Meeting, we reinstituted a program we conducted several years ago of having chairs provide updates on their departments' activities and challenges as a shared learning opportunity. I plan to provide summaries of those presentations in upcoming issues of the Dean's Newsletter. Following is the report prepared by Dr. Russ Altman, Professor of Bioengineering, Genetics and Medicine and, by courtesy, of Computer Science.

The Bioengineering Department is led by Russ Altman (Chair) and Steve Quake (Co-Chair). The mission of the department is "to create a fusion of engineering and the life sciences that promotes scientific discovery and the invention of new technologies and therapies through research and education." The Department is unique at Stanford in that it is part of both the Schools of Medicine and Engineering, reflecting the dual emphasis on both discovery and application. Administratively, all support for the department is shared equally by the two schools, including faculty billets, space, and financial support. The department research program is broad, but generally focuses on "translational bioengineering" in which basic sciences (particularly physics and chemistry) is translated into clinical applications or new research tools and technologies, using the principles of engineering.

The department currently has 15 full or joint appointees, 6 courtesy, 1 consulting, and 11 affiliated faculty. The anticipated equilibrium size is approximately 24 full appointees. The faculty boasts three NIH Pioneer Award winners (Steve Quake, Karl Deisseroth, Kwabena Boahen). Research foci include biomedical computation, biomedical imaging, biomedical devices, regenerative medicine/tissue engineering, and cellular and molecular engineering. The latest recruits in 2007 Markus Covert, Zev Bryant, and Annelise Barron. Taking another view of the department by application domain within medicine, there is strong representation in cardiovascular medicine, neuroscience, orthopedics, cancer, psychiatry/neurology, pharmacology and radiology.

The Bioengineering department has a close working relationship with the BioX program, as the departmental offices and many faculty are housed in the Clark Center and are committed to interdisciplinary research. The department hosts NIH training grants in regenerative medicine and biomedical computation. It also is the home of the NIH Roadmap National Center for Biomedical Computation focusing on physics-based simulation of biological structure (<http://simbios.stanford.edu/>). The department has a translational seed grant program, supported by the Wallace Coulter Foundation that is devoted to funding partnerships of clinicians and bioengineering faculty to bring technology to the bedside in time periods of one to five years.

Bioengineering has welcomed four classes of graduate students (roughly 15-20 per year), pursuing the MS and PhD degrees. These students are free to work with any Stanford faculty who can provide research opportunities relevant to bioengineering. The curriculum includes a core sequence, and then electives in the five research foci defined above.

Bioengineering faces three exciting and important challenges in the coming years.

1. Continued faculty growth. There is a strong interest in synthetic biology, physics-based modeling, joint appointments with clinical departments,

joint appointments with other engineering departments, and a strong interest in biomedical applications.

2. Creation of an undergraduate major (and, most likely, a minor) in Bioengineering. There is considerable interest among undergraduates in being dually trained in biology and engineering. These students in many cases are interested in research careers or careers in medicine. The department is defining a timeline for building up a curriculum, advising system, and research opportunities for undergraduates, with the goal of introducing a major in the next few years. The department will coordinate this program with other undergraduate programs, and will take advantage of Stanford's special strengths in both engineering and life sciences.
3. Aggressive development to support the departmental mission. As a new department, Bioengineering needs to articulate its mission and develop mechanisms to support the innovative research and education programs it is creating. Current priorities include student fellowships, support for the translational research seed program, and support for the planned Bioengineering/Chemical Engineering building as part of the new Science & Engineering Quad (SEQ) across Campus Drive from the medical school. In addition, the department is considering a small number of high impact research projects consisting of teams of bioengineering faculty and other faculty from the BioX program.

In summary, the Department of Bioengineering is in its fifth year. It is building on a very strong start recruiting a core faculty with stellar research credentials, and is now focusing attention on further recruitment, undergraduate and graduate curriculum development, and gathering resources to support these programs.

The School of Medicine is now a “Tobacco-Free Zone”

You have hopefully noticed the new “No Smoking” signs posted around the perimeter of the Medical School. I’m pleased to report that as of September 1st, the School of Medicine campus is now a “tobacco-free zone.” The purpose of this new “Tobacco Free Campus” policy is to further our commitment to promoting health and wellness. With over 400,000 deaths annually in the United States related to tobacco, not permitting smoking on our campus is an appropriate move towards improved health for all.

Importantly, the University has launched a campus-wide program to support smoking cessation and end tobacco use. On September 1, Stanford Benefits and the Health Improvement Program (HIP) started offering a new Quit Tobacco Program to benefits-eligible University faculty and staff and their dependents (age 14 and older). This program provides free educational and counseling support and a supply of nicotine patches or gum to help participants quit tobacco. Additional information about the Quit Tobacco Program can be found at:

<http://benefitsu.stanford.edu/Web%20site%20info-v4.pdf>

Another resource for smokers wanting to quit is our “Tobacco Free Campus” web site. Here you will find campus, local and national resources to help you stop smoking, as well as background information about the effects of smoking and tactics of the tobacco industry. I encourage you to visit the site at: <http://med.stanford.edu/tobaccofree>. Thanks to Kristin Goldthorpe, Project Coordinator in the Dean’s Office, for her efforts in making the new policy a reality.

Celebrating Dr. Lubert Stryer and Stanford

On Friday, September 7th friends and colleagues of Dr. Lubert Stryer, the Mrs. George A. Winzer Professor of Cell Biology, Emeritus, and Professor Emeritus of Neurobiology, gathered in the Dean’s Courtyard to celebrate his receipt of the National Medicine of Science which was announced earlier this summer (see: <http://med.stanford.edu/mcr/2007/stryer-0725.html>). This event was also a reminder of what makes universities like Stanford so great. In looking around at the guests, who included Nobel Laureates, previous National Medal of Science Awardees, and other extraordinary faculty from throughout the University, one could not avoid being impressed by the remarkably talented faculty who are at Stanford and who create the environment that fosters the success of students and each other. I was also reminded of how important faculty like Lubert Stryer have been to the development of the Medical School during the past nearly 50 years since the school moved to the Stanford campus. Dr. Stryer joined the Department of Biochemistry in 1963 at the invitation of Dr. Arthur Kornberg and was one of the pioneers who contributed to the vibrant education and research milieu that has characterized Stanford Medicine. He and his colleagues also contributed to and benefited from the entrepreneurial environment that has shaped Silicon Valley and Stanford in a mutually synergistic manner.

In his own reflections at the ceremony, Dr. Stryer commented on the important factors that characterized his own illustrious career and that represent significant challenges for the future. These include his love of science, his ability to excite and stimulate students and colleagues, and the unique interdisciplinary environment at Stanford, which forged collaborations throughout the medical school as well as with colleagues in chemistry, applied physics, engineering and SLAC and opened new vistas to discovery. Dr. Stryer and Andrea, his wife of 49 years, have been an integral part of Stanford (except for a seven year sojourn to Yale) and have deep personal and professional connections both here and in the local community.

But Dr. Stryer also expressed concern about three important issues. First, while he expressed deep appreciation for the doors of opportunity that were opened to him as an immigrant to the U.S. based on his hard work and achievements, he offered a concern – and hope – that the U.S. would continue to open its doors to immigrants and offer them the opportunities that have characterized his and past generations. Second, he expressed concern that the period of training for young scientists has become too lengthy and that independence as an investigator (as measured by the time to the first NIH award) is occurring later and later – a trend he hoped could be reversed. In tandem, he expressed

concern that the current climate of uncertain funding for biomedical research creates an inordinate pressure for grant writing and can blunt the most creative ideas from being pursued.

I want to again congratulate Dr. Stryer for his many accomplishments as a scientist and for the important role he has played as an educator and faculty member. We are so fortunate to have him at Stanford.

Living Lessons

Like so many others, I have found that many of the lessons I have learned in my own life come directly from living them. This past summer I was privileged to do one of my rotations as an Attending Physician on the pediatric infectious disease service. I have been doing this since I arrived at Stanford and have many reasons for wishing to do so even though it creates some havoc with my “day job.” Among them is that it not only affords me the opportunity to contribute to the care of seriously ill children and to play a role in the education of students and residents, but it also provides an opportunity to directly observe and participate in the inner workings of a leading teaching hospital. One of the important lessons and reminders I continue to take away from these experiences is how challenging and difficult the lives of clinical faculty and trainees can be. The many time demands, often extending deep into the evening hours and beyond, require considerable focus and energy. And because so many faculty, particularly those who are on the upward climb of their academic career, are deeply engaged in teaching and research as well, the personal and professional pressures can be enormous. I quite purposefully reflect on this while I am “on service” and try recalling this experience when I am reviewing faculty appointments for appointment or promotion. Thus my own experience provides a living lesson reality check on the pressures of life in an academic medical center.

I also had the experience this summer of witnessing the additional pressures that arise when faculty members have children to attend to as well. With my own children long grown, this summer brought our first grandchild. This has been a wonderful experience in its own right. But it is also an affirmation of the tremendous pressures faced by new parents who are seeking to balance career and family against the pressures of time, sleep deprivation and all the uncertainties of a new role hallmarked by life (and family) transforming dimensions. In taking the opportunity to learn on a personal basis from this new experience, I have renewed admiration for the ability of our faculty to balance so many features and dimensions of their lives. But I also recognized, once again, that many of the pressures fall more exclusively to women and young mothers. This underscores the importance and need for robust support systems, including childcare. I have written previously about the work underway by Dr. Hannah Valentine, Ellen Waxman and others to further improve our offerings in childcare. And while I would like to think that I have been highly sensitive and proactive in these important needs in the past, I am certain that this summer’s new “living lesson” will make me even more so on many dimensions in the future. Certainly these experiences are important on multiple levels – and I will endeavor to keep them so.

Awards and Honors

Myriam Curet, M.D., *Professor of Surgery and Associate Dean for Medical Education*, has been chosen to receive the Association of Women Surgeons' Olga Jonasson Distinguished Member Award. This award is given to a member surgeon who exemplifies the ideals and mission of the association. Congratulations to Dr. Curet!

Ron Rosenfeld, M.D., *Senior VP for Medical Affairs* has been selected to receive the 2008 Robert H. Williams Distinguished Leadership Award. This award is given by the Endocrine Society in recognition of outstanding leadership in fundamental or clinical endocrinology. He has also been selected as the 2008 Transatlantic Medalist by the Society for Endocrinology in the United Kingdom for his significant contributions to the discipline. Congratulations Dr. Rosenfeld!

Dave Hogness, M.D., *Rudy J. and Daphne Donohue Munzer Professor, Emeritus* has won this year's "International Prize for Biology" prize, awarded by the Japanese Society for Promotion of Science (JSPS) to an individual who "has made an outstanding contribution to the advancement of research in fundamental biology." The award ceremony will be held on November 19th in the presence of the Emperor of Japan. Congratulations Dr. Hogness!

Dr. James Chang, *Professor of Surgery (Plastic Surgery) and Chief of the Division of Plastic and Reconstructive Surgery*, was recently elected to the Board of Directors of the American Association for Hand Surgery. The purpose of the Association is to provide an educational forum to increase the professional expertise and knowledge of surgeons involved in hand surgery. Congratulations Dr. Chang!

Appointments and Promotions

- **Laurence Baker** has been promoted to Professor of Health Research and Policy, effective 9/1/07.
- **Jimmy Brown** has been appointed to Clinical Associate Professor (Otolaryngology - Head and Neck Surgery), effective 9/01/07.
- **Kenan Christopher Garcia** has been promoted to Professor of Molecular and Cellular Physiology, effective 9/01/07.
- **Kyle Harrision** has been promoted to Clinical Assistant Professor (Affiliated) (Pathology), effective 8/01/07.
- **Michele Kastelein** has been reappointed to Clinical Assistant Professor effective 9/01/07.
- **Hau Liu** has been appointed to Clinical Assistant Professor (Affiliated) (Medicine), effective 9/01/07.
- **Melanie Manning** has been promoted to Clinical Assistant Professor (Pathology) effective 8/01/07.

- **Vibha Mohindra** has been promoted to Clinical Assistant Professor (Affiliated); (Medicine), effective 9/01/07.
- **Friedrich Moritz** has been reappointed to Clinical Assistant Professor (Affiliated) (Pathology), effective 9/01/07.
- **Vyjeyanthi Periyakoil** has been reappointed to Clinical Assistant Professor (Medicine), effective 9/01/07.
- **Pavi Prasad** has been promoted to Clinical Assistant Professor (Pathology), effective 9/01/07.
- **Mary-Anne Purtill** has been promoted to Clinical Assistant Professor (Surgery), effective 7/01/07.
- **Jeanne Rosner** has been reappointed to Clinical Assistant Professor (Pathology) effective 9/01/07.
- **George Triadafilopolous** has been reappointed to Clinical Professor (Medicine), effective 9/01/07.
- **Volney Van Dalsem III** has been appointed to Clinical Associate Professor (Radiology), effective 9/01/07.
- **Kirsti Weng** has been reappointed to Clinical Associate Professor (Affiliated) (Medicine), effective 9/01/07.
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Dean's Newsletter **September 24, 2007**

Welcome to Our 2007 Graduate Students

This week we welcome our 2007 incoming class of graduate students. This outstanding group of 101 aspiring PhD students—who were selected from an applicant pool of 1365 applications - will be studying in our 12 departmental and interdisciplinary programs. In addition to the remarkable academic credentials and promise of each individual in this incoming cohort, I am pleased to note that 16 of the 101 are members of underrepresented minority groups. Our faculty and students are committed to enhancing the diversity of our community as the best way to achieve excellence in our individual and collective experiential knowledge and cultural enrichment. In addition to the incoming Biosciences students, we are also pleased to welcome the 17 students who are beginning in the PhD program in the Department of Bioengineering, our joint department of the Schools of Engineering and Medicine. Taken together the Biosciences and Bioengineering students represent the future lifeblood of Stanford's extraordinary research enterprise, and I am most pleased to welcome each and every one of them to our Stanford community.

Stanford is the University for Pioneers

Without question, what contributes to the uniqueness of Stanford University and serves as among the most distinguishing features of the Medical School is the excellence and accomplishments of its discovery based basic scientists. This has been the case since the Medical School moved to the Stanford campus nearly 50 years ago - and it has continued

to this moment. There are many ways of demonstrating the remarkable discoveries and innovations of our research faculty (e.g., high impact publications, patents, awards and honors). One emerging and highly visible measure is the number of NIH Pioneer Awardees at Stanford compared to peer institutions. Since NIH began issuing the Pioneer Awards four years ago to recognize true innovations in basic research, Stanford faculty have received nearly 20% of the awards – more than any other university. This figure is even more remarkable given the relatively small size of our faculty. The trend continues in 2007 as a result of the announcement by NIH Director Elias Zerhouni on September 18th of the 2007 Pioneer Award winners. Among the 12 awardees were Tom Clandenin, Assistant Professor of Neurobiology, and Mark Schnitzer, Assistant Professor of Biological Sciences and Applied Physics (see: http://med.stanford.edu/news_releases/2007/september/pioneer.html). With these awards, Stanford faculty now hold 9 of the 46 Pioneer Awards! This is truly a remarkable accomplishment, and it is clear evidence of the creativity and accomplishments of our faculty.

Importantly, the nine Stanford NIH Pioneers come from different disciplines and Schools (H&S, Bioengineering and Medicine) and thus further affirm the talents and strengths of our faculty across the biological, physical and engineering sciences. Drs. Clandenin and Schnitzer join previous Stanford Pioneer winners: Steve Quake (Bioengineering), Karl Deisseroth (Bioengineering and Psychiatry), Tom Rando (Neurology-VA), Pehr Harbury (Biochemistry), David Relman (Medicine/ID-VA), Kwabana Boahen (Bioengineering) and Karla Kirkegaard (Microbiology & Immunology) - truly a broad and deep spectrum of talent.

Given our prominence in the Pioneer competition it is not inappropriate to think of Stanford as the University for Pioneers!

Performance, Professionalism, Promotion

On September 19th the Medical School Faculty Senate approved the formation of a new Committee on Performance, Professionalism and Promotion (aka CP3). Led by Senate Chair Sherry Wren, Professor of Surgery, this committee will play an important role in providing oversight and guidance for all Stanford medical students. The stated purpose of the CP3 is “to provide all medical students with periodic and systematic review of their overall progress towards completion of the MD degree, as well as reviews on an as-needed basis. The committee will monitor student development and will provide guidance, recommendations and remediation as appropriate.”

Given the selectivity for admission to the School of Medicine there can be no question that our primary goal is to provide the very best education for all of our students and to work with them, individually and collectively, to be as successful as possible. While we are successful in nearly all situations, from time to time students encounter difficulties, and it is important to be clear and transparent about what our expectations are from an institutional perspective. Accordingly, the CP3 policy notes “Stanford Medical School has an obligation to evaluate the performance of each student on an ongoing basis from

matriculation until graduation with an MD degree, and to endorse each student as being suitable in terms of meeting the academic, professional, and technical standards for the practice of medicine.”

In practice the CP3 will be composed of 12 voting members who are broadly representative of the School’s expertise in basic and clinical sciences. All students will be reviewed on an ongoing basis to assure that they have fulfilled the stated academic, technical and professional standards such that plans for promotion or remediation are delineated. In the very rare circumstances where these standards are not met, the criteria for dismissal are also delineated.

The new policy was discussed and endorsed by the Stanford Medical Student Association prior to its presentation to the Faculty Senate. With the unanimous approval of the Senate, the policy will be broadly circulated to all students and will be available on the Faculty Senate website (<http://med.stanford.edu/senate/>). In my opinion, the new policy on Performance, Professionalism and Promotion is an important step in bringing clarity and transparency to the assessment of all students and serves both their best interests as well as the institutional responsibility of the School. I am very appreciative to Dr. Sherry Wren for her leadership and for the input that came from faculty and students to help shape and refine this important new policy and committee.

Good News on Quality Performance at SHC

The Leapfrog Hospital Quality and Safety Survey is one of the measures used to assess how well hospitals and physicians are doing in meeting quality standards and how they compare with each other in various standardized metrics. On September 18th the Leapfrog Group announced the 2007 “Top Hospital” list based on the 1285 hospitals that responded to the Quality and Safety Survey. The list included 33 adult facilities and 8 children’s hospital. Stanford Hospital and Clinics (SHC) is included in this “Top Hospital” list – which is great news and is a tribute to the partnership among the Hospital, Medical School and medical staff leadership. Coupled with this news is the publication of an improved ranking of SHC on quality metrics by the University HealthSystem Consortium.

The Leapfrog survey and the UHC quality assessment are among numerous rating systems being used to assess hospital and physician performance.

Ranking in the Leapfrog system is based on achieving progress in four areas:

1. ***Computerized Physician Order Entry***: Do physicians enter patient prescriptions and other orders into computers linked to error prevention software?
2. ***ICU Physician Staffing***: Are intensive care units staffed by trained ICU specialists (intensivists)?
3. ***Evidence-Based Hospital Referral***: How well do hospitals perform seven high risk procedures and care for three high-risk neonatal conditions?
4. ***Leapfrog Safe Practices Core***: How well are hospitals progressing on the other 27 National Quality Forum-endorsed Safe Practices?

Without question a focus on high quality and patient service must go hand-in-hand with providing the best medical care. While this is the right thing to do for its own sake, it is also the case that measures of quality will be increasingly used to rank and assess hospitals and physician performance, and the results will more and more be made available to the public. Moreover, public and private payers are beginning to use these performance measures to determine pay for service. While this trend in assessment and payment is becoming a standard, it is also important to note that the measures used are not always precise or even as evidence based as one might hope or believe. But they are being employed, and it is essential that we pay attention to them. As you know from past communications (see: http://deansnewsletter.stanford.edu/archive/03_12_07.html#2) the school has forged close relationships with both SHC and LPCH to “shine a bright light focus” on quality, as I delineated in my July 9th Dean’s Newsletter (see: http://deansnewsletter.stanford.edu/archive/07_09_07.html#4). To further our efforts, the Medical Staff, School and SHC will hold a Quality Summit on October 27th that will further shape our plans, goals and commitment to continue our trajectory of improvement in providing the highest quality care possible.

Handwashing – From Semmelweis to SHC

I recently learned that, despite our progress on a number of patient quality measures (see above), observations from a number of sources indicate that handwashing practices are deficient at SHC– by physicians, nurses, trainees, etc. I must admit I find this shocking. I am well aware that consistency of handwashing has been a longstanding problem in hospitals, ever since the seminal observations of Ignaz Semmelweis in the 19th century that handwashing and hygiene reduced the incidence of puerperal fever. In fact, the failure and unwillingness of the medical establishment to adopt his recommendations ultimately led Semmelweis to have a nervous breakdown (although this is debated). Nonetheless, the data that handwashing reduces the transmission of microorganisms are unassailable, and, given the rising incidence of antibiotic resistant staph and streptococci, it is essential that all providers wash their hands prior to direct contact with any patient. While there was a time when this was difficult because of the lack or location of sinks, it is now easy to accomplish with the ready availability of hand cleansers outside every patient room. In fact there can be no excuse for not doing hand cleansing prior to patient contact. It is incumbent on each of us to be vigilant and to remind individuals failing to cleanse their hands between patient contacts to do so. This is an essential practice and simply must be done.

Message from SHC Regarding Transcription

The Stanford Hospital & Clinics Health Information Management Service asked me to provide the following information to you regarding the dictation and transcription project.

“Stanford Hospital and Clinics is preparing to transition to Spheris to provide its dictation and transcription services. Originally, we said you would learn the new system and begin using its online editing and electronic signature functions this summer. We will implement these features; however, we will wait to roll them

out when we launch the Epic Clinical Information System (CIS) in February 2008.

You will dictate letters and other documents as you previously have. HIMS will provide you with paper documents for editing and your signature. Clinics will continue to mail final documents. Documents will be electronically sent to Carecast. Once Carecast is replaced by Epic, documents will be sent to Epic for electronic signature and viewing from the patient record.

For the Spheris rollout, clinics and specialty care areas will still be grouped by their existing transcription vendor. Spheris will go live as each vendor is retired. The revised rollout schedule is included with this memo. Training required for Spheris will be simplified to cover just those functions that will change in the short-term, including:

- New phone number: ext. 233 inside the hospital; 800-242-9770 from outside the hospital
- Use the patient's entire, 8-digit, medical record number
- One additional identifier, speak the "Visit" number or "Encounter" number

You will receive a brochure with instructions to aid in training.

Please watch other SHC communications for Spheris updates, including Medical Staff Update".

Bicycles and Pedestrians – Sharing the Road

A number of facilities projects are underway, with more to come in the next several months. As you know, the plans to build the Learning and Knowledge Center (LKC) and the Stanford Institutes of Medicine 1 (SIM1) have resulted in the closure of a large number of parking spaces – with further loss of parking imminent in the weeks ahead. This loss of parking has facilitated the ongoing "Connectivity Project," which is re-routing utilities and creating tunnels and related infrastructure to support the School's Master Facility Plan that will unfold in the next 10-15 years. The end result will be an exciting and transformed medical school campus. But getting there is filled with challenges. One of these is the need to use more remote parking (at Stockfarm or Roth) and is coupled with our efforts to reduce car trips overall on campus. The good news is that many more faculty, students and staff are now using bicycles instead of cars to get to work. This is something we want to encourage and to see increase over time. But there is a bad news part as well.

With increased numbers of cyclists and the construction projects underway, both bikers and pedestrians are competing for the same lanes and paths. While this is inevitable, an observation and concern registered by many is that bikers are moving all too quickly on

congested road and are being less attentive to pedestrians. This has led to some near accidents and angry encounters. Because the numbers of bikers are likely to increase, I want to call on them – and others – to be as careful and thoughtful about safety as can be. Even though lanes are marked and caution signs in place, pedestrian anxiety and complaints are increasing. We have engaged the University bicycle coordinator to provide advice on how to mitigate the current problem. For now we are calling on voluntary behavior to pay increased attention to safety. Should that not resolve the problem the only recourse will be to have bikers walk their bicycles while on share pedestrian lanes. To avoid this I would like to alert you to the problem and ask for your help and assistance in assuring the safety of pedestrians and cyclists. Thank you.

Medical Development Results Even Better Than Reported

In the September 10th Deans Newsletter I happily reported that we had achieved record results in medical development (philanthropy) for the 2006-07 academic year (see: http://deansnewsletter.stanford.edu/archive/09_10_07.html#3). While the results reported were outstanding, it turns out that they did not include several important gifts that arrived between August 28th - August 31st. Indeed, during that period the Office of Medical Development recorded an additional \$15.9 million in cash for the School, of which \$13.7 million was new gifts and pledges. That makes the School of Medicine and SHC combined new gifts and pledges for FY07 \$284.6M (compared to \$156M in FY06), and the combined cash for FY07 \$204.4M (compared with \$115.3M for FY06). For the School of Medicine alone, the new gifts and pledges for FY07 is \$246.4 million (compared to \$145.7 million for last year) and the cash received is \$198.1 million (compared to \$107 million for FY06). Truly these are remarkable results – making our challenge for FY08 all the greater – but worth striving for!

In my September 10th report I also did not give the breakdown for medical development dollars received in partnership with the Lucile Packard Children's Hospital and the Lucile Packard Foundation for Child Health. According to Chris Dawes, President and CEO of LPCH, the new gifts and pledges for the both the School and LPCH totaled \$74,503,103 for FY07 and grants from the Children's Health Initiative to the School and LPCH for FY07 totaled \$31,913,805 – also a remarkable set of results totaling \$106,416,909.

Again I want to thank the Office of Medical Development and the LPFCH staff as well as our faculty and hospital partners for an incredible effort and remarkable results. Now on to FY08!

Healthcare for Children

A recent Gallup Pole of the images of 25 business and industry sectors shows that the healthcare industry is among the lowest rated with a 28% positive rating – which places only slightly above the federal government (21%) and the oil and gas industry (19%). Moreover, were it not for the Iraq War, it is likely that healthcare would be among the most important, if not *the* most important, current issue to Americans. As we all know from the presidential debates and commentaries, healthcare reform features prominently

in both the issues raised by voters and the plans proposed by candidates. While most of the proposals strive to increase health insurance coverage, none of them are bold – likely fearing the catastrophic events that surrounded the 1994 efforts at healthcare reform. Among the issues at the heart of the debate is the balance between the private and public sector in providing healthcare coverage. These issues are playing out on a state level as well as in the federal government and, so far, regardless of the sentiments, motivations or perspectives, no real plan seems likely to move forward, at least until there is a change in leadership in 2008.

But there is a debate that will take place in the next week that focuses on the provision of healthcare to poor children through the program called SCHIP (State Children's Health Insurance Program), which was launched in 1997 and which has won broad bipartisan support in the states as well as the Congress. But SCHIP is destined to expire at the end of the month unless it is reauthorized. Currently it seems likely that the House and Senate could reach a reconciliation on proposals that have achieved broad support (more so in the Senate than the House) but the White House has made it clear that it intends to veto the bills that seem likely to come forward. Several issues obtain, but among them is the Administration's insistence that health care is better provided by the private sector than the government. At risk is that poor children will be left without healthcare if the President is successful with a veto. While I am sensitive to the multiple views about healthcare, I strongly believe that the attempts to derail SCHIP are truly irresponsible since they have an impact on a population that has no voice and that cannot speak out except through advocates. If you are interested, a balanced perspective on this issue was recently published in the September 6th issue *New England Journal of Medicine* by John K Iglehart entitled "The Battle over SCHIP" (see: <http://content.nejm.org/cgi/reprint/357/10/957.pdf>). At this point we can only hope that the Congress will garner enough votes to override a presidential veto. For the sake of poor children, one can hope that this is achieved.

Tobacco and UC

You may recall my report in the April 9th Dean's Newsletter on Tobacco, Human Health and Academic Freedom (see http://deansnewsletter.stanford.edu/archive/04_09_07.html#1) and my commentary on Promoting Health (http://deansnewsletter.stanford.edu/archive/05_21_07.html#1) that led us to ban smoking on the medical school campus. Central to the initial debate was whether the university should ban the acceptance of research support from the tobacco industry. This question resulted in a rigorous discussion and debate in the University Senate, where concerns about infringement on academic freedom and the potential for creating a precedent for a "slippery slope" that could impact other academic policies and freedoms led the Senate to vote against a proposition restricting acceptance of research funding from the tobacco industry. A not dissimilar debate has also been taking place throughout the University of California system with seemingly similar polar views being expressed about whether to accept or deny funding from the tobacco industry. While most consider the tobacco industry particularly egregious in its longstanding practices, the UC Regents, like the Stanford Senate, recently voted to reject a ban on receiving

tobacco funding. But the UC policy includes the provision that research proposals involving tobacco-industry funding will have to be evaluated by a special scientific review committee prior to accepting the funding. This committee will verify that the study “uses sound methodology and appears designed to allow the researcher to reach objective and scientifically valid conclusions,” among several other provisions.

While the debate about tobacco industry funding seems destined to continue and to garner both proponents and opponents, it seems more important to focus our energies on doing all we can to encourage smoking cessation and the promotion of health. This is the direction we have decided to pursue at the Stanford University School of Medicine.

Update on the Stanford Institute for Immunity-Transplantation-Infection (ITI)

On Friday, September 21st Dr. Mark Davis, Burt and Marion Avery Professor and Director of the ITI, gave an update to the Executive Committee on the progress being made by the ITI. Following is a summary of the presentation that has been prepared by Dr. Davis.

"The ITI is led by Mark Davis (Director), Carlos Esquivel (Associate Director) and Paul J. Utz (Associate Director for Education). Its mission is to promote interactions and develop programs that take advantage of the explosive growth in knowledge about the immune system, infectious diseases and transplantation in order to realize the inherent synergies between these areas and quicken the pace towards curing some of the most serious diseases of our time. Over 300 Stanford faculty have expressed an interest in these efforts and seventy are currently registered as members. The Institute has pursued a multi-pronged strategy towards fulfillment of its mission: Aiding and enabling existing multidisciplinary centers within these areas and creating new ones, forming "working groups" that will be the incubators of new strategies in the approach to key problems, innovative educational programs and creating reduce new facilities that empower Stanford researchers to make quantum leaps in patient care and in our understanding of diseases.

Centers

Two very innovative and successful centers at Stanford predated, set the stage for ITI and now constitute vital parts of it. These are the Center for Clinical Immunology at Stanford (CCIS) started by Garry Fathman in 1994 and the Stanford-LPCH Vaccine Program, started by Ann Arvin and Harry Greenberg in 1997. CCIS has been instrumental in bringing together and supporting clinical immunologists and others across many specialties and in developing new educational programs. It has also had a national impact in that it spurred the creation (also led by Garry) of the Federation of Clinical Immunology Societies (FOCIS) which pools the knowledge of 22 separate clinical organizations. The Vaccine Program has been a vital resource in the infectious disease/ vaccine area, bringing together many Stanford researchers in those areas and particularly spearheading a major NIAID-funded effort to discover the immunological basis of protective influenza vaccines, so that we can replicate the successes in this area to the many other urgent needs we have for other vaccines. A vital component of this center is

the excellent clinical expertise of its Medical Director, Corry Dekker and her staff, without whom many important studies would not be possible. In addition to these important enterprises, last year the ITI approved the establishment of a new entity, the Center for Hepatitis and Liver Regeneration, headed by Jeffery Glenn. Hepatitis is an important, world-wide cause of both acute and chronic liver disease, liver cancer, and Hepatitis C in particular is the single major cause of liver failure necessitating transplantation in the US. Since the need for transplanted livers is much greater than the supply, the center is actively engaged in both finding a cure for Hepatitis C and in developing ways to regenerate failing livers or "grow" new ones. Recently Dr. Glenn has obtained permission to initiate a clinical trial of a promising new drug for Hepatitis C, and this, if successful, would be a major breakthrough in this area.

Working groups

Working groups are an important way in which Stanford faculty and their students can meet and focus their efforts on devising new approaches to a particular disease or opportunity to advance the science behind one or more diseases. We see them as key "incubators" in which knowledge across the whole spectrum of biomedical science, from basic science to clinical care, can be pooled and collaborations established to tackle the biggest problems. ITI has started a number of working groups, specifically in Transplantation Tolerance (led by Sam Strober), Hepatitis C (led by Jeffrey Glenn), Inflammation after Surgery (Martin Angst), Rheumatoid Arthritis (Bill Robinson) and the Infection and Immunity Database Project (Amar Das). Many more are in the works and suggestions from the community are welcome. Some support for these groups will be available this year as will be "seed" grant funding for the most promising projects.

Human Immune Monitoring Center and Core Facility

One of the most important endeavors of ITI, in close collaboration with Garry Fathman and the CCIS, has been the planning, fundraising and now the opening of the Human Immune Monitoring Center (HIMC) under the leadership of David Hirschberg. This facility has been operational in temporary quarters since the beginning of the year and is just now moving into its newly renovated quarters in the CCSR building, just in time for its official opening next week. This unique facility is laying the groundwork for a revolution in medicine and human immunology and infectious disease. It takes clinical samples (mostly blood) and analyzes them with state-of-the-art instrumentation that can measure thousands of markers simultaneously to obtain a real time "picture" of that individual's immune system and any infectious diseases that might be present. This data, together with the expertise that the center offers, will enable clinical investigators across many disciplines to obtain detailed information on each patient enrolled in a particular trial, and help them to identify new markers that will aid in understanding that particular disease and devising better treatments. An important innovation of this facility is that the data on all the analyses performed will be pooled into a broader database that will enable researchers to look across many diseases, as well as data from normal volunteers, in ways that will greatly accelerate the search for common mechanisms and treatments. This facility has been made possible by a generous donation from the HEDCO Foundation as well as grants from the Russell Foundation, the Sidney Frank Foundation and from the

Becton-Dickenson Corporation. We are also very grateful for the support we have received from the Dean's office.

Education

Eight years ago, Paul (PJ) Utz started what is now an extremely successful summer program of instruction and immunology laboratory experience for talented high school students under the sponsorship of CCIS. ITI has now joined with CCIS in expanding this effort to encompass infectious diseases as well and this will also be the template for similar efforts in the other Stanford Institutes of Medicine that PJ is coordinating. This year ITI was also pleased that PJ accepted our offer of a position as Associate Director for Education at ITI and we look forward to both his continuing efforts with the expended summer program as well as other initiatives that will benefit the many other kinds of students within ITI.

Development

Philanthropic support has already proven to be crucial to ITI's progress, particularly in the creation of the HIMC. With the heroic efforts of June Lang and Michael Welch in the Office of Medical Development we have formed Campaign Council to intensify our fundraising efforts so that we can do even more to support the important work here.

Future

ITI is still in its relative infancy and thus we are particularly looking forward to ways in which we can facilitate translational science at Stanford. We especially look forward to these developments in future years:

Seed Funding for working groups and innovative projects: This year for the first time we will be able to provide seed funding for innovative proposals in ITI's core areas. We expect that this will provide further impetus for collaborations and working groups in that it will allow them to try out new strategies and obtain the preliminary data needed for larger scale funding from the NIH. ITI will also be able to provide scientific support for grant writing through our program officer and logistical support through our program manager.

Further development of the HIMC: This coming year will see the continuing evolution of the HIMC, with the implementation of our database strategy and the development of new assays to assess immune function. Eventually we expect that the Stanford HIMC will be a model for similar facilities across the country and the nucleus of a "genome project" scale international effort to use immunological and infectious disease markers to better define human health and ameliorate or cure at least some of the many diseases with an immunological component.

Symposia: In the coming year ITI will sponsor two important symposia, one on "Immune Monitoring" in the fall (Dec. 13-14) and another on "Basic Mechanisms of Infection and Immunity" in April of next year (April 24-25, 2008). Both of these events will highlight the contribution of Stanford faculty in these areas as well as bring in outstanding investigators from other institutions.

I want to thank Dr. Davis for his report and also the members of the ITI for their contributions.

Events

- ***Former President of India APJ Abdul Kalam*** (2002-2007) visited Stanford on September 18th to both celebrate and give an update on the Stanford-EMRI (Emergency Management Research Institute), which was launched at an official signing on May 9th. Dr. Kalam described his commitment to this impressive education and emergency rescue project, which emanated from the dedicated efforts of Drs. SV Mahadevan, Assistant Professor of Surgery (Emergency Medicine), and his colleagues in Emergency Medicine, including Drs. Matthew Strehlow, Gregory Gilbert, Peter D'Souza and Alice Chao in collaboration with Venkat Changavalli, CEO of EMRI. This project began in Hyderabad, India and is planned for implementation throughout the country. It could very well be a prototype for providing emergency services to many developing nations. The goal of EMRI is to save a million lives a year – a target they seem destined to meet. In addition to hearing the progress reports on EMRI, it was a privilege for all who attended a special reception to hear the words of former President Kalam – an inspirational and much admired visionary leader.
- ***Dorothy and Thye King Chan Professorship for Dr. John Adler***, Professor of Neurosurgery: On Friday September 14th we celebrated the appointment of Dr. John Adler, distinguished neurosurgeon and inventor of the CyberKnife, among other innovations, as the first incumbent of the Dorothy and Thye King Chan chair, which was made possible thanks to the generosity of the Chan family as well as support from Gary and Victoria Reed. Please join me in congratulating Dr. Adler for this honor.
- ***Dr. Joe St. Geme, III delivered the 2007 Dr. Norman Kretchmer Lectureship*** on Friday, September 21st. He was the 11th Kretchmer Lecturer, which is named in honor of a remarkable leader in American Pediatrics, who also served as the chair of pediatrics at Stanford from 1959-1969. Dr. St. Geme, III is Professor and Chair of Pediatrics and of Molecular Genetics and Microbiology at Duke University. He is also a Stanford University alum with a distinguished academic career as well as an Academic All American football player.
- ***The First Comprehensive Cancer Research Training Program (CCRTP) at Stanford*** was held from September 16-21st at the Quadrus Conference Center. Over 170 postdoctoral fellows, clinical fellows, residents and graduates students attended a highly successful program that was made possible through the efforts of Drs. Karl Blume and Amato Giaccia (see http://cancer.stanford.edu/features/research_news/documents/CCRTP2007Syllabus.pdf). For those unable to attend, the entire program will be on-line in the next weeks.

Awards and Honors

Dr. David Hogness, Rudy J. and Daphne Donohue Munzer Professor in the School of Medicine, Emeritus, was selected by the Japan Society for the Promotion of Sciences as the recipient of the 2007 International Prize for Biology in recognition of the significant contributions he has made to the field of genetics. Dr. Hogness will travel to Japan where on November 19th he will receive the award in the presence of the Emperor of Japan. Congratulations to Dr. Hogness!

Upcoming Event: Fall Forum

Fall Forum on Community Health and Public Service

Tuesday, October 9th

5:00 – 7:30 pm

McCaw Hall, Arrillaga Alumni Center

Fall Forum was created by medical students to highlight and disseminate student work in the community. Since the forum's inaugural year in 2002, it has expanded to showcase a wide range of service and partnership research projects undertaken by Stanford medical students, undergraduates and physician assistant students in underserved communities here and around the world. The event is coordinated by medical students and sponsored by the Office of Community Health (OCH). The Fall Forum is free and open to the community. We generally have a large and diverse audience including alumni, community members and partner organizations, faculty and staff. Students present their work via posters and/or oral presentations, community partners are recognized for their contributions, and the event concludes with our keynote speaker address.

The keynote speaker for this year's forum will be Dr. Mimi Doohan, Stanford Medical School alumna. Dr. Doohan practices full-spectrum family medicine in Santa Barbara, both in her own private practice and in association with the practice of Dr. Ayesha Shaikh, OB-Gyn. Dr. Doohan is Co-Founder of Doctors Without Walls (DWW), a Santa Barbara non-profit, and serves as the organization's Vice President and Director of Unsheltered Services. DWW's mission is to provide volunteer medical care to the homeless and most vulnerable, where and when they are in need.

Appointments and Promotions

Seth Ammerman has been reappointed to Clinical Associate Professor (Pediatrics), effective 9/01/07.

Bernetta Avery has been appointed to Clinical Assistant Professor (Affiliated) (Pediatrics), effective 8/01/07.

Richard Bales has been appointed to Clinical Associate Professor Emeritus (Affiliated) (Psychiatry and Behavioral Sciences), effective 7/01/07.

Patrick Barnes has been promoted to Professor of Radiology, effective 9/01/07.

Maria Pilar Bernal has been promoted to Adjunct Clinical Associate Professor of Psychiatry effective 7/01/07.

Laura Brodzinsky has been reappointed to Clinical Assistant Professor (Obstetrics and Gynecology), effective 9/01/07.

Zhen Cheng has been appointed to Assistant Professor (Research) of Radiology, effective 9/01/07.

Kenneth Christensen has been appointed to Clinical Assistant Professor (Pediatrics), effective 9/01/07.

Tara Cornaby has been reappointed to Clinical Assistant Professor (Anesthesia), effective 9/01/07

Ramesh Daggubati has been appointed to Clinical Assistant Professor (Affiliated)(Medicine), effective 8/01/07.

Cynthia L. DeTata has been promoted to Clinical Assistant Professor (Obstetrics and Gynecology), effective 9/01/07.

William F. Fearon has been reappointed to Assistant Professor of Medicine (Cardiovascular Medicine), effective 10/01/07.

Robert Filer has been promoted to Adjunct Clinical Assistant Professor of Ophthalmology effective 7/01/07.

Neil Friedman has been promoted to Adjunct Clinical Associate Professor of Ophthalmology effective 1/01/08.

Natasha Funck has been promoted to Clinical Assistant Professor (Affiliated) (Anesthesia), effective 7/01/07.

Louise Furukawa has been reappointed to Clinical Assistant Professor (Anesthesia), effective 9/01/07.

Alan Green has been promoted to Clinical Professor (Pediatrics), effective 9/01/07.

Paul Helgersen has been promoted to Clinical Assistant Professor (Medicine), effective 9/01/07.

Paul Hwang has been promoted to Clinical Assistant Professor (Pediatrics), effective 9/01/07.

Samina Iqbal has been reappointed to Clinical Assistant Professor (Medicine), effective 9/01/07.

Ethan Jackson has been reappointed to Clinical Assistant Professor (Anesthesia), effective 9/01/07.

Komal Kamra has been reappointed to Clinical Assistant Professor (Anesthesia), effective 9/01/07.

Jean Kohn has been reappointed to Clinical Assistant Professor (Pediatrics), effective 9/01/07.

Calvin Kuan has been reappointed to Clinical Assistant Professor (Anesthesia), effective 9/01/07.

Michaela Liedtke has been appointed to Assistant Professor of Medicine (Hematology) effective 9/01/07.

Ludwig Lin has been appointed to Clinical Associate Professor (Anesthesia), effective 8/01/07.

Steve Lindley has been reappointed to Assistant Professor of Psychiatry and Behavioral Sciences at the Veterans Affairs Palo Alto Health Care System, effective 9/01/07.

Yiming Lit has been promoted to Clinical Assistant Professor (Medicine), effective 7/01/07.

Paul K. Mahabir has been reappointed to Clinical Assistant Professor (Medicine), effective 8/01/07.

Kevin Malott has been reappointed to Clinical Assistant Professor (Anesthesia), effective 9/01/07.

Gail A. Prichard has been reappointed to Clinical Assistant Professor (Psychiatry and Behavioral Sciences), effective 9/01/07.

Nilima Ragavan has been reappointed to Clinical Assistant Professor (Pediatrics), effective 9/01/07.

Wendye Robbins has been reappointed to Clinical Assistant Professor (Anesthesia), effective 9/01/07.

Lisa Schmelzel has been promoted to Clinical Assistant Professor (Radiology), effective 8/01/07.

John B. Shinn has been reappointed to Clinical Professor (Otolaryngology - Head and Neck Surgery), effective 9/01/07.

Bindya Singh has been appointed to Clinical Assistant Professor (Affiliated) (Pediatrics), effective 9/01/07.

Anne Elizebeth Stuart has been promoted to Clinical Associate Professor (Pediatrics), effective 9/01/07.

Michael Taymor has been promoted to Adjunct Clinical Associate Professor of Pediatrics effective 5/01/07.

Shreyas Vasanawala has been appointed to Assistant Professor of Radiology, effective 9/01/07.

Eric A. Weiss has been promoted to Associate Professor of Surgery (Emergency Medicine), effective 9/01/07.

Mark L. Welton has been promoted to Professor of Surgery (General Surgery), effective 9/01/07.

Gail Wright has been reappointed to Clinical Assistant Professor (Pediatrics), effective 7/01/07.

Paul Zei has been appointed to Clinical Assistant Professor (Medicine), effective 8/01/07.

Dean's Newsletter

October 8, 2007

Should the Medical Student Curriculum be a Flexible Five?

When the School of Medicine moved from San Francisco to the Stanford University campus in 1959, a new program for medical student education called the “*Five Year Plan*” was launched. Students were accepted to the medical school with the expectation that they would spend five years in a flexible blend of course work, clinical rotations and research. Some entering students who had not yet completed their undergraduate degrees were able to take courses in other parts of the university along with their medical school curriculum. Within a short time the Stanford University School of Medicine became distinguished as a center for education and training for aspiring physician-scientists. The education programs were seen as unique, and generations of outstanding academic leaders were trained, many of whom are still in leadership positions in academic medical centers across the nation. Over the years the program morphed into a “flexible curriculum” and the “Five Year Plan” lapsed even though a majority of Stanford students spent more than four years completing their MD degrees – a pattern that continues today.

In the Fall of 2003 we launched the *New Stanford Curriculum*. It features a blending of basic science and clinical medicine into a more streamlined and optimized course sequence consisting of Foundations of Medicine, Human Health and Disease and the Practice of Medicine, plus a set of “Scholarly Concentrations” that include didactics, mentoring and research. When the curriculum was being revised we had considerable discussion about whether to reinstate a required five-year program but decided to continue it as a four- to -five -year (or longer) course of study and research. In retaining the option to complete the MD degree in four years we were acutely aware that accomplishing a “Scholarly Concentration” of value and significance would be difficult in four years. Now that four years have passed since the initiation of the *New Stanford Curriculum* it is time to reconsider whether we are on the right path or whether we should move more intently to a required five-year program.

Because this is an important issue with many ramifications and consequences, I am interested in soliciting comments and feedback from you about your thoughts and recommendations. I have broached this important topic with groups of students and, at our Executive Committee on Friday, October 5th, I asked Dr. Charles Prober, Senior Associate Dean for Medical Student Education, to lead a discussion on it. As background, Dr. Prober reported that more than 70% of students pursuing an MD degree (exclusive of MD-PhD graduates) spend 5 years at Stanford before graduation. On average, students spending five years were more likely to receive research grants than those who completed their MD in four years (83% vs. 66% respectively) and had more publications (53% vs. 22%). But these are best seen as trends only since the data are limited and not rigorously analyzed.

There is no question that our shared goal is to provide the very best education we can for our students. And for those pursuing an MD degree there should be no doubt that we have a unique focus and goal. We wish to train tomorrow’s leaders across the domains of medicine and science and, in doing so, to optimally utilize and engage the unique resources available at Stanford University. We are fortunate in having outstanding applicants, and the students who join our program are unique. Accordingly, we want our education programs to be flexible enough to accommodate the variegated backgrounds and goals of each student. Many enter with advanced degrees, others seek combined degrees once arriving at Stanford, and many others only begin formulating their future career trajectories during their initial years as medical students. Further, we are fully committed to seeking the most diversified student population possible, since we believe this enriches the overall educational experience and permits us to educate students who are multidimensional and who will serve a wide range of institutions and communities.

The question is whether our students can optimally achieve the educational goals and the opportunities available at Stanford in less than five years, given the importance of the Scholarly Concentration to their individual development. Currently students are pursuing a range of Scholarly Concentrations including: Bioengineering (29 students), Biomedical Informatics (6 students), Biomedical Ethics & Humanities (26 students), Clinical Research (44 students), Community Health (41 students), Health Services & Policy (12

students), Molecular Basis of Medicine (30 students) and Independent Study (3 students). In addition, a number of students are also exploring their Scholarly Concentration in defined applications including: Cardiovascular/Pulmonary (19 students), Immunology (14 students), Neuroscience (17 students) and Women's Health (12 students). While there is no doubt that our medical students are highly talented, the issue is whether they can gather in-depth experience in their Scholarly Concentrations while still fulfilling all the other requirements for an MD degree.

A range of opinions, reflections and recommendations came forth in the discussion at the Executive Committee about whether we should have a mandatory five-year MD program at Stanford. The distillate of that dialogue is that we should have a "Flexible Five Year Program." That is, we should make it clear that we believe that to optimally benefit from the Stanford experience, medical students should ideally plan to spend five years. Of course this is exclusive of those pursuing an MD-PhD, who by definition will spend more than five years. That said, we fully recognize that a required five years would not be appropriate for some students, and thus we would prefer to consider our MD program as a Flexible Five Year Program. For example, a number of students may have already done an advanced degree or have had considerable prior research experience and may be eager to begin their future careers. Others may find that their individual goals are better satisfied with four years of study – even though this will not permit optimization of their overall experience. Importantly, our discussion brought forth concern that a mandatory five year program might discourage highly talented students from applying to Stanford simply because they hadn't yet had the opportunity to define their future career paths. Most notably there was concern that a mandatory five-year program could negatively impact on the broad diversity our medical student body.

Given these important considerations, I would like to frame our current views as supportive of a *Flexible Five Year Program*. In such a program we would encourage most students to take a full five years of study (or more if necessary) and we would work out the funding accordingly. However, we would be flexible for students for whom five years is either unnecessary or incompatible with their needs and goals. I am interested in your thoughts about this issue as well.

What You Can Do About SCHIP

On October 3rd, as many of you know, the President vetoed the SCHIP bill (State Children's Health Insurance Program), which had achieved broad support from Congress. In doing so he drew a line in the sand on whether medical care should be privately or publicly funded. Sadly the line was drawn over children, most lacking health care insurance, whose voices will not be heard but whose lives may be adversely impacted. Some 10 million children would benefit from SCHIP, a program that has achieved considerable success since it was instituted in 1997 and that has wide bi-partisan support in Congress as well as among state governors.

Two issues are at the heart of the veto: first, the view that SCHIP represents an expansion of government supported medical care compared to privately run health care and second, the fact that it would be funded in part by a tax increase on cigarettes. Clearly these frame

the larger debate on health care that is currently drawing national attention, due largely to the increasing costs of health care and the perceived need to reform the health care system. But the routes to reform are excessively driven by powerful constituencies. These include: the insurance, pharmaceutical and device industries; hospital associations and medical professional groups; political leaders; industries for whom the burden of health care costs have become increasingly onerous; citizens for whom health insurance is unaffordable or inadequate; and a public that has not fully come to terms with the true costs for the care they receive and that has expectations that may not always be compatible with either good or affordable medical care. These forces will shape the health care debate that will surely unfold during the upcoming presidential elections and that will figure prominently in the domestic agenda of the next administration.

Any health care reform in the USA will require compromise and is likely to be incremental – even though major revisions are needed. All that said, is it appropriate to take a position that compromises some 10 million children when the child health bill the President vetoed was approved in the Senate by 67 to 29 and in the House by 265 to 159? While there are sufficient votes in the Senate to override the veto, this is not the case in the House of Representatives – where approximately 15 votes are needed. Regardless of where one falls on the health care debate, from my personal point of view it is not appropriate to act on one's views in a way that compromises children. This view was well expressed by the medical and resident staff at Stanford and at the Lucile Packard Children's Hospital in a rally that was led by Dr. Lisa Chamberlain, Assistant Professor of Pediatrics, and that has helped to organize pediatricians and children's hospitals across the nation (see: <http://news-service.stanford.edu/news/2007/october3/med-schip-100307.html>) under the banner of "Stand Up for Children."

You can help make your voice heard to Members of Congress on behalf of children who cannot do so. If you wish to do and desire more information on SCHIP you can find it at <http://www.childrenshospitals.net/nach/schip>. If you are willing to write your Member of Congress you can do so by going to: <http://capwiz.com/nach/issues/alert/?alertid=10383886&type=CO>. Under action alert enter your ZIP code (for students and those who have out of state residences, use that address) and then send a personalized message. It will just take a couple of minutes and it can make a big difference in assuring that you are heard – both on behalf of yourself and our nation's children.

Big Steps Forward for Stem Cells and California

This past week featured some giant steps for stem cell research in California. On October 2nd, State Treasurer Bill Lockyer called for individuals to participate in the \$250 million dollar bond sale approved by California voters in November 2004 under the California Stem Cell Research and Cures Act, or Proposition 71. As you know, the implementation of Prop 71 was held up by legal challenges that were, thankfully, dismissed this summer. With that, the California Institute for Regenerative Medicine (CIRM) is set to become the world leader in supporting and fostering stem cell research. If you are interested in

buying stem cell bonds you can get additional information at www.buycaliforniabonds.com.

The issue of the bonds and the recent selection of Dr. Alan Trounson as the new president of CIRM helped make the October 5th meeting of the Independent Citizens Oversight Committee (ICOC), the 29 member board on which I have served since its inauguration nearly three years ago, a more ebullient event. The ICOC has worked diligently to create and develop the infrastructure to support the highest quality stem cell research possible. Thanks to interim funding from bond anticipation notes and advanced support from the Governor, the ICOC has already funded 136 training and research grants to institutions throughout California – and for which Stanford has competed in a highly successful manner. With the issuance of the bonds, new grant programs are forthcoming, including ones for the development of new pluripotent human stem cell lines as well as for support of multi-disciplinary teams of scientists in pursuit of therapies for specific diseases. CIRM will begin soliciting applications for planning grants later this fall. If you are interested, information is available at http://www.cirm.ca.gov/meetings/pdf/2007/100307_item_9.pdf. The intent of the planning grants is “to provide relatively modest sums to scientists who will enlist team members to help prepare research and management plans for major, long-term grants for translational research leading to clinical trials” (see http://www.cirm.ca.gov/meetings/pdf/2007/100307_item_8.pdf). The much larger disease grants will be funded in late 2008. In addition to these important new grant programs, major facilities construction grants are currently being prepared by institutions, including Stanford, and will be reviewed early next year.

Clearly stem cell research is moving forward on multiple fronts, making this an exciting and important time for California – and as a consequence for the nation.

New Policy on Faculty Searches

Perhaps the most important activity we conduct to enrich and renew the excellence of our faculty is to select them through rigorous and thoughtful search processes. This past year Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, chaired a Task Force on Faculty Searches that examined a number of important issues related to the faculty search process. It recommended that the Office of Academic Affairs develop a single, comprehensive document that would include School and University policies and processes relating to faculty searches; guidelines on search committee membership and responsibilities; best practices in the areas of advertising, outreach and networking activities; findings regarding unconscious bias; and current data on faculty demographics.

Based on that, a new issued Guide to Faculty Searches is now available online. Among the important changes are guidelines on reducing the length of the search process and on the composition of the committee. To further assure that searches yield the greatest degree of diversity, departments are encouraged to name one member of the search committee as the diversity officer. The overarching goals of the new Guide are to assure that searches:

- are conducted with integrity and transparency
- are thorough and comprehensive
- use all resources available to ensure and maintain a diverse candidate pool
- move expeditiously and systematically
- respect confidentiality
- provide candidates with access to information
- leave all involved with a sense of fairness
- provide the requisite information and administrative flexibility to enable a final decision by the department and a smooth appointment process
- result in the recruitment of an outstanding candidate who will flourish as a member of the Stanford Community and bring distinction to the School and University.

I am grateful to Dr. Stevenson and to Assistant Dean Judith Cain for their efforts as well as to all those who provided input on the format and content of the *Guide to Faculty Searches*. I encourage you to share your ideas with us about how we can make it the best possible resource for your search and recruitment activities. If you have any questions or comments feel free to direct them to Assistant Dean Cain at jpcain@stanford.edu.

NIH and the Continuing Resolution

I want to bring to your attention to the notice just published by the National Institutes of Health (NIH) that details how non-competing grants will be treated under the current continuing resolution. At this time Congress has yet to clear any of the fiscal year 2008 appropriation bills and accordingly agencies have been working under a continuing resolution (CR) since October 1st, the start of the federal government's fiscal year. The current continuing resolution is set to expire on November 16th. As it did in FY 2006 and 2007, NIH announced it will fund most non-competing awards at 80 percent of previously committed levels while it operates under the CR. When NIH receives its appropriation for fiscal year 2008, these awards will be adjusted. In FY 2007, once the final appropriations bill was enacted, NIH funded non-competing awards at an average of 97.1 percent of previous committed levels (or 2.9 percent below committed levels). If you are interested, the details of the NIH announcement are available at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-001.html>.

Time to Register for Epic Training

On March 1, 2008, Stanford Hospital & Clinics will be going live with the new CIS-Epic electronic health record. All faculty and physicians are required to receive Epic training prior to that time. To register, go to <http://sumlms.stanfordmed.org/sumtotal> and follow the instruction to log into the LMS and complete the short tutorial. Your username is your dictation number. Your initial password is your *last name* – you will be prompted to change it when you log in for the first time. If you need help registering for LMS, stop by the registration kiosk in the SHC cafeteria on Mondays, Wednesdays, and Fridays anytime between 7 a.m. and 3 p.m. Learning Services staff members will be there to assist you. If you need a personal appointment or have a question, e-mail them at

CISLearningServices@stanfordmed.org.

I strongly encourage you to begin your training early. It will be a problem if you wait until the last minute – and if you haven't registered by February 29, 2008 you will not be able to practice medicine at SHC. Thank you for your cooperation.

Stanford Clinical Trials Registry

Beginning Friday, November 9, 2007 all clinical trials conducted at Stanford and affiliated facilities must be registered in a single, comprehensive and publicly accessible database, the Stanford Clinical Trials Web Site. The web site, developed and hosted by the School's Office of Information Resources and Technology (IRT), will be used to gather descriptive information about our trials for publication on other Stanford web sites and for automatic uploading to the NIH-operated site

This web site will provide appropriate, real-time descriptive information about all clinical trials conducted at Stanford, thus serving as a convenient central resource for investigators, research personnel, administrators, sponsors, study subjects, and the general public. This will include all trials where Stanford is the lead sponsor.

The following information regarding the Stanford Clinical Trials Web Site has been issued by the Stanford Packard Center for Translational Medicine (SPCTRM):

Why is this needed?

Ever increasingly the web is used by patients and referring physicians as the primary mechanism to learn about clinical trials. To date, finding comprehensive information about studies at Stanford has been extremely difficult. By providing a single, easy to use web site with information about all trials at Stanford, this system will provide a means for the public to more easily discover our studies.

In addition, in 2005, the International Committee of Medical Journal Editors (ICMJE) initiated a policy requiring investigators to deposit information about trial design into an accepted clinical trials registry before the onset of patient enrollment. This policy aimed to ensure that information about the existence and design of clinically directive trials was publicly available. Response to the policy has been overwhelming with over 40,000 trials registered by April 2007 and with more than 200 new trial registrations now occurring each week. But as clinicaltrials.gov has grown, its utility as a means of disseminating information about clinical trials being conducted at Stanford has waned; thus the need for a comprehensive, Stanford-specific clinical trials database.

Which studies must be registered?

In accordance with the policies of the ICMJE, Stanford requires registration of any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example, drugs, surgical procedures, devices, behavioral treatments,

dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

Those who are uncertain whether their trial meets this definition should err on the side of registration. After November 9, investigators must be able to affirm that a qualifying trial has been registered prior to enrolling any patients. In addition, failure to register qualifying trials prior to patient enrollment makes that study ineligible for publication in an ICJME journal (e.g., *Annals Internal Med*, the *Lancet*, *JAMA*, *NEJM*, and many others).

ALL new clinical trials meeting the ICMJE definition above, including Phase I trials, must be registered. As preparation for the public launch on November 9, SPCTRM and IRT have pre-loaded into clinicaltrials.stanford.edu all Stanford trials that currently exist on clinicaltrials.gov, so there will be no need to re-register those studies. However, between October 18 and November 9, investigators and coordinators whose trials are not cancer studies should login to clinicaltrials.stanford.edu to verify the accuracy of the information and provide any missing data. Detailed instructions will be provided at the October 18, 2007 workshop (see below) and are available from SPCTRM. [Please note that the Cancer Clinical Trials Office will continue to perform all web site-related tasks for all cancer studies.]

What this means for you:

- The ability to simultaneously publish trials in a centralized directory available from the School's home page and on any Departmental/Divisional School of Medicine web site.
- Added recruitment value for potential research participants and investigators.
- One-stop entry for both clinicaltrials.stanford.edu and clinicaltrials.gov
- Greater visibility for both internal and external viewing of clinical research being conducted at Stanford.

How to Learn More:

Attend one of the two Training Presentations that will be held on the following dates:

- *Friday, October 12, 2007, 12-1:30pm in CC2103-2105:* This program is only for those with cancer studies.
- *Thursday, October 18, 2007, 12-1:30 pm in the Clark Center Auditorium:* This program is for investigators, coordinators and administrators whose studies **do not** involve cancer research.

Who Can Help? The SPCTRM office will be the primary administrator to facilitate this process. Please contact Linda Walker at 498-7425 or linda.walker@stanford.edu with any questions about trials that do not involve cancer research.

The Cancer Clinical Trials Office (CCTO) is providing registration services for all cancer trials. For questions or assistance on cancer study registration, contact Ellen DiNucci, CCTO Recruitment Specialist at 725-2839 or oredinucci@stanford.edu.

Faculty Fellows Program

Dr. Hannah Valentine, Senior Associate Dean of the Office of Diversity and Leadership, has announced the launch of the 2008 School of Medicine ***Faculty Fellows Program***. Now commencing its third year, this extraordinarily successful program will welcome a select group of Assistant and Associate Professors as Faculty Fellows for the 2007-08 academic year. The purpose of the Faculty Fellows program is to identify and develop a diverse group of junior faculty who have the potential to become our future leaders.

During the year-long program, Fellows will attend a monthly dinner with key University leaders such as President John Hennessey and Dean Philip Pizzo. Fellows will engage in discussion with these individuals about leadership philosophy, strategy and style—“Personal Leadership Lessons.” Fellows will interact in discussion with colleagues and explore their own ideas on how to address leadership challenges as their careers develop. On a monthly basis they will also meet in small groups with a senior Professor, who will be their mentor. They will be guided in a Development Planning process to engage with their own division chiefs or department chairs in crafting and executing a personal career development plan.

We invite all Department Chairs or Chiefs to submit nominations. If you are interested in being nominated for this opportunity, ask your Department Chair or Chief or Dr. Hannah Valentine to nominate you.

Nominees should be Assistant or Associate Professors who have demonstrated interest in and potential for leadership roles in the School of Medicine. They should be respected by their colleagues and should have demonstrated an ability to influence others. In addition, they should be advocates for change and for increasing the diversity of the School of Medicine. They should have demonstrated the ability to think strategically and systemically, and should be interested in taking on leadership roles in the future. Fellows are expected to attend all dinner meetings and mentoring group meetings.

You may obtain a nomination form by contacting Jennifer Scanlin at jscanlin@stanford.edu or at 5-0052. Nominations are due by November 21, 2007. The new Fellows class will be announced in January, 2008 and will begin meeting in February.

Recent Events

- ***Opening of the Immune Monitoring Center:*** On Wednesday September 26th, we celebrated the official opening of the Stanford Human Immune Monitoring Center, an innovative and important resource being provided by the Stanford Institute for Immunity, Transplantation and Infection. The Center has been made

possible by a generous gift from the HEDCO Foundation along with the Sidney E. Frank Foundation and the Russell Family Foundation. It will provide a broad array of immunological, genomic and other studies as a means of characterizing the plethora of human diseases that may have a primary or secondary immune component or dysfunction. The original concept for the center was stimulated by Dr. Gary Fathman, Professor of Medicine and has been supported by Dr. Mark Davis, Director of ITI and the Burt and Marion Avery Professor of Microbiology and Immunology. Dr. David Hirschberg serves as the Director of the Center.

- ***Welcome Breakfast for New Faculty:*** On September 24th I joined Drs. David Stevenson and Hannah Valentine in welcoming faculty who have joined the School of Medicine during the past year. This served as an opportunity for new faculty to meet each other and learn more about the Stanford community. In welcoming them I encouraged each of them to embrace and utilize the resources available across this incredible university. I also encouraged them to focus on the big issues and questions that could be transformative – and that could help to transform Stanford and our community, locally and globally.
- ***Visit from Shantou University School of Medicine.*** On October 1st and 2nd we hosted a delegation led by the Provost and Dean from the Shantou University and its School of Medicine in China, along with senior representatives of the Li Kai-Shing Foundation. This provided an opportunity to share our efforts in medical and graduate student education as well as interdisciplinary research in medicine and bioengineering. It was an extremely fruitful exchange and I am particularly grateful to Alan Yeung, Professor of Medicine, who has played an important role in our interactions with Shantou University and the Foundation. We each learned a lot from the other. I also want to thank the faculty and students from Stanford who contributed their valuable time to make this visit so successful.
- ***Digestive Disease Center Annual Retreat.*** On Saturday September 29th, Dr. Harry Greenberg, Senior Associate Dean for Research and Training and Professor of Medicine, hosted the annual Digestive Disease Center Retreat. Held in the Clark Center Auditorium, the Retreat brought leading faculty and trainees from around the nation to an excellent scientific exchange. Part of the program consisted of presentations by the 2007 DDC Pilot Awardees, including Dr. Ting-Ting Huang, Assistant Professor of Neurology and Neurological Sciences, Dr. Rajat Rohatgi, Postdoctoral Fellow, Department of Medicine (Oncology) and Dr. Steve Galli, Professor and Chair of the Department of Pathology.
- ***The Center of Excellence,*** which has played an important role in helping to foster diversity through programs in education, mentoring and community service, gathered to thank the faculty and students who have made such important contributions during the past year(s). While the federal government has unfortunately canceled the funding for this program, its leaders will seek ways to continue its important efforts at Stanford. Dr. Fernando Mendoza along with Drs. Ron Garcia and Gabe Garcia, among others, played pivotal and important roles in

making the Stanford COE so successful over the years, and I am very appreciative of their efforts.

Upcoming Events

Dr. Audrey Shafer asked me to alert you to two important upcoming events:

The Jonathan King Lecture will be given by Arthur Caplan, PhD from the University of Pennsylvania on Wednesday October 10th at 5 pm in the Clark Center Auditorium. The title of Dr. Caplan's presentation will be "*Show No Mercy? The Ethics of Access to Experimental and Novel Treatments.*"

Music and Medicine: An Interactive Concert and Lecture by Robert Kapilow and the St. Lawrence String Quartet entitled "*From Sickness to Health: Narrative in Beethoven's Heiliger Dankgesang*" will be held in the Clark Center Auditorium on Tuesday October 30th at 6 pm.

Awards and Honors

- The Institute for Health Policy Studies in conjunction with the Office of the Chancellor and Dean at UCSF held a Symposium to celebrate the 35th anniversary of the Center and to honor **Dr. Philip Lee** for his remarkable career and extraordinary contributions in medical education and health policy during his distinguished leadership positions at UCSF and in the federal government. Dr. Lee has also been an important teacher in Human Biology and is one of the most important figures in American Medicine. I was pleased to witness part of his wonderful and well-deserved celebration.
- **Dr. Oscar Salvatierra, Jr.**, Professor of Surgery and Pediatrics, Active Emeritus and Advising Dean for the School of Medicine, will be honored as the 2007 recipient of the Albion Walter Hewlett Award at Medical Grand Rounds on Wednesday, October 17th in the Braun Auditorium. The Hispanic Business Magazine ranked Stanford as the second best medical school in the nation (behind UT Southwestern Medical Center) for educating and training Hispanics.
- **Dr. P. Joanne Cornbleet**, Associate Professor Emeritus in the Department of Pathology, is one of six individuals who were honored on October 1st with the 2007 College of American Pathologists Lifetime Achievement Award.
- **Dr. James F. Fries**, Professor of Medicine has been named a 2007 Honorary Fellow in the Society for Public Health Education in celebration of his lifetime contributions in public health and health education.

Congratulations to all!

Appointments and Promotions

- **Janelle Aby** has been promoted to Clinical Associate Professor (Pediatrics), effective 10/1/07.
- **Fred Ackroyd** has been appointed to Clinical Professor (Affiliated) (Surgery), effective 9/1/07.
- **Manuel R. Amieva** has been reappointed to Assistant Professor of Pediatrics and of Microbiology & Immunology, effective 10/1/07.
- **Joanna Badger** has been reappointed to Clinical Assistant Professor (Dermatology), effective 10/1/07.
- **Stephen Baccus** has been reappointed to Assistant Professor of Neurobiology, effective 10/1/07.
- **Andrea Cervenka** has been promoted to Clinical Assistant Professor (Affiliated) (Medicine), effective 11/1/07.
- **Alan G. Cheng** has been appointed to Assistant Professor of Otolaryngology – Head and Neck Surgery, effective 10/1/07.
- **Glenn Chertow** has been appointed to Professor of Medicine (Nephrology), effective 10/1/07.
- **K.S. (Casey) Crump** has been appointed to Clinical Assistant Professor (Medicine), effective 10/1/07.
- **Corinna Darian-Smith** has been promoted to Associate Professor of Comparative Medicine, effective 10/1/07.
- **Glen R. Elliott** has been appointed to Clinical Professor (Affiliated) (Psychiatry and Behavioral Sciences), effective 10/1/07.
- **Neal B. Frager** has been reappointed to Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/1/07.
- **Edward E. Graves** has been reappointed to Assistant Professor of Radiation Oncology, effective 11/1/07.
- **Peter Gregor** has been promoted to Clinical Assistant Professor (Affiliated) (Medicine), effective 9/1/07.
- **Liliana Hamlett** has been reappointed to Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/1/07.
- **Shoshana Helman** has been promoted to Clinical Assistant Professor (Affiliated) (Medicine), effective 9/1/07.
- **Bradley Hill** has been reappointed to Clinical Assistant Professor (Affiliated) (Surgery), effective 10/1/07.
- **Ting-Ting Huang** has been reappointed to Assistant Professor (Research) of Neurology and Neurological Sciences, effective 10/1/07.
- **Michele Hugin** has been reappointed to Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/1/07.
- **Evaleen Jones** has been promoted to Clinical Associate Professor (Medicine), effective 9/1/07.
- **Kathleen Kenny** has been reappointed to Clinical Assistant Professor (Medicine), effective 9/1/07.
- **Calvin Kuo** has been promoted to Associate Professor of Medicine (Hematology) effective 11/1/07.

- **Lawrence Kwan** has been promoted to Clinical Assistant Professor (Affiliated) (Medicine), effective 8/1/07.
- **Peter Lee** has been reappointed to Clinical Assistant Professor (Affiliated) (Medicine), effective 9/1/07.
- **Laura McClellan** has been reappointed to Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/1/07.
- **Bohdan Makarewycz** has been appointed to Clinical Assistant Professor (Affiliated) (Otolaryngology - Head and Neck Surgery), effective 9/1/07.
- **Yvonne A. Maldonado**, has been promoted to Professor of Pediatrics (Infectious Diseases), effective 10/1/07.
- **David B. Miklos** has been reappointed to Assistant Professor of Medicine (Blood & Marrow Transplantation and Immunology & Rheumatology), effective 10/1/07.
- **Ahn T. Nguyen** has been promoted to Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/1/07.
- **Lily Nguyen** has been reappointed to Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/1/07.
- **Song L. Nguyen** has been promoted to Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/1/07.
- **Mark R. Nicolls** has been appointed to Associate Professor of Medicine (Pulmonary & Critical Care Medicine and Immunology & Rheumatology), effective 9/1/07.
- **Seiji Nishino** has been promoted to Professor (Research) of Psychiatry and Behavioral Sciences, effective 10/1/07.
- **Ruth O'Hara** has been promoted to Associate Professor (Research) of Psychiatry and Behavioral Sciences, effective 10/1/07.
- **Dushyant Oza** has been reappointed to Clinical Assistant Professor (Pediatrics), effective 9/1/07.
- **Pankaj J. Pasricha**, has been appointed to Professor of Medicine (Gastroenterology & Hepatology), effective 10/1/07.
- **Thomas N. Robinson**, has been promoted to Professor of Pediatrics (General Pediatrics) and of Medicine (Stanford Prevention Research Center), effective 10/1/07.
- **Julien Sage** has been reappointed to Assistant Professor of Pediatrics (Cancer Biology) and of Genetics, effective 11/1/07.
- **Vanila Singh** has been reappointed to Clinical Assistant Professor (Anesthesia), effective 9/1/07.
- **Mamta Thukral** has been promoted to Clinical Assistant Professor (Anesthesia), effective 9/1/07.
- **Michelle Young** has been reappointed to Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/1/07.
- **Nancy Yuan** has been promoted to Clinical Associate Professor (Pediatrics), effective 8/1/07.
- **Maria Zelenko** has been promoted to Clinical Assistant Professor (Affiliated) (Psychiatry and Behavioral Sciences), effective 10/1/07.
- **Gary Zhao** has been promoted to Clinical Assistant Professor (Affiliated) (Medicine), effective 9/1/07.

Dean's Newsletter

October 22, 2007

October 26, 2007 Bulletin

Dear Colleagues:

It is with deep sadness that I write to inform you of the passing today of our friend and colleague, **Dr. Arthur Kornberg**.

As you know, Dr. Kornberg was a giant in his field. He was the winner of the 1959 Nobel Prize with Severo Ochoa for their work on DNA polymerase. He will be surely remembered as one of the most distinguished and remarkable scientists of the 20th Century. In fact, his towering contributions to science continued virtually up until the time of his death.

He is a legend at Stanford - and beyond. In 1959, he came to Stanford University as the chair of the new Department of Biochemistry. It was a time of great change, as the school was moving from San Francisco to Palo Alto, aspiring to become a great research institution. Dr. Kornberg brought his entire department at Washington University to Stanford, and in a short time it was acclaimed as the premier biochemistry department in the nation.

Nobel Laureate Professor Paul Berg, his friend and colleague, remarked on his passing, "There have got to be tens of thousands of people around the world today whose eyes are tearing up with the news that he's gone. He was an extraordinary scientist. His accomplishments might be called legendary. The style in which he did his science was inspirational."

Of course at Stanford we also know and celebrate his son Professor Roger Kornberg, winner of the 2006 Nobel Prize in Chemistry, and will want to extend our personal sympathies to him. Arthur Kornberg is survived by his wife, Carolyn Frey Dixon Kornberg, three sons and eight grandchildren. In addition to Roger, his sons are Thomas Kornberg, PhD, professor and vice chair of biochemistry and biophysics at the University of California at San Francisco, and Kenneth Kornberg, a noted architect and founder of Kornberg Associates.

The burial arrangements are private. Stanford University will host a celebration of Dr. Kornberg's life and legacy; details of this event will be released as they become available. In lieu of flowers, the family requests that contributions be made to the Dr. Arthur Kornberg Memorial Research Fund at Stanford University School of Medicine or to a charity of their choice. Arthur Kornberg Memorial Research Fund contributions can be sent to:

Stanford University
Office of Medical Development
2700 Sand Hill Road
Menlo Park, CA 94025

Additional details about the life and legacy of Dr. Kornberg along with a Guest Book are available at a special SOM

website: http://med.stanford.edu/special_topics/2007/kornberg/

Without question the name Arthur Kornberg will be associated with excellence in science and medicine for many many generations to come. We will miss him but we will always remember him.

Philip Pizzo

Updating the Trustees on School of Medicine Diversity Programs

On October 8th Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership and Professor of Medicine, presented an update to the University Board of Trustees on the status of the School of Medicine's efforts to further enrich the diversity of our student and faculty community and to promote leadership and career development. As a medical school community we are committed to improving our educational and research opportunities by fostering and supporting as diverse a community as possible. This includes the recruitment and retention of diverse faculty, students, trainees and staff who are representative of the communities in which we work and live. This commitment has led Dr. Valantine and her colleagues to establish a series of strategic goals, and I am pleased to say that they have made progress in each. Their goals and accomplishments include the following:

1. **Goal: Develop and monitor policies, strategies and resources for the recruitment of a diverse faculty.**
 - a. *Accomplishments include:* The Office of Diversity and Leadership (ODL) has become increasingly engaged with faculty search committees. As a result, the search process, composition of search committee itself and applicant pool and short lists are being enriched with a greater diversity of candidates. This increase is aided by outreach and personal contacts and the use of existing data bases for women and underrepresented in medicine minority candidates. In addition, a "Search Tool Kit" has been developed that addresses such topics as the issue of unconscious bias as it relates to faculty searches and interviewing recommendations and guidelines.
2. **Goal: Develop and monitor policies, strategies and resources for the retention of a diverse faculty.**
 - a. *Accomplishments include:*
 - i. Faculty development workshops that address grant writing, preparation of scientific publications, negotiations and the processes involved in "Appointments and Promotions" – with the objective of making these processes as transparent and understandable as possible.
 - ii. Research Awards to foster faculty diversity or to promote career development and balance for women faculty (including the newly formulated McCormick Award for junior faculty).

- iii. Attention to the facilitation of flexible work arrangements, childcare and community building events.

3. Goal: *Identify and develop individual leadership potential at an early stage of faculty careers and develop a menu of leadership opportunities that become available to meet individual needs.*

- a. *Accomplishments include* the School of Medicine Faculty Fellows Program, which was launched in February 2006 and which provides a forum for junior faculty to learn leadership skills and benefit from mentoring, coaching and career planning assessment. To date 30 faculty have enrolled in the Faculty Fellows Program, of whom 50% have been women and 25% underrepresented minorities (URM). Approximately 25% of the Faculty Fellows have come from basic science departments. The participating faculty have been nearly evenly split between Assistant and Associate Professors.

One of the outcomes of this program I am most pleased with is the community building that is fostered among the Fellows, who come from different basic science and clinical science disciplines and departments and who learn from and teach each other in the Program. Equally impressive is the fact that the senior faculty members who serve as mentors in the program and who come from both basic research and clinical departments, are equally effective – and engaged – in guiding basic and clinical faculty, thus underscoring how we can truly be one community of excellence.

- b. In addition to the Faculty Fellows Program the School has partnered with Stanford Hospital & Clinics (SHC) in a Physician Leadership Program that seeks to build skills in quality improvement as well as provide opportunities for network building. To date 56 faculty have graduated from the School of Medicine-SHC program. The 2007-2008 program is focusing on division chiefs and chairs of smaller departments. In addition, a number of the Pediatric Faculty have participated and benefited from the leadership training programs being sponsored by the Lucile Packard Children's Hospital.

We have seen progressive changes in our faculty demographics over time – and in particular since the inauguration of our Office of Diversity and Leadership. During this period 55 new faculty were appointed to the School of Medicine, including 17 women and 4 URM, resulting in net increases in women and minorities. While admittedly a small step, it is measurable progress that reflects the efforts of department chairs and faculty across the School. True, we have a distance to travel – but it is also true that we are making progress along the way.

For additional information on the Office of Diversity and Leadership and its various activities I would encourage you to visit its [new website](#). I particularly want to bring to

your attention the fact that Dr. Valentine and Dr. Claudia Morgan, Associate Director of ODL, are currently soliciting nominations for the next Faculty Fellows Program, which will begin in February, 2008. Faculty must be nominated by their division chiefs or department chairs. Nomination information may be found at the ODL web site. I encourage interested faculty to seek nomination to this fine program.

Although the data and comments I have presented above and in prior communications focus on faculty and students, I do want to underscore that we are equally committed to assuring diversity among our staff as well. At a recent Dean's Staff meeting, Ms Cori Bossenberry, Director of Human Resources for the School of Medicine, provided an update on the 2,416 individuals who comprise the "non-academic staff", 76% of whom are women and 32% a self-identified minority (ethnicity was not defined in 28% of the total). We are fortunate in having a largely stable and dedicated staff with an average turnover of approximately 400 individuals. The reasons for turnover vary but are primarily relocation, career change or advancement, a return to school or an inadequate salary. In response to exit survey questions most departing staff indicate that they experienced positive relationships with co-workers and enjoyed the teaching, learning and research environment of the university. Notably, nearly 80% indicate that they would recommend employment at Stanford to others. While these are encouraging findings, it is important for us to put as much effort as possible into promoting an environment that fosters staff development and retention and that values men and women equally as well as individuals from the broad spectrum of socioeconomic and ethnic backgrounds.

Pediatrics Mentoring Program Launched

Dr. Christy Sandborg, Professor of Pediatrics, Director of the Child Health Research Program (CHRP) and Interim Chief of Staff at LPCH, has let me know that the Department of Pediatrics recently launched its 2008 Pilot Pediatric Mentoring Program (PPMP). This one-year pilot, which was conceived by the Career Development Subcommittee of CHRP, is dedicated to the academic success and career-development of thirty-five Assistant Professors and Instructors in the Department of Pediatrics. A key component of the program is an eight-member "stable of mentors" who are supplemental to the mentees' primary mentors. Each mentor is loosely assigned one of four development areas: Clinical/Teaching, Research, Work/Life Balance, and Academics. The program is funded by the Department of Pediatrics, CHRP, the School of Medicine, and the Lucile Packard Foundation for Children's Health. The mentors will work with the planning committee going forward to develop tools for the program. Mentors and mentees will take pre and post program surveys as part of the program's performance measurement.

The PPMP planning committee consists of Dr. Christy Sandborg, Linda McLaughlin, Mary Chen, Dr. Hannah Valentine, and Pam Grier. More information can be found at <http://med.stanford.edu/chrp/PPMP.html>. This initiative promises to be an excellent addition to the career development activities for junior faculty in Pediatrics, and I look forward to hearing more about it in the months ahead.

Clinical Quality Improvements, Programs and Challenges

I have called attention in recent Newsletters to our commitment and focus on quality performance and its importance to our current and future success as an academic medical center (http://deansnewsletter.stanford.edu/archive/09_24_07.html#4, http://deansnewsletter.stanford.edu/archive/03_12_07.html#2). Like our efforts to improve diversity and enhance leadership, improving quality performance will be an ongoing effort. We will be judged and compared to our peers locally and nationally, and patients will almost certainly choose whether to come to Stanford on how well we do on national metrics and norms. As I have also noted, performing simply to the metrics or public standards, while important, is insufficient. Thankfully, a number of efforts are underway – at the Medical Center level as well as by departments and groups of faculty and staff. Earlier this year a Work Group on Quality Improvement was initiated under the leadership of Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs, and Dr. Kevin Tabb, Chief Quality Officer for SHC. This Work Group, which included a number of Clinical Department Chairs as well as hospital leaders, brought forth 16 initiatives, approximately 60% of which have now been fully implemented.

Among their accomplishments and works in progress are new communication vehicles, physician and departmental quality performance profiling, annual goals to improve quality set by departments, an Executive Oversight Committee on Patient Safety that meets bi-weekly, a task force to develop metrics on quality and clinical performance to be used in the promotion of faculty with clinical responsibilities, and the development of a Center on Quality Performance and Effectiveness. As I have also noted previously, major efforts on quality performance have been underway – and continue with renewed focus – at the Lucile Packard Children's Hospital.

While these broad institutional efforts are truly important, the greatest success will come when a culture of quality performance, based on the unique aspects and challenges of different clinical disciplines, is embedded in each department and indeed in each faculty member. I am pleased that this cultural shift is not only underway but accelerating. For example, I am aware of successful efforts in the departments of Orthopaedics, Otolaryngology, Obstetrics/Gynecology, Urology and others. I was also pleased to be invited to the Department of Surgery's Grand Rounds on October 16th for the inauguration of monthly presentations on quality and outcome presentations that are data driven and based on the efforts of surgical faculty, trainees and staff. Dr. John Morton, Associate Professor of Surgery and Director of Surgical Quality, presented a thoughtful update on a broad range of research and clinical activities aimed at improving patient quality, including the establishment of the Stanford Center for Outcomes Research and Education. I was particularly gratified to learn that programs will be directed at surgical residents, fellows and students – a key to truly creating a broad culture on quality.

While we are making progress, there is much to be done. Ultimately our success as an institution will depend on the active participation and accountability of each and every care provider. This is a goal we must not simply aspire to – we must achieve it.

LPCH to Launch Phase 2 of the Clinical Transformation Program (CTP)

On November 4, 2007, Lucile Packard Children's Hospital will launch Phase 2 of the Clinical Transformation Program. Care Provider Order Entry (CPOE) and electronic clinical documentation will be implemented on the inpatient units at LPCH using LINKS (Lucile Packard Children's Hospital Information and Knowledge System). Phase 2 marks another milestone for the development of the patient-centric electronic health record at Lucile Packard Children's Hospital. It is a vital cornerstone for improving patient safety and making LPCH a highly reliable organization. All LPCH Medical Staff members are encouraged to complete training by November 4, 2007.

Vote on Medical Staff Bylaws

Members of the Medical Staff of Stanford Hospital & Clinics will soon be receiving a ballot for the revised Medical Staff Bylaws. These bylaws have been revised to reflect changes in governance for the Medical Staff and include the **new** position of elected Chief of Staff, a position that will have a two-year term. In addition there will also be a **new** Chief of Staff elect position as well as a role for the **past** Chief of Staff. These changes are important to meet the requirements of the Joint Commission and to reflect the governance recommendations developed by the Medical Board Executive Committee and its Special Committee on Governance. ***Please do not neglect to return your ballot and support these important revisions.*** Later in the year or early next year, Medical Staff members will have the opportunity to vote for the Chief of Staff and the Chief of Staff elect. These are critical positions and will convey considerable authority. Those elected to these roles will have agreed to make considerable time and effort commitments to carry out their responsibilities. Participation by the Medical Staff in that election will serve as an important affirmation of the interest and commitment of all Members of our clinical community to this important governing body.

If you are a Member of the SHC Medical Staff please review the materials you receive and please vote on the Bylaw changes. This is most important.

Medical Testing and Motherhood: Justice Prevails

Although it seems almost unbelievable, a case has been underway in Boston involving Sophie Currier, a Harvard MD-PhD student who was denied a petition to have an additional hour break (in addition to the allotted 45 minutes) during an USMLE exam so that she could pump the milk to breastfeed her 5-month old son. Amazingly, the National Board of Medical Examiners originally refused to grant her the time for pumping, creating a vigorous debate in the medical community. The denial of such an accommodation, which has medical consequences for the mother, seemed surreal – but actually made its way to the Massachusetts Appeals Court and to the State Supreme Court, where her petition was upheld – at least so far.

Construction Projects Progressing to the Next Phase

It is increasingly apparent that the first phase of the School of Medicine master facility plan is under construction. The so-called connectivity elements project, which is relocating utilities, creating a new loading dock and preparing underground delivery

tunnels to current and future research buildings, is fully underway. At the Board of Trustees meeting on October 8th, design approval was given for the Learning and Knowledge Center (thus completing the architectural phase of this project), and site and concept approval was also granted for the Stanford Institutes of Medicine 1 building. As you will recall, the LKC will be housed on the current site of the Fairchild Auditorium, and SIM1 will be on the parking lot south of CCSR. To move to the next phase, further limitations on parking are occurring (sorry!), and, in the next couple of weeks, the Fairchild Auditorium will be fenced in, new temporary sidewalks will be constructed, and the process for the demolition of the Fairchild Auditorium will commence. Because the materials will be recycled, the demolition will be more of a dismantling process. During the winter break the Beckman bridge will be taken down, and by April of 2008 construction of the new LKC will commence – at last. It is scheduled for completion in late 2010.

In tandem, work on the design of SIM1 is moving forward rapidly with a goal of completing construction of this first of a series of new research buildings by mid 2010. As this project gets underway, we are already focusing on the FIMs (Foundations in Medicine buildings) that will ultimately replace the School of Medicine Grant, Alway, Lane and Edwards buildings.

In addition to our development and transformation of the Medical School campus we are also working with the University on the North Campus at Redwood City, which will ultimately house a significant number of administrative staff and others in what will be an exciting new environment. As part of this series of location and relocation projects, we have also taken a 15 year lease at 1070 Arastradero Road– an office building next to 1050 Arastradero Road, which currently houses parts of the Stanford Institute for Stem Cell Biology and Regenerative Medicine and the Neuroscience Institute. This facility will house faculty engaged in “dry lab” research and will provide a nucleus from which to develop excellent and exciting programs.

Obviously, a lot is going on and I will be reporting regularly on new updates and changes as they emerge and develop.

Biodesign at Stanford

Although I missed the update on the Biodesign program that was given by Drs. Paul Yock, The Martha Meier Weiland Professor in the School of Medicine and Professor of Bioengineering, and Tom Krummel, Emile Holman Professor and Chair of the Department of Surgery, to the Executive Committee on October 19th due to my travels to Shanghai (see below), I am pleased to present this update from them for your information.

“The Biodesign program is entering its seventh year with the mission of “training the next generation of leaders in biomedical technology innovation”. The core of the program is the Biodesign Innovation Fellowship, a postgraduate training program that combines engineers and physicians in a year-long process of needs finding, invention and

implementation. There are two teams of fellows this year, focusing on innovations in critical care and anesthesia. Ron Pearl (Chair of Anesthesia) and colleagues have assumed a key role in organizing the teams' clinical immersion experience. The clinical areas and partner departments for next year are under discussion. Over the past six years Biodesign fellow and student teams have invented a number of new platform technologies, leading to the formation of seven venture-backed companies, four of which have FDA-approved devices. A total of 3,500 patients have been treated so far by these inventions from Biodesign trainees.

A new branch of the program, Stanford-India Biodesign (SIB), will launch in January '09 in collaboration with the All-India Institute of Medical Sciences (AIIMS) and the India Institute of Technology (IIT) in Delhi. A new SIB center is under construction in Delhi and the first group of five fellows has been selected. SIB Fellows will spend a total of two years at Stanford and in Delhi and will focus on inventing new technologies for the medically underserved in India.

Biodesign is also working with the leaders of the new Stanford Center for Clinical and Translational Education and Research (SCCTER) to develop an "accelerator" program to assist faculty and students in technology transfer of new medical devices inventions."

Soliciting Views and Comments on the Length of the Stanford Medical Student Program

In the October 8th issue of the Dean's Newsletter I presented the pros and cons regarding the length of the medical education curriculum. In my discussion I focused attention on what I referred to as the Flexible Five Plan. An important reason for my commentary was to generate and solicit discussion among our students, faculty and staff regarding the wisdom of promoting Stanford School of Medicine as a flexible five-year program, recognizing that more than 70% of our current students spend five or more years at Stanford. From my perspective the major advantage in formalizing a Flexible Five Year Plan is that it makes clear that we believe that more than a traditional four year experience is needed to benefit fully from the Stanford experience and ideally to acquire the additional skills and knowledge to promote a career path toward scholarship, research and leadership.

The concern about characterizing our curriculum in terms of five years is that it may inadvertently discourage highly qualified students from considering or applying to Stanford or in joining the medical school even if accepted, simply because their goals have been less defined or the uncertainties of an extra year prompt them to chose a more traditional four year program. In particular, there is the concern that this might selectively bias underrepresented minority students or women from considering Stanford – something that we can all agree would be a serious breach of our institutional goals and commitments. Even so, I do believe that Stanford is unique among medical schools and that we should celebrate this reality. We should also seek communication strategies that emphasize that the Stanford Medical School experience is transformative but also flexible in providing a panoply of learning and career paths. Clearly this must also be coupled with clear guidance on our website and in oral and written communications to potential applicants as well as in our mentoring and career guidance programs for our students.

This clarity must also include more transparency about the financial burdens of medical education and more specifically how the Flexible Five Plan will not incur extra costs to students – and perhaps just the opposite. At the same time, we need to make clear that we will be supportive to students who wish to complete their medical education in four years and will strive to make that experience as meaningful and productive as possible.

Since my October 8th communication I have received a number of emails from students and faculty regarding the perspective I offered in the last Dean's Newsletter. With only a single exception, the comments received were supportive of the Flexible Five Plan, highlighting the merits of being clear about our goals but also flexible for individual students. Because students are now actively applying for the 2008 incoming class it is important to provide as much guidance to them as we can – but also to let them know that Stanford is a community that welcomes open dialogue, is willing to share individual viewpoints and has, as its most important objective, the goal of providing the very best learning experience to each and every student and trainee who joins our community.

Shanghai and Stanford

On October 18-19th I had the opportunity to help celebrate the anniversary of the Shanghai Jiao Tong University School of Medicine by delivering a keynote address on the history of American medical education. During the visit I also had the pleasure of meeting a number of distinguished medical and university leaders (some with Stanford connections) and also to visit two of the Medical School's 12 major affiliated teaching hospitals – the Rujin Hospital and the Shanghai Children's Medical Center. While there are striking differences between China and the USA, I was quite struck and interested in the commonality of interests between what we are attempting to achieve at Stanford and the goals of the faculty at Shanghai Jiao Tong University. Specifically, we share an interest in and commitment to excellence in both science and medicine and to the training of physician leaders who have an orientation to academic medicine and research.

While there are differences in the scope of our resources, I was impressed by the quality of the research facilities and the work being conducted. But I was particularly impressed by the differences in the size and scope of the programs – especially the hospital facilities and the faculty who staff them. For example, there are 12,000 inpatient beds among the 12 affiliated hospitals, and each year some 13 million outpatients are served and over 140,000 operations performed. Of course, the size of these programs relates to the population of Shanghai, which numbers over 18 million – and which continues to grow dramatically in people, infrastructure and facilities. Among Shanghai Jiao Tong's major affiliated hospitals, the Rujin Hospital, which just celebrated its 100th anniversary, is very much a teaching and academic facility with new research and education facilities. The Shanghai Children's Medical Center, which has over 400 beds, is among the finest pediatric facilities in Asia and has numerous programmatic collaborations and interactions with children's hospitals throughout the world – particularly in the USA. While I hope I was successful I sharing some insights about our approach to medical education, research and patient care, I also learned a tremendous amount about the aspirations and achievements underway in Shanghai – affirming once again how global

our community is becoming and why Stanford's mission to reach out to our international colleagues is so timely, relevant and important.

Legislators Begin Setting the Bar on Gifts

During the past couple of years, I have written frequently about the interactions of the pharmaceutical and device industries with academic medical centers in general and with physicians and biomedical scientists specifically. On the one hand, institutions like Stanford are eager to forge close partnerships with industry to develop research programs to bring treatments, diagnostic products or useful concepts to the public and are committed to bringing these collaborations to fruition. This is in many ways an integral component of our overarching mission in *Translating Discoveries*.

On the other hand, the excessive use of marketing by industry through “free lunches” gifts and other inducements – generally aimed at getting physicians or scientists to promote more favorable prescribing patterns or device utilization – has been increasingly scrutinized. In 2006 Stanford, along with Penn and Yale, provided leadership by banning a number of these marketing strategies. Our [Stanford Industry Interactions Policy web site](#) is clearly explicated about this. It prohibits our faculty, students and staff from engaging in such marketing tactics and provides other, related guidelines. These have been emulated by academic centers and teaching hospitals across the nation and are becoming more of the standard. That said, state legislators in Minnesota have set a high bar that has opened the door for additional state or even federal legislation – a process that is already underway. Specifically, in Minnesota pharmaceutical industry sales representatives are prohibited from giving doctors more than \$50 per year worth of food or gifts – dramatically curtailing the marketing activities that were previously used by industry. In addition, Minnesota now requires industry to report all consulting payments made to physicians through a publicly accessible registry. Similar actions have occurred in Maine, Vermont and West Virginia and, as I mentioned in the [August 20th Dean's Newsletter](#), efforts are underway to make this a federal legislation.

Of course, industry has responded by shifting the groups they solicit – moving from doctors to nurses and, of course, to patients, through direct advertising. And while we can all understand and appreciate the need for industry to market its products, it is essential that as professionals we are not complicit in that process. Rather, our recommendations must remain objective, data driven and free of entanglements that confuse behavior or policies. Needless to say, this issue is very much part of the public domain, and one can envision numerous other regulations being imposed – in part because as a profession we have often failed to take on these responsibilities ourselves. I hope that can change as well.

Faculty Elected to the Institute of Medicine

On October 8th the Institute of Medicine of the National Academy of Sciences announced its newly elected members for 2007. Of the 65 newly elected members, four currently hold Stanford academic appointments and one is slated to become a member of the

Stanford community next year. The newly elected members bring the current number of IOM Members at Stanford to 56. They are:

- **Dr. Ronald Levy**, Robert K and Helen K Summy Professor of Medicine
- **Dr. Michael Longaker**, Deane P and Louis Mitchell Professor of Surgery
- **Dr. Matthew Scott**, Professor of Developmental Biology and Genetics and Bioengineering
- **Paul C. Tang**, Consulting Associate Professor and Vice President and Chief Information Officer, Palo Alto Medical Foundation

In addition, Dr. Tom Sudhof, currently Chair of Neurosciences at the University of Texas Southwestern Medical Center, is anticipated to join the Stanford Community in 2008.

Congratulations to each of these distinguished faculty members.

Awards and Honors

- The Stanford Center for Clinical and Translational Research and Education (SCCTER) has announced the first awardees in its new program of support for pilot studies directed at two needs: improving methods for clinical trials and novel translational clinical trials. Funding of up to \$50,000 per year for each of two years was available. Priority was given to junior faculty and those applications involving multiple departments or faculty. Funding for this program is provided by the T. Robert and Katherine States Burke Fund and the Stanford Center for Clinical and Translational Education and Research (SCCTER). The successful applicants and the titles of their projects are:

Christopher Gardner, PhD, Assistant Professor of Medicine
"Improving Minority Recruitment for Randomized Clinical Trials Conducted at Stanford"

Richard Moss, MD, Professor of Pediatrics
"Addressing a Critical Bottleneck in Cystic Fibrosis Trials: An Integrative Tool for Small for Metabolite-Based Outcomes"

Richard Olshen, PhD, Professor of Health Research & Policy, and by courtesy, Electrical Engineering and Statistics
"The Design of Phase I and II Randomized, Double-blind, Vaccine Clinical Trials"

Irene Wapnir, MD, Associate Professor of Surgery
"A Pilot Study to Determine Radioiodide Accumulation and Dosimetry in Breast Cancers Using 124 I-PET/CT Imaging"

- **Dr. Greg Albers**, Professor of Neurology, was installed as the first incumbent of the Coyote Foundation Professorship, which was made possible by a generous gift from Vincent and Susan Borelli. We had the opportunity to thank and

acknowledge the Borellis along with some of their friends and colleagues at a wonderful event in the Cantor Art Museum on Wednesday evening, October 10th. This was also an opportunity to celebrate the work of Dr. Albers who, along with Dr. Gary Steinberg, Professor and Chair of Neurosurgery, developed one of the first and most successful Stroke Treatment Centers in the nation. I also want to thank Anne Longo, in the Office of Medical Development, and Frank Longo, Professor and Chair of Neurology, for their instrumental role in bringing this professorship to fruition. Please join me in congratulating Dr. Albers as the first incumbent of the Coyote Foundation Professorship.

- **Dr. Stan Falkow**, Robert W. & Vivian K. Cahill Professor in Cancer Research, received the Infectious Disease Society of America 2007 Mentor Award for his remarkable and sustained role as a faculty mentor – in addition to being an extraordinary scientist.
- **Trig Garg** and **Bonnie Wong**, two students from this past summer's CCIS/ITI Summer Program been named as National Semifinalists in this year's Siemens Competition, and are still in the running to make it to the National Finals.

Congratulations to both on this fantastic accomplishment.

Appointments and Promotions

- **Fritz Bech** has been appointed to Assistant Professor of Surgery (Vascular Surgery) at the Palo Alto Veterans Affairs Health Care System, effective 10/1/07.
- **Larry F. Chu** has been reappointed to Assistant Professor of Anesthesia, effective 10/1/07.
- **Margrit M. Juretzka** has been appointed to Assistant Professor of Obstetrics and Gynecology, effective 10/1/07.
- **Aya Kamaya** has been appointed to Assistant Professor of Radiology, effective 10/1/07.
- **Calvin Kuo** has been promoted to Associate Professor of Medicine (Hematology) effective 10/1/07.
- **Maarten Lansberg** has been appointed to Assistant Professor of Neurology and Neurological Sciences, effective 10/1/07.
- **John M. Morton** has been promoted to Associate Professor of Surgery (General Surgery), effective 10/1/07.
- **Jonathan Pollack** has been promoted to Associate Professor of Pathology, effective 11/1/07.
- **Justus E. Roos** has been appointed to Assistant Professor of Radiology effective 10/1/07.
- **George P. Yang** has been reappointed to Assistant Professor of Surgery (General Surgery) at the Palo Alto Veterans Affairs Health Care System, effective 10/1/07.

- **Yanmin Yang** has been promoted to Associate Professor of Neurology and Neurological Sciences effective 11/1/07.

Dean's Newsletter

November 5, 2007

NIH Funding and Peer Review

One of the most significant challenges affecting academic medical centers is the continued decrease in research funding through the National Institutes of Health (NIH). Following the completion of the NIH doubling in 2003, the annual budget for the NIH has been below inflation, placing an enormous strain on new and established investigators and institutions. Just this week the Oregon University for the Health Sciences reported the serious financial challenges it is facing, in part related to the growth of its research enterprise in recent years. Research is obviously an important mission that has many important dividends, but it requires significant institutional support since research *per se* is not a revenue generating operation.

We know this to be true at Stanford, where, despite the enormous success of our faculty in receiving peer-reviewed NIH funding (in fact the highest amount per faculty member of any medical school in the nation), every dollar brought in through research requires nearly 30 cents of institutional support. One can say that, viewed simplistically, the larger and more extensive the research enterprise, the more institutional support required. Even so, in anticipation of and certainly during the NIH doubling, many academic medical centers throughout the USA significantly expanded their research facilities and faculty with the expectation that the research support from NIH would be sustained at least on par with biomedical inflation. Unfortunately that has not happened – and in fact the NIH budget has been below inflation for four years and gives evidence of continuing this unfortunate trend for the immediate future.

I have shared my thoughts about this challenge – as well as our actions to increase NIH funding – in prior issues of the Dean's Newsletter. While I do believe that the current negative trend will eventually reverse, I fear that it is likely to continue for the next year(s), especially given the current strains on the federal budget with the continuing war in Iraq, etc. There is no doubt that our faculty are feeling the strain as well and are writing more grants or revising others just to keep up. And many of our junior faculty note the decreased availability of their more senior mentors to review and advise them about their grants, due to the burden of time more senior faculty are spending on securing their own grant support.

Thankfully we were not part of the building boom that is now impacting other centers. This was purposeful, although we are woefully short on both wet and dry research space at this time. Hopefully this will be addressed by our staged Master Plan development that will unfold during the next 10-15 years. Ultimately this plan will provide the necessary high quality research space that our faculty need and deserve – but it will take time to get

there. On the other hand, the fact that our building plans are staged temporally also means that we can adjust our future growth and recruitments to the funding environment that exists at the time – allowing us to be more proactive and not simply reactive, which is the situation in which many institutions now find themselves.

Status of NIH Funding for FY 2008

On Thursday, November 1st the House-Senate conferees on the FY08 Labor-HHS-Education Appropriations Bill approved a conference agreement. As it currently stands this includes a \$30 billion budget for NIH. This is an increase of \$1.1 billion – or 3.8% over FY07. But this includes a \$300 million transfer to the Global HIV/AIDS initiative, so the actual NIH budget is \$29.7 billion or a 3.1 percent increase. As it currently stands, the conference report will be filed today, Monday, November 5th and then sent to the House floor – perhaps on Wednesday, November 7th. Senate action is expected shortly after the House vote.

Not surprisingly, but unfortunately, incremental funding for stem cell research was removed from the bill in the Senate – except for work on cell lines generated prior to August 2001. Thankfully, with the California Institute for Regenerative Medicine (CIRM) now moving forward, we will be able to carry out stem cell research in California and at Stanford – but our national investment in this important area of investigation will continue to lose out to other nations around the world where stem research is proceeding forward.

There is still a lot of volatility in the budget process, so that the actual FY08 allocation for NIH may go up (unlikely) or down. And while the approximately 3.5% increment over FY07 is better than the President's budget – and better than what we recently expected - it is still lower than what we and our peer academic medical centers and professional advocacy groups around the country had advocated and hoped for. So, this difficult funding climate for NIH will certainly continue for another year. Of course, we will continue our work in Washington, both as an institution and in conjunction with other national and local organizations and agencies, to make the case that increased funding of NIH is a critical national investment in innovation.

NIH Peer Review

In part related to limitations in NIH funding, many investigators have questioned whether modifications in the peer review system – including grant application size and scope, scientific review by study sections, etc – should undergo revision. In response to these concerns, the NIH recently hosted a series of Regional Consultation Meetings on Peer Review. I attended one of these sessions, which was held in San Francisco on October 25th. It was moderated by Dr. Lawrence Tabak from the NIH along with Dr. Keith Yamamoto, Executive Vice Dean at UCSF; Dr. Bruce Alberts, Professor of Biochemistry and Biophysics at UCSF and prior President of the National Academy of Sciences; and Dr. Mary Beckerle, Senior Director of Laboratory Research at the University of Utah.

NIH is seeking broad input on the peer review process from investigators, professional societies and other interested parties. Reviews are taking place within the NIH as well as

in the extramural community. Issues such as shortening the cycle of grant reviews, the assignment of applications once a grant proposal arrives at NIH, the composition and alignment of study sections, and electronic submissions are among the topics being studied. The goal is to fund the best science by the best scientists with the least administrative burden. With that in mind, the stated purpose of this ongoing process is to identify possible pilot projects that might be implemented in the winter or spring of FY08. The NIH is interested in comments from the broad community, and you can send yours to PeerReviewRFI@mail.nih.gov. You can also gather additional information at the NIH homepage or at <http://enhancing-peer-review.nih.gov/>.

Dr. Yamamoto, in his presentation, identified a number of issues with the current peer review system. Among these are the intrinsic conflicts that exist due to the fact that as reviewers we tend to reward “like mindedness.” We also know that top scientists tend to defend the prevailing paradigm (especially their own), which can make it sometimes difficult for new or transformative ideas to emerge. Moreover, reviewers and applicants are often both competing for the same pool of funding (which is shrinking), thus creating another kind of potential conflicts or bias.

In addition to these inherent conflicts, it needs to be acknowledged that the nature of research has changed – proposals are often broader in scope and greater in complexity, requiring a wider spectrum of expertise. Also, research projects are now, to an increasing degree, being performed by teams rather than by individual scientists in the traditional principle investigator model that has existed during the past decades. Added to this is a panoply of reactions and changes consequent to the flattening of the NIH budget. For example, there has been an explosion of grant applications (over 80,000 last year) as investigators seek ways to restore or sustain the funding of their research programs. This is made worse by the 13% decline in the budget’s spending power. The numbers of applications and their greater complexity have required an expansion of NIH reviewers (now 18,000), but there are fewer senior faculty reviewers among them compared to a decade ago. Sadly, the current pressures have also led a number of study sections and reviewers to adopt a more adversarial tone.

These changes clearly further heighten the problems created by decreases in NIH funding and require some new and bold thinking about how to move forward. Among the questions that need to be considered are whether the review process should be more *people* than *project* focused, whether it should follow more of an editorial board model, whether the face-to-face study sections should continue to be held, and whether the scoring system should be changed to a scoring system.

According to Dr. Tabak, a number of recommendations have been forthcoming from the regional consultation meetings – many of which also arose at the San Francisco meeting I attended. These include potential changes in review criteria (e.g., project vs. person, blinding reviewers to the applicant’s names and institution, minimizing the requirement for preliminary data) as well as in review mechanisms (e.g., use of a two-staged review process, development of an applicant-reviewer dialogue during the review process to address and resolve reviewer questions). In addition, questions have arisen about

modifying the review process according to the type of science (basic, clinical, clinical trials, interdisciplinary) or the applicant (new vs. established). And of course there has been discussion about the actual grant proposal– whether to decrease the required page count, modify the budget process, require preliminary data – and also whether to apportion the research investments according to perceived value or importance. An additional area of comment has been the current scoring system and whether that should be changed to a ranking model or a matrix scoring system.

It seems inevitable that some changes will be made in the peer review system at NIH – although hopefully any changes will be done carefully and incrementally so as to not inadvertently worsen an already compromised situation. Again, if you have thoughts or recommendations about how to improve the peer review process, send them to PeerReviewRFI@mail.nih.gov or alternatively send them to me, and I will get them to the appropriate individuals.

Clinical Research in Children

SPCTRM (Stanford-Packard Center for Translational Research in Medicine) joined with the CHRP (Children's Health Research Program) and the Department of Health Research & Policy to lead a week long intensive course in clinical research, study design and performance from October 22-26th. This is the second year of this offering and I want to thank Drs. Steve Alexander, Phil Lavori and Christy Sandborg along with their faculty and staff for making this program so successful. The clinical fellows and junior faculty who attended the course spent considerable time in didactic and practicum sessions that sharpened their skills in study design, data gathering and management, analysis, and reporting, as well as the ethics of pediatric research. While this program had a pediatric focus, I hope that future efforts address faculty and fellows from other medical and surgical disciplines.

I had the opportunity to address the attendees and to reflect on the history and current status of clinical research in children. In doing so I reviewed the recent and past accomplishments – as well as some of the problems and challenges that have had an impact on pediatric research. For example, we all recognize the enormous benefits that have resulted from pediatric immunizations, the development of surfactant for RDS (respiratory distress syndrome), advances in childhood cancer, pediatric AIDS, and surgical and technical innovations. But we also need to remember well-intentioned research with negative, even if unintended outcomes (e.g., thymic irradiation and consequent thyroid cancer, studies on the transmission of infectious agents like hepatitis B, early forays into gene therapy leading to leukemia) that have impacted public as well as medical perception of pediatric research.

Another challenge is that therapeutic research in children is frequently limited or truncated by industry concerns over potential adverse reactions that might affect overall drug sales – or by the fact that children are such a small component of the marketing portfolio, so that drug companies are simply not motivated to invest in pediatric research. This has resulted in the fact that nearly 80% of drugs approved for adults have never been tested in children and that their dose and schedule has not been appropriately determined. While pediatricians use these drugs “off-label” and pharmacies formulate them for

children, the assumed dosages may turn out to be different in children, resulting in significant negative consequences – as was observed when cyclosporine was first introduced, when antidepressants were given to teenagers, or most recently, when even commonly used agents, like cold remedies, were found to be unsafe in children, leading to pronouncements from advisory bodies (e.g., the FDA) with consequent confusion and concern by parents and families (see: NYT Editorial “Children and Cold Medicines”).

To help address the lack of development of drugs for children, a significant advocacy effort (which I contributed to) resulted in the *Best Pharmaceuticals for Children Act of 2002*, which mandated that drug companies develop a plan to test new agents in children as part of their overall clinical trial portfolio. I should add that our Congresswoman, Anna Eshoo, played a critical role in moving this bill to approval, for which we are all grateful.

While there has been more focus recently on pediatric clinical research, there have also been some new challenges. A consequence of the Best Pharmaceuticals for Children Act was a charge to the Institutes of Medicine to review and make recommendations about the broad dimensions of pediatric clinical trials, which it did in a publication entitled *Ethical Conduct of Clinical Research Involving Children* (2004). The 14-member panel that was chaired by Dr. Richard Berhman (formerly Director of the Children’s Health Initiative for LPMC and Stanford) addressed three broad themes:

1. *“Well-designed and well executed clinical research involving children is essential to improve the health of future children – and future adults – in the United States and worldwide. Children should not be routinely excluded from clinical studies. No subgroups of children should be either unduly burdened as research participants or unduly excluded from involvement.*
2. *A robust system for protecting research participation in general is a necessary foundation for protecting child research participants in particular. An efficiently administered, effectively performing system with adequate resources must, however, commit additional resources and attention to meet ethical and legal standards for protecting infants, children, and adolescents who participate in research.*
3. *Effective implementation of policies to protect child participants in research requires appropriate expertise in child health at all stages in design, review, and conduct of such research. This expertise includes knowledge of infant, child and adolescent physiology and development as well as awareness of the unique scientific, psychosocial, and ethical requirements and challenges of pediatric clinical care and research.”*

An important aspect of therapeutic clinical research involving children is the definition and balance of “minimal risk.” The definition of minimal risk determines whether an Institutional Review Board (IRB) will consider and approve a pediatric clinical trial. This determination is also influenced by whether the minimal risk is offset by or justified by anticipated benefit to the child. This does not mean that research that does not convey

benefit cannot be done – but it does set the bar higher and on occasion takes the decision outside of the institution – even up to the Secretary of Health and Human Services.

While I agree with most of the arguments and points made in the IOM document I do have one major objection to their interpretation of “minimal risk.” More specifically, the document is explicit in defining this as “the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations.” While this may be appropriate for research involving normal children (e.g., for a new immunization) it is, I believe, a serious problem for developing new therapies for children with serious or life-threatening disease.

Having spent decades in conducting research involving children and adults with cancer and various infectious diseases, including HIV/AIDS, I would argue that these populations are already at risk for outcomes that are quite different than normal populations, and the determination of “minimal risk” should be informed by the context of the disease and potential outcome affecting these specific populations of children with disease. That is, minimal risk should not be defined in relation to the “normal experiences of average, healthy, normal children...in their daily lives” but rather to children facing a life threatening illness whereby minimal risk is defined in relation to their life situation. While I certainly recognize the principle of protecting children from harm, I also am a strong advocate for advancing knowledge to improve the lives of children facing serious and life-threatening illness. Had the interpretation of the IOM committee been strictly enforced over the past two decades or so, I fear that many of the advances in treating children with cancer, AIDS or other disorders may not have occurred – which is clearly unacceptable.

I also focused on the pathways for career development and the skills and achievements necessary to facilitate academic advancement as well as to promote the highest quality pediatric research possible. While Stanford has had only a relatively modest effort in clinical research heretofore, this is changing, and it is incumbent on all of us to assure that over time, the excellence of our clinical and translational research efforts and investment approximate that of our outstanding accomplishments in basic science research.

First Summit on Clinical Excellence

On Saturday, October 27th more than 70 leaders from the Stanford University Medical Center gathered at Arrillaga Alumni Center for the first Summit devoted to improving the quality of patient care. The Summit resulted from the efforts of the SHC Medical Staff, led by its President, Dr. Bryan Bohman, to give voice to the importance of assuring and improving the quality of patient care across the medical center. I should add that there are ongoing and important activities in quality and outcomes research at Lucile Packard

Children's Hospital, but the focus of this Summit was the adult hospital. Future meeting will surely be more inclusive of the full spectrum of clinical challenges.

The importance of clinical excellence was underscored by the attendance and participation of the chair of the Board of Directors, Mariann Byerwalter, who is also the chair of the Medical Center Committee of the University Board of Trustees. In addition, Dr. Woody Myers, former University Trustee and current SHC Board member and chair of the Quality Committee, also attended and actively participated – giving evidence of how serious the hospital and University Board members believe our efforts are in this area. As you know from prior communications, the current focus on quality of patient care services at both the institutional and the individual physician provider levels has become a focus of national concern and discussion. Hospitals – as well as individual doctors – are being compared by various outcome metrics, and, increasingly, the results are being published to make them available to patients and consumers as well as to the payers of health care.

Without question, perceived and actual performance will guide payments to hospitals and providers – as well as the referral of patients to medical care systems. As such, we are in competition with regional and national peers, including community hospitals as well as large medical centers. While the Stanford name carries brand value, that will surely be affected by how we fare on future evaluations and ratings. Moreover, our work in the area is not a point in time effort but one that will require constant improvement and oversight. It is something we all must take seriously, since in the end we will only be as good (or excellent) as is each member of the medical and related professional staff. And while we are focusing on quality at this juncture, equal attention has to be paid to the “service” we provide – which many would argue is also in need of continuing improvement.

To guide the discussion at the Summit for Clinical Excellence, the attendees heard from Dr. Paul Gluck, Associate Clinical Professor Obstetrics & Gynecology at the University of Miami School of Medicine and Chair of the Board of the National Patient Safety Foundation, and from Dr. Gerald Hickson, Associate Dean for Clinical Affairs and Director of the Center for Patient and Professional Activity at Vanderbilt University Medical Center. Dr. Gluck reminded the group that there are 44,000-90,000 deaths per year in the United States due to medical errors – which if put in the context of a disease, would make it the #3 cause of death. The cost of these errors ranges from \$17-29 billion. There are many reasons for these numbers, including the fact that as treatments have gotten better the risk for an adverse outcome has increased. In addition to problems with human fallibility, the very complexity of modern medicine-with emerging technologies, a broad array of powerful drugs, various professional backgrounds and, not infrequently, unclear lines of authority-contribute to making our medical system error prone.

One of the more insightful questions asked by Dr. Gluck was whether simply more rules could or would make our health care system safer. He argued that a focus just on rules has not had a major impact and that a culture of safety (and quality), as well as a focus on principles to assure patient safety, would have a greater impact than simply developing

more rules. He underscored that such a shift would require leadership – beginning with Board members and institutional leaders and extending to all who are engaged in the health care system. Patient safety must be viewed as everyone’s responsibility. Of course there must be clear delineations of responsibility and accountability. But safety can also be improved by designing systems to promote safe choices, by standardizing processes, supplies etc., and by putting less reliance on individual memory (e.g., of drug doses) and more on system prompts (e.g., information technology). This also requires team function and helpful interactions that are mutually responsible and accountable. Further, the systems put in place should anticipate the unanticipated and foster a culture that is non-punitive, transparent and focused on safety. An on-line resource that Dr. Gluck recommended is from the [National Patient Safety Organization](#).

The Summit also included updates on the current status and progress at SHC (which I have commented on in a [recent Newsletter](#)) and the experiential efforts made at Vanderbilt that were described by Dr. Hickson. The attendees then heard brief presentations about the quality improvement plans of three clinical departments (Orthopedics, General Surgery and Medicine) as examples of current efforts, along with some observations and critiques of these and related efforts that are underway at the Medical Center, a number of which were further refined in small group discussions.

Overall, I felt that the first Summit on Clinical Excellence was a success in highlighting the importance of the problems and challenges we face and in bringing together the communities of faculty and community physicians with hospital staff and leaders. There were some important lessons learned and experiences delineated – but it is also clear that we are at the beginning of what will be a continuing journey and that we still have a lot to learn and much to do. But the good news is that there is an ever-widening commitment to make quality a true medical center priority. In reality we have no choice – but we can only succeed with the work and commitment of each member of our community.

Personal Perspective on Clinical Quality

Recently Stanford Hospital & Clinics has launched a number of communication vehicles to highlight and underscore its commitment to improving patient care quality and safety. I was asked to write a brief opinion piece for one of these publications, which is entitled Compass. I am taking the liberty of including my comments in this Newsletter as well, as they relate to my views about this topic and the efforts currently underway to address it.

Undoubtedly, each of us has had a recent medical encounter -- with a family member, friend or ourselves. Many of us have also delivered care to a patient in the hospital or some other setting. We take for granted when we receive or deliver care that it is of the highest quality, the most cutting-edge, the most sophisticated available. But is this really true?

I certainly do not question that it is the intent of physicians and health care providers to deliver the very best care possible. But intentions are not good enough. The reality is that when a bright light is shined on our personal practices, inadequacies and imperfections are likely to be seen. To be sure, delivering medical care in high-volume, high-acuity

centers like Stanford is challenging. And while there are opportunities for technical and cognitive *tours de force*, there are also abundant chances for errors and mistakes. This is especially true when we think we are better than we are -- beyond error, reproach or the metrics used to measure and report the "outcomes of the merely average". After all, if we are members of the Stanford community, we must be on the top of the quality pyramid. I would argue that once we assume that, we become especially vulnerable to errors and mistakes.

I have practiced medicine in one form or another for well over three decades and during that time have cared for both adults and children with complex disorders like cancer or severe infectious complications. And like many of my Stanford colleagues, I would like to think that I am among the best in the field in my knowledge and clinical acumen. But if subject to critical and rigorous scrutiny, I fear that some of my medical decisions and knowledge would be called into question. Indeed I am always humbled by that prospect. Ironically, I suspect that the most sophisticated of my medical decision-making would be less vulnerable to critique than the decisions or recommendations one takes for granted, or simply fails to question. In fact, if compared to others on some "standardized evaluation scale" I suspect I would come up short on certain metrics and would likely want to offer a variety of reasons to justify my case or explain why the metrics were incorrect and shouldn't be applied to me -- especially given the complexity of the patients I am involved with. And that would be a big part of the problem.

Physicians are notoriously individualistic in their styles, experience and self-assurance. Some of this is essential to successful medical practice, especially in technically demanding fields. But it can also color one's ability to accept criticism or to acknowledge that common standards may be equally or sometimes even more important than one's own unique knowledge. Multiplied over and over again throughout an institution like Stanford, one can appreciate how a culture of individuality, self-assurance and presumed excellence -- and where attention to "minimal or expected" standards might be ignored, excused or even dismissed - can actually result in poorer than expected performance when compared to peer institutions that pay attention to such metrics.

None of us want to be judged or compared to others unless we can be viewed as the best - or at least to have our way of doing things acknowledged as the preferred or ideal method or approach. Unfortunately, in the new world order of national quality norms and metrics, that is not likely feasible or even acceptable. We each need to strike a balance between individual excellence and adherence to accepted standards -- even when we believe our own way is better. Whether we like it or not, we will be judged on that basis. And while for now those judgments are institutional and not personal, in time they will become increasingly physician and provider specific.

Of course the most important reason to focus on the quality of our performance -- which requires a continuous improvement process -- is because that is how we best serve our patients -- including our friends and families. But unless we are seen in the community as

providing the highest quality care when measured by national metrics -- not just our own personal or medical center self-evaluation -- we run the risk of losing respect and value. In the rapidly emerging era of "pay for performance" that also means we can lose revenue and even referrals. This will necessitate a culture change for each of us individually and for our institution as a whole. We need to be willing to suspend some of personalized standard of care and engage in team-based efforts that "standardize" rather than individualize aspects of our clinical practice. While I know this will be a challenge for some, it is also essential for the sake of our medical center community. While in the future we might be called up to write the book that defines quality performance, right now we have to demonstrate that we can read the book that all institutions are being mandated to follow. Only with that foundation in place will our "individual Stanford excellence" be really accepted and valued.

Thanks to Nancy Tierney

It is impossible to think about facilities planning, laboratory or office renovation in the School of Medicine without also thinking of Nancy Tierney. Nancy has been the mainstay of facilities planning for the School of Medicine for close to 12 years and is recognized as a knowledgeable and respected leader at Stanford and nationwide. Thus it is not surprising that she has been lured to a new and exciting challenge as the Associate Dean for Facilities and Planning with the University of Arizona College of Medicine, Phoenix, where she will help plan and develop a new medical campus. While I can certainly appreciate Nancy's motivation to take on this exciting new challenge, it is to our loss at Stanford, where she will be surely missed. I want to thank Nancy Tierney for all that she has done to improve the institution we work at – our education, research, office and even clinical spaces. She has served us remarkably well, and I know I speak for our entire medical community and in saying we are deeply appreciative.

Please join me in thanking Nancy Tierney for many wonderful contributions and in congratulating her and wishing her future success in her new position at the University of Arizona.

The Stanford Wellness Collaborative

Over the past year a University wide effort, initiated by Provost John Etchemendy and led by Mr. Eric Stein, Senior Assistant Athletic Director, Physical Education, Recreation and Wellness, has engaged faculty, students and staff to develop programs and initiatives to promote health and wellness. This is an enormously important program and one where Stanford University can almost certainly serve as a national role model. Numerous health promotion, exercise, diet and other programs are taking place at Stanford, and you can learn more about how they might affect you and your coworkers by visiting the new website <http://BeWell.Stanford.edu/> . I encourage you to visit this site and begin incorporate some of its offerings into your own life.

Student Affairs Takes on a New Name

As of November 1, 2007, the Office of Student Affairs (OSA) will be known as ***Educational Programs and Services (EPS)***. This name change was prompted by a desire to capture the breadth and depth of activities carried out by this important component of the Dean's Office. More specifically, the old name, "Office of Student Affairs," suggested that its responsibilities were limited to providing services (i.e., admissions, advising, registrar, financial aid, and student life) for students (i.e., medical students and graduate students). While providing student services is a critical part of the responsibilities of this office, the new name more accurately reflects the comprehensive education, training, and service responsibilities of the organization. The new name also reflects the fact that EPS leads programs and services for more groups than medical and graduate students, including postdoctoral scholars, residents and fellows, and Continuing Medical Education learners. A complete list of programs and services can be found on the [Educational Programs and Services web page](#).

Preparing for Pandemic Flu

At the November 2nd Executive Committee meeting, presentations were given regarding the emergency planning to date by the University, for the Stanford campus, and by the hospitals, for providing medical care, in the event of a pandemic influenza.

Lawrence Gibbs, Associate Vice Provost for Environmental Health and Safety, described interventional and mitigation strategies that would be used by the University in such an event. These fall into two categories: pharmaceutical (such as vaccination, if available, and treatment of infected individuals) and the implementation of social distancing and other infection control measures. These latter measures could include the suspension of classes; sending students home; dispersal of faculty/staff not required during emergency; minimization of assembly of people; information and education on infection risks and controls; and mitigations for personnel involved in emergency response. Mr. Gibbs emphasized that the goal of the plan is to respond in a timely fashion to mitigate the effects of a pandemic flu on the Stanford community. A key decision would be at what point in the onset of a pandemic to initiate the dispersal of students.

Mr. Gibbs also outlined the key elements of the campus plan and reviewed the response areas and levels of action that might be required. The response areas are: communications; academic and research programs; student affairs and housing/dining operations; administrative services (faculty and staff); and facilities, transportation and campus security. He described the critical issues for the response levels, which range from "0" (limited/isolated international cases) through "4" (government declared emergency due to cases spreading in the US) and outlined the next steps in the refinement of the final plan, which is scheduled to be available on line in the near future. He emphasized that the next, critically important, steps involve planning at the school, department, and division level. Tools will be forthcoming from his office to assist in planning in such areas as identifying required staff and dealing with laboratory issues in the event of an extended emergency period.

Dr. Eric Weiss, Associate Professor of Surgery, presented an overview of the Pandemic Influenza Response Plan (PIRP) of Stanford Hospital and Clinics and the Lucile Packard Children's Hospital. The PIRP consists of 14 modules including, among others: surveillance and screening; infection control; inpatient care and clinical guidelines; antivirals/antibiotics/vaccines; triage protocols; surge plan; lab diagnostics; human resources and occupational health; communication and training; security; and influenza care centers. He outlined the phases of a pandemic and the hospital response in each phase and reviewed the recent histories of H5N1 and SARS episodes. Dr. Weiss emphasized the speed with which these infections spread as well as the need to train health care workers in the proper use of protective equipment. He also commented on the collaborative efforts of the hospital and University groups that have been underway to assure the smooth functioning across the institutions of response to a pandemic flu.

Both the University and the hospitals have made enormous progress in their planning efforts. I am very appreciative of these efforts and look forward to the further refinement of the plans, even as I hope that we will not have to implement them.

Earthquake Preparation and Information Links

After being in California for over six years, Monday was my first earthquake experience. This is likely true for many individuals who have joined Stanford since the much more serious Loma Prieta earthquake of 1989. If you are like me, the recent earthquake served as a wake up call. While we have prepared an earthquake emergency kit, etc for our home and while we have rehearsed earthquake preparedness for the university, the actual experience compels one to think through whether one's personal and work preparations are as up-to-date as possible.

As a reminder there are a number of important emergency hotlines at Stanford – and you should be carrying a card with their number with you at all times. To remind you, in case of an earthquake or emergency, bulletins and updates for the Stanford University community will be available on KZSU (90.1 FM) or KCBS (740 AM). The Stanford University Emergency Web Site is <http://emergency.stanford.edu>.

You can also call to hear bulletins and updates at:

- **School of Medicine Emergency** **723 7233**
- **University Announcements** **725 5555**
- **Stanford Hospital & Clinics Bulletins** **498 8888**
- **Lucile Packard Children's Hospital** **497 8888**
- **Student Information in SoM** **725 4600**

You should have these numbers with you at all times.

In addition, Dr Henry Lowe, Senior Associate Dean for Information Resources and Technology alerted me to some useful websites to access should/when another earthquake occurs. The best is http://quake.usgs.gov/recenteqs/Maps/San_Francisco.html

since it is updated rapidly and reports location and magnitude in minutes. If the earthquake is of significant magnitude the site will also contain an “aftershock warning” link.

But most important is to familiarize yourself with the disaster planning procedures in your department and also to review and update your disaster preparations at home. This is a good time to do so.

Update on the Department of Medicine

Also at the November 2nd Executive Committee meeting, Dr. Ralph Horwitz, Arthur L. Bloomfield Professor of Medicine and Chair of the Department of Medicine, provided an update on his Department. He has provided this summary of his remarks.

The Department of Medicine comprises 145 full-time faculty distributed across 14 divisions. Among the 125 AAMC Medical Schools, Stanford's department ranks 63rd in size, but is second in NIH research dollars per faculty FTE. Our faculty are notable for their prominence with 41 members of the American Society for Clinical Investigation, 26 of the Association of American Physicians, and 13 members of the Institute of Medicine.

Several years ago, the Department's leadership identified research goals in disease based research, patient-oriented sciences, enabling technologies, and device development. More recently, the Department has established research focus in three major areas: Genomic Medicine, Immunology, and Patient/Population research. In Genomic Medicine, the department has initiated a proposal to establish a Center for Genomic Medicine in collaboration with the Dean's office and several other departments. The goals of the Center are to build upon and substantially expand Human Genetics research at Stanford and to attract an increasing number of physician investigators to studies of the role that genetics plays both in the risk for developing disease and in determining treatment response. Along with other departments and centers at Stanford, Medicine is also actively engaged in strengthening our capability in the evolving field of "personalized" medicine.

A great Department of Medicine must also have a robust program of patient and population based research. The focus of these programs in the department extends across the full spectrum of research, including prevention, diagnosis, prognosis and therapy. The research methods require both experimental and observational designs and a cutting edge application of statistical methods (we are fortunate to have a superb faculty in Health Research and Policy who are among the nation's leaders in the design and analysis of research). Unlike research in laboratory sciences where creativity is often noted in the development of hypotheses, creativity in patient/population research is often reflected in the methodologic invention that enables valid, reproducible and generalizable results. The Department is actively recruiting both senior and junior faculty to enhance these programs of research.

In education, the Department has plans for a renewed commitment to national leadership. Recent faculty recruitments will enable the department to promote an emphasis on the craft of Medicine and to highlight research education as a core value. Recognizing that

many of our students and residents are clamoring for experiences in International Health, we are actively pursuing new and expanded opportunities for clinical rotations in the developing world.

The clinical programs of the department have grown substantially these past several years and the faculty are now focusing greater attention than ever on measures of clinical quality. We do so knowing that we cannot be a great department unless we practice superb clinical medicine. We do so, too, believing that the practice of Medicine is the most ennobling aspect of the Profession of Medicine. The Department of Medicine must always celebrate and reward the achievements of our outstanding physicians whose dedication to clinical care honors our duty to our patients and the broader society.

Some Notable Events

Honoring Past Leaders: On October 25th we hosted a dinner in my home to thank and celebrate some of the past leaders of the School of Medicine and Medical Center. We will be having a number of events during the next two years as well to commemorate, first, in 2008, the centennial of the School of Medicine and, second, in 2009, the 50 year anniversary of the Medical School's move to the Stanford campus. At this recent event we hosted Dr. Lawrence Crowley, who served as Acting Dean of the School of Medicine from 1979-198 and Vice President of the Medical Center from 1980-85, along with Dr. Robert Glaser, who served as Dean from 1965-1970, Dr. Sidney Raffel who served as Acting Dean from 1964-65. Dr. Paul Berg, who prides himself on never having been dean, also joined us. I found the recounting of the challenges and accomplishments of each of these leaders particularly informative. Their similarity to the issues we face today was notable and underscored how much our current efforts build on efforts and successes of these past leaders.

Second Annual Oscar Salvatierra Lectureship in Transplantation was delivered by Dr. Thomas E Starzl on Thursday October 25th. Dr. Starzl, Professor of Surgery, University of Pittsburgh, is one of the pioneers of transplantation during the 20th century, whose contributions to research, training and patient care have been nonpareil. In his lecture entitled "The Biological Basis of Transplantation" Dr. Starzl highlighted some of the seminal contributions made by Stanford faculty members during the past several decades to the present and discussed some of the exciting opportunities that lie ahead – and where Stanford leaders will surely continue to make important contributions.

Dr. Harvey Cohen was installed as the Deborah E Addicott- John A Kriewall and Elizabeth A Haehl Family Professor at a celebration on October 24th. Dr. Cohen served as the past chair of Pediatrics and is now pursuing exciting work in proteomics related to the diagnosis and prognosis of a number of childhood diseases. This new professorship was created to acknowledge his enormous contributions to LPPH and Stanford and to help support him in his new role as a

professor of pediatrics. I want to thank each of the wonderful individuals whose contributions made this professorship possible.

Pediatric Faculty Begin Strategic Planning: In anticipation of his arrival on January 2, Dr. Hugh O'Brodovich, the next chair of Pediatrics at Stanford and LPCH, held an all day retreat of the pediatric faculty to begin charting the future the department. The focus was on faculty development with a particular emphasis on junior faculty and their important roles in the department and institution. While there is no doubt that pediatrics and LPCH have made considerable strides in prominence during the past decade, it seems clear that another series of major programmatic initiatives will be soon launched by Dr. O'Brodovich – which promises exciting opportunities for Stanford and our community.

Awards and Honors

Thomas Rando, Associate Professor of Neurology and Neurological Sciences and Deputy Director, Stanford Center on Longevity, was honored recently in Halle, Germany for his research on stem cells and aging. He was the Keynote Lecturer and Schober Award recipient at the International Symposium on Tissue Aging held at the Martin Luther University Halle, Germany. The symposium was organized by the Department of Cardiothoracic Surgery and the Department of Cardiology in cooperation with the German Society of Thoracic and Cardiovascular Surgery and the German Society of Gerontology and Geriatrics. Congratulations, Dr. Rando.

Christina Swanson, PhD student in Dr. William Robinson's laboratory, and **Michael Thomas Wong**, PhD student in Dr. PJ Utz's laboratory, have been selected as the 2007-08 Mason Case Fellows in the Biosciences. Ms. Swanson's research project is on tryosine kinase inhibitors for the treatment of rheumatoid arthritis. Mr. Wong will study the cytokines and soluble factors that drive IL-17 production in human CD4+ T cells.

Jonathan Riboh, a Stanford Medical Student, was awarded the Joseph Boyes Award for Best Scientific Paper at the 2007 Annual Meeting of the American Society for Surgery of the Hand. Congratulations, Jonathan.

Appointments and Promotions

Ingrid Aalami has been reappointed as Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/01/2007.

Bernard W. Dannenberg has been reappointed as Clinical Assistant Professor (Surgery, Emergency Medicine), effective 9/01/2007.

Jon Fuller has been promoted as Clinical Associate Professor (Affiliated)(Medicine);, effective 9/01/2007.

Gordon S. Kaplan has been reappointed as Clinical Assistant Professor (Surgery, Emergency Medicine), effective 9/01/2007.

Michael Laufer has been reappointed as Clinical Assistant Professor (Surgery, Emergency Medicine), effective 9/01/2007.

Quoc Luu has been appointed to Clinical Assistant Professor (Radiation Oncology; Radiation Therapy), effective 10/29/2007.

Raj Mitra has been reappointed to Clinical Assistant Professor (Orthopedic Surgery), effective 11/01/2007.

Susan Price has been reappointed as Clinical Assistant Professor (Affiliated)(Medicine); effective 9/01/2007.

Elizabeth H. Raphael has been reappointed as Clinical Assistant Professor (Surgery, Emergency Medicine); effective 9/01/2007.

Joseph Ryan has been reappointed as Clinical Assistant Professor (Surgery, Emergency Medicine), effective 9/01/2007.

Carla Shnier has been reappointed to Clinical Assistant Professor (Anesthesia), effective 11/01/2007.

Martin Wong has been promoted to Clinical Associate Professor (Affiliated) (Obstetrics and Gynecology), effective 9/01/2007.

Ken Zafren has been reappointed as Clinical Assistant Professor (Surgery, Emergency Medicine), effective 9/01/2007.

Dean's Newsletter

November 19, 2007

Revitalization of the Nation's Physician-Scientist Workforce

One of the primary goals of our efforts in medical education at Stanford is the training of future physician scholars, scientists and leaders. In our new curriculum and our other efforts across the education and training domains of the medical school we are committed to addressing these vital members of the medical and scientific workforce (see <http://med.stanford.edu/md/>). Over the past decade much concern has been expressed

about the attrition in the numbers of clinical investigators. Goldstein and Brown highlighted this concern a decade ago in their now classic editorial entitled “The Clinical Investigator: Bewitched, Bothered, and Bewildered – but Still Beloved” (*J Clin Invest* 1997; 99: 2803-2812). During the ensuing years a number of programs and initiatives have been put into place to address the decreasing numbers of physicians who focus their careers on research – but concern remains and is now heightened by the current NIH funding climate along with a number of other factors. I was pleased therefore to participate in a meeting on November 15th that was organized and sponsored by the Association of Professors of Medicine (APM) to address the “Revitalization of the Nation’s Physician-Scientist Workforce.” During this energetic and highly interactive meeting, which engaged nearly one hundred national leaders, the current state of affairs and a range of challenges and potential solutions and initiatives were discussed and debated.

Dr. Tim Ley, Professor of Medicine at Washington University, described the current state of affairs. His remarks were based on data he gathered from various sources to update his review with Leon Rosenberg entitled “The Physician-Scientist Career Pipeline in 2005: Build It and They Will Come” (*JAMA* 2005;294:1343-51). Importantly, he noted that the supply of physician-scientists is at “steady state” but is potentially negatively impacted by a number of factors, including age, gender and level of indebtedness. Ley estimates that there are currently some 15,000 physician-scientists in the USA (nearly double of that of 25 years ago) and that approximately 500-1000 new physician-scientists need to enter the pipeline each year to maintain steady state. However, he also noted that the current cohort of physician-scientists is aging and that more than 50% will be greater than 50 years of age within the next year.

One of the major positive changes that has occurred during this time period has been the increasing number of women entering medicine. A number of women enter MD/PhD programs or initially plan careers as physician-scientists. However, as we unfortunately know all too well, the numbers of women in academic medicine decline over time, with all too few reaching professorial appointments. This clearly has very negative implications both for even maintaining the physician-scientist workforce at steady state and for sustaining the integrity of medicine as a profession. A similar trend is also true for underrepresented in medicine minorities, although here the problem is worsened by the fact that far too few minorities enter medicine and scientific career paths. A number of other factors may also impact career choice, including future predicted compensation and life-style, among others. The goal of the APM meeting was to highlight the challenges and foster dialogue that could lead to action-oriented recommendations. Accordingly, a series of topics were the focus of small group discussions, including:

- Attracting and retaining women physician-scientists
- Recruiting underrepresented minority physician-scientists
- Selection processes and education programs for physician-scientists
- Combined degree (MD-PhD) programs
- Effects of generational changes on the future physician-scientist workforce
- Mentoring and enhancing programs to nurture late bloomers

- Supporting physician-scientists in the transition from the K award to first R01
- Supporting physician-scientists in the transition from the first R01 to second (competing) R01
- Competitive compensation mechanisms for physician-scientists
- Organizing initiatives at academic health centers to facilitate the development of physician-scientists

I participated in, as well as chaired a couple of these workgroups and was engaged in the preparation of group reports that will be assimilated, processed, and circulated for further refinement and prioritization before being forged into an action plan by the APM. Of course I will share the results of these discussions with you as they develop and evolve.

But this is a discussion that needs to extend beyond the APM and that also needs institutional dialogue. While I feel that we at Stanford are certainly in the lead compared to peer institutions in the breadth and depth of programs we have put into place to foster the development of physician-scientists and scholars – something that is very positively impacted by the outstanding research environment that exists here – it is also clear that we have much to do to further improve our efforts. I recently asked a faculty leadership group to review our efforts in training physician scientists, not only at the student level but also at the residency, fellow and junior faculty levels. I am certain that we can make progress in improving our success – and that it is important and even imperative for us to do so. But I am also convinced that this is an issue that deserves new and creative thinking, especially in view of the challenges now existing in our health care and funding climates. I welcome thoughts and suggestions from the members of our Stanford community.

Professional and Personal Ethics: A Continuing Discussion

I have spoken and written in the past about the ethical and professional issues in medicine. I have been particularly concerned about the increasing commercialization of medicine and about conflicts of interest emerging from academic-industry relationships that have focused on marketing rather than research and development. I had the opportunity to discuss some of the issues at a recent Ethics @ Noon Lecture Series and also at a meeting of the Association of Academic Health Centers on November 16th.

The provision of gifts and compensation to physicians from industry – for meals, travel, consulting, continuing medical education, etc – has come under increased public scrutiny during the past several years. This activity reached a new level of significance on September 6th when Senator Charles Grassley (R-IA) and Herb Kohl (D-WI) introduced the *Physician Payments Sunshine Act*. According to co-sponsor Charles Schumer (D-NY), the purpose of this proposed law is to “shine a much needed ray of sunlight on a situation that contributes to the exorbitant cost of health care.” Laws requiring pharmaceutical and medical device industries to publicly report payments to doctors already exist in Minnesota and Vermont and are being enacted in other states. Based on recent inquiries and investigations, including those at the Congressional level, there is ample evidence that this issue is continuing to heat up.

There are reasons why legislators and regulators have raised concerns. In a report this past year by Campbell et al entitled “A National Survey of Physician-Industry Relations” (*N Engl J Med* 2007;356: 1742-50) data were presented that showed that 94% of physicians across multiple specialties have some type of financial relationship with industry. Most common are free gifts, meals, drug samples as well as reimbursements for travel to professional meetings or continuing medical education. As I discussed when we introduced our policies in 2006 banning many of these gifts and financial relationships (see <http://med.stanford.edu/coi/siip>), most physicians do not believe that they are influenced by such gifts, although many posit that colleagues or co-workers might be. This is not dissimilar to the recent report of significant industry associations by the majority of clinical department chairs across the country, wherein the chairs believe that they are free of conflicts, but co-workers and trainees frequently feel otherwise (see Campbell EG et al, “Institutional Academic-Industry Relationships” *JAMA* 2007;298:1779-1786.)

The phenomena whereby individuals believe they are free from influence and operate with the highest personal integrity – even when accepting favors or sometimes deviating (even if in small ways) from truthfulness - are apparently well described in the neuroscience, psychology and economics literature. At the aforementioned meeting of the AAHC that I chaired on November 16th, Dr. David Korn, Senior Vice President at the Association of American Medical Colleges (AAMC) and former Dean of the Stanford University School of Medicine, spoke about this scientific evidence in reference to a symposium AAMC sponsored in June 2007 entitled “The Scientific Basis of Influence and Reciprocity,” the results of which will be published shortly. Depending on the discipline, this phenomenon (wherein one feels free of influence despite potential evidence to the contrary) is referred to as “delusion without intention” or the “dishonesty of honest people.” According to experts in this field, the size of the gift is less important than the relationship with the gift giver and is associated with an internal mechanism of “wiggle room,” in which an individual can engage in varying levels of even unethical behavior without a perceived loss of personal integrity. Others have also noted that the ability of gifts to influence behavior is well recognized and is one of the reasons why industry invests tens of billions of dollars annually in gifts and favors as part of their interactions with the medical profession.

Of course I fully recognize that these are challenging issues and that individuals within the medical and scientific professions will have strong reactions to any suggestion that they are subject to influence or bias. But the data – both scientific and in marketing practices – speaks otherwise and compels us to examine how we conduct our relationships. What is increasingly clear is that the failure of the medical profession to effectively do this will likely result in others – including the federal government – establishing policies or restrictions. That would be unfortunate. These issues warrant our continued reflection and discussion.

Thanking and Honoring Our Stanford Staff

There aren't enough ways to thank the dedicated staff who work on behalf of the School of Medicine and University. Without their many contributions, our grand missions in education, research, patient care and community service would not reach the levels of excellence that we enjoy today. I hope that each of us remembers to regularly and frequently thank those who work with us or on our behalf to support the activities of our students, faculty and staff. Thankfully, we also have the great tradition of honoring employees who have provided five or more years of service under the banner of the Dean's Staff Recognition Dinner. This year's celebration was held on November 8th at the Faculty Club. While I have had the privilege of attending all prior events since I came to Stanford, I was not able to participate this year due to a family emergency. But I want to take this opportunity to thank all those who achieved a five-year (or its multiple thereof) anniversary as a member of our staff. All of our staff members –including you - are appreciated. Accordingly, I want to list two groups: first, the winners of the SPIRIT Award for 2007 and second, those staff members who have worked for the University and Medical School for 20 or more years (a remarkable accomplishment).

This is the 8th year of the SPIRIT Award, which recognizes two staff members for their consistent dedication, initiative, motivation, positive attitude and customer service. Needless to say, many more than two individuals are deserving of special recognition, but I do want to highlight this years winners:

- **Mr. Jim Day**, Visual Art Services and
- **Ms. Diane Stafett**, Department of Medicine

You can read more about their personal stories and contributions in the Stanford Report (see: <http://news-service.stanford.edu/news/2007/november14/med-spirit-111407.html>).

I also want to specifically mention those staff members who have been part of the Stanford community for 20 or more years. As I get closer to completing my 7th year at Stanford I have ever more respect and admiration for those who have contributed so much of their professional lives to our medical school. These include:

45 Years of Service (wow!)

<i>June Hoshi</i>	Department of Biochemistry
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35 Years of Service

<i>Geraldine Derby</i>	Department of Medicine – Nephrology
<i>Barbara Hill</i>	Department of Developmental Biology
<i>Nancy Houston-Miller</i>	Department of Medicine – Cardiovascular
<i>Wendy Long</i>	Department of Pathology – Blood Center
<i>Melchor Madrigal</i>	Department of Comparative Medicine
<i>Zera Murphy</i>	Educational Programs and Services
<i>Lynne Olds</i>	Department of Pediatrics
<i>Richard Stovel</i>	Department of Genetics

30 Years of Service

<i>Joan Bialek</i>	Department of Medicine – Cardiovascular
<i>Ella Doyle</i>	Department of Microbiology & Immunology
<i>Shirley Feldman</i>	Department of Psychiatry
<i>Dolly Kagawa</i>	Department of Surgery
<i>Sheryl Kendall</i>	Finance & Administration
<i>Paula Louie</i>	Department of Radiation Oncology
<i>Mary Palmer</i>	Research Management Group
<i>Debra Scheuch</i>	Finance & Administration
<i>Laural Sledge</i>	Office of Medical Development

25 Years of Service

<i>Wendy Baumgardner</i>	Department of Radiology
<i>Catherine Carswell-Crumpton</i>	Department of Microbiology & Immunology – Baxter Laboratory
<i>Cecelia Coker</i>	Department of Surgery
<i>Ruth Colombo</i>	Department of Pediatrics
<i>Sussan Dejbakhsh-Jones</i>	Department of Medicine – Immunology & Rheumatology
<i>Susan Goodrich</i>	Department of Radiation Oncology
<i>Joyce Hages</i>	Department of Medicine – Cardiovascular
<i>Susan Hoerger</i>	Human Resource Group
<i>Lisa Joo</i>	Academic Affairs
<i>Mahmonir Keyhan</i>	Department of Microbiology & Immunology
<i>Linda McLaughlin</i>	Department of Pediatrics
<i>Elizabeth Pope</i>	Department of Cardiothoracic Surgery
<i>Jan Saryusz-Romiszewski</i>	Department of Radiation Oncology
<i>Behnaz Taidi</i>	Department of Medicine – Oncology
<i>Rosario Villacorta</i>	Department of Medicine – Immunology & Rheumatology
<i>Kuo-Mei Wang</i>	Department of Pathology
<i>Valerie Williams</i>	Department of Medicine
<i>Reese Zasio</i>	Department of Comparative Medicine

20 Years of Service

<i>Julie Brewster</i>	Department of Otolaryngology – Head & Neck Surgery
<i>Virginia Chambers</i>	Department of Biochemistry
<i>Sharon Clarke</i>	Department of Radiation Oncology
<i>Jo-Ann Cuevas</i>	Human Resource Group
<i>Marcos Figueroa</i>	Lane Medical Library
<i>Patricia French</i>	Lane Medical Library
<i>Stephen Gladfelter</i>	Visual Arts Services
<i>Gail Gong</i>	Department of Health Research & Policy
<i>Miriam Guzman</i>	Department of Pathology – Blood Center
<i>Michel King</i>	Institutes of Medicine

<i>Lorie Langdon</i>	Educational Programs and Services
<i>Lilibeth Lorenzo-Fernando</i>	Department of Pathology – Blood Center
<i>Gladys Morales</i>	Research Management Group
<i>Jeffrey Myll</i>	Department of Medicine – SPRC
<i>Bita Nouriani</i>	Department of Psychiatry
<i>Karla Palmeri</i>	Institutes of Medicine
<i>Pamela Rawls</i>	Department of Orthopaedic Surgery
<i>Anca Ruhlen</i>	Department of Genetics
<i>Vida Skokoohi</i>	Department of Genetics
<i>Leigh Stacy</i>	Department of Pathology
<i>Nengchee Teo</i>	Department of Medicine – Cardiovascular
<i>Jane Volk-Brew</i>	Academic Affairs
<i>Cheryl Yemoto</i>	Health & Safety

Again, congratulations and thanks to all – and, as they say, let's hope for many more years to come!

NIH Funding Vetoed by President

In the last issue of the Dean's Newsletter I commented on the hoped-for approval of the Labor-HHS-Education appropriations bill, which would have carried a modest increase of \$30 billion for the NIH budget, which would still have been below inflation. Unfortunately, President Bush vetoed this appropriation bill on November 14th, despite its bipartisan support and commitment to investment in biomedical research. This legislation would also have provided \$212 million for the title VII funds to enhance the diversity of health professionals – something else we worked hard to have in the bill. Coupled with the veto of SCHIP that you are well aware of, this current veto further impacts our ability to sustain our research mission and diversity pipelines. While we all recognize the politics involved, it is tragic to have these played out over critical investments in innovation and research. Unfortunately, the attempt to override the veto on November 15th also failed – falling two votes short of the two-thirds majority needed to override the veto. This is a very sad state of affairs – and, in many ways, it is a further loss for American science and medicine.

Our Changing Landscape

No doubt can remain that we are entering a new phase in the medical school landscape. This past week the 30 year old Fairchild Auditorium proceeded through its demolition to make way for the new Learning and Knowledge Center (LKC). With this, the visible evidence of the transformation of our medical school campus is becoming ever more evident. And this will be continuing in various stages over the next decade. With the upcoming centennial of the Medical School in 2008 and the 50th Anniversary of the move of the School to the Stanford campus in 2009 in mind, it is particularly gratifying that there is now visible evidence of a new beginning – and one that we hope will exemplify Stanford as a center of excellence in education and research for many decades to come. You can follow the construction plans for the LKC by going to <http://lkc.stanford.edu/>.

New Program for Medical Students Announced

Dr. Charles Prober, Senior Associate Dean for Medical Student Education, has let me know that his office is launching a new program for medical students called Educators-4-CARE (E4C). This program, which was first discussed in the Spring 2007 Medical Education Newsletter, aims to foster the development in each of our students of four key qualities embodied in thoughtful and effective physicians: Compassion, Advocacy, Responsibility and Empathy (CARE).

Stanford faculty elected to participate in the E4C program will be identified over the next 6 to 9 months. Each faculty member, working from a shared curriculum, will guide five to six students from each class through their acquisition and refinement of clinical skills. Patient-centered medical interviewing, bedside physical diagnosis, and evidence-based practice will be core features of the instruction. A student's E4C faculty mentor will serve as an ongoing role model for professionalism and the doctor-patient interaction throughout the student's time at Stanford.

Educators-4-CARE promises to be an exceedingly valuable addition to our medical school curriculum, and I look forward to seeing its further realization in the months ahead.

Update on the Stanford Hospital and Clinics (SHC) electronic health record project (CIS-Epic)

I have received the following update on current activities at the Stanford Hospital and Clinics that are going on to assure that SHC is ready for the launch of Epic, SHC's new electronic health record system, which is scheduled for February 29, 2008. These include the following:

- **Training**
Epic training begins on November 26 for nurses and on December 1 for physicians. All classroom-based training occurs at the North Campus location and there is a free shuttle service available from the hospital to the North Campus.
- **SuperUsers**
There is a large group of staff and physicians who are trained as SuperUsers to assist in helping their peers get ready for Epic. SuperUsers consist of staff members and physicians from every department within the hospital and clinics, as well as representatives from IT, Learning Services and Epic. This group of individuals has been highly trained in CIS-Epic to help others in their departments understand the system and use it proficiently. SuperUsers will play a major role in helping end users get ready for the new electronic health record system.
- **Triads**
Another way the CIS-Epic management team is preparing SHC for the conversion to an electronic health record is by the creation of triads. These leadership-driven groups consist of the director of a specific area, a physician leader who is

partnered with the triad leader and a content expert (someone who knows Epic and Stanford operations). Their goal is to drive the implementation of CIS-Epic at SHC. In all, there are 30 triads engaged in the process. The triads are addressing the gaps that exist between the current and future systems, taking ownership of the workflow changes and implementing the changes necessary to be ready for the new workflows.

More information about the preparations for the Epic launch will be forthcoming from SHC.

More on Transcription

Stanford Hospital & Clinics (SHC) also asked me to include the following update in this edition of the Newsletter:

SHC continues its rollout of the new Spheris dictation and transcription system in preparation for the Epic electronic health record launch, which as noted above, is scheduled for February 29, 2008. On November 12th, the final SHC clinical area group began to use the new system. Menlo Medical Clinic is scheduled as the final area to activate on the new system, beginning November 27th.

As of November 11th, more than 22,000 dictations had been completed in Spheris. Documents have been assigned transcription turnaround times based on their importance to patient care, ranging from two hours to 24 hours. Dictation continues as before with some minor changes, which are designed to ensure that transcriptions appear seamlessly in CareCast (and as it goes live, in Epic). Watch other SHC communications for Spheris updates, as well as preparations for Epic.

Awards and Honors

McCormick Awardees: The School of Medicine and the Office of Diversity and Leadership are pleased to announce the recipients of the 2007 McCormick Awards. These awards provide research/project funding to junior faculty women pursuing advancement, or to junior faculty men or women who support the advancement of women in medicine and/or medical research. The awards are supported by the McCormick Funds, which were established to support the advancement of women in medicine and/or medical research directly, or by supporting the mentoring, training and encouragement of women pursuing the study of medicine, in teaching medicine, and engaging in medical research. This year 29 applications were submitted and the winners were chosen by a review committee that included: Craig Albanese, Marcia Stefanick, Alice Whittemore, Ray Gaeta, Claudia Morgan, and Hannah Valantine. Three award winners each year will receive \$30,000 per year for two years.

This years McCormick Award winners include

- *Anne Brunet*, PhD, Department of Genetics
- *Jennifer Cochran*, PhD, Department of Bioengineering
- *Amreen Husain*, MD, Department of Obstetrics and Gynecology

Congratulations to each.

Burt and Marion Professorships. On November 5th we had the opportunity to celebrate the awarding of two Burt and Marion Professorships in Immunology. We were joined by members of the Avery family and faculty leaders in immunology and microbiology. The two Burt and Marion Avery Professors are:

- *Dr. Mark Davis*
- *Dr. Yueh-hsiu Chen*

Congratulations to both Drs. Davis and Chen – and special thanks to the Avery family.

The American Institute for Medical and Biological Engineering elected three of our faculty as Fellows, including:

- *Russ Altman, Professor of Bioengineering and of Genetics*
- *Steve Quake, Professor of Bioengineering*
- *Charles A. Taylor, Associate Professor of Bioengineering and of Mechanical Engineering and Radiology*

Congratulations to each.

I. Robert Lehman, Professor Emeritus of Biochemistry has been awarded the 2008 Herbert Tabor/Journal of Biological Chemistry Lectureship to be presented at the 2008 Annual meeting of the American Association of Biochemistry and Molecular Biology in March 2008. Congratulations to Dr. Lehman.

Donna Cronister, administrative services manager for the Radiological Sciences Laboratory (RSL), was honored as this year's recipient of the Marsh O'Neill Award. Since 1990, the Dean of Research Office has given the Marsh O'Neill Award annually to a staff member who has provided exceptional support for research at the University. Congratulations to Donna.

Jonathan S. Berek, MD, MMS, Professor and Chair, Department of Obstetrics and Gynecology and Division of Gynecologic Oncology, Stanford Cancer Center, has been elected to the Presidency of the International Gynecological Cancer Society (IGCS) for 2008-2010. The IGCS is the world's largest group that is dedicated to research and treatment of gynecologic malignancies. Dr. Berek has also been elected to the Commission on Cancer of the American College of Surgeons for a 3-year term.

Appointments and Promotions

- **Timothy P. Angelotti** has been promoted to Associate Professor of Anesthesia at the Stanford University Medical Center, effective 11/01/07.
- **Michele P. Calos** has been promoted to Professor of Genetics, effective 11/1/07.
- **Drew Endy** has been appointed to Assistant Professor of Bioengineering, effective 6/01/08.
- **Jason R. Gotlib** has been reappointed to Assistant Professor of Medicine (Hematology) at the Stanford University Medical Center, effective 1/1/08.
- **Dimitre H. Hristov** has been appointed to Assistant Professor of Radiation Oncology at the Stanford University Medical Center, effective 11/1/07.
- **Robert Lowsky** has been promoted to Associate Professor of Medicine (Blood and Marrow Transplantation) at the Stanford University Medical Center, effective 11/1/07.
- **Sean Mackey** has been promoted to Associate Professor of Anesthesia at the Stanford University Medical Center, effective 11/1/07.
- **John D. MacKenzie** has been appointed to Assistant Professor of Radiology at the Lucile Salter Packard Children's Hospital, effective 11/1/07.
- **Claude M. Nagamine** has been appointed to Assistant Professor of Comparative Medicine at the Veterinary Service Center, effective 3/1/08.
- **Olaf Reinhartz** has been appointed to Assistant Professor of Cardiothoracic Surgery at the Stanford University Medical Center and the Lucile Salter Packard Children's Hospital, effective 11/1/07.
- **Audrey Shafer** has been promoted to Professor of Anesthesia at the Veterans Affairs Palo Alto Health Care System, effective 11/1/07.
- **Weiva Sieh** has been appointed to Assistant Professor of Health Research and Policy, effective 11/1/07.
- **Christina Smolke** has been appointed to Assistant Professor of Bioengineering, effective 6/1/08.
- **Hua Tang** has been appointed to Assistant Professor of Genetics, effective 11/1/07.
- **Abraham Verghese** has been appointed to Professor of Medicine (General Internal Medicine and Infectious Diseases), effective 11/1/07.

Dean's Newsletter December 3, 2007

The Medical Center Expansion Project: Update 2007

On Monday evening November 26th, Medical Center leaders and more than 150 residents and community leaders filled the Palo Alto City Council chambers for the next stage in the process to expand the Stanford University Medical Center in net square feet and in the height of some of the hospital facilities. As I have presented in prior discussions, the

Medical Center replacement plan currently calls for the rebuilding of Stanford Hospital & Clinics (SHC) as a seven-story structure that would increase the number of beds from the current 466 to 600. Importantly, the replacement would meet mandated seismic requirements, create a facility that would offer single bed rooms for patients, expand the number and size of operating rooms to permit the use of new technologies, proportionally increase the number of intensive care beds and transform and expand the emergency facilities that serve both SHC and the Lucile Packard Children's Hospital (LPCH). In tandem with the rebuilding of SHC, the Lucile Packard Children's Hospital would increase its bed capacity by adding 104 patient beds, which would bring its total to 361 beds on the Medical Center site.

These expansions in bed capacity are driven by significantly increased demands for patient care at both SHC and LPCH, and they reflect changes in patient demography as well as the current and projected programs of the community, faculty and the Medical School. The plan, at its heart, permits the realization of our overall goal of *Translating Discoveries* – bringing knowledge from research to the benefit of adults and children in our community and beyond.

The November 26th City Council meeting included testimonials and comments from over 40 individuals, the vast majority of whom supported the plans for the Medical Center expansion and the requisite rezoning requirements to make it happen (see update in the *Stanford Report*). Along with Martha Marsh, CEO of SHC, and Chris Dawes, CEO of LPCH, I spoke at the meeting. My remarks were in support of the hospital plans as well as the Medical School's replacement of the Grant, Alway, Lane and Edwards Buildings by the new Foundations in Medicine facilities. I also spoke of the importance of the Medical School and hospitals to each other and to our community. I must confess that, while I am sensitive to concerns about maintaining the integrity of the greater Palo Alto community, I find it mind-boggling to hear from individuals who have little to no regard for what the Medical Center brings to their community.

In my comments I analogized this attitude to the Frank Capra movie "*It's A Wonderful Life*," which will show at the Stanford Theater on December 24th. In this classic film, the protagonist, George Bailey, has the opportunity to witness what his community would have been like if he had not been born. In a similar fashion, it is not inappropriate to consider what Palo Alto – and Stanford – would be like today if visionary University and community leaders had not moved the Medical School from San Francisco to the Stanford campus nearly 50 years ago. Simply put, many of the extraordinary discoveries in bioscience and remarkable innovations in technology that have transformed our understanding of human biology and disease and have led to countless translations of basic research to improve the diagnosis, treatment and prevention of human disease would not have happened without Stanford.

For example, Stanford faculty have transformed medicine and science through their fundamental discoveries in genetics that ultimately led to genetic engineering, to the sequencing of the human genome, and to the ability to display thousands of genes on a chip and discern their state of activation and correlation with various disease states.

Collaborations between Stanford's biomedical, engineering and physical scientists have led to highly original and far-reaching innovations, including the very foundations of magnetic imaging, the development of the linear accelerator, and the invention of the fluorescent activated cell sorter, among many others.

The countless fundamental discoveries by Stanford faculty in such fields as microbiology, immunology, molecular and cellular biology, biophysics and structural biology, developmental biology and the emerging fields of bioengineering, chemical and systems biology are nonpareil. And collaborations of basic and clinical scientists have resulted in startling discoveries in stem cell biology and the emerging field of regenerative medicine, which are changing the ways we think about cancer, neurobiology, and virtually every organ system. These discoveries and innovations by Stanford faculty have reshaped the fields of cancer, cardiovascular medicine and surgery, neuroscience, and transplantation, as well as immunology, infectious disease and numerous other disciplines – and they have the potential to do so with even greater impact in the years and decades ahead.

While advances in these and related fields have of course occurred at academic medical centers, universities and biomedical research centers around the world, Stanford faculty have often nucleated new disciplines with startling insights and seminal discoveries. A considerable number of these have directly resulted in benefits uniquely available at SHC and LPCH – immediately impacting the care of individuals in our community. Just as with George Bailey, had the community of Palo Alto rejected the move of the Medical School 50 years ago, it would have a very different “life” today. From my perspective, Palo Alto would be a dramatically different community if Stanford was not located in its midst. And, most importantly, the health and well being of both adults and children in our community would not be as well served.

With that in mind, the decisions that will be made by the City Council and the citizens of Palo Alto regarding the Medical Center expansion will have an enormous impact on the future of the community. One would hope that 50 years hence the child or grandchild of a current member of the Palo Alto leadership would not have to ask why her or his parent or grandparent made a decision that had so negatively impacted their personal health or that of their family or community. Fortunately that won't happen if Stanford Medicine continues to live and thrive in Palo Alto – and if George Bailey and “*It's A Wonderful Life*” continue their annual reminder in the decades to come.

NIH and Bioscience

The National Institutes of Health (NIH) and academic centers like Stanford are struggling with the downturn in funding and the perceived opportunities for academic careers for biomedical scientists. In recently compiled data from the NIH, some worrisome trends are clearly defined:

1980

1998

2006

<i>Number and average age of NIH Principal Investigator (PI)</i>	14, 887 39.1 yrs	17,761 42.7 yrs	25,419 50.8 yrs
<i>Number and average age of new PIs</i>	1,843 37.2 yrs	1,355 39.0 yrs	1,346 42.4
<i>Number of Medical School faculty positions</i>	53,552	73,413	121,468
<i>Average age of Medical School faculty</i>	43.1	45.2	48.7
<i>Average age of first time Assistant Professor</i>	33.9	35.4	37.7

While it is notable that the numbers of both faculty positions and grants increased in the post-NIH doubling phase that began in 1998 and ended in 2003, it is of course worrisome to note as well the fact that the number of new PIs in 2006 is no different from that in 1998 – perhaps reflecting the impact of current funding declines and the competition for new RO1 awards. Equally disturbing is the rising age of medical school faculty and, most importantly, the time it takes to become a first time Assistant Professor. The major question at the heart of the current situation is whether the current climate will discourage promising young students from entering the bioscience career pathway and, in particular, whether there will be opportunities for them in academia in the future proportionate to their numbers and excellence.

There is no question that the NIH and academic medical centers are united in their concerns about the future and about the need to increase funding, at least to keep pace with inflation (which has proven unsuccessful during the past 4 years) as well as in the need to assure that promising young PhDs and biomedical scientists have career opportunities and pathways accessible to them. I have previously written about our alignments with industry to foster the connections between research and development and the agenda of innovation (see: http://deansnewsletter.stanford.edu/archive/04_09_07.html#2). But that is just one component of what must be a national advocacy movement that unites universities, professional organizations and societies with industry and community leaders to advocate for the NIH and federally supported research. We all recognize the challenges, given the nation's economic limitations and political agendas – but 2008 offers some opportunity to address both of these, hopefully in more successful ways.

While national planning and advocacy are essential, so too is institutional reflection about the support for graduate student education, postdoctoral training, faculty career development and the investments in biomedical research. I am deeply committed to doing all that we can to foster and support our students and faculty – and we will be shaping our

agenda for our efforts at the School's Annual Leadership Retreat at the end of January 2008, which will focus on "*Quality and Balance*." In anticipation of that planning exercise I am interested in comments from you about how to advance our efforts at Stanford in the biosciences, recognizing that we are a small – but incredibly important – part of the global scene.

Questions on the Cost of Research

A comment of mine in the November 5th Newsletter under the heading of "*NIH Funding and Peer Review*" generated a number of questions and comments. On the topic of the funding of the research mission, I stated:

"Research is obviously an important mission that has many important dividends, but it requires significant institutional support since research per se is not a revenue generating operation. We know this to be true at Stanford, where, despite the enormous success of our faculty in receiving peer-reviewed NIH funding (in fact the highest amount per faculty member of any medical school in the nation), every dollar brought in through research requires nearly 30 cents of institutional support. One can say that, viewed simplistically, the larger and more extensive the research enterprise, the more institutional support required."

Our major source of funding at Stanford is sponsored research, most of which comes from the NIH. This comes with the NIH overhead referred to as indirects – which is an institutionally negotiated percentage of the direct research dollars (that which goes to the investigator). However, indirects do not cover the full costs of research since the government assumes that there will be an institutional contribution to the overall costs. This is compounded by the fact that the costs of running a research operation include additional expenses not covered at all by NIH or other funding agencies. Among these costs are: salaries that may exceed the NIH cap; administrative expenses (many of which have risen in recent years due to compliance issues); the costs for recruitment, retention, and interim research funding of new faculty; graduate student tuition and stipends, especially under the new tuition cap; covering the lesser overhead reimbursements of training and most foundation grants; and costs for renovations and building. Thus, on the average, as great as Stanford scientists are in receiving competitive grants (even in tough times) there are many costs which in the aggregate add up to major funding needs from non-grant sources. We are able to do this - but it is true that the larger our research portfolio, the more we have to expend on research. Centers that have not anticipated this or that receive lower proportional funding from NIH or are simply less productive, expend even more - and in these tough times, can get into trouble.

The Dean's Office did a study in 2003 of the cost to the School of the research mission. Julia Tussing, Managing Director of Finance and Administration, presented the results of the study to the Executive Committee in June of 2003. There are many ways to approach such a study, as demonstrated by several other schools with whom we exchanged ideas and methodologies, and each will give somewhat different answers; we used two different methodologies to establish a minimum and maximum number, and averaged the

two to come up with an “investment” by the School in research of \$85M or 29% of the direct costs spent of sponsored projects. Of the \$85M investment the School made, spending on patent income accounts made up 2.4%, endowment accounts were 6.5%, gifts designated for research accounted for 21.7%, and the remaining 70% came from other School sources. This translates to 28 cents per research dollar spent.

Of course I view these costs as central to our mission and an excellent investment in the future and reputation of our institution, in our ability to attract and retain excellent faculty, and in our ability to teach our students and treat our patients into the future. Indeed without this investment Stanford could not achieve its current level of excellence – and that makes it an essential investment. Put another way, the more successful our faculty become in gaining grant funding, the more successful is the School. The fact that there is a cost associated with the mission is a given; it also costs money to teach students, and in many cases to provide clinical care to our patients.

Thus I want to underscore that my message about the costs of research should not be interpreted as a negative one or one that does not fully acknowledge the extraordinary contributions of our faculty. It is simply an affirmation of what is required to run highly successful school of medicine. Of course, the more efficient we can be, the more we can extend our dollars, and we strive to improve in this area. But no institution that I know of breaks even or comes close to breaking even on research that is primarily government-funded. More importantly, these investments in basic research allow scientists to generate fundamental knowledge – which is the essential underpinning of translating discoveries.

Stanford-Taiwan Biomedical Fellowship Program

Thanks to the vision and leadership of **Dr. Alan Yeung**, Li Ka Shing Professor of Medicine (Cardiology), and **Dr. Peter Fitzgerald**, Professor of Medicine, we signed an agreement with the National Applied Research Laboratories (NARL), a non-profit organization in Taiwan, to establish the Stanford-Taiwan Biomedical Research Program. As part of this agreement NARL will contribute \$2.4 million to establish an interdisciplinary biomedical training program that will focus on cardiovascular medicine but will also interface with disciplines in the Schools of Engineering and the Graduate School of Business as well as biotechnology leaders in Silicon Valley. This agreement represents another in a series of important international interactions focusing on discovery and innovation. The signing agreement included Dr. Feng-Ching Lin, Minister of State, Science and Technology Advisory Group (STAG), the Executive Yuan (the Cabinet) of Taiwan; Dr. Wen-Hsiung Huang, Deputy Minister of the National Science Council; and Dr. Jer-Nan Juang, President of the National Applied Research Laboratories (NARL), along with other government and NARL members.

Remembering Dr. Duncan Govan

On Friday evening November 29th a standing-room only crowd of family, friends and colleagues of Dr. Duncan Eben Govan gathered in the Bechtel Conference Center to commemorate his life and accomplishments. Dr. Linda Dairiki Shortliffe, Stanley

McCormick Memorial Professor and Chair of the Department of Urology, organized and hosted this wonderful celebration – which featured remarks from Robert Chase, Emile Holman Professor of Surgery, Emeritus; Kathy Stamey who read the remarks of her husband, Thomas Stamey, Professor of Urology; Fuad Freiha, Professor of Urology, Emeritus; Robert Kessler, Professor of Urology; Malinda Mitchell, Former President and CEO of Stanford Hospital & Clinics; and Dr. Duncan's children. His wife, Paddy, was in attendance along with his grandchildren. A common theme emerged of an extraordinary physician and surgeon whose life was dedicated to medicine, science and his family and who evidenced enormous integrity and professionalism that won him the respect of the Stanford and international medical community. Dr. Duncan first arrived at Stanford in 1961, and he helped to develop the Department of Urology as well as the newly moved School of Medicine. His legacy lives on in his trainees, colleagues and family – and clearly will continue to do so for generations to come.

Department of Medicine Welcomes New Faculty Leaders

Since Dr. Ralph Horwitz joined Stanford a year ago as the Chair of Medicine and Arthur L Bloomfield Professor of Medicine, he has been working diligently to enrich and enhance the Department of Medicine. In addition to new programs, Dr. Horwitz has recruited a number of departmental leaders, and, on Tuesday evening, November 27th, he hosted a reception in the Schwab Center to welcome three of them. They include:

- **Dr. Glen Chertnow**, Professor of Medicine and Chief of the Division of Nephrology
- **Dr. Pankaj Jay Pasricha**, Professor of Medicine and Chief of the Division of Gastroenterology and Hepatology
- **Dr. Abraham Verghese**, Professor of Medicine and Senior Associate Chair for the newly established program in the Theory and Practice of Medicine.

Each of these are excellent recruitments to Stanford and I ask you to join me in welcoming them – and in thanking Dr. Horwitz for his success in bringing them to Stanford.

The Arthritis Foundation Honors Dr. Irv Weissman

On Thursday evening November 29th, the Arthritis Foundation of Northern California hosted a gala celebration to honor the contributions of **Dr. Irv Weissman**, the Virginia and DK Ludwig Professor of Cancer Biology and Director of the Stanford Institute for Stem Cell Biology and Regenerative Medicine and the Stanford Cancer Center. For nearly 60 years the Arthritis Foundation has funded education, research and patient care programs focusing on adults and children with arthritis and related inflammatory diseases. Indeed the Foundation is the largest source of private funding for arthritis research in the world. The evening included a wonderfully funny “roast” by producer, writer and director Jerry Zucker, who served as the Master of Ceremonies. I had the opportunity to deliver the evening's keynote address, which was followed by a wonderful video tribute to Dr. Weissman. All of us at Stanford are well aware of Irv's many remarkable accomplishments in science as well as his leadership as an advocate for

research unhindered by politics or religion. It was a wonderful tribute to Irv. Please join me in congratulating Dr. Weissman for yet another major award.

Awards and Honors

Donna Cronister, Administrative Services Manager of Radiological Science Laboratories and Lucas Center for Magnetic Resonance Imaging, has been awarded the 2007 Marsh O'Neill Award. This award, now in its 17th year, is given to staff who make "outstanding contributions" to Stanford's research mission. Congratulations, Donna.

Appointments and Promotions

- **Amy Heerema-McKenney** has been appointed as Clinical Assistant Professor (Pathology), effective 5/01/2008.
- **Shelli Kesler** has been appointed to Assistant Professor (Research) of Psychiatry and Behavioral Sciences, effective 12/01/2007.
- **Bruce Linenberg** has been reappointed as Clinical Assistant Professor (Affiliated) (Psychiatry and Behavioral Sciences), effective 9/01/2007.
- **Linda Lotspeich** has been appointed as Clinical Professor (Psychiatry and Behavioral Sciences), effective 1/01/2008.
- **Hugh M. O'Brodovich** has been appointed to Professor of Pediatrics, effective 1/01/2008.
- **Lars Osterberg** has been promoted to Clinical Associate Professor (Medicine), effective 9/01/2007.
- **Hemal Parekh** has been reappointed as Clinical Assistant Professor (Affiliated) (Medicine), effective 9/01/2007.
- **Ellen F. Porzig** has been promoted to Professor (Teaching) of Developmental Biology, effective 12/01/2007.
- **Sunita Sastry** has been promoted to Clinical Associate Professor (Anesthesia), effective 01/01/2008.
- **Scott Soltys** has been promoted to Clinical Assistant Professor (Radiation Oncology), effective 9/01/2007.
- **Payam Tabrizi** has been promoted to Clinical Assistant Professor (Affiliated) (Orthopaedic Surgery), effective 12/01/2007.

- **Andrea Tom** has been appointed as Clinical Assistant Professor (Affiliated)(Medicine), effective, 12/01/2007.
- **Charlie Young** has been reappoint as Clinical Assistant Professor (Affiliated) (Medicine), effective 9/01/2007.

Dean's Newsletter

December 17, 2007

Happy Holidays

It is always startling to consider that another year is about to end and a new one set to begin – with new opportunities and challenges, and more beginnings and endings. The milestones that take place in any single year are notable both personally and as a school of medicine. For example, during 2007 our medical and graduate students took further steps toward the completion of their MD and/or PhD degrees, our residents moved closer to board certification, clinical fellows advanced toward subspecialty training, our postdoctoral fellows refined and furthered their research efforts and career development, and our faculty and staff progressed through the hills and valleys of academic and clinical life and the life of our institution. Our medical school made major advances in supporting education and in making groundbreaking research discoveries and advances in patient care. And through all this, our personal lives evolved while the world around us continued to change – sometimes positively, but all too frequently with even greater challenges. As members of the Stanford community we endeavor to address important challenges –furthering our understanding of life and disease, improving health, educating leaders, addressing global and environmental issues and seeking justice and peace.

At this time of year our thoughts often turn inward as well as outward as we ponder the mysteries of the world we inhabit – our homes, families, friends and communities. I hope the upcoming Winter Break offers you some time for rest, reflection and renewal, and time for solitude as well as with loved ones. I hope it also offers an opportunity to reflect on the accomplishments of 2007 but even more importantly on the opportunities that lie ahead in 2008 and beyond. I wish you and your families the best for the holidays and for the year ahead.

A Memorial Tribute for Professor Arthur Kornberg will be Held on January 25th

As most of you know, Professor Arthur Kornberg, world- renowned biochemist and long time Stanford faculty member, died on October 26, 2007. A public Memorial Tribute to commemorate his extraordinary life and contributions to science and medicine at Stanford and beyond will be held on Friday, January 25, 2008 at 3 pm in the Dinkelspiel Auditorium (471 Lagunita Drive – near White Plaza). It will be followed by a reception at the Faculty Club (439 Lagunita Drive). All are welcome to attend.

Expressions of Support and Concerns from Students and Alumni

During the past week, I have been copied on a number of emails and comments from alumni and current students regarding their concern about a member of the teaching staff in relation to a new program called Educators 4 CARE. I am respectful of the deeply felt expressions of concern from each of our current and past students and colleagues with regard to Dr. Wolfe, and I appreciate the enthusiasm being expressed for further enhancing our clinical education. I have read and considered all the messages from alumni and students, and I attended and participated in a meeting led by concerned students on Friday, December 14th in the Dean's Courtyard.

While I appreciate the perspective and reactions of a number of students and alumni, I am also aware that the basis for some decisions (such as those involving the employment-related circumstances of individuals) cannot be discussed publicly and thus can leave uncertainty, confusion and distrust in their wake. That said, I would hope that those expressing their concerns would recognize that I and others in the leadership of the Medical School and University hear their messages and respect their right to express their thoughts and concerns. At the same time I would remind our colleagues that disagreements should be communicated in a professional and respectful manner and should avoid negative personal assertions or allegations that may, in fact, be misplaced or simply erroneous. Although it would not be appropriate to say more about Dr. Wolfe's particular situation, what I can tell you is that the University has decided to reactivate an independent dispute resolution process previously agreed to and utilized with him.

I would also hope that our community is mindful of the fact that the leadership of the School of Medicine and I have made medical education among our very highest priorities. Indeed, I hope it is more than evident that we have worked diligently to support and develop programs to improve our students' personal and professional lives, while easing the financial burdens that medical education can entail. Further, the faculty, senior education deans and Office of Educational Programs and Services staff have worked very hard to enhance the quality of our education programs across the basic and clinical sciences as well as to develop and generate the funding for the resources and facilities that are, and will be, available for them and future generations. By every measure -- including outside reviews by our National Advisory Council and the Liaison Committee on Medical Education -- medical education at Stanford is highly regarded, and the resources and services that have been put into place to support students are viewed as extraordinary and even nonpareil. It is also important to underscore that effective and successful medical and postgraduate education depends on the broad and deeply shared commitment of faculty and students -- an effort which transcends any one of us or any point in time.

Ending the Year Strong

A number of external and internal forces currently shape the financial wellbeing and underpinnings of academic medical centers, including Stanford. While all of the 125 medical schools and academic medical centers in the United States share common missions and sources of support, the balance among them is quite different and thus the

overall state of health of each medical school and medical center must be described individually. When doing so, it is important to recognize that a medical school/medical center is comprised of a number of individual components – basic and clinical departments, centers and institutes, faculty, students and staff – each with different financial profiles and resources. That said, the strength of an academic medical center resides in how well it is able to balance and integrate its missions and the resources used to support them. While it is expected that different components of a medical school – just like every other social network – will have different resources they can call on, how well one group is able to support another will translate into future sustenance and success.

Medical schools have several sources of financial support: sponsored grants and contracts, clinical income, support from endowment and reserves and gifts. Looking at these separately for Stanford School of Medicine, the following can be stated:

- I have commented frequently on the serious challenge facing the nation's biomedical research enterprise due to the flat and now declining NIH budget, which has had a significant impact on faculty at Stanford and across the nation (see: http://deansnewsletter.stanford.edu/archive/11_05_07.html#1). While our total sponsored research expenditures increased slightly in FY2007 (from \$266 million in FY06 to \$277 million in FY07), we are well aware that this could be the result of one or more large grants. We are well aware that our faculty are having to work harder to secure grants and also to support graduate students. Further, the indirect cost recover in FY07 is flat essentially compared to FY06 (at \$106 million).
- Clinical income has increased during the past year, reflecting increased performance by faculty as well as the recruitment of new clinical faculty. Further impacting these results is the positive impact of the new “funds flow” model, which is now in its second year. In the aggregate, clinical income for the departments and school increased from \$270.7 million in FY06 to \$300.3 million in FY07, resulting in a positive aggregate balance of \$46.1 million. Only one department had a clinical deficit, and it is expected that this will resolve in future years. Of interest, we still differ from virtually every other medical school in that our research income exceeds clinical income.
- We are fortunate at Stanford to have considerable endowment funds and reserve balances, which play critical roles in programmatic and capital funding. Even though many of these funds are restricted by use or by their local oversight (department, institute, center or school funds), in the aggregate they are important – especially in a time when external funding is constrained. As of August 31, 2007 the market value of the School of Medicine endowment was \$2.269 billion. It has risen commensurate with the Stanford endowment over the years as part of the “merged pool” that is overseen by the Stanford Management Company. While we do not have the figures for 2007, in FY06 the School of Medicine endowment was second only to Harvard Medical School in its size. That said, as I have noted in previous communications, endowments are highly restricted to specific

purposes – and a nearly a third of that which is allocated to the Dean’s Office is for education.

- In addition to endowment resources, the School also holds expendable fund balances or reserves, which fall into restricted and unrestricted components. These funds also increased from \$419.1 million in FY06 to \$458.1 million in FY07. Of these \$334.0 million reside in departmental accounts, \$25.5 in Institutes and the remaining \$113.2 million in central school accounts. Of note, within departments holding expendable reserves, faculty or divisions hold the majority of these. Moreover, a handful of departments hold the vast bulk of these dollars, where they are important for academic development. While it is not true today, it would be ideal if each department held sufficient reserves for emergency management and academic development.
- Patents and Royalties can also be a source of income for academic medical centers, although such revenues are unpredictable and not sustainable over time. That said, there are notable exceptions that have impacted medical centers like Stanford – including the Cohen-Boyer and Herzenberg patents.
- The final source of revenue is gifts from individual or foundations. I have reported in prior Newsletters (see: http://deansnewsletter.stanford.edu/archive/09_10_07.html#3 and http://deansnewsletter.stanford.edu/archive/09_24_07.html#8) that the School had an outstanding year in medical development. We have been fortunate to receive some significant gifts for buildings and facilities as well as for program development, including endowment. This is the result of efforts by many of our faculty as well as the Office of Medical Development. This is clearly an area for continued focus and effort – and one on which I spend a considerable amount of my own time.

Thus, looking at our consolidated budget and results, the School (as a whole) increased its bottom line by \$32 million in FY07. While the departmental reserves rose, the central School accounts declined because of significant investments in space, technology, recruitments (particularly in basic science departments) and various programmatic initiatives. These are all good things, of course, and it is terrific that we have been able to accomplish them. And while we are in a strong financial position compared to many peer institutions, we do have a number of challenges. Among these is the fact that the majority of our funds are restricted for specific purposes or are fully committed. In addition, while we have reserves, they are unevenly distributed, which creates, almost by definition, a “have and have not” portfolio. Obviously this is an issue deserving increased scrutiny. One way of addressing this is through transparency – which is why we shared the detailed financial data with the Executive Committee at its December 7th meeting, even though we acknowledged that it would raise questions and sensitivities. This commitment to transparency is also why I am sharing the some of the data with you in this communication.

We must also be cognizant of the many challenges that stand before us. The need to support faculty through difficult times in research funding, to cover the increasing costs associated with graduate student education, to recruit and retain outstanding faculty, to renovate and build new facilities, and to develop exciting new programs are just some of the challenges we face. While we won't be able to accomplish everything we want, we can continue to make progress on supporting key investments, albeit in a prioritized manner. And while the years ahead will be challenging, we face them with the recognition that we are strong in the key components for success: we have outstanding faculty, students and staff, and we have a strong financial platform from which to build the future.

Update on the Department of Neurology

At the Executive Committee meeting on Friday December 7th, Dr. Frank Longo, the George E and Lucy Becker Professor and Chair of the Department of Neurology, gave an update on the progress he and his colleagues have made in the past couple of years. His report follows – but I would quickly add how pleased and impressed I am by the efforts Dr. Longo is making on behalf of Neurology and the Neurological Sciences.

"The Department of Neurology and Neurological Sciences at Stanford is currently under a major development phase expanding its academic, clinical and teaching programs. The Department has a long history of training outstanding academic neurologists with some one dozen having served as department chairs of prominent programs across the country. With the continued growth of the Stanford campus, expansions of the Stanford and Packard Hospitals and the development of the Institutes of Medicine, the Department has an outstanding opportunity to further its development of high caliber programs. The key strategy in Department growth is the development of programs along a continuum from clinical to translational to basic science that integrate multiple disciplines across Stanford's Schools, Institutes and Departments. As part of this process, the Department has recruited ten new faculty members with a similar number of recruitments underway. Each faculty member and program is closely integrated with colleagues in other departments and schools.

- In ***Stroke and Neurocritical Care***, new programs have filled out a continuum extending from the creation of new patient services, such as the TIA Clinic, to expanded research. Areas include designing the next generation of imaging modalities that will allow more effective targeting of stroke treatments, creating better ways to predict and monitor the effects of brain cooling therapy in the intensive care unit and the launch of a new program developing stem cell and immune modulation approaches for stroke rehabilitation.
- In ***Epilepsy***, new basic science work has uncovered mechanisms underlying post-traumatic epilepsy, a major area of concern with troops returning from Iraq. Faculty are leading the nation's first two trials testing the ability of implanted devices to monitor electroencephalographic activity to predict an impending seizure and then deliver a targeted electrical pulse to prevent seizure onset. Research pioneering the linkage of advance imaging with electrophysiological

- monitoring will elucidate how seizures propagate in the brain. Expansion of epilepsy monitoring unit services will better accommodate patients needing advances therapies including neurosurgical approaches.
- The **Neuromuscular Division** has created a continuum of activity focused on motor neuron disease, that includes: patient care services for adults and children; the first implants of diaphragm pacers for ALS patients in the Western U.S.; a pioneering pharmacological approach in children with a genetic motor neuron disease to upregulate expression of a crucial gene and thereby slow neuronal degeneration; and finally, a preclinical trial in ALS mice of a novel small molecule targeted to a receptor regulating motor neuron survival.
 - The Department's **Alzheimer's and Dementia team** has pioneered the development of "resting state" functional MRI that can detect brain network differences between early Alzheimer patients and age-matched controls, thus nearing the long-sought goal of devising a brain imaging approach that can detect Alzheimer's onset. Other team members just last month published in *Nature Medicine* the development of a blood proteomic test that forged novel levels of accuracy in predicting which patients with mild cognitive impairment would go on to develop Alzheimer's. Novel small molecule approaches are being developed with one demonstrating an ability to correct memory deficits in Alzheimer's mice.
 - In **Movement Disorders**, cutting edge biomedical engineering and electrophysiological strategies have led to advances in understanding how deep brain stimulation might be made even more effective for Parkinson's disease patients and how a "retraining" approach might improve motor function in children with dystonia.
 - In **Multiple Sclerosis**, recruitment of an additional MS neurologist will allow further integration with our exceptionally strong MS and Immunology translational research programs.
 - The **Neuro-oncology group** has made considerable advances in elucidating stem cell mechanisms in brain tumors and how these might be harnessed for more effective tumor detection and treatment. Our Pediatric Brain Tumor team has developed one of the country's leading tumor treatment and assessment research programs.

The Neuroscience Development Team has played an essential role in enabling the Department to expand its programs. The donation of the Coyote Foundation Stroke Chair and many other recent gifts will continue to make possible pioneering academic and clinical programs.

More Stem Cell Awards

At its December 12th meeting, the Independent Citizens Oversight Committee (ICOC) of the California Institute for Regenerative Medicine (CIRM) announced the results of the recent competition for CIRM "New Faculty Awards." Each institution was able to submit four applications for this award. Of course, as a member of the ICOC, I recused myself from any review or discussion of the Stanford applicants. But we all share in the

wonderful news that all four Stanford faculty were selected for New Faculty Awards. In the aggregate this means an additional \$10.7 million to Stanford, with individual Awards, which are multiyear grants, ranging from \$2.3 to \$3 million each. The successful junior faculty include:

- **Anne Brunet, PhD**, Assistant Professor of Genetics was awarded \$2.3 million for work aimed at understanding what factors help maintain adult stem cells in the brain as an organism ages. Knowing what naturally keeps those stem cells healthy could lead to ways of preventing age-dependent decline in brain function and enable these cells to be used for therapeutic purposes in neurological or neurodegenerative diseases such as Alzheimer's and Parkinson's.
- **Howard Chang, MD, PhD**, Assistant Professor of Dermatology, received \$3 million to investigate the DNA changes that allow adult stem cells to remember what tissues they belong in. Finding these changes, which tell a cell that it belongs in the liver or brain, for example, could help scientists identify when embryonic stem cells have matured into adult cells.
- **Karl Deisseroth, MD, PhD**, Assistant Professor of Bioengineering and of Psychiatry and Behavioral Sciences, received \$3 million to develop rapid, inexpensive technologies for directing embryonic stem cells down a path to become cell types that can be used to treat diseases of the central nervous system, including stroke, Alzheimer's and Parkinson's.
- **Joanna Wysocka, PhD**, Assistant Professor of Chemical and Systems Biology and of Developmental Biology, received \$2.4 million to study changes to the proteins associated with DNA as embryonic stem cells mature into adult cells. This research will aid in future work in directing the stem cells down different developmental pathways.

This is wonderful news for each of these faculty members and for Stanford. I want to thank the faculty advisors and internal selection committee for their work as well. With these additional awards, Stanford has now received \$41,388,988 from the CIRM. The second highest funded institution by CIRM is UCSF at \$29,666,776 although they and three other institutions were unable to receive the New Faculty Awards because of an institutional conflict of interest – that will be hopefully resolved in the very near future.

Again, congratulations to Drs. Brunet, Chang, Deisseorth and Wysocka – well done!

Promising Provisional News on Major Facilities Grants from CIRM

On Friday December 14th Stanford received the news from the California Institute for Regenerative Medicine (CIRM) that it was one of 12 California institutions being recommended for the second round review for consideration for a “Major Facilities Grant.” As part of Proposition 71, CIRM has committed up to 10% of its resources for

facilities construction and renovation. According to CIRM, the objectives of the major facilities grants are:

- To fund new facilities – and encourage investments by others in new facilities – that are free of federal funding so as to allow research and development of therapies based on human embryonic stem cell and other stem cell researchers to proceed in California.
- To develop centers that will expand research capacity and capabilities in California while bringing stem cell-related researchers together in a collaborative setting.
- Fund new facilities and improvements where research institutions have determined that existing facilities are inadequate to advance important stem cell research initiatives.

The review process put forth by CIRM involves two stages or rounds. The first (the one Stanford has successfully completed) involved a review by CIRM's Scientific and Medical Research Funding Group, which is comprised of internationally recognized scientists outside of California along with patient advocates. At its January meeting, CIRM's Independent Citizen's Oversight Committee (ICOC) will recommend that the 12 successful round one applicants be approved to proceed to the round two review process. Because I am a member of the ICOC I will of course recuse myself from any decisions regarding Stanford.

Institutions were invited to apply for three types of stem cell facilities. Stanford applied for the highest-level designation, a so-called CIRM Institute, which could carry out research in three areas: basic and discovery stem cell science, preclinical (translational) research, and preclinical development and clinical research. Applicants could also apply to be a CIRM Center of Excellence, wherein they would do research in two of these three areas, or a CIRM Special Program, in which they would focus on one area. Potential major grants funding opportunities are correlated with the type of facilities. That is, CIRM Institutes could apply for funding ranging from \$25-50 million, whereas a CIRM Center of Excellence project could be between \$10-25 million and a CIRM Special Program between \$5-10 million.

It is important to underscore that the notice we have received to date is provisional and is pending approval by the ICOC and, more importantly, that it does not convey actual funding. That will follow the second round review, which will evaluate the technical aspects of the applicants' building program, including "how the scientific program aligns with the CIRM's objectives, and why the program represents a good value for California taxpayers investment." The facility for stem cell research at Stanford will be housed in the Stanford Institute of Medicine #1 building, which has just completed program level planning and which will be the basis for Stanford's submission to the second round review. It is anticipated that these reviews will be completed in April 2008.

Clearly this is excellent news for Stanford – but it is only the first of two important hurdles. Many individuals from Stanford's Institute for Stem Cell Research and

Regenerative Medicine worked diligently and collaboratively to prepare this submission, which was led by Mike Longaker and Irv Weissman. I know the University is grateful to them for their important efforts and contributions.

Immune Monitoring: Past, Present and Future

On December 13-14th the Stanford Institute on Immunity-Transplantation-Infection (ITI) hosted a symposium addressing the advances in immune monitoring, both those that occurred in the past and those that are shaping the future. Beginning with the development of the FACS (fluorescent activated cell sorter), along with the studies of the innate and acquired immune system and advances in genomics and infectious disease, Stanford has played a pioneering role in the complex interplay between genetics, immunity, host defense and the wide-ranging complications that ensue in immune system regulation. The ITI has been formed to bring clinical and basic scientists together to help unravel how the immune system interacts with the host and its endogenous and exogenous microflora – and how this relates to diseases that are either congenital or acquired. One of the immediate products of the ITI has been the development of the Immune Monitoring Center, which is now open for collaborative research projects (see: http://iti.stanford.edu/research/human_immune_monitoring.html). Given Stanford's enormous strengths in immunology, transplantation, infectious diseases, genomics, imaging and related disciplines, advances in this important area of translational research seem imminent – and Stanford has every reason to play an important leadership role.

Moves to SMP Completed

The relocation of the majority of School of Medicine administrative groups to Stanford Menlo Park (SMP) is now underway and will be completed this week. As you may recall from earlier newsletters, the driving force behind the decision to move these administrative groups is the need for academic programmatic space here at the Medical School. Because of General Use Permit and other restrictions we are virtually out of space for growth in our research and teaching programs.

Administrative groups moving include:

- Office of Facilities Planning and Management
- Office of Institutional Planning
- SPCTRM
- Communication and Public Affairs
- Information Resources Technology - IT Infrastructure Services Group (Networking, Data Center and Service Desk), IT Security and Privacy, Web and Systems Engineering, Finance and Administration. Not moving are the Office of the Senior Associate Dean for IRT, Lane Library, Educational Technology Services, The Center for Clinical Informatics, the Center for Immersive and Simulation-Based Learning (CISL) and SUMMIT.
- Human Resources Group (except for Employee Relations staff and the Director of Organizational Effectiveness. These individuals will remain in MSOB.)

- Research Management Group
- Finance (Controllers Group, Faculty Compensation Group, and Budget and Planning Group)

I would like to extend my thanks and admiration to the individuals moving to the new location. They have shown a pioneering spirit and a generous attitude towards the practical adjustments needed to effectively conduct their work from a remote site. In addition, they are trendsetters; the University administrative groups moving to Porter Drive this summer to make room for the new GSB campus will be facing similar challenges and will be able to build on our experiences. Finally, this move also serves as a laboratory for future relocations, including the eventual one to Redwood City slated for 2012.

I would also like to thank the Offsite Steering Committee, led by Julia Tussing in the Dean's Office and comprising directors and administrators from the groups moving (Cori Bossenberry, Todd Ferris, Linda Gibson, Connie Hartnett, Susan Hoerger, Dave O'Brien, Lora Pertle, Rebecca Trumbull, Carol Velazquez, and Sam Zelch) as well as representatives from academic departments (Martha Kessler and Brian David), with Frank Topper facilitating.

A number of initiatives to ensure that business continues efficiently have been implemented. Touchdown space in which SMP staff can work while on campus is being configured on the ground floor of the Alway building, and analogous space is being arranged at the Menlo Park campus for visitors from the School of Medicine site. In order to keep peak hour traffic down and allow easy access to campus, a shuttle service provides fast transportation between SOM and Stanford Menlo Park; a bike fleet is also available, and we have preserved access to Commute Club membership.

Please do your best to be supportive of these groups during this transitional period, and to applaud their efforts in making this work well for everyone. Details about the move, transportation, and the location can be accessed on the [SMP website](#).

Awards and Honors

Dr. Pak H Chan was officially installed as the first **James R. Doty Professor in Neurosurgery and Neurosciences** on Monday evening, December 3rd. This new professorship resulted from a \$5.4 million gift that Dr. Doty, a former faculty member in Neurosurgery, made to the department – the largest single gift ever made to the Department of Neurosurgery. The gift is specifically dedicated to the support of basic science research, which makes Pak Chan an outstanding first incumbent holder of the James R. Doty Professorship. Dr. Chan, who joined Stanford in 1977, has made outstanding contributions to the understanding of neuronal injury and death that serve as critical underpinnings for helping to understand the damage caused by stroke and the prospects for treating or preventing CNS injury. Congratulations to Dr. Chan and thanks to Dr. Doty.

Dr. Jonathan Berek, Professor and Chair of the department of Obstetrics and Gynecology, is unlikely to see his picture on the cover of *Time* magazine. But he has the distinction of being nominated for the 2007 Time Person of the Year by actress Nicole Kidman. Among the other nominees are the Dalai Lama and Al Gore. Quite a notable crowd for our respected colleague!

Dr. John Morton, Associate Professor of Surgery has been named SAGES Young Investigator of the Year 2008. This prestigious award from the world's largest minimal access surgery society (Society of American Gastrointestinal and Endoscopic Surgeons) is for demonstrated excellence in endoscopic surgical research for a SAGES member who has completed training within the past five years.

Appointments and Promotions

- **Christopher D. Gardner** has been promoted as Associate Professor (Research) of Medicine (Stanford Prevention Research Center), effective 12/01/2007.

Dean's Newsletter January 14, 2008

Memorial Celebration of Dr. Arthur Kornberg

On Friday January 25th the School of Medicine will host a memorial celebration to honor the life and remarkable contributions of Arthur Kornberg who died on October 26, 2007. The Celebration will begin at 3 pm in the Dinkelspiel Auditorium and will be followed by a Reception at the Faculty Club. All are invited to attend.

Some Challenges for 2008

As the New Year begins we can look forward to the continuation of many wonderful accomplishments and successes by our faculty, students and staff. But to foster and enrich opportunities for the future, it is important that we be cognizant of looming challenges that arise from both internal and external forces and events. Some of these are controllable, whereas others present obstacles that may be more difficult or even impossible to surmount. When I was planning my arrival as Dean in January 2001, I felt strongly that the best way to respond to change was to take charge of it and plan accordingly. That view led to the development of our initial strategic plan, entitled "*Translating Discoveries*," and has accounted for many of our advances in our integrated missions of education, research and patient care during the past nearly seven years. Integrated planning has also guided our approaches to long-term facility and finance

planning, the development of our professoriate, the role of information technology and related resources, our approach to communications and public affairs and our efforts in fundraising and medical development.

We have continuously renewed and revised our institutional strategic planning efforts and have revisited them in the aggregate each January at our Annual Strategic Planning Retreat. The theme for this year's retreat is "*Quality and Balance*," which we will explore across the dimensions and domain of the medical school, medical center and university. We are a small research-intensive school of medicine aligned with two major teaching hospitals and co-located on the campus of an outstanding university. In this context it is imperative that we establish choices and priorities that optimize our uniqueness and permit our greatest future success despite constraints, limitations or challenges which inevitably arise – whether they emerge from within Stanford or from forces and events that occur locally, regionally, nationally or globally.

For example, a continuing challenge for us is sustaining and enhancing quality in a medical school that, compared to its peers, is comparatively small in size and constrained in space. In addition, we, like other academic centers, face reductions in research funding and a national climate that has increasingly tended to pit religion against science in the political arena. I have highlighted and discussed many of these issues in prior Newsletters and will more briefly highlight here some of the concerns that are high on my list for the next year. In doing so I am fully cognizant that they might easily be superseded by unanticipated events or by ones that are now viewed as less immediate. But I also believe that unless we anticipate issues and plan around them we run the risk of being reactive rather than proactive, letting events shape us rather than our shaping our institution and its future. The listing below is not prioritized and is hardly complete. But it does present a reasoned sampling of issues.

Challenges arising within Stanford

- ***Size and focus of student and education programs.*** During the past several years we have made considerable strides in better defining the guiding principles of medical education at Stanford. Our New Stanford Curriculum, initiated in the autumn of 2003, is one major result of these efforts. The new curriculum, which focuses on training physician scholars, scientists and leaders, has quite naturally impacted the students seeking education at Stanford as well as the types of students we select. While there is a purposeful direction to our medical education programs, it is also important that they remain balanced and that we weigh equally excellence in clinical education and professionalism, on the one hand, with scientific reasoning and proficiency, on the other. We still have work to do in achieving this balance, especially on the side of the equation dealing with clinical training. New programs such as Educators-4-Care are being designed to improve clinical teaching and mentoring for medical students.

As I have also noted in prior communications, assessing the impact of our new curriculum on the gender and ethnic balance of our student body is important.

These concerns have influenced our discussion about emphasizing a Flexible Five-Year Program and will also impact our discussion about increasing the size of the medical school class from 86 admitted per year to perhaps 100 students per year.

We remain fortunate in attracting incredibly talented PhD graduate students, and we want to sustain the excellence of the bioscience programs at Stanford, which encompass the Schools of Medicine, Humanities & Sciences, and Engineering. The major challenge we face is the financial support of graduate education, especially given the limitations that the NIH has placed on tuition costs paid from grants. These, when coupled with the cost of tuition at Stanford, present an increasing burden and challenge to our basic science faculty. We have been working to address this issue by examining novel ways of using our restricted education endowment to cover graduate students as well as other key programs such as the Masters in Medical Science and the Advanced Residency Training at Stanford. It appears that we may be able to develop some options that have been unavailable heretofore, and this should provide some relief. We will be working on the details of how this can be accomplished in the coming months.

Continuing to support an environment that fosters the Stanford experience for our postdoctoral scholars remains an important challenge. As I have previously commented, postdoctoral scholars are among the most important individuals in our program and yet they seem to get less attention – and likely feel less respect – than other colleagues. While we have made some strides and are benefited by excellent leaders and a committed Office for Postdoctoral Affairs, much work remains to be done.

- ***Size, scope and satisfaction of the faculty.*** I have commented frequently that our full-time faculty is small compared to peer institutions (less than 40% the size of UCSF and less than 10% the size of Harvard). There are benefits from being relatively small. For example, our size forces us to choose faculty with greater care than at larger institutions and to emphasize quality and excellence. And we benefit from having to prioritize our areas of focus and effort. These choices and priorities can be more easily made for basic science programs than for the clinical programs. There we face an ever-increasing challenge, since the complexity of patient care makes it imperative to have both depth and breadth of services and expertise.

As I see it, we have several major issues on the horizon. The first is that we will be running up against the faculty billet cap of 900 during the next 1-2 years. We have now crossed the 800 threshold of full-time faculty in the Investigator (University Tenure Line [UTL]), Clinician Scholars/Scientist (Medical Center Line [MCL]) and non-tenure (research and education) lines. Given the recruitment of new departmental leaders in recent years, the pace of clinical programmatic development is accelerating – which is a good thing –

but this will also mean that the timing for breaking through the cap is at least a year ahead of prior projections. We have been engaged in broad institutional planning across the medical center during the past several years and have been attempting to project the number of full-time faculty we will need during the next decade to fulfill our missions in basic and clinical research as well as education and patient care.

To date, thoughtful planning exercises project an ultimate faculty size between 1030 and 1060. This does not include our Clinician Educators, who are enormously important to our missions but who do not count against the billet cap. We understand that the billet cap and the size of the medical school faculty represent an important issue for a university that prides itself on excellence across each of its schools and that places a premium on quality over size. We certainly respect that point of view, but we face the challenge that delivering outstanding clinical care requires greater programmatic depth and breadth. Clinical programs, unlike other academic ones, are interdependent, making it impossible to cut out services to adjust to a fixed program size. That said, I am well aware that the faculty size and billet caps will be an increasing issue for the medical school in the coming year(s).

In tandem with faculty size we also need to better address the unfortunate perception that Clinician-Educators are not as valued as other members of the medical school professoriate. I view Clinician Educators as essential to our future success in patient care. Notably, many of these physicians are also highly valued by our students as outstanding educators in clinical medicine. We need to do more to break down barriers of perception and bias. This will require the leadership and engagement of our clinical chairs and division heads, and I am counting on their efforts and commitment.

In many ways the overall satisfaction of our faculty is tied to the work-life balance issues they face on a personal level. Surveys and assessments we have carried out continue to demonstrate that clinical faculty experience greater stress than their basic science peers – and that women feel this stress more acutely than men. While we have put programs in place to help ameliorate some of these challenges it is clear that more efforts and creativity are needed. We need to do more to foster career development of women and underrepresented minorities so that they, like all our faculty, may fully achieve their goals and aspirations.

An additional challenge is assuring that we sustain a meaningful balance between our missions in basic and clinical research. There is no doubt in my mind that we are distinguished as a school of medicine because of the contributions and excellence of our basic science faculty. As we assess faculty size it is imperative to also achieve balanced growth in basic science as well. This is important for many reasons – not the least of which is sustaining our pre-eminence as a research-intensive school. Ironically, despite their

excellence, survey data indicates that members of our basic science community feel undervalued and overlooked. I am sure this feeling is not helped by the serious challenges many investigators are now facing in securing competitive grant support from the NIH. But it also may reflect the fact that their voices may appear to be less heard in institutional decision making or that they may not be listed among the priorities for programmatic or philanthropic support. I am committed to doing my best to change these perceptions – and the realities of support – but there is little question that these feelings impact the morale and wellbeing of our community. This represents yet another challenge we must address in the coming year.

- ***Quality and Balance across our missions.*** These days when “quality” is mentioned in medicine it is generally associated with patient care and clinical service activities. But clearly “quality and balance” extend across our missions and require continued emphasis to assure that we achieving the highest levels of success in our programs in education and research as well as patient care. Defining metrics for quality is a challenge for even local use and becomes more complicated when standards are applied across institutions. In the current era, however, quality metrics are increasingly becoming an expectation and are being used to publicly rate hospitals as well as physicians – whether it be scores by the University Health Consortium (UHC) or Leapfrog or the recently announced “Zagat- like” guide for doctors (see January 12, 2008 New York Times *“Rating of Doctors Now a Business Unto Itself.”*)

Achieving quality requires more team-based collaboration, and it requires independent minded physicians to adopt a different approach to medicine. I recently wrote about this in the December 2007/January 2008 issue of Compass, a publication about Quality and Patient Safety at Stanford Hospital & Clinics (I published this in the November 5th issue of the Dean’s Newsletter. And if you haven’t read it, I would strongly recommend that you review the article by Dr. Atul Gawande entitled “The Checklist” that was published in the December 10th issue of The New Yorker.

We have clearly crossed a threshold in public access, awareness and perception about the quality of medical care. Whether rightly or wrongly, regional and national metrics will be used to guide payments to hospitals and doctors and will impact the referral of patients to providers and institutions. While one doesn’t want to simply play to the polls (like our colleagues in politics) it is imperative that we be aware of the metrics being used and responsive to their assessment and that we take a leadership role in helping to define the most accurate metrics possible for future use. Of course, our ability to be change agents will be influenced by how well we are seen as leaders in this important area. While I am pleased that the close collaboration of SHC, LPCH and the School of Medicine has resulted in significant progress in our national rankings on quality metrics, we have much more work to do in this

area. And without doubt it will remain a continuing challenge that requires constant vigilance and effort for the future. This will certainly be an area of major discussion at our upcoming Leadership Retreat at the end of January.

- ***Integration of programs within the medical center.*** While the School of Medicine, SHC and LPCH are separate entities, we are closely joined in our missions and the success of one is closely dependent on the success of others. It is safe to say that at many academic medical centers there are constant strains and struggles between the medical school and teaching hospitals and between faculty and administrators. Of course such strains and challenges exist at Stanford but I must quickly add that we have all worked hard to overcome them and to engage, as much as possible, in integrated planning and collaboration. There are inherent differences between an academic enterprise like a medical school and a business such as a hospital. But the interconnections are highly significant and must be unifying wherever possible. Accordingly, we have engaged quite thoughtfully in integrated financial, programmatic and facilities planning activities.

For example, we have worked collaboratively to define the projected size of the clinical faculty and how that will impact on the projected bed size capacity of both SHC and LPCH. We have also worked collaboratively to determine which clinical programs should remain on the current medical center footprint and which would be more optimally developed at the new SHC Redwood City North Campus site. Additionally, we are working collaboratively to develop a shared website between the School and SHC that will serve our broad Stanford Medicine community. We are working collaboratively as well on the implementation of the electronic medical record systems at SHC (i.e., EPIC) and LPCH (i.e. Cerna) – and their implication for faculty performance. We are working collaboratively on improving efficiency, throughput and service.

That said, there will be important challenges as the issue of balance between hospital investments in program versus those in capital becomes more evident during the coming years. The needs involved in priority setting are nearly always multi-faceted, and there seems little doubt that tensions will surely arise as resources become more constrained. This will require transparency, communication, trust and leadership. But I do think that the next several years, especially during the period of hospital and school facilities developments and growth, will test our boundaries and fortitude. Many of the issues and their dividing lines are already evident but their solutions will be challenges.

- ***Coordination of programs across the university.*** One of the areas I am most pleased with is the better integration of the medical school with the rest of the university that has occurred over the past several years. The period during the Stanford-UCSF merger and de-merger created considerable distraction, and the financial debacle that ensued created major tensions and misperceptions

on both sides of Campus Drive. Thankfully, we have been successful in bridging a number of these gaps, and the medical school has increasingly close relationships and interactions with each of the other six schools that comprise Stanford University. These are of enormous value and importance since one of the medical school's greatest strengths is the interaction of faculty and students in research and education in various interdisciplinary efforts.

The well-established Bio-X, Bioengineering, the Bioscience Programs as well as the evolving interactions with the Schools of Business, Law and Education are all notable and important. At the same time, sustaining and enhancing these interactions require shared efforts and cooperation. Thankfully the current leadership provided by the President, Provost and various Deans has helped considerably. But I would predict that tensions will arise as the need for medical school faculty growth becomes more evident, or as the needs of the hospitals for additional resources come to the fore, or as the competition for fundraising reaches greater heights. There is no denying that these tensions are natural and predictable. But their management will be an important challenge during this year and those that follow.

- ***Facilities.*** One of our greatest challenges for the next several years is the availability of space for academic programs and patient care. The medical school and the hospitals have spent considerable time and effort in the development of master facilities plans for each entity that will unfold during the next 10-15 years. The scope of these projects is enormous and represents the largest building effort ever undertaken at Stanford. The renewal and expansion of hospital facilities at SHC and LPCH will add approximately 1.3 million gasf (gross available square feet) in Palo Alto, with additional clinical sites being developed in Redwood City, Sherman Avenue (Palo Alto) and elsewhere. During this same time period the medical school will add approximately 982,000 gasf at onsite and off-site locations.

As you might imagine, the costs of these new facilities are enumerated in multi-billion dollar projections that will require judicious financial planning, coordination and fundraising. While we have determined the optimal size of the hospitals and the projected needs of space for wet and dry research, we have work to do in determining the size and location of space for clinical faculty. Needless to say, the staging of the facilities projects will require considerable flexibility – but there will be a time when choices will become more limited and we will be locked into decisions. That makes it all the more important to test and retest our assumptions about the major drivers for these projects, whether that be the projected needs of faculty or the capacity requirements of the hospitals. We are currently reviewing these issues (among others) for the third time. While doing so, we also recognize that the pace of the growth and development will ultimately need to be adjusted according to what is affordable and doable.

For the medical school, we anticipate the initiation of two major projects during this next year. The first is the groundbreaking for the Learning and Knowledge Center (LKC1), which is currently slated for late winter of 2008. The second is the groundbreaking of SIM1 (Stanford Institutes of Medicine 1) now slated for late 2008 or early 2009. The timing of these projects will be influenced by the completion of our fundraising goals and the final financial plans for construction. As we continue with the next stages of the LKC and SIM1 we are also engaged in the programmatic planning for FIM1 (Foundations of Medicine 1) and are beginning to stage our plans for the Freidenrich Center for Translational Medicine (to be located at 800 Welch Road) as well as planning for LKC2 and SIM2. In addition to these on-site projects we are also engaged in plans for offsite facilities as well. So, these efforts are quite broad and will require us to balance a number of converging (and some diverging) goals and objectives.

- ***Financial resources.*** In the December 17th Dean's Newsletter, I highlighted our financial performance for the past fiscal year and stated then that "we must also be cognizant of the many challenges that stand before us. The need to support faculty through difficult times in research funding, to cover the increasing costs associated with graduate student education, to recruit and retain outstanding faculty, to renovate and build new facilities, and to develop exciting new programs are just some of the challenges we face. While we won't be able to accomplish everything we want, we can continue to make progress on supporting key investments, albeit in a prioritized manner. And while the years ahead will be challenging, we face them with the recognition that we are strong in the key components for success: we have outstanding faculty, students and staff, and we have a strong financial platform from which to build the future."

For the medical school and the hospitals, it will be important to ascertain the balance between programmatic and capital investments needed to optimize our future. But as I also noted in the December 17th Newsletter "looking at our consolidated budget and results, the School (as a whole) increased its bottom line by \$32 million in FY07. While the departmental reserves rose, the central School accounts declined because of significant investments in space, technology, recruitments (particularly in basic science departments) and various programmatic initiatives. These are all good things, of course, and it is terrific that we have been able to accomplish them. And while we are in a strong financial position compared to many peer institutions, we do have a number of challenges. Among these is the fact that the majority of our funds are restricted for specific purposes or are fully committed. In addition, while we have reserves, they are unevenly distributed, which creates, almost by definition, a 'have and have not' portfolio. Obviously this is an issue deserving increased scrutiny. One way of addressing this is through transparency -- which is why we shared the detailed financial data with the

Executive Committee at its December 7th meeting, even though we acknowledged that it would raise questions and sensitivities.”

Understandably these will be difficult challenges to address, and doing so will undoubtedly pit the needs of individuals, departments and schools against one other from time to time. But our collective success is interdependent and we will need to proceed with that in mind. This becomes more apparent as we look to our multi-year financial planning and projections that will guide the rate and nature of our investments – and help to define their sources as well.

- ***Medical development.*** The past fiscal year was a record for the medical school with \$246 million raised in pledges and gifts (see: <http://news-service.stanford.edu/news/2007/november14/med-fundraiser-111407.html>). This is a great testament to the wonderful individuals and foundations that resonated to Stanford proposals and plans and stepped forward to help support our dreams and goals. It is also a testimony to the dedicated work of our faculty and the members of the Office of Medical Development. And while this is a great success, the challenge will be doing as well or better in the current fiscal year and those that will follow. As noted elsewhere in this communication, our programmatic and capital needs are considerable and our resources are limited. Continuing to identify individual donors who have the capacity and commitment to make major gifts will be a continuing challenge – and one that will be heightened by the concurrent needs and aspirations of our hospital partners as well as our university colleagues. While we – and I – are putting considerable resources and time into medical development and fundraising, this will surely be a continuing challenge in 2008 and beyond.

Challenges coming from our local, regional, national and global communities

- ***Entitlements and GUP.*** I discussed the medical center expansion project and especially the ongoing entitlement negotiations with the City of Palo Alto in my December 5th Newsletter. During 2008 the entitlement review as well as the architectural review will be conducted by the City Council. While one would naturally think that a city would be proud to have a world class medical center in its backyard, the views of at least some of the members of the City Council are remarkably narrow-minded in their reluctance to see the benefits that come to the community from the medical center. Thankfully this view does not seem to be shared by the public, who generally favor and support the hospitals and their needed expansion and renewal. That said, this next year will pose many challenges about these projects from the City of Palo Alto.

It is not generally appreciated that the medical center is bifurcated between two jurisdictions – the City of Palo Alto and County of Santa Clara. While decisions regarding the hospitals and the current Grant, Alway, Lane and Edwards Buildings reside in Palo Alto and are governed by the City Council, as noted above, other medical school projects (e.g., LKC1, SIM1) are governed by the rules of the County’s General Use Permit (GUP), which

delineates the amount of space that can be allocated to these or future projects. One of our challenges is that, when summed across the entire university, we are approaching the limitation of available GUP space. This means that future buildings in the County (e.g., SIM2) will require a further allocation of space. This too will be a challenge.

- ***The political climate in California.*** We are fortunate that California is a progressive State regarding science and medicine. The fact that in November 2004 the citizens of our state passed Proposition 74, which established the California Institute for Regenerative Medicine (CIRM), has helped us to become a leader in embryonic stem cell research. Stanford has been highly successful in competing for grants and awards from CIRM, and a number of important opportunities and challenges will unfold during the next year – including for major facilities as well as individual and team based awards.

While the funding for stem cell research has been exceptional in California, the investment of the State in Medicaid (aka MediCal) is among the lowest in the nation and has impacted significantly on the care for children and the financial stability of children's hospitals – including LPCH. With the recent announcement of budget cuts by the Governor and the uncertainty of healthcare reform, it is likely that 2008 will bring additional strains to the medical care system. Of course, much of this is a national problem, but the impact of entitlement programs, particularly MediCal, is particularly challenging in California and represents an ongoing challenge.

- ***Academic-Industry relationships.*** I have communicated frequently about the continuing challenge of academic-industry relations (see: http://deansnewsletter.stanford.edu/archive/11_19_07.html#b) - another topic we will also be discussing at the upcoming Leadership Retreat. While we have taken a number of leadership positions on these issues, it is not unlikely that national attention will cause us to focus on this more deeply as Congressional investigations proceed. I am also expecting to learn the results of the School Task Force that we established in 2007 to evaluate industry support for Continuing Medical Education here at Stanford– which I am certain will evoke some debate and discussion. While we clearly want to foster interactions with industry to bring discoveries to development, we also want to do all we can to assure that doctors and scientists avoid becoming marketing agents for industry or develop conflicts of interest that would threaten their integrity as individuals or as members of the Stanford community. Clearly this issue will be a continuing challenge for 2008 and beyond.
- ***National agendas and politics.*** Numerous issues are converging on medicine and science at the national level. The sometimes rancorous and often unfortunate debate on the boundaries between science and religion has created a number of fracture lines around topics like evolution and creationism, stem

cell research and abortion, among others. In addition, the support for science has become problematic to say the least. The final 2008 budget for the NIH (\$29,456 billion) increased by only 1.1% from FY07 – resulting in the fifth year that the NIH budget increase has been below inflation. This problem is now worsened by the increasingly challenging economic situation and is not helped by the general loss of broad congressional support for the NIH. While major efforts by a coalition of academic and industry leaders resulted in an increase of 4.4% research funding for the NSF, the overall portrait for sponsored research in the biomedical sciences is extremely worrisome. Reversing these trends will require continued efforts by coalitions of academic leaders, professional and disease based societies, advocates and industry. But even that may not overcome the limitations of discretionary funding that has been made so much worse by the policies emanating from Washington during the past several years.

The New Year has of course heightened all of our awareness of the march toward the United States' presidency. It is incumbent that we learn as much as possible about the views of Democratic and Republican Party candidates about science and medicine. The January 4th issue of Science presents the views of nine of the candidates, including those who have emerged as leaders following the Iowa caucus and the New Hampshire primaries. You can review the viewpoints of these candidates at <http://www.sciencemag.org/content/vol319/issue5859/index.dtl#n-focus>.

In addition to understanding the position of candidates on science, it is equally important to understand where they stand on healthcare reform. To date the Republican candidates have been relatively silent on their views and while the Democratic candidates have offered more robust perspectives, none are bold or far-reaching. A reasonable comparison of these positions is described by Jonathan Oberlander in "[Presidential Politics and the Resurgence of Health Care Reform](#)" N Engl J Med 2007; 357: 2101-2014.

There is little question that policies regarding science and health care reform will impact our nation and academic medical centers, including Stanford. Thus anticipating some of these changes – and ideally influencing them – is important for our future.

- ***Thinking globally.*** While whatever happens on the national front has an impact, global changes in everything from climate to economics, including of course poverty and war, and disease and social justice, have an increasing impact on who we are as individuals, communities and nations. Through the Stanford Challenge, the university has decided to become more proactive in international issues and challenges, including global health. This year we are recruiting a leader who will work across the university to help lead this initiative and shape our future efforts. Given the increasing interest of our students, trainees and faculty in global issues, one of our important challenges

is to further nucleate our efforts by identifying an internationally recognized leader. That search is now commencing and, I hope, will have a positive outcome in 2008.

Of course this is just a sampling of some of the issues and challenges I envision for 2008 and beyond. As I stated above, I am certain that others will arise as well and of course there are numerous topics I am already aware of that I haven't listed. That does not mean they are unimportant or that we won't address them. I simply wanted to highlight some that I felt would be of general interest. We will do our best to help address them – and I am counting on your support as well. Happy New Year!

Leadership Changes in the Clinical Laboratory

Dr. Steve Galli, Chair of the Department of Pathology and the Mary Hewitt Loveless Professor, along with Mike Peterson, Chief Operating Officer at Stanford Hospital & Clinics (SHC) and Sue Flanagan, Chief Operating Officer at the Lucile Packard Children's Hospital (LPCH), asked that I provide you this update on leadership changes in the SHC Clinical Laboratory. The SHC Clinical Laboratory serves patients and physicians at SHC and LPCH as well as those who utilize the laboratory's outreach testing program. One of the leadership changes involves Dr. Richard Sibley, Professor of Pathology, who served as the Medical Director during the past four- and-a-half years and who has decided to step down from this position.

Dr. Sibley assumed the role of Medical Director at a time when the Clinical Laboratories were undergoing significant changes, both in terms of an expansion of the Outreach Program and the relocation of many of the laboratory services from the main hospital to an offsite location on Hillview Avenue in Palo Alto. On behalf of the Department of Pathology, School of Medicine, SHC and LPCH, and all those who work in and are served by the SHC Clinical Laboratory, we thank Dr. Sibley for his dedicated leadership and significant accomplishments during his time as Medical Director. He played an extremely important service and will now redirect his efforts to his work in surgical pathology, pathology trainee and medical student education, and research.

Dr. Daniel Arber, the current Director of the SHC Hematology Laboratories, has been named as the interim Medical Director of the SHC Clinical Laboratories. Dr. Arber will be working closely with Dr. Richard Sibley during this transition period, and will serve in the role of interim Medical Director until the appointment of the next Medical Director of the SHC Clinical Laboratories. A national search is currently underway to identify the permanent director. Dr. Arber will also continue in his role as Director of the SHC Hematology Laboratories.

On behalf of the School of Medicine, SHC and LPCH, we thank Dr. Arber for generously agreeing to serve as interim Medical Director of the SHC Clinical Laboratories. We also thank Dr. Sharon Geaghan, Co-Medical Director of the SHC Clinical Laboratory for Pediatrics and Dr. Daniel Barrio, Administrative Director of the SHC Clinical

Laboratory, for their continued service and leadership as part of the Laboratory Executive Group.

Science and Medical Education for High School Students

At the December 21st Executive Committee meeting, Dr. P.J. Utz, Associate Professor of Medicine, gave a presentation on some of the exciting high school outreach programs in the School of Medicine. Three programs in the School of Medicine recently won support from the Howard Hughes Medical Institute (HHMI): the Stanford Medical Youth Sciences Program (SMYSP) which is now in its 20th year of successful operation and which was founded and is directed by Dr. Marilyn Winkleby, Professor of Medicine; Stanford at the Tech, directed by Dr. Barry Starr, Department of Genetics; and the Center for Clinical Immunology at Stanford (CCIS), founded and directed by Dr. Utz (see http://ccis.stanford.edu/intern_program.html). In addition, the School of Medicine also provides a summer program for disadvantaged college students who are interested in careers in science and medicine.

Dr. Utz focused his presentation on the program which he initiated in the summer of 2000 with 10 students; by 2007 it had grown to 22 students each year for high school students interested in careers in science and medicine. It has become a well - established program that includes, in addition to laboratory research, a summer lecture program with a remarkably detailed syllabus. The program also provides teaching opportunities for graduate students and postdoctoral fellows, who serve as Teaching Assistants (TAs}. At the conclusion of the program, a poster session is held at which all students present data generated in their research. The quality of the students accepted into the program is exceedingly high and has included three valedictorians and 10 who are #1 in their high school classes.

Based on the success of the immunology program, Dr. Utz and his colleagues are beginning to replicate it in the other Stanford Institutes of Medicine. Plans call for the establishment of an overall structure across all the institutes that would include an administrative core and separate education and research programs within each institute. The goals for this broader set of programs include: interesting students in careers in biomedical science and in interdisciplinary research; improving the teaching of graduate students and postdoctoral fellows; and encouraging interactions between faculty. The Executive Committee was enthusiastic about these goals and appreciative of the efforts of Dr. Utz and his colleagues to establish these programs and make them successful. I am particularly grateful for Dr. Utz' inspirational leadership and his dedication and commitment in inspiring high school students to contemplate careers in science and medicine.

Update on the Department of Otolaryngology – Head & Neck Surgery

At the January 4th Executive Committee Dr. Rob Jackler, Edward C and Amy H Sewall Professor, gave an update on the progress he has made since becoming Chair of the Department of Otolaryngology – Head & Neck Surgery (OHNS) that was established just

over four years ago. Since then the department has grown to become a premier program with strengths in clinical specialties, education and research.

As noted by Dr. Jackler, OHNS has grown from 6 to 20 faculty members during the past 4 years (and is on the way to being 24 faculty over the next 2-3 years). These include six new clinical division chiefs: Dr Peter Koltai (Pediatric OHNS), Dr Michael Kaplan (Head & Neck Oncology), Dr Peter Hwang (Rhinology and Sinus Surgery), Dr Sam Most (Facial Plastic Surgery), Dr Edward Damrose (Laryngology), and Dr Gerald Popelka (Audiology & Hearing Devices). The department is in the midst of recruiting a cadre of young surgeon – investigators charged with the purpose of building strong ties between the clinical world and our basic science and engineering communities.

During this time the OHNS residency has grown from 3 to 4 residents per year for a total of 20 residents over the five years of training. The department now offers seven post residency fellowship/clinical instructorship programs, more than virtually any OHNS program, including: facial plastic surgery, head & neck surgery, pediatric OHNS, neurotology & skull base surgery, sinus surgery, sleep surgery, and laryngology. These programs not only provide advanced training for promising young academicians, but because most of the trainees are also junior faculty members, they enhance the residency educational experience as well.

The research programs in OHNS have also been highly successful. The priority of the department's laboratory programs is to produce high quality, innovative research in areas of inquiry relevant to human disease. Two central themes are being developed: Regenerative medicine and Bioengineering. Under the leadership of research director Dr Stefan Heller a team of investigators has been assembled to explore the prospect of overcoming deafness through use of stem cells to regenerate the organ of Corti. In collaboration with Drs. Irv Weissman and Mike Clarke, efforts are also underway to identify stem cells in squamous cell carcinoma of the head & neck. In the area of bioengineering-related research efforts are underway to integration of the human ear and voice with digital devices, study mechanics of sound transmission through the tympano-ossicular systems, and development of surgical simulation models using 3D – haptic enhanced simulators, microendoscopy of the inner ear, and high speed laryngeal imaging.

Stanford OHNS has come a long way in becoming an independent department just four years ago. Among the major accomplishments are the tripling of the faculty with recruitment of a number of highly talented individuals; abandoning long antiquated facilities for new ones triple their size; sizable expansion of both residency and fellowship programs; and development of dynamic, cutting edge research programs. It is important to note that Dr. Tom Krummel was instrumental in the future success of OHNS through his willingness to have the division of Otolaryngology, previously part of the department of Surgery, become an independent department. This was an act of institutional generosity that deserves our appreciation.

Of course I also want to commend Dr. Rob Jackler for his visionary leadership. He has forged significant and meaningful collaborations with colleagues in basic and clinical

science and has worked diligently with his colleagues – both those who were part of the original division as well as those who have been recruited to the department – to lead and develop a terrific clinical department.

Announcements from the Office of Programs and Services

I am pleased to relay these announcements, which I received from Jim Rollins, Director of Finance and Administration for the Office of Programs and Services.

First, John Bray has been named Assistant Dean for Graduate Education, Director of Biosciences Admissions and Administration. Since his arrival in December 2002, John has served in various roles within the School of Medicine's Office of Graduate Education. Over the past three years, he has led and significantly improved the Biosciences graduate-student admissions process while also managing the efforts of several other staff members in the organization. Congratulations to John.

Second, Elizabeth Porter, Assistant Dean for Medical Education, has left Stanford after 18 years of dedicated service to medical education in the School of Medicine to embark on exciting new ventures, seeking new challenges and opportunities in her personal and professional life. No words can convey the tremendous impact Elizabeth had on the education of Stanford medical students over the years. Her role in helping to develop and shepherd in the new curriculum, her work behind the scenes to for our recent successful LCME accreditation, and her counsel to a number of Senior Associate and Associate Deans are but a few of her contributions over a distinguished career. Best wishes to Elizabeth.

Upcoming Events

31st Katherine D. McCormick Distinguished Lecture

Wednesday, January 30

8:00 pm

Braun Auditorium, Chemistry Building

Elizabeth G. Nabel, MD, director of the National Heart, Lung and Blood Institute, NIH, will deliver the 31st Katherine D. McCormick Distinguished Lecture, “**Genomic Medicine and Progeria: Cardiovascular Insights Gained from Premature Aging**” at Medicine Grand Rounds on Wednesday, January 30. Dr. Nabel joined the NHLBI in September 1999 as the Institute Scientific Director of Clinical Research. Prior to joining the NIH, she served on the faculty of the University of Michigan, becoming Director of its Cardiovascular Research Center in 1992, Professor of Internal Medicine and Physiology in 1994, and Director of the Division of Cardiology in 1997. While at the University of Michigan, she became known for her research in the field of vascular biology and molecular cardiology and for her gene transfer studies of the cardiovascular system. For further information, contact [Jennifer Scanlin](#).

Science Education in the 21st Century: Are Science and Religion Compatible?

March 9th

2:00 – 4:00 pm
Memorial Auditorium

For some time, Dr. Mark Kay, Dennis Farrey Family Professor in Pediatrics and Professor of Genetics, has been working with Mark Gonnerman, Director of the Aurora Forum at Stanford, to facilitate a Forum on Religion and Science. He has recently informed me that his persistence has paid off. On March 9th Lawrence Krauss and Richard Dawkins will speak on “Science Education in the 21st Century: Are Science and Religion Compatible?” We are grateful to Dr. Kay for his leadership in helping to develop this important program.

Awards and Honors

- ***Dr. Bigwei Lu:*** In late December the McKnight Endowment Fund for Neuroscience announced its six recipients of the Neuroscience of Brain Disorders Awards “to support innovative efforts aimed at translating basic laboratory discoveries in neuroscience into clinical benefits for patients. Some 197 letters of intent were submitted to the foundation and Dr. Bigwei Lu, Assistant Professor of Pathology, was one of the six awardees. His project is entitled “Understanding the molecular basis of synaptic dysfunction in Alzheimer’s disease”. Please join me in congratulating Dr. Lu.
- ***Dr. Philip A Beachy*** became the first incumbent of the newly established Ernest and Amelia Gallo Professorship, which has been created in recognition of the generosity of the Ernest Gallo Foundation along with Joseph E. and Ofelia Gallo and Mary Gallo. The investiture was celebrated in a lovely dinner on December 18th in Encina Hall, Bechtel Conference Center. Congratulations to Dr. Beachy.
- ***Dr. Hugh O’Brodivich*** began his tenure as incoming chair of Pediatrics by delivering the Lawrence G. Crowley Distinguished Lectureship. This was a particularly fitting beginning since Dr. Crowley, who served as acting dean, vice president for medical affairs and president of Stanford Hospital, was one of the key figures in the establishment of the Lucile Packard Children’s Hospital. We owe our appreciation and gratitude to Dr. Crowley. And of course I also want to welcome Dr. O’Brodivich and wish him every success as he takes over the leadership of pediatrics at Stanford.
- ***Dr. Abby King***, Professor of Health Research and Policy and of Medicine, was selected to be one of 13 scientists on the HHS Secretaries Committee for Health People 2020, clearly recognizing her reputation and accomplishments in medical science.
- ***Dr. Scott L. Delp***, the Charles Lee Powell Professor of Bioengineering, Mechanical Engineering and Orthopaedic Surgery (by courtesy) has been selected to receive the 2008 Van C. Mow Medal, awarded by the American Society of

Mechanical Engineers. The award is bestowed upon a single individual each year who has made significant contributions to the field of bioengineering.

- ***Dr. David Gaba***, Professor of Anesthesia and Associate Dean for Immersive and Simulation-based Learning is the recipient of the 2007 Teaching Recognition Award for Achievement in Education from the International Anesthesia Research Society. This award is designed to recognize outstanding career contributions by senior faculty.

Appointments and Promotions

- ***Aijaz Ahmed*** has been promoted to Associate Professor of Medicine (Gastroenterology & Hepatology) at the Stanford University Medical Center effective 1/01/08.
- ***Daniel A. Arber*** has been reappointed to Professor of Pathology at the Stanford University Medical Center, effective 12/01/07.
- ***Anne M. Dubin*** has been reappointed to Associate Professor of Pediatrics (Cardiology) at the Lucile Packard Children's Hospital, effective 2/01/08.
- ***Dan Eisenberg*** has been appointed to Assistant Professor of Surgery at the Palo Alto Veterans Affairs Health Care System, effective 12/01/07.
- ***David M. Hovsepian*** has been appointed to Professor of Radiology at the Stanford University Medical Center, effective 12/01/07.
- ***Paul M Maggio*** has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 12/01/07.
- ***Carlos E. Milla*** has been appointed to Associate Professor of Pediatrics (Pulmonary) at the Lucile Packard Children's Hospital, effective 12/01/07.
- ***David N. Rosenthal*** has been reappointed to Associate Professor of Pediatrics (Cardiology) at the Lucile Packard Children's Hospital, effective 2/01/08.

Dean's Newsletter January 28, 2008

Faculty Leadership

On January 15th we celebrated the graduation of the 2007 Faculty Fellows as they completed their year-long program sponsored by the Office of Diversity and Leadership (ODL). Over the course of the year, the fourteen junior faculty members who had been

chosen as Fellows participated in discussions of the personal leadership journeys of Medical Center and University leaders that served as case studies for reflection and dialogue. They also participated in small group discussions with their assigned faculty mentor and, importantly, developed individual leadership goals they will pursue over the next year. This is the second year of this program, which is garnering rave reviews by its participants.

Since the inauguration of the ODL under the leadership of Senior Associate Dean Dr. Hannah Valantine, the School of Medicine and the Medical Center have launched a number of leadership training programs, the common goal of which is to foster the career development of faculty – and of course, to help create and develop a new generation of faculty leaders. At the January 15th event, senior faculty members who nominated each Faculty Fellow offered comments on the reasons why they chose their nominee and what they hoped they would achieve from the program. The Faculty Fellows also reflected on what they learned from the program and how it has changed their career plans and pathways.

Several common themes emerged, a number of which are consonant with those that were enunciated by the Faculty Fellows who participated in the inaugural 2006 program. One consistent comment was how the Faculty Fellows Program made each individual feel more closely aligned to the Medical School and the University. Virtually each individual commented that they now had a better understanding of the goals and objectives of the medical school and how they could be a part of its inner workings. Equally important, many Fellows noted that because of this they now felt more bonded to Stanford and thus less likely to leave. In fact, several commented that they rejected recruitment offers because they now felt closer to Stanford and its missions.

Another theme that emerged was that individuals who initially felt somewhat daunted by the success of those they found at the helm of the institution now felt that they too could be successful over time. They observed and noted common themes for success – a sense of mission, passion, and integrity – and the ability to be flexible and take on new career directions that had not been foreseen or planned.

Importantly, the Faculty Fellows described how much they learned from each other and also how important their senior faculty mentors had been to them in building personal confidence and sharing perspectives on career and personal development. I would add to this that I am impressed at the way that traditional stereotypes are being broken in this program. Specifically, basic and clinical Faculty Fellows formed new alliances and sources of support, while Senior Mentors from both basic and clinical science were helpful to Fellows from different backgrounds and disciplines. I would like to express my appreciation to the four 2007 Senior Faculty Mentors, who played such an important role in this program. Specifically, deeply felt appreciation to:

- ***Dr. Linda Boxer***, Professor Medicine and Chief of the Division of Hematology
- ***Dr. Suzanne Pfeffer***, Professor of Biochemistry

- **Dr. Oscar Salvatierra**, Professor of Surgery Emeritus and Medical Student Faculty Advisor
- **Dr. Gary Steinberg**, Bernard and Ronni Lacroute-William Randolph Hearst Professor of Neurosurgery and Chair of the Department of Neurosurgery

The 2007 Faculty Fellows also expressed their and sincere appreciation and gratitude to Dr. Valentine for her tremendous leadership and commitment to this program and to each of them. They also expressed special thanks to Dr. Claudia Morgan, Associate Director, Jennifer Scanlin, Program Coordinator, and Julie Mosley, Director, Organizational Effectiveness. Thanks also go to Lydia Espinosa for her role in coordinating the details of the program and events.

I want to congratulate the 14 Faculty Fellows who completed the 2007 Program. They were:

- **Dr. Manuel Amieva**, Assistant Professor of Pediatrics
- **Dr. Maxwell Boakye**, Assistant Professor of Neurosurgery
- **Dr. Stephan Busque**, Associate Professor of Surgery
- **Dr. LaVera Crowley**, Assistant Professor of Pediatrics
- **Dr. Mark Genovese**, Associate Professor of Medicine
- **Dr. Gary Gold**, Associate Professor of Radiology
- **Dr. Cheryl Gore-Felton**, Associate Professor of Psychiatry and Behavioral Sciences
- **Dr. Amreen Husain**, Assistant Professor of Obstetrics and Gynecology
- **Dr. Sheri Krams**, Associate Professor of Surgery
- **Dr. Michael McConnell**, Associate Professor of Medicine
- **Dr. Sylvia Plevritis**, Associate Professor of Radiology
- **Dr. Phil Tsao**, Associate Professor of Medicine
- **Dr. Ann Weinacker**, Associate Professor of Medicine
- **Dr. Sherry Wren**, Professor of Surgery.

Of note, many of these Faculty Fellows have already assumed various leadership positions and others are about to assume new ones in 2008. As I mentioned at the dinner, we frequently review the list of graduates of these programs for leadership opportunities within the Medical School and the Medical Center.

Going forward, it is important to seek ways of bringing these groups back together so that the successful networking and support that commenced during the program can be sustained and enriched in future years. Certainly we also want to make this program available to additional individuals and, in fact, the 2008 Faculty Fellows Program will commence in a few weeks. I would also hope that we can retain the diversity of the group and also to add more basic science faculty to future programs.

I certainly recognize how busy our faculty are and that programs like this require extra time and effort. But I think it is safe to say that all who participated in the program felt

that the sacrifices they needed to make to attend the events were completely worthwhile. I thank them for doing so – and thank all who led and supported this important program.

Faculty Job Satisfaction

Because of our interest and commitment to our faculty we elected to participate in a pilot program sponsored by the Association of American Medical College (AAMC) in partnership the Collaborative on Academic Careers in Higher Education (COACHE). Ten institutions participated in this survey, which was conducted in the summer of 2007. The response rate for Stanford faculty who received the survey was 38% (296 of 775), so definitive conclusions cannot be forthcoming. The response rate was 34.2% for male and 50% for female faculty members who received the survey. The response rate was higher for underrepresented minorities than white faculty and was comparable for basic and clinical science faculty.

The data report we received in December 2007 compared Stanford faculty respondents to those from three “peer schools” as well as for all medical schools in the survey. Subsets of analysis of scores according to race, gender, and clinical vs. basic science faculty were also provided –in comparison to peer institutions, to all participating schools, and within Stanford.

While the data are limited by the sample size of the respondents, among other factors, the AAMC and COACHE leaders asked that the data be shared. Based on the ratings in the various categories and items, they provided items that Stanford faculty rated significantly higher than peer institutions as well as the whole group of medical schools in the survey. They also provided comparison within Stanford, but here the numbers are smaller and require more scrutiny. In the spirit of transparency and to provoke further questioning and discussion, I am listing below the items rated significantly more positive as well as more negative compared to three other peer schools. In subsequent communications we will share more of the data.

1. Stanford Faculty rated 25 items significantly *higher* than faculty at peer institutions:

a. Satisfaction with:

- i. Incentive compensation, such as bonuses
- ii. Housing benefits
- iii. Tuition benefits for dependents
- iv. Spousal/partner hiring assistance
- v. Parental leave policies
- vi. Availability of childcare offered by the medical school
- vii. Quality of childcare offered by the medical school
- viii. Institutional assistance in finding offsite childcare
- ix. Communication from the Dean’s Office to faculty about the medical school
- x. The Dean’s priorities for the medical school
- xi. The pace of decision-making in the Dean’s Office

- xii. Opportunities for faculty participation in governance of one's department
- xiii. Communication from one's Department Chair to the faculty about the department
- xiv. The Department Chair's priorities for the department
- xv. How well the location of one's clinical practice functions overall
- xvi. The medical school as a place to work

b. Agreement that:

- i. One's work is appreciated by one's patients
- ii. One's work is appreciated by the Dean's Office
- iii. The workplace culture of the medical school cultivates interdisciplinary work
- iv. The workplace culture of the medical school cultivates entrepreneurialism
- v. The workplace culture of the medical school cultivates excellence
- vi. The medical school is successful in retaining high quality faculty members.
- vii. One's department does a good job explaining its overall financial situation to the faculty
- viii. One's department does a good job explaining departmental finances to the faculty.

2. Stanford faculty rated 12 items significantly *lower* than faculty at peer institutions:

a. Satisfaction with:

- i. The value the medical school places on teaching/education
- ii. The value the medical school places on community service
- iii. The value one's department places on community service
- iv. Usefulness of feedback from one's unit head on career performance
- v. The pace of one's advancement at the medical school
- vi. Health benefits
- vii. Opportunities for physician input in management decisions.

b. Agreement that:

- i. One's work is appreciated by one's immediate supervisor
- ii. The requirements for teaching/education are clear
- iii. The requirements of institutional service are clear
- iv. The requirements for institutional service are reasonable
- v. The criteria for promotion are consistently applied to faculty across comparable positions.

As I noted above, the data were also provided according to gender, minority status, and clinical vs. basic science faculty, both within Stanford and in comparison to peer and all ten medical schools surveyed. There is considerable overlap of the issues rated both

positively and negatively. While the intra-Stanford data are important, because the numbers are smaller, I am not listing them at this time. We plan further discussions of the survey and of the question of when to repeat it so that we might achieve a higher number of respondents and thus make the data more robust. That said, I am sure that some of the items rated more positively or negatively compared to three other peer schools will ring true to some of you – and perhaps not to others. But I hope this will provoke your interest, as it does mine. My goal is to do all we can to improve the environment for our faculty, students and staff – and highlighting what we do well and what we need to improve is important. The next step is to further assess the areas where we appear to be falling short of expectation and work to improve them. At this time, I am not offering opinions, conclusions or recommendations about these data beyond this decision to share them openly and transparently. That said, I am interested in your feedback and comments.

More Scrutiny on Conflict of Interest

I have written frequently about the increasing attention being paid to conflict of interest (COI) at academic medical centers. These concerns have garnered heightened interest in light of a report issued on January 17th by the Office of the Inspector General (OIG) on the oversight provided by the National Institutes of Health (NIH) on the management of conflicts of interest at extramural institutions. According to the report, its observations were based on a review of more than 400 financial conflict of interest reports filed with the NIH by extramural research grantees during 2004-2006, few of which provided any data on the nature of the conflicts or how they were handled. Based on this the OIG recommended that NIH increase its oversight of extramural institutions to ensure compliance with federal financial COI regulations. The OIG also recommended that extramural institutions be required to provide details of the nature of the conflicts and how they were managed, reduced or eliminated. Further, the OIG recommended that the NIH institutes and centers forward all financial COI reports to a centralized office and ensure that the information is maintained in an NIH database.

The NIH reacted to the report with a statement that it did not agree that central management was appropriated or needed at this time since COI is handled by extramural institutions for its grantees. The Association of American Medical Colleges issued a statement in response to the report stating “the AAMC supports two of the three recommendations issued by the Inspector General—both of which call on the NIH to strengthen its internal administrative systems of conflict of interest oversight. The AAMC joins the NIH, however, in rejecting the third recommendation, which would require the agency to become involved in research institutions' own management of specific conflict of interest cases in a manner that is unfeasible and beyond the NIH's existing statutory authority.”

Given the increased scrutiny on COI issues during the past several years in the lay press as well as in Congressional inquiries, it seems likely that further actions will be forthcoming. We have spent considerable effort to have robust, thoughtful and responsive conflict of interest policies and procedures at Stanford and will certainly continue to be as diligent as we can be. It is imperative that each faculty member take personal

responsibility to assure that disclosures are accurate and that adherence to conflict of interest issues is carefully performed. If you have any questions about conflict of interest at Stanford please review <http://med.stanford.edu/coi/> including the section entitled “*Tips for Avoiding Conflicts of Commitment and Interest*” (<http://med.stanford.edu/coi/tips.html>).

Input on Genetics Search Requested

As you may know, Dr. Rick Myers, Stanford W. Ascherman, M.D., F.A.C.S. Professor, will be stepping down as chair of the Department of Genetics to pursue new opportunities during an administrative leave that will begin this summer. I want to thank Dr. Myers for his leadership and the many significant contributions he has made to the Department and School, including important efforts in enhancing the diversity of our community. Dr. John Pringle, Professor of Genetics, has agreed to serve as the interim chair beginning this Spring and I grateful to him as well. I am confident that the department will continue to flourish while a new chair is being identified. Dr Lucy Shapiro, Ludwig Professor of Cancer Research and Director of the Beckman Center for Genetic and Molecular Medicine, is leading a search committee of distinguished faculty to identify a chair through a national search, and I am grateful to her and the committee for their efforts.

The School of Medicine is seeking an accomplished scientist in the fields of genetics, genomics, or both, with the creative vision to lead and shape the future of a distinguished and innovative Department of Genetics. The opportunities for interdisciplinary research and education across the university and the prospect for translating discoveries to our hospital partners – a hallmark of Stanford – makes this an exciting leadership position. The Search Committee welcomes your input. If you have suggestions of individuals who you think should be considered for this important position, please share them with Dr. Shapiro by February 15th. As you know, Stanford University is an equal opportunity employer and is committed to increasing the diversity of its faculty. It welcomes nominations of, and applications from, women and members of minority groups, as well as others who would bring additional dimensions to the university's research, teaching and clinical missions.

STRIDE Anonymous Biospecimen Locator

Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, asked me to share the following message with you:

One of the objectives of the School's Center for Clinical Informatics' STRIDE project is the creation of a system that will provide access to information on biospecimens stored in banks across the School. The STRIDE Anonymous Biospecimen Locator allows Stanford researchers to search for suitable samples without having to know, or expose, any protected patient-specific information. Having determined if suitable specimens exist in one of the constituent biospecimens banks, a researcher can use a Web-based request form to obtain additional information from the appropriate bank operator(s).

The first biospecimen bank now searchable using this system is the Stanford Cancer Center Pathology Core Tissue Bank, which is housed in the STRIDE database. The Cancer Center Pathology Core Tissue Bank, Directed by Jonathan Pollack MD, PhD, consists of almost 8000 frozen tissue samples from over 5,000 distinct patients. New tissue samples are added daily. Additional biospecimen banks are being added to STRIDE for searching by the system.

The STRIDE Anonymous Biospecimen Locator searches for tissues matching user-entered criteria, such as Organ Site, Pathological Diagnosis, Cancer Type, Patient Gender, Age at Biopsy/Autopsy, Minimum Tissue Amount, Tissue Source and Consent Type. A successful search returns only the number of specimens found - no patient data is disclosed. If a search finds matching tissue you can generate a Web-based request to the Cancer Center Pathology Core Tissue Bank. For additional information on this, or other components of the STRIDE Project, visit the STRIDE Web site or send email to sccinfo@med.stanford.edu

To access the STRIDE Anonymous Biospecimen Locator system go to <http://clinicalinformatics.stanford.edu/STRIDE/bsl-ats.html>

Storage of Laboratory Samples

The catastrophes that followed Hurricane Katrina and the floods that impacted medical schools in Houston several years ago have prompted us to consider ways of assuring the safety of one of our most important resources – the faculty samples and data accrued by our research faculty. Accordingly, the School of Medicine is working to implement recommendations made by consultants last year to improve efficiency and reduce risks inherent in our current on site laboratory sample storage procedures. The imperatives for addressing this issue include:

- Risk to samples (disaster, electrical failure, equipment failure, mislabeling, loss)
- Environment (the huge carbon footprint caused by our current system)
- Cost (very high utilities costs)
- Space

The recommendations we will be implementing over the next 12 months include:

1. ***Preferred vendor for freezers, freezer maintenance, and emergency repair/response:*** Stanford's purchasing department and SOM staff will be interviewing and surveying faculty and lab managers for their preferences before choosing one or two preferred vendors from whom SOM will purchase freezers in the future. This will ensure the best price for quality new freezers and establish a standard that will allow for easier maintenance. Advantages include energy efficiency, better maintenance and emergency response, smaller freezer space requirements, and lower costs to both school and PIs.
2. ***A red-tag program*** will be established for trading in aging freezers for new models to reduce the average age of freezers.

3. **Freezer back-up program:** approximately six freezers held empty and ready to store important samples in case of breakdowns, power outages or other emergencies.
4. **Out-of-state long-term storage:** We will choose a vendor for the safe storage of long term, highly important or redundant samples.
5. **Midterm storage:** We will implement central freezers within buildings and/or “freezer farms” on or near campus to store samples used less frequently.
6. **Inventory systems to identify and track samples:** an inventory system will be chosen and implemented over time for long- and mid-term samples. Inventory systems reduce the risk of loss, and save energy through regular purging of unnecessary samples. They also allow shared storage facilities and the ability for the PI to track exact sample location.

The first step in moving forward with these programs is to gather information from PIs and lab managers in order to choose the best possible preferred vendors and products. Please encourage your PIs to attend the interview sessions currently being scheduled, and to answer the survey that will be coming out in the next few weeks.

Update on the Department of Anesthesia

At the January 18th Executive Committee meeting, Dr. Ron Pearl, Chair of Anesthesia provided an update on the activities of the department. He provided the following summary of his presentation.

The Anesthesia department at Stanford has expanded over the past decade in response to the ongoing expansion of surgical services. Since 2000, anesthesia billings have doubled and now exceed \$80 million per year. Anesthesia hours have increased by 50% to 60,000 hours annually, and clinical FTEs have increased to 75 between Stanford and the VA. Overall, anesthesia is the third largest clinical department (after medicine and pediatrics) in the medical school. The highly complex surgical procedures performed at Stanford have required progressive sub-specialization within the anesthesia department. Pediatric anesthesia is the fastest growing subspecialty in the department, accounting for almost one-third of the clinical activity. In addition to providing anesthesia services in the operating room, the department has an active pain management program (including co-management with psychiatry of the only multidisciplinary inpatient service in the western United States). The department participates at the attending, fellow, and resident levels in all four adult critical care services (medical-surgical ICU, cardiothoracic ICU, surgery-trauma ICU, and VA ICU), and provides medical acupuncture for adults and children.

Anesthesia has been active in all aspects of education, from undergraduate through fellowship training. The 66 residents are chosen from the best applicants in the country. Juli Barr is the director for the required critical care fellowship for the medical students, Audrey Shafer is the co-director for the Biomedical Ethics and Medical Humanities

Scholarly Concentration and the new Translating Discoveries series, and David Gaba and Steve Howard have established the role of medical simulation for both education and research in anesthesia and medicine. The department offers 11 undergraduate and medical school courses and 16 medical school clerkships. This year one out of every 8 graduating Stanford medical students is applying to anesthesia residency programs. Stanford is currently the only institution west of Texas that offers all four ACGME-approved anesthesia fellowships (cardiac, pediatric, pain, and critical care).

The department has been actively expanding its research programs, with a doubling in NIH funding over the past five years. The research is highly collaborative, involving almost all the basic science and clinical departments in the medical school, as well as departments in the university and beyond. Major areas of research include mechanisms of anesthesia, pain, neuroscience, cardiopulmonary physiology, clinical pharmacology, and clinical outcomes. In general, each research area spans the spectrum from basic laboratory research to experimental human studies to clinical trials. The department consistently ranks among the top three in the country in academic productivity in all of the anesthesia subspecialties.

I want to thank Dr. Pearl for his leadership and the faculty for their many accomplishments.

Planning for the Centennial – Preview of Coming Attractions

As many of you know, 2008 marks the Centennial of the establishment of the Stanford University School of Medicine. The Medical School was established through the acquisition of San Francisco's Cooper Medical College by Stanford University, on January 31, 1908. Moreover, Cooper Medical College itself had been founded fifty years prior, in 1858, by Dr. Elias Cooper and was the first medical college in the West. Also of note, in 1959, some fifty years after the School became part of Stanford University, the School moved from San Francisco to Palo Alto. So the School of Medicine has a long and rich history punctuated by these significant, transforming events.

During the Centennial Celebration we will take many opportunities to look back over the past 100 years and forward to the next 100. We will mark the occasion in small and large ways, both virtual and actual. Starting in mid-February, look for our Centennial website, a series of Medical Center Report stories, and commentary in these pages that will highlight significant events, people and perspectives of our past as well as emerging trends for our future. Banners hung around the School will be a visual reminder, and we will make available a Centennial logo that you will be able to add to your stationery and/or email signature. Selected annual lectures will be highlighted as Centennial lectures. In April, our Alumni Weekend will have a Centennial theme and, also in April, we will have a School-wide celebration to which everyone will be invited. These festive occasions will include an event related, hopefully, to the groundbreaking for the new Learning and Knowledge Center and will thus point definitively and strikingly to the future. We will conclude our celebration at this year's Commencement in mid-June.

The Centennial offers us a great chance to reflect on our past as we continue to plan for our future. I hope you will join me in celebrating the first century of excellence of the Stanford University School of Medicine.

A Medical Mystery in 11 Sentences

Dr. Audrey Shafer, Professor of Anesthesia, asked me to announce an interesting challenge. Dona Tversky, SMS IV, is the director of a contest for an 11 sentence medical mystery. They have let me know that Joshua Spanogle, MD '07 has started an 11 sentence medical mystery and challenges the Stanford community to finish it. The story begins:

"Nothing in his months of planning--the selection of which carrier for which drug, the choice of who and how and when--had prepared him for this much screaming."

The next ten sentences are up to you. Submit your sentence to dtversky@stanford. While the first sentence is apparently due today (another challenge) additional ones will be called for each week. Weekly winners will receive a \$20 gift certificate to the Stanford Bookstore. The story will come to its exciting conclusion on April 3 at the annual Stanford Writers Forum where the 11th sentence will be revealed and the writer will receive a \$50 gift certificate. According to Dona Tversky, the competition is open to students, alumni, faculty, staff, housestaff as well as volunteers and family members with an affiliation to the School of Medicine or Stanford or Packard Hospitals. However, no more than one entry per week per participant is permitted. You can email your sentence to dtversky@stanford.edu and if you are interested in reading the story as it unfolds you <http://bioethics.stanford.edu/arts/>

You are also invited to the Stanford Writers Forum that will be held on April 3rd at 5 pm in the Clark Center Auditorium. In addition to the "conclusion" of the 11-sentence medical mystery, the Writers Forum will feature:

Blake Charlton reading science fiction from "Spellwright"

Sarah Bein reading poetry from "33 Hats for Julia"

David Kearns reading from his novel "Standard of Care"

For additional information go to: <http://bioethics.stanford.edu/arts/>

The Association for the Accreditation of Human Research Protection Programs (AAHRPP) is coming to Stanford

In March 2006 the Stanford HRPP - our Human Research Protection Program – received full accreditation from AAHRPP. This "gold seal" accreditation signifies our commitment to the most comprehensive protections for research participants and the highest quality research.

As part of the triennial accreditation cycle, AAHRPP will be visiting our campus this Fall. We will be calling on our human subject research community for the same support

and involvement that contributed to our full accreditation. Education and information pertaining to our HRPP is provided by the Research Compliance Office – look for these continuing opportunities throughout the year.

Questions about the Stanford HRPP? Visit the [Human Subjects Research website](#) or contact the [HRPP Education Specialist](#) (phone: 650-724-7141).

Remembering and Honoring Dr. Arthur Kornberg

On Friday, January 25th the School of Medicine held a Tribute in the Dinkelspiel Auditorium to Dr. Arthur Kornberg, who died on October 26 2007. As amply noted in the stories surrounding his life and death, Arthur Kornberg was a towering figure – among the most distinguished scientists and leaders of the 20th Century and our time. A passionate and extraordinary scientist whose love for seeking knowledge lasted throughout his life and to the very time of his death at 89 years of age, he was a revered and respected teacher, mentor and colleague. Not only did he found the Department of Biochemistry at Stanford in 1959, but, in addition, he and his colleagues literally shaped the future of the School of Medicine and the University through the recruitment of extraordinary faculty and the training and development of future leaders. He was internationally renowned for his leadership and advocacy for science and especially the interrelations between chemistry and biology – and for his passion for the essential importance of enzymes. He was an educator for the scientific community as well as the public – and even published, at the end of 2007, a book of stories for children. He was also a beloved father, spouse and grandfather who included in his “extended family” many friends, students and colleagues.

At the ceremony commemorating Arthur Kornberg, colleagues, students, and members of his family described the impact of his work and life as each recounted the breadth and depth of his remarkable life and extraordinary contributions. **Dr. Herb Tabor**, an early colleague of Dr. Kornberg and Chief of the Pharmacology Section in the Laboratory of Biochemistry and Genetics at NIH reflected on “The Early Years of the Enzyme Section of the National Institutes of Health,” where Dr. Kornberg’s scientific career had its early foundation. This was followed by a reflection on the “Years at St. Louis and Stanford” by **Dr. Paul Berg**, Cahill Professor Emeritus, a colleague of more than five decades and by a commentary on “Three Decades of DNA Synthesis” by **Dr. Bob Lehman**, Hume Professor Emeritus, another of the original faculty members of the Department of Biochemistry.

Two of Dr. Kornberg’s distinguished students reflected on their experiences as graduate students: **Dr. Randy Schekman**, Professor of Molecular and Cell Biology at the University of California at Berkeley commented on his work in the 1970s and **Dr. Tania Baker**, EC Whitehead Professor of Biology at MIT, spoke about her experiences in the Kornberg lab in the 1980s. **Dr. Mark Krasnow**, current chair of Biochemistry, reflected on the Department of Biochemistry and the roles and transitions that occurred during Dr. Kornberg’s nearly 50 years as a department member. This was followed by comments by another long-time colleague and friend, **Dr. Charlie Yanofsky**, Morris Herzstein Professor of Biology and Molecular Biology, Emeritus on “Reflections from the

Stanford University Community” and by **Dr. Lucy Shapiro**, Ludwig Professor of Developmental Biology and Director of the Beckman Center who offered both “Reflections from the Stanford University School of Medicine” along with a video interview of Dr. Kornberg in which he offered his reflections on the importance of chemistry in the study of life.

Finally, Dr. Kornberg’s three sons each offered remarkable testimonials and tributes to their father: **Dr. Roger Kornberg** spoke about his father’s passion for science and discovery and its influence on him and generations of scientists; **Ken Kornberg**, a renowned architect, collaborated with his daughter Sophie to put together a moving video portrait of Dr. Kornberg’s life as scientist as well as a spouse, father and grandfather; and **Tom Kornberg**, a cellist as well as a scientist, joined with three colleagues to conclude the program with a moving playing of the Adagio of the Schumann piano quartet.

As I – and, I am sure, all who attended the celebration - reflected on the various commentaries, tributes and reflections that were offered during the ceremony I felt deeply proud to have known Dr. Kornberg, even if just for a limited time. I always thought of him as the towering figure he truly was – but thanks to the depth of these reflections I realized that he was truly bigger in life than I had imagined. He is certainly missed, but his contributions and impact will go on for many generations to come.

Celebrating Dr. David Hogness

On Thursday evening, January 24th faculty from the Departments of Biochemistry and Developmental Biology joined with me to honor David Hogness, Rudy J and Dauphine Donohue Munzer Professor of Developmental Biology and Biochemistry, Emeritus, for receiving the 2007 Japan Society International Prize for Biology. Dr. Hogness has been a member of the Stanford community since 1959 (he was part of the group that helped found the Department of Biochemistry at Stanford when the School relocated to Palo Alto). During the past several decades Dr Hogness’ contributions have proved seminal and critical and have helped define the fields of genomics and developmental biology. He and his students and colleagues (several of whom offered comments at the dinner) developed the techniques for genomic analysis, defined the TATA box, which is important in regulating gene expression, discovered that gene sequences include both exons and introns, and identified genes important in morphogenesis by developing the methods for “positional cloning” or “chromosome walking,” among many other seminal discoveries. His work paved the way for functional genomics and developmental biology as we know it today. It was clear from the testimonials provided by his faculty colleagues and students that he is deeply revered and respected as an outstanding scientists, teacher and mentor.

Awards and Honors

- **Dr. John Boothroyd**, Professor of Microbiology and Immunology, has been awarded the Leuckart Medal by the German Society of Parasitology for his contributions to the field of parasitology. This is the society’s most prestigious

award, and it will be presented during the Society's annual meeting on March 5-7 in Hamburg, Germany. Congratulations to Dr. Boothroyd.

- **Dr. Paul Yock**, the Martha Meier Weiland Professor in the School of Medicine and Professor of Bioengineering, will be recipient of the American College of Cardiology Foundation's Distinguished Scientist Award "for his development of intravascular ultrasound (IVUS) imaging and his other innovative contributions to vascular devices as well as cardiovascular education". Congratulations to Dr. Yock!
- **Dr. James Chang, Professor** and Chief of Plastic and Reconstructive Surgery, has been appointed Research Director for the American Society for Surgery of the Hand (ASSH). His responsibilities are to provide grants & mentorship to young investigators, to partner with the National Institutes of Health for new funding opportunities, and to develop prospective multi-center trials for clinical outcomes related to hand and upper extremity problems.
- **Dr. Henry Lowe and the Web & Systems Engineering team led by Michael Halaas** have been chosen by the AAMC to receive an Award of Excellence in the Electronic Communications for its Web Redesign. Among the comments that were cited in this award are:
 - "I have seen the future and it is the redesigned Stanford School of Medicine website"
 - "Any of our colleagues who want to see how the web can be used to its best advantage should visit med.stanford.edu"I confess some bias – this is a great achievement and special thanks to Michael Halaas, Henry Lowe and the IRT team. Please visit <http://med.stanford.edu/>.
- **Ruthann Richter** and **Tracie White** have received writing awards from the AAMC for articles that appeared in *Stanford Medicine*. Ms Richter received the Award of Excellence for her article, "Fog of War", about traumatic brain injuries, which was featured in the special issue on war and medicine. Ms White received the Award of Distinction for her article, "Silent Inferno" about the heat related deaths in the San Joachim Valley. Tracie's article was featured in the special issue on the impact of global climate change on health.
- **Dr David Fetterman**, Director of Evaluation in the Office of Medical Education has been selected the recipient of the Outstanding Higher Education Professional Award for 2008. Congratulations to Dr. Fetterman.
- The Edward Mallinckrodt Jr. Foundation recently awarded funding to **Dr. Gill Bejerano** for his study of specific loss of genomic regulatory regions: implications on human health and human evolution. Congratulations to Dr. Bejerano!

- **Mary Ayers** (IRT Education Technology) was honored today at the “Community Treasures” Recognition Brown Bag Lunch hosted by the University. Since 2004, Mary has led relay teams in fundraisers for cancer research. Congratulations Mary!

Appointments and Promotions

- **C. Andrew Bonham**, has been reappointed to Associate Professor of Surgery (Transplant Surgery) at the Stanford University Medical Center, effective 2/01/08.
- **Craig Comiter**, has been appointed to Associate Professor of Urology at the Stanford University Medical Center, effective 1/01/08.
- **Christopher H. Contag** has been reappointed to Associate Professor of Pediatrics (Neonatology) and of Microbiology & Immunology, effective 2/01/08.
- **Catherine Curtin** has been appointed to Assistant Professor of Surgery (Plastic and Reconstructive Surgery) at the Stanford University Medical Center and the Lucile Salter Packard Children’s Hospital, effective 1/01/08.
- **Jennifer Raymond** has been promoted to Associate Professor of Neurobiology, effective 1/01/08.
- **Debra L. Safer** has been reappointed to Assistant Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 5/01/08.
- **Norman Silverman** has been reappointed to Professor of Pediatrics (Cardiology) at the Lucile Salter Packard Children’s Hospital, effective 1/01/08.

Dean’s Newsletter February 11, 2008

Dr. Steve Leibel Dies Unexpectedly

On Thursday, February 7th we received the tragic and unexpected news that Dr. Steve Leibel, the Ann and John Doerr Medical Director of the Stanford Cancer Center and Professor of Radiation Oncology, died in Hawaii, where he was on vacation with his wife Margy. Everyone who knew or interacted with Dr. Leibel feels his loss deeply. He was a highly valued colleague, leader and friend - and a genuinely kind, thoughtful and sincere person.

Dr. Leibel joined Stanford just four years ago as part of the leadership team I was assembling to help us prepare to become an NCI-designated Cancer Center. Prior to joining Stanford, Steve had been the chair of Radiation Oncology at Memorial Sloan

Kettering Cancer Center and was internationally recognized for his work in developing a number of novel approaches to delivering radiotherapy, including 3-D conformational and intensity-modulated radiation therapy. He was also recognized as an expert in prostate cancer as well as an outstanding radiation oncologist and national leader. He was president and chair of the American Society for Therapeutic Radiology and Oncology and recently received the society's gold medal, the highest honor given. He was also president of the American Board of Radiology, the board-certifying body for diagnostic radiology, radiation oncology and medical physics.

After coming to Stanford Dr. Leibel teamed up with Dr. Irv Weissman, Director of the Stanford Institute for Stem Cell Biology and Regenerative Medicine and Principal Investigator for the NCI designated Cancer Center, Dr. Bev Mitchell, Deputy Director of the Stanford Cancer Center, and Dr. Karl Blume, Professor of Medicine, Emeritus, to lead Stanford's successful application to become an NCI designated center. This was a major undertaking, and Steve played a key role in our achievement (see: http://deansnewsletter.stanford.edu/archive/04_23_07.html#2).

Without question Steve Leibel will be deeply missed. Our hearts go out to his wife, parents and family - we have all lost a colleague, leader and friend. If you wish to offer remembrances or reflections about Steve that we will share with his family and friends please go the "[Steve Leibel Guestbook](#)". Information about a memorial tribute to Dr. Leibel's life will be forthcoming.

Seeking Quality and Balance

At this year's Strategic Planning Leadership Retreat, which took place January 31st - February 2nd, we addressed the theme of "quality and balance" in relation to our missions in education, research and patient care. This was the seventh annual Leadership Retreat I have led since coming to Stanford in April 2001. As with past events, we assembled nearly 100 faculty, students, and staff from across the Medical School, Hospitals, and University to participate in dialogue and discussion to help guide the future of the Medical School and Medical Center. The character and goals of each Retreat have varied. Some have provided reports and updates on past strategic planning efforts. Others have focused on new initiatives such as diversity and leadership. In the 2008 Retreat I felt we needed to think through some of the difficult challenges that lie ahead as we attempt to improve our quality and maintain the balance within and among our missions in a period of constraint – whether in funding, land use, faculty size, perceptions or expectations.

At each Retreat I always wish that we could engage our entire medical school and center community in the dialogue. There is a chemistry that emerges from each event that I firmly believe would enhance our efforts if it could be more broadly shared and experienced. But there is also the issue of the size, scope and dimension of any discussion and the stark reality that limits have to be drawn to permit effective dialogue. However, I am still very much interested in your ideas, comments and suggestions about the questions we discussed at the Retreat and invite you to review the issues and provide whatever insights you wish to make. You can do this by going to

<http://medstrategicplan.stanford.edu/retreat/> and addressing any of the questions you consider important. Or you can respond to individual questions below.

I chose the dual themes of quality and balance because they both compel us to establish priorities and choices. We all want to have the highest quality programs in education and research and we certainly want to deliver the highest possible quality in patient care. But how do we achieve and sustain that quality within the scope of resources? And how will the priorities we set impact our future directions?

As I have often pointed out, in comparison to many of our peers we are a small school of medicine. To sustain our uniqueness and excellence we have been building on our history and the work of those who came before us. We consider Stanford to be a research-intensive school of medicine, and we define our focus of excellence accordingly. We have to assure the quality and balance of our research efforts, which range from basic discovery to translational and clinical research. Tilting too much in one or another direction would change the character of our school, including its faculty and students, and could change us irrevocably. This is all the more so when our size is limited – whether by faculty billets, class size, facilities or resources. I commented on some of these issues when I outlined the challenges we face in 2008 in my January 14th Dean's Newsletter.

From my perspective the best way to prepare for the future is to plan for it and help guide it. This means asking difficult questions and then seeking solutions to what may be complex or apparently unsolvable problems. For example, we all know that the funding climate for research has changed significantly during the past several years and that the functionality of the healthcare system in the US is severely compromised. We cannot count on a change in government leadership to overcome the serious fiscal challenges facing our nation or the fact that the current economic downturn will likely impact the support we might have anticipated from philanthropy and foundations. At the same time we must recognize that we are fortunate to be at an institution like Stanford, which has resources –in human, intellectual and monetary capital –that if appropriately guided might lead to new models to preserve and even enhance our success now and into the future.

It is all too easy to assume an attitude of doom and gloom when economic or related events loom on the horizon – and it is certainly true that if we give in to those fears, they will become a self-fulfilling prophecy that will in fact be realized. And while one can't be Pollyannaish and live in denial, it is also true that we can make progress if we exercise creativity and optimism. It is also true that our ability to move forward is enhanced when there is a clear and transparent understanding of our individual and shared goals – which is certainly a major dividend of a retreat that brings the different members and constituencies comprising our medical center and university community into a common dialogue.

To promote dialogue, we conducted three panel discussions, each designed to elicit comments from attendees as well as the panel participants. In each case we received a number of thoughtful comments and suggestions. These will be formulated into action

items that we will address in coming months. As we proceed I also want to give you the opportunity to offer your comments on any questions you would like to address. You can either select the “review and comment” option following each question or you can go to the website noted above. Once we have comments from our broader community I will share the responses we received at the Retreat and also indicate the specific issues we will be addressing in the coming months and beyond.

Optimizing quality and balance in education:

- *How do we balance the goal of training leaders and future physician-scientists/scholars and bioscience students with balancing the diversity of interests and individuals we admit to Stanford? What is the right balance of students planning for careers in academia, industry, clinical practice and others?*

Review and Submit Comments »

- *How do we measure the quality of our education programs for MD students? More specifically, what methods should we use to evaluate student performance in addition to the courses, clinical rotations, mentoring and other education programs we offer? And how do assess whether the career paths our students are choosing are consonant with the goals we have set for our medical student education program?*

Review and Submit Comments »

- *How do we maximize and measure the quality of our educational programs for Ph.D. students? How can we provide incentives for faculty to invest effort in teaching? What kind(s) of monitoring and feedback will ensure that our courses cover the proper material, do it effectively, and serve both their core constituencies and students from other programs who need knowledge in that area? How do we assure that our curriculum and offerings are as valuable as we can make them?*

Review and Submit Comments »

- *How do we achieve breadth of training and interdisciplinary skills without sacrificing depth and mastery of one or more disciplines and without requiring an excessive duration of training? Are we really providing students with a broad choice of interdepartmental opportunities or, when all is said and done, are we restraining them to departmental affiliations? Can we do anything else to allow young scientists to achieve independence at an earlier age? Do we need new kinds of educational models or academic positions to achieve these ends?*

Review and Submit Comments »

- *How do we find the right balance in the quality of residents and other trainees coming to Stanford training programs to secure both outstanding clinical work - but also a stronger focus on professional development? How can these be balanced given the time limits now in place? How do we create a more medical center wide initiative for professional development and research opportunities for residents and clinical fellows that transcend the departmental boundaries that currently exist? How do we make our residents and clinical fellows become medical school and university citizens in addition to hospital and departmental employees?*

Review and Submit Comments »

- *Continuing Medical Education (CME) has largely followed a model of medical lectures and updates which are increasingly demonstrated to have little impact on the quality or outcomes of medical practice. How can we leap beyond the traditional models that exist at most academic medical centers and take a lead in transforming our continuing professional education programs so that they achieve the breadth and quality typical of other School of Medicine educational programs? How can we better utilize the resources that are now available on campus – and that will be abundantly so when the Learning and Knowledge Center opens in 2010 – to create a new paradigm for CME? **Review and Submit Comments »***

Enhancing Quality and Balance in Research

- *Recognizing that the quality and excellence in basic science is what distinguishes Stanford, how do we assure it remains outstanding in the future? **Review and Submit Comments »***
- *There is a feeling among a number of basic science faculty that they are being ignored in the current medical center and university environment. How should we address this? What do we need to do to assure that we have the best balance among our priorities and also the highest overall quality of our faculty for basic as well as translational and clinical research programs? **Review and Submit Comments »***
- *As we select faculty, how do we assure that we are really getting the highest quality individuals - in basic science and in clinical medicine? How do we balance programmatic needs with individual excellence? **Review and Submit Comments »***
- *How important is it to our research effort to solve the problem of inadequate and overcrowded research animal facilities and where does it fit in our assignment of research priorities? **Review and Submit Comments »***
- *What practical steps can we take to make sure that the goals of the hospitals and the school are more closely aligned in terms of allocating resources to the research mission of the medical center in translational and patient-oriented research? **Review and Submit Comments »***
- *As we approach the faculty billet cap, how will we choose among multiple departmental needs when each billet becomes available? What role can non-faculty positions play in meeting needs for which there are no available faculty billets? **Review and Submit Comments »***
- *What are the cultural parameters of a zero-sum game? How can we create a culture that acknowledges quality through measures other than accumulated resources – especially at a time when there may be constraints on resources or increased competition for them? **Review and Submit Comments »***

Fostering the Highest Quality Patient Care

- *The metrics currently used to measure clinical quality need to address clinical practice outcomes in a manner that allows comparisons across the nation. They must also have "local credibility" in order to drive clinical care processes. What are the similarities and differences that apply to: medical vs. surgical; adult vs. pediatrics; community vs. academic; innovation and clinical research vs. standardization and evidence-based medicine? **Review and Submit Comments** »*
- *What is the role of Informatics in fostering the highest quality patient care? How might Stanford leverage Clinical Informatics to improve the safety and quality of patient care? **Review and Submit Comments** »*
- *Do instruments for assessing clinical excellence need to be particularly good at identifying low-quality physicians or identifying high-quality physicians? Or should our efforts be dedicated to finding instruments that will distinguish clinical quality throughout the entire spectrum? **Review and Submit Comments** »*
- *How can we measure the clinical quality of individual providers, particularly when much care is dependent upon the work of teams? And how can we handle quality measurement for low-volume providers, such as UTL faculty who may devote 25% or less time to patient care activities, and across a wide spectrum of health conditions? **Review and Submit Comments** »*
- *How heavily should clinical performance be weighted in the different faculty lines - UTL, MCL, and Clinician Educator? What are the best incentives to put into place to promote superior clinical performance throughout SHC? **Review and Submit Comments** »*
- *How do we change the culture at Stanford so that it is focused on quality at all levels and dimensions? Given our faculty caps and clinical responsibilities, how do we ensure career development for each faculty line? **Review and Submit Comments** »*
- *How can we leverage quality and safety in our highly innovative and tertiary/quaternary care environments to enhance our institutional profile (e.g., payer contracting, public transparency, reputation, research)? **Review and Submit Comments** »*
- *How should we select the highest quality projects and opportunities to present to our donor community? How do we strike a balance between the multiple meritorious needs and expectations - especially between our primary missions in research, education and patient care? **Review and Submit Comments** »*

I am interested in your response(s) to any or all of these questions. As noted, in the coming weeks and months I will codify the input we received during the Retreat

along with comments you wish to submit into a prioritized action plan that we will then work on over the coming months. It seems clear that one of the important tasks before us is to consider models or approaches that will allow us to sustain the excellence of our basic research programs along with “translating discoveries” during the years ahead when our ability to leverage on federal sponsored research support will be more challenged.

In addition to the discussions noted above we also had two other themes for the Retreat. One was to seek lessons from other industries that might inform how we approach the challenge of sustaining quality and balance in an academic medical center. We had an interesting discussion about the lessons from the airline industry delivered by John Nance, noted author and airline pilot, who has written and spoken extensively about this topic. We also heard about lessons from the Pharmaceutical/Biotech industry, IT, Venture Capital and Hospital industries. These were further framed with discussions about instilling these lessons into our ongoing important initiatives in professionalism, leadership and diversity.

Second, we had the opportunity to reflect on the current and future role and goals of Stanford University from a keynote speech by John Hennessy, President of Stanford University that opened the Retreat. To bookend that broad perspective, our final session considered how the medical school and center relate to the major initiatives that are part of the Stanford Challenge: the Initiative on Human Health, the Initiative on Energy and the Environment and the International Initiative. Each evoked spirited and interesting discussions and further framed the exciting prospects for interdisciplinary education, research and service that is unfolding at Stanford.

In addition to sharing facts and figures, thoughts and perspectives, conceptions and misconceptions, one of the most valuable aspects of these retreats has been the community building that takes place among the participants. Whether one has attended all seven Retreats or whether this was the first, I feel confident that each attendee learned something about the medical school, medical center and university that she or he had been unaware of. Hopefully these insights also revealed the highly individualized as well as the broader institutional issues and challenges we face. And while I am confident that individuals reacted to the presentations and discussions through their own personal lenses, it is my hope that our community is more aligned – and more willing and able to work collaboratively to solve some of the challenges facing us in the months and years ahead.

2008 SUMMA Conference

Saturday, February 9th featured the 17th SUMMA (Stanford University Minority Medical Alliance) Conference. Hundreds of college and high school students from California visited the Stanford campus for an all-day event aimed at informing and empowering students interested in a career in medicine. As with prior SUMMA Conferences, our students are responsible for organizing and hosting this event – and they did so wonderfully well. Special thanks to the 2008 medical student SUMMA coordinators Marissa Aillaud, Carmen Butts and Veronica Ramirez along with undergraduate

coordinators David Chiang and Juliette Oram. Student attendees heard the personal stories and journeys of several current medical students as well as keynote addresses from Dr. Stacey Jolly (a Stanford alumna), who is currently a fellow in General Internal Medicine at UCSF, and Dr. Carlos Esquivel, Chief of the Division of Transplantation, Associate Director of the Institute for Immunity, Transplantation and Infection and the Arnold and Barbara Silverman Professor.

Students had the opportunity to attend three workshops featuring topics such as: MCAT Preparation, Applying to Medical School, Making Yourself a Better Applicant, the Interview Process, Study Skills and Time Management, Research Pathways, Non-traditional Pathways, and Civic Actions, among others. They also had the opportunity to meet with medical school recruiters from around the country.

Without question SUMMA had become one of the major signature events of Stanford Medical School. Along with other programs fostering opportunities for high school and college students, it is another example of reaching out to underrepresented minorities to help open the doors to careers in medicine and science. Thanks again to all of our current students and faculty who participated in this year's SUMMA Conference – and to those who have done so for the 16 preceding years as well.

2008 PRIDE Awards: Call for nominations

The Diversity and Leadership office has issued a call for nominations for the 2008 PRIDE Awards, (PRomoting Inclusiveness, Diversity and Empowerment). This award is given out annually in the amount of \$2,500 to celebrate a faculty member, a staff member and a trainee who contribute to creating and maintaining a culture of inclusion, create an environment that fosters diversity; broadly defined, contribute to the retention of underrepresented minorities and women and make accommodations for individuals with diverse needs.

To nominate a colleague for this award, please visit the [Diversity and Leadership website](#).

Selection of the 2008 Faculty Fellows

We are delighted to announce the selection of the 2008 Faculty Fellows. The Faculty Fellows program brings these faculty members together for monthly meetings featuring invited leaders who serve as role models by sharing their own leadership journeys, describing their own leadership styles and addressing specific challenges they have faced in their own careers. In addition, small mentoring groups led by senior faculty mentors meet once between each of the dinner meetings to discuss leadership challenges specifically and in general. Other topics, such as work/life balance issues, are also open for discussion.

Fellows also engage in a structured Development Planning process aimed at identifying opportunities for growth and development. The result is a personalized career development plan that they work with their chair or division chief to implement.

Candidates are nominated by their department chairs and other supervisors, and are ranked on the basis of leadership potential and demonstrated commitment to building diversity. A review committee consisting of Drs. Hannah Valantine, Julie Moseley, James Chang, Eric Sokol, and Claudia Morgan selected 16 fellows from a large pool of nominations.

We congratulate the 2008 Faculty Fellows: Ranjana Advani (Medicine), Howard Chang (Dermatology), Sanjeev Dutta (Surgery), Rebecca Fahrig (Radiology), Julieta Gabiola (Medicine), Jill Helms (Surgery), Paul Keall (Radiation Oncology), Christina Kong (Pathology), Joe Liao (Urology), Swaminatha Mahadevan (Surgery), Bruno Medeiros (Medicine), Carlos Milla (Pediatrics), Tirin Moore (Neurobiology), Upinder Singh (Medicine), Roland Torres (Neurosurgery) and Daya Upadhyay (Medicine).

Work Life Balance Symposium – March 5th

The Office of Diversity and Leadership presents “*Work-Life Balance in Academic Life: Myth vs. Reality*,” a symposium that will offer tools, tips and discussion about work/life balance on Wednesday, March 5 from 5:30 to 8:30 pm at the Arrillaga Alumni Center. This important and engaging symposium will be a combination of thoughtful presentations by a remarkable team of experts: Peter S. Moskowitz, MD, Linda Hawes Clever, MD, MACP, and Barry Rosen, MD; lively, interactive mini-workshops and a panel-led question and answer session. Dinner will be served.

All faculty, including clinician educators at instructors, are invited to attend. Participation in this symposium is limited to 100. To register, visit the [Diversity and Leadership website](#).

Upcoming Event: BILL GATES On Software, Innovation, Entrepreneurship, And Giving Back

Bill Gates, chairman and co-founder of Microsoft Corporation, will discuss the importance of digital innovation in driving our global economy and addressing societal issues and the benefits afforded by careers based in math and science.

 **Download Flyer**

Tuesday, February 19, 2008

3:45 p.m. - 5:00 p.m.

Memorial Auditorium

Stanford University

Doors open at 3:00 p.m. and close at 3:45 p.m.

An event for the Stanford Community

Ticket Information:

- The event is open to Stanford students, faculty, and staff.
- Free Admission. One (1) ticket per Stanford ID.

- Tickets must be picked up in person with Stanford ID at the Stanford Ticket Office.
- Limited tickets may be available at Memorial Auditorium on the day of the event.
- **Stanford Ticket Office location/hours:**

1st Floor, Tresidder Union

10:00 a.m. - 5:00 p.m., Monday-Friday

12:00 noon - 4:00 p.m., Saturday.

For further event information, please call: 725-2787.

Awards and Honors

- **Dr. Paul Auerbach**, Clinical Professor of Surgery (Emergency Medicine), has been named a “Hero of Emergency Medicine” by the American College of Emergency Physicians in recognition of his leadership in emergency and wilderness medicine. Congratulations to Dr. Auerbach.
- **Dr. Alexander Dunn**, Postdoctoral Scholar in Biochemistry, is one of 15 individuals selected from 146 applicants to receive a “Career Award at the Scientific Interface” from the Burroughs Wellcome Fund in recognition of “the scientific excellence and innovation of the [his] research proposal, the strength of the scholarly environment at Stanford University, and Dr. Dunn’s potential to establish an independent research career at the interface between biology and the quantitative, physical and theoretical disciplines”. Congratulations to Dr. Dunn.

Appointments and Promotions

Kelly E. Ormond has been appointed to Associate Professor (Teaching) of Genetics, effective 2/01/08l.

Dean’s Newsletter February 25, 2008

Striving for Quality and Balance

In the February 11th Dean’s Newsletter I invited you to comment on some of the questions discussed at the January 31st-February 2nd Strategic Leadership Retreat. Based on the comments I received from you and the distillation and analysis of the discussions that took place at the Retreat, I now want to share with you some of the initiatives I will be bringing forth during the next year. It is important to note that these are not all of our high priority initiatives, but rather those that relate to the Retreat theme of achieving excellence while being attentive to sustaining quality and balance among our missions in education, research and patient care. There are several overarching issues as well as ones that are mission- specific.

Some Overarching Issues

- One of the most important overarching issues we will be addressing on “quality and balance” over the next year will be reconciling our plans for growth (especially in clinical care initiatives) with the size and scope of our faculty and the potential limitations that may be imposed if the current billet cap remains fixed. For reference, our faculty billet cap is set at 900 and we are now at just over 800 full-time faculty. *This effort will be led by Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, and David O’Brien, Director of Institutional Planning.*
- Given the likelihood of continued constraints on research funding from the NIH and other federal sources, we need to develop new models for supporting and funding research in an era when federal funding is flat or declining. Included in this area is the need to better define financial support for graduate students and a different model for the use of endowed professorships. *To do this I will appoint a task force led by Marcia Cohen, Senior Associate Dean for Finance and Administration.*
- Because of the limitations of our size, resource restraints and the tensions that emerge from having missions in basic and clinical research as well as education and patient care, there is a continuing need to find ways to make all members of our community – students, staff and faculty – feel both engaged and valued. *This is something we all need to be part of and I will personally seek ways to help assure that we each share in securing the “quality and balance” of our community.*
- There is a need to continue to address academic and staff leadership succession planning, including an assessment of the impact of transitions of faculty and staff on resource consumption and strategic initiatives. *The Dean’s Office will take the initiative in working on this issue.*
- One of the greatest and most distinctive strengths of Stanford is the opportunity for interdisciplinary research and education. With the Stanford Challenge now underway (a topic we spent time discussing at the 2008 Leadership Retreat), it is clear that we need to find better ways to engage faculty and students in the Initiatives on Energy and the Environment as well as the International Initiative and the Initiative on Human Health. *The responsibility for this will lie with basic and clinical science chairs, Institute Directors and, of course, faculty and students. We will seek ways of making the opportunities that are available more broadly known and accessible to our community.*

Quality and Balance in Education

Medical Student Education

- We need to address ways to assure diversity in our medical student body within the context of our New Curriculum and our focus on training and developing physician

scholars, scientists and leaders. This will require addressing the alignment between our institutional goals, the criteria of our admissions committee and the expectations and goals of prospective and admitted students. In tandem with assuring diversity in our entering classes, we will also recommend ways to assure the success of minority students while at Stanford. *I will appoint a Task Force led by Dr. Charles Prober, Senior Associate Dean for Medical Student Education, to address this issue.*

- An observation and concern that emerges from various surveys and reviews is that we do not, as an institution, place sufficient value in clinical education (and, to a degree, in education overall) and the roles played by faculty in patient care activities in comparison with some of our peers. In tandem with this is the need to better determine the metrics by which to evaluate the clinical performance of medical students in a manner that is data driven and transparent. This is especially important as we seek to better define the tools used to evaluate student performance more broadly, including the official school letter (or “Dean’s Letter”). *A review of these important issues will be led by Dr. Charles Prober, Senior Associate Dean for Medical Education, in collaboration with Drs. Hannah Valantine, Senior Associate Dean for Diversity and Leadership, and Gabe Garcia, Associate Dean for Medical Student Admissions.*

PhD Education

- To improve the quality of graduate student education, we will initiate a peer review of current graduate courses by students and faculty. The questions to address include whether we are really educating students for the jobs they will eventually hold and whether there is enough breadth of topics, including ones that extend to business and law and that provide a wider breath of experience including “PhD Internships.” We also need to assess whether our graduate education programs are truly achieving the interdepartmental/interdisciplinary focus we espouse or whether they are really still more departmentally focused. *This review will be led by Dr. John Pringle, Senior Associate Dean for Graduate Education and Postdoctoral Affairs, and Dr. Ellen Porzig, Associate Dean for Graduate Education.*
- Without question, postdoctoral scholars and clinical fellows are among the most important members of our academic medical community but also among the most disenfranchised. We need to develop improved ways of integrating postdoctoral scholars into the broader missions and opportunities of Stanford and to assure mentoring and transitional appointments that better prepare them for faculty or other careers. *These issues will be addressed by Dr. John Pringle, Senior Associate Dean for Graduate Education and Postdoctoral Affairs, and Chequeta Allen, Assistant Dean for Postdoctoral Affairs.*

Graduate Medical Education (GME) and Continuing Medical Education (CME)

- We need to develop recommendations for programs that measurably improve the quality and diversity of GME programs. *This effort will be led by Dr. Myriam Curet, Senior Associate Dean for Graduate Medical Education.*

- We need to develop a fundamentally new approach to CME based on improving quality metrics of clinical performance and on more individualized education compared to traditional lecture formats. *I plan to appoint a Task Force led by Dr. Rob Jackler, Associate Dean for CME, to develop new and novel approaches that can make Stanford a leader in CME.*

Enhancing Quality and Balance in Research

- In addition to developing new financial models to support our missions in research during an era of constraint (see above) we also need to develop new models to support our research mission within Stanford, including how we use cores and shared services. This includes where they are located, how they are managed and funded, and how they can sustain a balance between service and innovation. *This effort will be led by Dr. Daria Mochly-Rosen, Senior Associate Dean for Research.*
- We have reached a critical phase in our planning for laboratory animal programs – including space (both onsite and offsite), financing and a better delineation of which models should be employed. Given the transition of leadership in Comparative Medicine that will occur in the next year, these and related issues are timely and important. They impact the School of Medicine as well as the rest of the University. *Accordingly, a review group will be led by Dr. Harry Greenberg, Senior Associate Dean for Research, and Dr. Ann Arvin, Vice Provost and Dean of Research.*
- Although we have made “*Making and Translating Discoveries*” our overarching institutional priorities, we have work to do in better defining how the Medical Center can achieve success in clinical and translational research as well as research that results in improved quality of patient care during a time of resource constraint. In considering this issue we need to better delineate how hospital based clinical research is supported and funded and who will carry it out. *A review of these issues will be assigned to Dr. Ken Cox, Senior Associate Dean for Pediatrics and Obstetrics Clinical Affairs, and Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs.*
- It has been observed that members of the Stanford community are often unaware of the research breakthroughs being made by their faculty and student colleagues. We need to develop better ways to communicate research discoveries and successes to our Stanford community. *This review will be led by Paul Costello, Executive Director of Communications and Public Affairs.*

Fostering the Highest Quality Patient Care

- During the past year several programs have been initiated to address quality performance at SHC and LPCH, and a Center for Quality and Efficiency is to be established. Because of this, we will not recommend new initiatives *per se*. That said, we need to continue to support these initiatives and also assess ways of

better linking them to efforts underway by our colleagues at the Palo Alto VA Medical Center. In conjunction with these efforts, we also need to better define the important role that our Clinician Educator colleagues play in enhancing our missions in education, clinical research and patient care. Importantly, we need to delineate ways to make the role of Clinician Educators more valued and appreciated. *This review will be led by Dr. David Stevenson, Vice-Dean and Senior Associate Dean for Academic Affairs.*

It is important to note that these initiatives are a subset of those that we will be working on during the next year. There are other major tasks we face – especially in the development and support for medical center facilities. But the outline above conveys the ways we will follow up on some of the important suggestions emerging from the 2008 Strategic Leadership Retreat. Again, if you have further questions or suggestions, please feel free to contact me.

Concerns about Proposed Changes to the USMLE

At a recent meeting of the Council of Deans we discussed the efforts underway by the National Board of Medical Examiners (NBME) to review and potentially revise the USMLE (United States Medical Licensing Examination). While there is great merit in developing ways to better integrate basic science into the clinical medicine, my colleagues and I expressed great concern at the prospect that the USMLE would be potentially postponed until the third year and that there would not be specific assessment on student's knowledge of the basic science that underpins modern medicine (see: http://www.usmle.org/General_Information/review.html). Indeed, such knowledge will prove only more important in future years as the genetics, genomics, proteomics, and the biological behavior of complex physical and mental disease become better understood.

While we recognize that knowledge acquisition in medicine must be a life-long endeavor, there is great value in periodic assessments and cross learning. While we also recognize the stress placed on students by having to assimilate a vast body of knowledge across many basic science domains, such intense review allows them to make connections that would not otherwise be possible – and helps set the stage for the evidence and science based learning that should help define the future of clinical medicine. With this in mind, the Council of Deans will join with numerous other organizations and societies to inform the NBME of the importance of having a USMLE testing at the completion of the preclinical years and as a focused assessment of knowledge in basic science. At the same time, we will also encourage the NBME to seek ways to better integrate knowledge in basic and clinical science and medicine in the USMLE parts 2 and 3 exams.

I want to share this information with you since it has not been as widely discussed as it should be. Thankfully the NBME is being attentive to the concerns being expressed about their earlier proposition to make the radical changes alluded to above. You may wish to bring this issue to your attention of your colleagues and related professional and scientific organizations and societies.

Centennial Events

I previewed in [my recent newsletter](#) the ways in which we were planning to commemorate the 100th anniversary of the establishment of the Stanford School of Medicine. Last week we began our activities virtually, with the launch of our [Centennial website](#) and the publication of an intriguing look at [Stanford then and Stanford now](#) as well as the posting of [images from our past and present](#). In addition, this week banners will go up around our campus, and event planning continues for the coming months.

It seems to me that, beneath the banners and images, although certainly facilitated by them, the Centennial affords us the opportunity to be reminded of the deeper truth that we stand on the shoulders of those who came before us. None of us would be here at the Stanford School of Medicine but for the efforts and accomplishments of the thousands of men and women who have striven for 100 years to make the School excellent in every respect – in education, in research and in the care of patients. The challenges our predecessors faced must have seemed as daunting to them as ours seem to us today, and we can look back with gratitude as their perseverance and success.

So I invite you to learn about the past hundred years of our School and participate in the celebration, even as we address our own challenges and find new opportunities for our own time – and the future.

Update on the Department of Obstetrics and Gynecology

At the Friday, February 15th meeting of the Executive Committee, Dr. Jonathan Berek, Professor and Chair of the Department of Obstetrics and Gynecology, gave an update on the progress that has been made in the department since he assumed the role of chair in December 2005. Below is his summary of what has transpired during the past two years.

The Department of Obstetrics and Gynecology is on a strong upward trajectory. Over the past two years, the department has experienced a substantial increase in the number of faculty and staff, in clinical productivity, in the vitality in each of its divisional education and research programs, and in the level of national recognition and stature. The clinical programs in the department have been invigorated and the reproductive biology research productivity is excellent and expanding. Each of the four clinical divisions--Maternal-Fetal Medicine (MFM) & Obstetrics, Gynecologic Specialties, Gynecologic Oncology, and Reproductive Endocrinology & Infertility (REI)--is formidable and has outstanding clinical and translational research components. The Division of MFM & Obstetrics combined with neonatology form the world-renowned and highly successful Johnson Center in the LPCH. The newly created Division of Gynecologic Specialties (renamed from General Gynecology) is functioning as a dynamic team with demonstrably improved academic and educational activities. Specialists in this reorganized division have nationally recognized expertise in urogynecology and pelvic reconstructive surgery, minimally invasive and robotic surgery, pediatric and adolescent gynecology, family planning and contraception, menopause, pelvic pain, infectious disease, and women's

sexual medicine. The Division of Gynecologic Specialties is now one of the finest in the country.

Integrated across all divisions are the basic research programs, the Reproductive Biology and Stem Cell Research (RBSCR) Program, and the Women's Health Program (WHP). Departmental collaborations with the Institutes have been improved and strengthened--the Stanford Cancer Center, Stem Cell Biology and Regenerative Medicine (ISCBRM), and Immunology, Transplantation and Infectious Disease (ITI), especially with its Center of Clinical Immunology at Stanford (CCIS) and the Human Immune Monitoring Center (HIMC). Program Project grant funding for the Cooperative Ovarian Cancer for Immunotherapy (COGI), which is based at Stanford, has just been extended for an additional 5 years. The Women's Cancer Program has just been established, integrating the Breast Cancer and Gynecologic Cancer Programs in the Stanford Cancer Center, which will increase clinical and translational research collaborations. The department receives grant support for the Women's Reproductive Health Research (WRHR) Scholars and the Building Interdisciplinary Research Careers in Women's Health (BIRCWH) Scholars programs. Future strategies include the creation of an interdisciplinary Women's Center of Excellence under the aegis of the Department of Obstetrics and Gynecology.

Many outstanding new faculty members have been recruited during the past two years. By the end of this year, the total number of UTL, MCL and CE positions will have increased from 30 to 42, and of the 39 who are full-time, 59% are women. Key departmental recruitments are Dr. Renee Pera, one of the most prominent embryonic stem cell researchers, recruited to assume the role of Director of the departmental Reproductive Biology and Stem Cell Research Program and to lead the embryonic stem cell program in the ISCRM, Dr. Paula Adams Hillard from Cincinnati to become the new Chief of the Division of Gynecologic Specialties, Dr. Paul Blumenthal from Johns Hopkins to become the Director of Ambulatory Gynecology and the Kenneth J. Ryan Program and Fellowship in Family Planning and Contraception, Dr. Judy Lacy from Toronto as a specialist in Pediatric & Adolescent Gynecology, Dr. Meg Juretska from Memorial Sloan Kettering Cancer Center to Gynecologic Oncology, Dr. Valerie Baker in REI to help to expand and sustain the In Vitro Fertilization (IVF) program, and Dr. Lisa Rahangdale from UCSF as a WRHR Scholar in Infectious Diseases.

The educational programs for medical students, residents and fellows in each of the divisions are excellent. Maximum achievable 5-year accreditation renewals by the American Board of Obstetrics & Gynecology have just been received for both the residency and for the MFM fellowship programs, under the direction of Vice Chair, Dr. Maurice Druzin. The overall ratings of the medical student clerkship, co-directed by Drs. Kim Harney and Cynthia DeTata, have risen significantly over the past 2 years and the program is now in the top tier of Stanford clerkships. The department has taken a leadership role in the development of simulators in obstetrics and gynecology training through the CAPE (Center for Advanced Pediatric and Perinatal Education) program directed by Dr. Kay Daniels and through collaborations with SUMMIT and the Goodman Centers directed by Dr. Mary Jacobson. The department has a very active Quality Management program. Faculty and staff are deeply involved in international outreach activities, including those in Eritrea, Guatemala, Mexico, and in many other developing countries via the Global Alliance for Women with Cancer and the Aid for International

Development programs. From 2006 to 2007, the department's ranking by the US News & World Report rose from 27th to 16th

The 2008 Faculty Fellows

The Office of Diversity and Leadership received a wealth of nominations for outstanding candidates for the 2008 Faculty Fellows program. The review committee was pleased to be able to select, in addition to a cohort of Faculty Fellows for 2008, an additional class of Fellows who will participate in this year long program beginning in 2009.

We are delighted to announce the selection of the following 2009 Faculty Fellows: Timothy Angelotti (Anesthesia), Juliana Barr (Anesthesia), Preetha Basaviah (Medicine), Helen Bronte-Stewart (Neurology), Kay Chang (OHNS), Waldo Concepcion (Surgery), Firdaus Dhabhar (Psychiatry), James Fann (Cardiothoracic Surgery), Lauren Gerson (Medicine), Jeffrey Gould (Pediatrics), Geoffrey Gurtner (Surgery), Michael Harbour (Medicine), Peter Kao (Medicine), Anna Messner (OHNS), Ruth O'Hara (Psychiatry), Stephen Roth (Pediatrics), Richard Shaw (Psychiatry), Rebecca Smith-Coggins (Surgery), Julie Theriot (Biochemistry), and PJ Utz (Medicine).

The Faculty Fellows program brings these faculty members together for monthly meetings featuring invited leaders who serve as role models by sharing their own leadership journeys, describing their own leadership styles and addressing specific challenges they have faced in their own careers. In addition, small mentoring groups led by senior faculty mentors meet once between each of the dinner meetings to discuss leadership challenges specifically and in general. Other topics, such as work/life balance issues, are also open for discussion.

Fellows also engage in a structured Development Planning process aimed at identifying opportunities for growth and development. The result is a personalized career development plan that they work with their chair or division chief to implement.

Candidates are nominated by their department chairs and other supervisors, and are ranked on the basis of leadership potential and demonstrated commitment to building diversity. A review committee consisting of Drs. Hannah Valantine, Julie Moseley, James Chang, Eric Sokol, and Claudia Morgan selected 16 fellows from a large pool of nominations.

Memorial Service for Dr. Steve Leibel is on March 19th

On Wednesday, March 19th the School of Medicine and Medical Center will host a Memorial Service for Dr. Steve Leibel, the Ann and John Doerr Medical Director of the Stanford Cancer Center, who died unexpectedly on February 7th (see: http://med.stanford.edu/special_topics/2008/steven_leibel/). The Memorial Service will be held in the McCaw Hall at the Arrillaga Alumni Center at 3 pm and will be followed by a reception. All are invited to attend.

Awards and Honors

- **Dr. Marlene Rabinovitch**, the Wight and Vera Dunlevie Professor in Pediatric Cardiology, has been selected to receive the 2008 Recognition Award for Scientific Achievement from the American Thoracic Society (ATS). The Recognition Award is “bestowed only upon those with lifelong outstanding scientific contributions to the understanding, prevention, and treatment of lung disease.” She will receive the award during the ATS Annual Meeting this May. Congratulations to Dr. Rabinovitch.
- **Heidi Heilemann**, Acting Director of the Lane Library, will be the recipient of the Murray Gottlieb Award from the Medical Library Association. Congratulations to Ms. Heilemann.
- **Dr. Paul Blumenthal**, Professor of Obstetrics and Gynecology, is this year's recipient of the Kenneth J. Ryan Award to be presented by the American College of Obstetricians and Gynecologists. This award acknowledges Dr. Blumenthal's impressive leadership and contributions to women's health. Congratulations to Dr. Blumenthal.

Appointments and Promotions

- **Laura D. Attardi** has been promoted to Associate Professor of Radiation Oncology and Genetics, effective 2/01/08.
- **Kerwyn C. Huang**, has been appointed to Assistant Professor of Bioengineering, effective 2/01/08.
- **David Relman** has been promoted to Professor of Medicine (Infectious Diseases) and of Microbiology & Immunology), effective 2/01/08.
- **Bryan D. Thom** has been promoted to Adjunct Clinical Associate Professor of Obstetrics and Gynecology, effective 3/01/08.

Dean's Newsletter March 10, 2008

Potential Changes in the NIH Peer Review System

In the November 5, 2007 issue of Dean's Newsletter I described some of the changes being discussed to “improve” the current NIH Peer Review system. The NIH now has a draft summary of potential recommendations and is seeking comments from grantees, academic medical centers and the community. We have been asked to submit responses by March 17th. You can offer your comments independently, although I think that a Stanford institutional response that encompasses our broad constituency would be more powerful. You can review the [recommendations from the NIH](#), and I am taking the liberty of including the Executive Summary below to enable you to become familiar with the positions the NIH might take. Given the current funding climate, these

recommendations take on even greater importance. Please feel free to offer your comments and reactions to me directly or to Dr. Ann Arvin, Vice Provost and Dean for Research by March 14th.

In conducting this self-study and related recommendations, the NIH recognizes that “it is critical that the NIH maintain the core values of peer review: scientific competence, fairness, timeliness, and integrity.” In this process some seven “challenges” were identified and developed, with input from investigators around the country, and each now has goals and recommendations associated with them. They include the following:

Challenge 1: Reducing Administrative Burden on Applicants, Reviewers, and NIH Staff. For many investigators, staying funded is a time- and labor-intensive exercise that can compromise the practice of research.

Goal: To reduce the number of applications that need to be submitted by helping applicants make faster, more informed decisions to either refine an existing application or develop a new idea.

Recommended Action (as of February 29, 2008): Provide unambiguous feedback to all applicants by establishing a “Not Recommended for Resubmission” (NRR) category and by providing scores for all applications.

Goal: To focus on the merit of the science presented in the application and not the potential improvements that may be realized following additional rounds of review.

Recommended Actions:

- *Eliminate the “special status” of amended applications by considering all applications as being new.*
- *Shorten summary statements by focusing solely on the merit of the science as presented.*

Goal: To reduce application length to focus on impact and uniqueness/originality, placing less emphasis on standard methodological details.

Recommended Action: Shorten the length of the application and align it to specific review elements.

Challenge 2: Enhancing the Rating System. The rating system that informs NIH peer review is central to every activity, and thus it is critical that the NIH carefully consider ways to ensure that rating is both as accurate and as informational as possible for both applicants and the NIH.

Goals: To focus and elevate the level of discourse of the study section, provide unambiguous feedback to applicants and enhance the consistency of rating, and to engage all charter review members in the review of each application.

Recommended Actions:

- *Modify the rating system to include scores and ranking.*
- *Rate multiple, explicit criteria individually, but provide an independent overall score and ranking.*
- *Provide unambiguous feedback to all applicants by establishing a “Not Recommended for Resubmission” category and by providing scores for all applications.*
- *Restructure the application to reflect the rating criteria.*

Challenge 3: Enhancing Review and Reviewer Quality. The cornerstone to review quality is recruiting and retaining excellent reviewers. Thus, improving review quality means addressing the larger problem of changing the culture of review.

Goal: *To enhance review quantity.*

Recommended Actions (as of February 29, 2008):

- *Engage more reviewers per application.*
- *Pilot the use of “prebuttals” for applicants and/or reviewers to correct factual errors in review.*
- *Pilot anonymous review in the context of a two-level review system.*
- *Enhance reviewer, study section, and scientific review officer training.*

Goal: *To enhance reviewer quality.*

Recommended Actions:

- *Create incentives for reviewers, including more flexible service and flexible deadlines for reviewer grant submissions.*
- *Link potential review service to the most prestigious NIH awards.*
- *Analyze patterns of participation by clinician scientists in peer review and provide more flexibility to ensure their continued involvement in review.*
- *Continue piloting the use of patients and/or their advocates in clinical research review.*

Goal: *To ensure the best use of charter review member time and expertise.*

Recommended Actions:

- *Shorten application and summary statement length.*
- *Have charter review members explicitly rank applications.*

Challenge 4: Optimizing Support for Different Career Stages and Types. As previously noted, supporting early-career investigators emerged as a top challenge during the diagnostic phase of the 2007-2008 peer review self-study, and it has been the top priority of the NIH leadership for many years. However, there is also a need to enable greater productivity of highly accomplished NIH investigators, with less administrative burden to applicants and reviewers.

Goal: Early-career investigators should at a minimum be on par with established principal investigators in application success rates.

Recommended Actions:

- *Continue to fund more R01s for early-career investigators.*
- *Pilot the ranking of early-career investigators against each other.*
- *Pilot the review of early-career investigators separately by generalists, to enhance risk-taking and innovation or uniqueness by applicants.*
- *Take into account investigator/institutional commitment criteria for early-career investigator review.*

Goal: To enable greater productivity of highly accomplished NIH investigators, with less administrative burden to applicants and reviewers.

Recommended Action (as of February 29, 2008): *Refine the NIH MERIT/Javits/NIH Director's Pioneer Awards and, perhaps, other mechanisms to enhance productivity of the most accomplished investigators and to add to the pool of accomplished investigators available as potential reviewers.*

Challenge 5: Optimizing Support for Different Types and Approaches of Science. Diverse types of science are needed to fulfill the NIH's mission to improve the nation's health, and peer review must accommodate the NIH's need to strike an appropriate balance among these.

Goal: To provide clear opportunities for applications proposing transformative research.

Recommended Action: *Use the NIH Director's Pioneer, NIH Director's New Innovator, and the Exceptional, Unconventional Research Enabling Knowledge Acceleration (EUREKA) Award programs as starting points to develop a path to invite, identify, and support transformative research, expanding the number of*

awards to a minimum of 1 percent of all R01-like awards.

Goal: *To ensure optimal review of clinical research.*

Recommended Action: *Determine the underlying causes of clinical research application submission patterns and results in the Center for Scientific Review (CSR) and NIH Institute and Center (IC) panels and consider corrective actions if needed. Ensure participation of adequate numbers of clinician scientists by providing more flexible options for review service.*

Goal: *To ensure optimal review and support for interdisciplinary research.*

Recommended Actions:

- *Analyze applications that are interdisciplinary in nature with respect to referral patterns for review, assignment for secondary review and funding consideration, and success rate.*
- *Employ an editorial board model for the review of interdisciplinary research.*

Challenge 6: Reducing the Stress on the Support System of Science.

Regardless of the numerous and complex issues that stress the system used to support U.S. biomedical and behavioral research, resources will always be finite in nature. The NIH must continue to guide the distribution of these resources through careful and transparent prioritization in concert with the NIH's stakeholders.

Goal: *To ensure the optimal use of NIH resources.*

Recommended Actions:

- *Require, in general, a minimum percent effort for investigators on research project grants.*
- *Analyze the incentives inherent in the NIH system of funding that have been driving the rapid expansion of the U.S. biomedical research system in recent years and explore with stakeholders whether these incentives should be reduced or eliminated.*
- *Analyze the NIH contribution to the optimal biomedical workforce needs.*

Challenge 7: Meeting the Need for Continuous Review of Peer Review. The NIH needs to establish data-driven mechanisms to evaluate review outcomes and to assess the success of pilot programs. This effort must be highly dynamic, to match concurrent changing landscape of biomedicine.

Goal: To assure the core values of peer review

Recommended Actions:

- ***Mandate a periodic, data-driven, NIH-wide assessment of the peer review process.***
- ***Capture appropriate current baseline data and develop new metrics to track key elements of the peer review system.***

While some of these recommendations are overlapping, and while a number represent enhancements to the current review process, others are potentially problematic – depending on the details behind them. Again, we are interested in your input on the current goals and recommended actions. Please let us know your thoughts or reactions.

Remember to Vote

First the disclaimer: the Dean's Newsletter will not be endorsing any specific candidate! Second, this is not about the Presidential Primaries or the pending national election – although as you might imagine, I have some strong views about the process underway and the consequences for our nation based on who is elected as our next President. Rather, this message is more local and is focused on the Stanford Medical Center, albeit with serious consequences for both Stanford Hospital & Clinics and the School of Medicine.

Beginning today, March 10th, all members of the SHC Medical Staff (which includes faculty and community physicians) will receive instructions by email on how to vote for the Chief of Staff of the SHC Medical Staff. This is a serious and important election since the authority and role of the Chief of Staff position has been significantly changed by the recently passed Medical Staff By-Laws. Indeed the Chief of Staff will become a member of the SHC Board of Directors and will have significant power and authority over issues affecting not only physicians who admit patients to SHC, but also hospital functions and clinical departments.

The election process that begins today will select both the next Chief of Staff and the Vice Chief of Staff. Each will serve sequential two-year terms (the Vice Chief of Staff will also become the Chief of Staff in two years). Thus the leadership of the SHC Medical Staff for the next 4 years will be determined through this election. This is a period of tremendous change at SHC, and it is critical that the Medical Staff leadership be equipped to deal with the challenges that will impact the future of the medical center, the faculty and the community.

In the past, voting for the Medical Staff leadership has been lax and inattentive – in fact only about 10% of the medical staff voted in the past election. But that pattern should not be sustained. ***I strongly encourage each member of the SHC medical staff to review the candidate roster carefully and to vote. It is extremely important that you take this seriously.***

Leading Matters and the Stanford Challenge

On Saturday, March 7th I had the opportunity to participate in the second national appearance of “*Leading Matters*,” which was held at the San Diego Convention Center. The inaugural event had taken place in Seattle, Washington in February. This is all part of a national and international agenda led by President John Hennessy to reconnect Stanford to alumni, parents and communities across the nation and around the world. It was a fantastic event and I felt very proud to be part of the Stanford community.

Leading Matters included presentations, discussions, and networking along with some incredible audiovisual documentaries that review Stanford history, some of its current activities and, most importantly, its future leadership and direction among universities. These were highlighted in discussions led by students from across the university. The medical school was well represented by Tress Goodwin, SMS 4, who participated in a panel discussion with President Hennessy in San Diego, and Cheri Blauwet, SMS 5, who was featured in the documentary extravaganza that closed the dinner event of the San Diego *Leading Matters*.

Three exciting panels and faculty seminars comprised the heart of *Leading Matters*. The topics were diverse and important and featured the three major themes of the Stanford Challenge: the Initiatives on Human Health and on Energy and the Environment and the International Initiative. I had the opportunity to moderate a panel entitled *Frontiers of the Future: Our Brain and Behavior*, which drew hundreds of people to a discussion that reviewed some of the exciting insights emerging from Stanford’s Neuroscience Institute and related initiatives. The Neuroscience Institute at Stanford embraces the entire university and was well reflected in the panel members, which included: Carla Shatz, Director of Bio-X and Professor of Biological Sciences and of Neurobiology; Brain Wandell, Isaac and Madeline Stein Family Professor and Chair of Psychology and, by courtesy, of Electrical Engineering and Radiology; and Hank Greely, Deane and Kate Edelman Johnson Professor of Law and, by courtesy, Professor of Genetics.

The panel focused on the dipole of “nature vs. nurture” from the molecular, systems, imaging and ethical, legal and societal perspectives. It was an engaging dialogue and seemed to be quite well received. Importantly, it conveyed what makes Stanford so distinctive: a commitment to discover, innovate and engage in “out of the box” thinking that draws on the expertise and knowledge of different disciplines, seeks to find solutions to complex problems and, in doing so, helps improve the world we live in.

I also joined Dr. Lucy Tompkins, the Lucy Becker Professor of Medicine and Professor of Microbiology and Immunology, in a faculty seminar on *Global Health: Infection, Disease and Society*. This panel, which also drew hundreds of participants, conveyed the foundations and relevance of infectious diseases in the USA and on the world stage. We reviewed the advances that have occurred in preventing and treating infectious diseases along with the challenges now appearing with resistance to immunization and the emergence of antibiotic resistant microorganisms. Importantly, we also put the challenge

of infectious diseases in a global context – which has become ever more important in the modern world of globalization and travel.

We certainly recognize the enormous challenges we face today as our national and global economy deteriorates as well as the many looming issues affecting academic medical centers now and into the future. But stepping back and viewing the incredible contributions Stanford has made over the decades and is poised to continue to make in the 21st Century should make us all proud to be members of the Stanford community.

Update on the Department of Structural Biology

On Friday, March 6th, Dr. Jodi Puglisi, Professor and Chair of the Department of Structural Biology, gave a thoughtful and informative update to the Executive Committee on the past, present and future accomplishments and opportunities he envisioned. A brief summary of his presentation is captured in the following update he provided for inclusion in the Dean's Newsletter.

The Department of Structural Biology was founded in the 1970s by Roger Kornberg and Lubert Stryer. It was the first Department of Structural Biology in the world, and merged a desire to modernize anatomy with nascent need to bring molecular structural studies to Stanford. Despite Stanford's obvious strengths in biochemistry and physical sciences, structural biology was virtually nonexistent at Stanford through the 1960s and 1970s (Oleg Jardetzky's pioneering NMR work was an exception). With the founding of the Department, the germline of the current department was set. Roger Kornberg was able to raise money from the Beckman foundation, and recruited the first structural biologists in the early 1990s. Since then, the department has grown to 7.5 UTL faculty, and 4 Courtesy Faculty. The Department includes 3 members of the National Academy of Sciences, 2 members of the Royal Society and the 2006 Nobel Laureate in Chemistry, Roger Kornberg. The collection of structural biologists at Stanford is arguably the best in the world.

Structural biology uses the principles of chemistry and physics to understand how the three-dimensional structures of biological molecules determine their function. The field has an illustrious history that includes many of the giants of 20th century science, including Pauling, Perutz, Bernal, Watson, Crick, Wilkens and others. These pioneers combined a deep understanding of physics and chemistry, an appreciation for careful experimentation, with an understanding of biology and the long-term dedication to solve groundbreaking problems. The echo of the approach resonates through the current Department of Structural Biology. Our department is driven by a desire to solve deep biological mysteries such as immune recognition, transcription, translation, protein folding, transport and viral infections using the techniques of structural biology: x-ray crystallography, nuclear magnetic resonance spectroscopy, cryoelectron microscopy, computational approaches and single molecule methods. The instrumentation infrastructure at Stanford is unsurpassed, and available to the general research community. The Stanford Synchrotron Radiation Laboratory (SSRL) provides onsite x-

ray radiation for crystallographic studies, the Stanford Magnetic Resonance Laboratory (SMRL) provides high-field solution and solid-state NMR needs for both the School of Medicine and beyond, and finally the cryoelectron microscopy core allows cellular and molecular imaging. The Clark center houses an extremely powerful cluster for high-speed computation. These facilities are jewels that power the structural biology research endeavor.

The department faculty research engages a variety of approaches and biological systems. X-ray crystallography is the workhorse for atomic-level structure determination. The Kornberg laboratory has used the deep mixture of biology and chemistry to unravel how the process of transcription in eukaryotic cells is performed by RNA polymerase machinery. His laboratory is pushing the envelope of complex structural biology, employing x-ray crystallography as well as new imaging approaches using cryoelectron microscopy. The Weis group uses x-ray structural studies coupled with highly collaborative biochemical investigations to probe how cell-cell contacts are formed, how vesicles fuse and how developmental signals are communicated. Recently his group worked with that of Brian Kobilka to solve the first structure of a G-protein coupled receptor (GPCR) bound to a drug. GPCRs represent 40% of targets of current therapeutics, so this structure is a landmark. The McKay group studies a variety of proteins that manipulate the structures of other proteins or nucleic acids. The function of these chaperones is key to many cellular processes. The Garcia group studies protein complexes involving cell surface receptors in immunology and signaling. These landmark studies have provided the structural basis for T-cell-MHC recognition as well as cytokine signaling. The Jardetzky group studies how viruses cross cellular membranes and uncoat. Large-scale conformational changes of the proteins drive these remarkable processes. The Brunger group uses structural and single molecule approaches to investigate synaptic vesicle fusion. Stanford has assembled a truly unique group of x-ray crystallographers.

The Department applies methods beyond x-ray crystallography to understand function. Computation is essential to understand the behavior of complex systems. The Levitt group pioneered computational applications to biology, and investigates fundamental aspects of molecular interactions that drive bimolecular structure formation. He is also developing new methods to understand dynamics of biological systems both small and large. The Pande group has developed novel computational approaches to investigate dynamics in biological systems, and he is applying them to a wide range of problems including protein folding and misfolding as well as drug design. The Parham group studies the immunology of natural killer cells and their underlying genetic diversity. The Puglisi group uses NMR, single molecule spectroscopy and crystallography to understand the correlation of structure, dynamics and mechanism in RNA-protein assemblies such as the ribosome. The McMahon group uses cryoelectron microscopy to study synapse formation. The Bryant group manipulates molecular motors using single-molecule methods. Structural biologists are moving to animate molecular movies and investigate larger systems using new approaches.

Built on this spectacular scientific foundation, the department faces challenges and opportunities for the future. Space and aging instrumentation are limitations to our current work and future growth. We must hire more junior faculty, as all but one faculty is a full Professor. We must increase the diversity of our faculty as well. Despite these challenges, structural biology will continue to be the cornerstone of molecular biology, and the crossroads where chemistry, physics, biology and medicine converge. The construction of the x-ray laser at SLAC promises to revolutionize structural studies. New approaches will probe the dynamics of molecular systems, and allow investigation of larger biological assemblies. As our knowledge base grows and computer power increases, computation will become even more central to our activities. Our faculty will continue to mix novel technical approaches with deep appreciation for biological function. Education of our next generation of biophysicists and structural biologists, currently through our own graduate program and the Biophysics program, will continue to emphasize rigor and theoretical understanding. The future of structural biology at Stanford is bright indeed.

Launch of the Helen and Peter Bing Core Competency Lecture Series

On Wednesday evening, February 27th, the Helen and Peter Bing Core Competency Lecture series was launched “to introduce professional, ethical, and practice-based issues facing future medical practitioners, and offer viable alternatives for their resolutions and models for discussion.” I had the opportunity to participate in this first event, which focused on “*Conflict of Interest (COI) in Professional Practice*.” I was joined by David Magnus, Professor of Pediatrics and Director of the Center for Biomedical Ethics, and John Adler, Dorothy and TK Chan Professor of Neurosurgery. The goal of this session was to help residents and trainees understand the broader issues impacting conflict of interest as well as to become more familiar with Stanford’s COI policies for research, education and patient care.

I have written frequently about this topic in the Dean’s Newsletter because of its overall importance and also because of the rapidly escalating scrutiny being focused on it at this time. To that regard it is noteworthy that the President of the Senate in the Commonwealth of Massachusetts introduced legislation this past week banning all gifts and perks to doctors from drug companies. In fact, the proposed legislation would invoke a \$5000 fine and/or two years of imprisonment for anyone who violated the ban. Independent of this, it is also important to note that we have received a query from the Inspector General’s Office of the Department of Health and Human Services (along with more than 40 other academic medical centers) about how our COI policies are monitored at Stanford, especially in reference to faculty receiving grant support from the National Institutes of Health. The bottom line is that the issue of COI is achieving local as well as national attention, and it seems quite probable that the guidelines applicable to physicians and to academic medical centers and universities are likely to become more stringent and legislated in the not too distant future. All the more reason for our community to become more aware and educated about COI, making the relevance of this new Core Competence program all the more important.

I also want to remind faculty that it is time to submit your annual COI disclosures, which can be done on-line. Stanford's COI policies are available to review online.

Donor Appreciation

Each year we have the opportunity to thank the wonderful individuals, families and foundations that have contributed to medical education. At the Annual Donor Appreciation dinner we also have the opportunity to pair those who have contributed to education with the students who have been the beneficiaries of this generosity. This invariably makes for a wonderful and festive evening – especially because of the renewed bonding that emerges between those who have given and those who have received this incredible support. Sadly, the level of indebtedness of students graduating from medical school continues to rise (72 students of the 2008 graduating class carry an average debt burden of \$85,879.00). Unfortunately, such debt not infrequently impacts the career plans and directions of medical school graduates – something that is thankfully more limited at Stanford than at other medical schools where the debt burden on graduates is greater.

One of the highlights of this annual event is hearing from students who reflect on their personal journey and how financial aid has impacted their lives and career choices. I feel confident that the stories of any one of our students would be compelling, but time permits us to only feature three students at the Donor Appreciation Dinner. And, as expected, each presented a moving and thoughtful account of the challenges she faced in pursuing a career in medicine and science – and how financial support from our donors and Stanford helped them achieve success. This years student speakers included Adeoti Oshinowo, SMS 4, Dora Castaneda, SMS 5 and Charay Jennings, PhD, SMS 9. I want to thank each for the efforts they put into making the event so meaningful.

Stanford Menlo Park Open House

Late last year a number of important administrative units moved to our off-site facility at SRI in Menlo Park. These included Fiscal Affairs, Facilities Planning and Management, Institutional Planning, Human Resources, Information Resources, SPCTRM, and Communications and Public Affairs. An open house was held on Friday, March 7th to show off their new facilities – and the wonderful artwork and photography contributed by staff working at SMP site. I recognize that this has been a big transition for the 200 staff and that many still feel somewhat dislocated from the University campus. But most everyone I spoke with at the Open House was happy with their new space and readily acknowledged that their transition was made smooth and comfortable thanks to the leadership and committed efforts of Julia Tussing and Linda Gibson. I want to thank them in particular for making the move so successful and for enabling our colleagues at SMP to remain very much part of our Stanford Medicine community.

Centennial Update

In previous Dean's Newsletters

(http://deansnewsletter.stanford.edu/archive/01_28_08.html#8 and http://deansnewsletter.stanford.edu/archive/02_25_08.html#3) I have let you know about

the activities we are engaged in to celebrate the Centennial of the Stanford School of Medicine. By now I hope you have seen the banners that have appeared around our campus, which provide a visual reminder of our hundred-year history. The new highlight on the [Centennial website](#) is [women in medicine](#), and I encourage you to take a few moments to read about this vital aspect of our past as well as to learn about the current status, activities and opportunities for women in science and medicine. On Wednesday, March 12 at 2:00 p.m., Drew Bourn, Historical Curator at the Lane Library, will lead a School of Medicine Architectural Walking Tour. This is an excellent opportunity to learn about the history of our campus and to look ahead at the physical transformations that are underway for the future. For more information, contact Drew at dbourn@stanford.edu or 725-8045.

Finally, mark your calendars for two upcoming events. On April 3rd, at 5:00 p.m. in the Clark Center Auditorium, the Arts, Humanities and Medicine Program and the Center for Biomedical Ethics will be sponsoring a [Writer's Forum](#). This is one of the events that has been designated a Centennial event, and all are invited. And on April 23rd, 11:30-1:30 on the Dean's Lawn, we will have our All-School Centennial Lunch Celebration. Everyone – faculty, staff, and students – is invited to share in this coming together of our entire community, and I hope you will be able to attend.

Awards and Honors

Dr. Robert Carlson, Professor of Medicine has been selected to receive one of the National Physician of the Year Awards 2008 by Castle Connolly and is being honored with a dinner in New York City on March 18, 2008. Congratulations to Dr. Carlson.

2008 Paul & Daisy Soros Fellows. We have just learned that Stanford is again the recipient of five new Soros Fellowship awards “designed to assist immigrants and their children prepare for opportunities for leadership in their various fields in the United States.” Thirty new awards were announced, and five currently enrolled or soon to be enrolled Stanford medical students are the recipients of a 2008 Fellowship Award. Each awardee receives two years of one-half of the tuition support of their graduate study (up to \$16,000) as well as a maintenance grant of \$20,000 per year. This year's recipients include:

- ***Agnieszka Czechowicz*** - born in Gdansk, Poland and currently an SMS 2
- ***Sudeb Dalai*** - born in Marshall, MO (his parents came to the USA from a small village in India) and an MD/PhD student and Howard Hughes Fellow at Stanford.
- ***Elsie Gyang*** - born in Ibadan, Nigeria and currently an SMS 2
- ***Paul Nuyujukian*** - born in Houston TX (his parents are of Armenian heritage and were born and raised in Syria) and currently an MD/PhD student at Stanford University
- ***Krishnan Subrahmanian*** - born in St. Paul, MN (his parents came to the USA from Kerala, India) and will matriculate at Stanford in 2008.

Please join me in congratulating these 2008 Soros Fellows. This year's Fellows were selected from 700 applicants from 257 undergraduate and 123 graduate institutions. Since 1997 some 293 Fellowships have been awarded – 25 of who have been or are Stanford Medical Students.

Cecil Benitez, graduate student in Developmental Biology, has been selected as the 2008 Baxter Fellow in the Biosciences. She was selected following a call for nominations from each Home PhD Program in the School of Medicine and review by a committee of faculty members from Structural Biology, Immunology, Biochemistry, Neurosciences and Developmental Biology. Congratulations to Ms. Benitez.

Dr. Clarence Braddock, Associate Professor of Medicine has just been elected to the American Board of Internal Medicine (ABIM) Board of Directors; he has also received the “Outstanding Clinician Educator” award from the Society of General Internal Medicine California Region. Congratulations Dr. Braddock.

Appointments and Promotions

- ***Anne Brunet*** has been reappointed to Assistant Professor of Genetics, effective 4/01/08.
- ***Marion S. Buckwalter*** has been appointed to Assistant Professor of Neurology and Neurological Sciences, and, by courtesy, of Neurosurgery, at the Stanford University Medical Center, effective 2/01/08.
- ***Ching-Pin Chang*** has been reappointed to Assistant Professor of Medicine (Cardiovascular Medicine), effective 3/01/08.
- ***Hanlee Ji*** has been appointed to Assistant Professor of Medicine (Oncology), effective 3/01/08.
- ***Allison W. Kurian*** has been appointed to Assistant Professor of Medicine (Oncology) and of Health Research and Policy at the Stanford University Medical Center, effective 2/01/08.
- ***Lewis M. Shin*** has been appointed to Assistant Professor of Radiology at the Veterans Affairs Palo Alto Health Care System, effective 2/01/08.
- ***Thomas C. Südhof*** has been appointed to Professor of Molecular and Cellular Physiology and in the Neuroscience Institute, effective 3/01/08.

Dean's Newsletter

March 24, 2008

The 2008 Match: An Excellent Year

Thursday, March 20th was National Residency Match Day. While a few specialties completed their match weeks earlier, the vast majority of graduating medical students and residency programs received their “match results” at the same time - synchronized to 1 PM Eastern Standard Time on March 20th. This year 90 Stanford students had submitted a rank ordered list to the National Residency Match Program (NMRP). At 10 AM on Thursday a highly energized group gathered in the Dean's courtyard. Classmates, friends and many parents joined the graduating students as they waited to learn the results of their own “match,” which will define the next step in their life journey. It was an exiting time – and one filled with much joy and happiness as 93% of our students “matched” to one of their top three choices (compared to the national average of 84.6%).

This year, 15,242 graduates of allopathic medical schools applied for one of 22,240 first year residency positions. Also in the applicant pool were 10,300 graduates of non-USA medical schools and 1900 graduates of osteopathic schools. In this competition, Stanford students fared particularly well, matching in top residency programs across the USA – although nearly 60% of the class will be at Stanford (30 students), at Harvard programs (14 students) or at UCSF (8 students). As in prior years, approximately 60% of the graduating students have been at Stanford for 5 or more years. This year also featured 6 couples matching as a couple – all successful.

This year's most popular residency choices included pediatrics (12 students), internal medicine (11 students), anesthesia (10 students), emergency medicine (6 students), and radiology (6 students). While only 4 students are pursuing general surgery, 16 students matched in various surgical specialties.

From my perspective, all the students did splendidly and have much to be proud of. I offer each of them my congratulations. I hope that this relates, in part, to the impact of the New Stanford Curriculum, which began in the Fall of 2003, along with the improved evaluation process of our students (although this is still a work in progress). Accordingly, I also want to thank the faculty who supported the students, the Scholarly Concentration and research mentors who guided them, and our outstanding Faculty Advising Deans (Drs. Neil Gesundheit, Terry Blaschke, Susan Knox and Oscar Salvatierra), who played a key role in advising and mentoring our students during the application process. Thanks to all.

The results of the 2008 Stanford Medical School Residency Match follow:

<i>Graduating Student</i>	<i>Program Matched</i>	<i>Discipline</i>
<i>Adams, Mark Christopher</i>	Brigham & Womens Hosp-MA	Medicine-Preliminary

	Massachusetts Gen Hosp-MA	Anesthesiology
<i>Allee, Tina Marie</i>	UC Irvine Med Ctr-CA	Psychiatry
<i>Ananth, Prasanna Janaki</i>	Childrens Hosp Boston-MA	Pediatrics
<i>Bazan, Jose Gilberto</i>	Kaiser Perm-Santa Clara-CA	Medicine-Preliminary
	Stanford Univ Progs-CA	Radiation Oncology
<i>Bendapudi, Pavan Kasi</i>	Massachusetts Gen Hosp-MA	Internal Medicine
<i>Boas, Franz Edward</i>	Stanford Univ Progs-CA	Surgery-Preliminary
	Stanford Univ Progs-CA	Radiology-Diagnostic
<i>Bower, Regina Sheree</i>	Mayo Clinic Rochester-MN	Neurological Surgery
<i>Bradford, Catharine Hunter</i>	UC San Francisco-CA	Plastic Surgery
<i>Bragg, William Edward</i>	Stanford Univ Progs-CA	Orthopaedic Surgery
<i>Brat, Gabriel</i>	Johns Hopkins Hosp-MD	General Surgery
<i>Brown, Nicole Marie</i>	Johns Hopkins Hosp-MD	Pediatrics
<i>Bucknor, Matthew</i>	Kaiser Permanente-SF-CA	Medicine-Preliminary
	UC San Francisco-CA	Radiology-Diagnostic
<i>Burke, Robert</i>	Brigham & Womens Hosp-MA	Medicine-Primary Care
<i>Carre, Susan Marie</i>	O'Connor Hospital-CA	Family Medicine
<i>Caruso, Thomas Jon</i>	Kaiser Perm-Santa Clara-CA	Medicine-Preliminary
	Massachusetts Gen Hosp	Anesthesiology
<i>Castaneda, Dora Cristina</i>	Santa Clara Valley MC-CA	Medicine-Preliminary
	Stanford Univ Progs-CA	Anesthesiology
<i>Chan, Steven Man Cheong</i>	Stanford Univ Progs-CA	Internal Medicine
<i>Chang, Bernard P.</i>	Brigham & Womens Hosp-MA	Emergency Medicine
<i>Cochran, Lauren Wiltshire</i>	NYP Hosp-Weill Cornell-NY	Pediatrics
<i>Craven, Matthew T.</i>	Brigham & Womens Hosp-MA	Internal Medicine
<i>Curran, Emily Kathleen</i>	Univ of Chicago Med Ctr-IL	Internal Medicine
<i>Dearlove, Joanna Victoria</i>	White Mem Med Ctr-LA-CA	Medicine-Preliminary
	UCLA Medical Center-CA	Neurology
<i>DeCaro, John Joseph</i>	Emory Univ SOM-GA	Urology
<i>Delasobera, Bronson Elizabeth</i>	Washington Hosp Ctr-DC	Emergency Medicine
<i>Desai, Rajen Uday</i>	Maimonides Med Ctr-NY	Transitional
<i>Dewey, Frederick Edward</i>	Stanford Univ Progs-CA	Internal Medicine

<i>Diaz, Rosa Lorenia</i>	UC San Francisco-CA	Obstetrics-Gynecology
<i>Duan, Melissa Ellen</i>	Brigham & Womens Hosp-MA	Medicine-Preliminary
	Massachusetts Gen Hosp-MA	Anesthesiology
<i>Englander, Miriam</i>	New York Downtown Hosp-NY	Medicine-Preliminary
	Mass Eye & Ear Infirmary-MA	Ophthalmology
<i>Gholami, Sepideh</i>	Stanford Univ Progs-CA	General Surgery
<i>Goodwin, Tress</i>	Washington Hosp Ctr-DC	Emergency Medicine
<i>Hagedorn, Judith Carolin</i>	Stanford Univ Progs-CA	Urology
<i>Heit, Jeremy Josef</i>	Brigham & Womens Hosp-MA	Medicine-Preliminary
	Massachusetts Gen Hosp-MA	Radiology-Diagnostic
<i>Hoehn, Benjamin Douglass</i>	University of Virginia-VA	Neurological Surgery
<i>Huang, Lyen Camille</i>	Stanford Univ Progs-CA	General Surgery
<i>Hunt, Stephen James</i>	Kaiser Permanente-SF-CA	Medicine-Preliminary
	Hosp of the Univ of PA	Radiology-Diagnostic
<i>Jazayeri, Lila</i>	Stanford Univ Progs-CA	Plastic Surgery
<i>Jennings, Charay</i>	Stanford Univ Progs-CA	Pathology
<i>Juul, Sarah Hecquet</i>	Emory Univ SOM-GA	Psychiatry
<i>Kaufman, Jenya Alissa</i>	UC San Francisco-CA	Psychiatry
<i>Kaur, Kirandeep</i>	Santa Clara Valley MC-CA	Transitional
	Stanford Univ Progs-CA	Ophthalmology
<i>Kea, Bory</i>	UC San Francisco-CA	Emergency Medicine
<i>Keegan, Hugh Lawrence</i>	Stanford Univ Progs-CA	Internal Medicine
<i>Kim, Hanna Y.</i>	Memorial Sloan-Kettering-NY	Transitional
	UC Los Angeles-CA	Ophthalmology
<i>Kim, Rebecca Yoonjung</i>	Stanford Univ Progs-CA	General Surgery
<i>Komorowski, Leanne</i>	U New Mexico SOM-NM	Obstetrics-Gynecology
<i>Krodel, David James</i>	CA Pacific Med Center-CA	Medicine-Preliminary
	Massachusetts Gen Hosp-MA	Anesthesiology
<i>Kurien, Philip Abraham</i>	Santa Clara Valley MC-CA	Transitional
	UC San Francisco-CA	Anesthesiology
<i>Lee, Lucy Chu</i>	Stanford Univ Progs-CA	Pediatrics
<i>Liau, Jason A.</i>	Johns Hopkins Hosp-MD	Neurological Surgery

<i>Loening, Andreas Markus</i>	University of Hawaii-HI	Transitional
	Stanford Univ Progs-CA	Radiology-Diagnostic
<i>Lorenzo, Javier</i>	Kaiser Permanente-SF-CA	Medicine-Preliminary
	Stanford Univ Progs-CA	Anesthesiology
<i>Marquez, Celine</i>	Yale-New Haven Hosp-CT	Medicine-Preliminary
	CA Pacific Med Center	Radiation Oncology
<i>Maxwell, Bryan Geoffrey</i>	Stanford Univ Progs-CA	Transitional
	Stanford Univ Progs-CA	Anesthesiology
<i>Meyer, Everett Hurteau</i>	Stanford Univ Progs-CA	Internal Medicine
<i>Molina, Michael Daniel</i>	Sutter Health-CA	Family Med/Sacramento
<i>Mong, Cindy</i>	UCLA Medical Center-CA	Internal Medicine
<i>Muzumdar, Mandar Deepak</i>	Brigham & Womens Hosp-MA	Internal Medicine
<i>Nangiana, Jasvinder Singh</i>	Mayo Clinic Rochester-MN	Neurological Surgery
<i>Nelson, Ehren Robert</i>	White Mem Med Ctr-LA-CA	Medicine-Preliminary
	Brigham & Womens Hosp-MA	Anesthesiology
<i>Nguyen, Bichchau Thi</i>	Stanford Univ Progs-CA	Medicine-Preliminary
	UC San Diego Med Ctr-CA	Dermatology
<i>Ortiz, Steven Gilbert</i>	Stony Brook Teach Hosps-NY	Orthopaedic Surgery
<i>Pettit, Kate Estelle</i>	Kaiser Permanente-SF-CA	Obstetrics-Gynecology
<i>Priest, James Rush</i>	U Washington Affil Hosps-WA	Pediatrics
<i>Ramsey, Meghan Claire</i>	Stanford Univ Progs-CA	Internal Medicine
<i>Richards, Christopher T.</i>	Northwestern McGaw-IL	Emergency Medicine
<i>Rivas, Eunice Valeria</i>	U Southern California-CA	Medicine-Pediatrics
<i>Rooholamini, Sahar N.</i>	Stanford Univ Progs-CA	Pediatrics
<i>Rosen, Lynne Novick</i>	Childrens Hosp-Oakland-CA	Pediatrics
<i>Rutman, Lori Ellen</i>	Stanford Univ Progs-CA	Pediatrics
<i>Sanchez, Maricela</i>	St Vincents Hospital-NY	Anesthesiology
<i>Sarin, Kavita Yang</i>	Santa Clara Valley MC-CA	Transitional
	Stanford Univ Progs-CA	Dermatology
<i>Silva, Ruwan Amila</i>	UC Irvine Med Ctr-CA	Medicine-Preliminary
	U Miami/Bascom Palmer-FL	Ophthalmology
<i>Smith, Geoffrey Bryant</i>	Univ of Chicago Med Ctr-IL	Int Med/MD Scientist

<i>Sundberg, Eric Borden</i>	Stanford Univ Progs-CA	Orthopaedic Surgery
<i>Tsao, Gabriel J.</i>	Stanford Univ Progs-CA	Otolaryngology
<i>Tversky, Dona Amos</i>	UC San Francisco-CA	Psychiatry
<i>Vaks, Yana</i>	Stanford Univ Progs-CA	Pediatrics
<i>Waipa, Jasmine K.</i>	Stanford Univ Progs-CA	Pediatrics
<i>Walker, Graham</i>	St Lukes-Roosevelt-NY	Emergency Medicine
<i>Wang, Ruobing</i>	Massachusetts Gen Hosp-MA	Pediatrics
<i>Wang, Yingbing</i>	Kaiser Perm-Santa Clara-CA	Medicine-Preliminary
	Massachusetts Gen Hosp-MA	Radiology-Diagnostic
<i>Wilson, Jenny</i>	Stanford Univ Progs-CA	Pediatrics
	Childrens Hosp-Philadelphia-PA	Child Neurology
<i>Wrede, Joanna Elaine</i>	U Washington Affil Hosps-WA	Pediatrics
	U Washington Affil Hosps-WA	Child Neurology
<i>Wrenn, Stephen Jarrett</i>	Kaiser Permanente-SF-CA	Medicine-Preliminary
	UC San Francisco-CA	Radiology-Diagnostic
<i>Yasnovsky, Jessica Rachel</i>	Stanford Univ Progs-CA	Pediatrics
<i>Zambrano, Gerardo Javier</i>	Stanford Univ Progs-CA	Psychiatry

In addition to outstanding Match Results for Stanford medical students, I am also pleased to say that each of the residency programs at Stanford Hospital and the Lucile Packard Children's Hospital also had outstanding success in recruiting students from Stanford as well as other outstanding medical centers across the US. I offer the residency programs – and all the new members of our Stanford Community – my welcome and congratulations.

National Advisory Council Reviews Integrated Planning

On Monday, March 17th, the School of Medicine's National Advisory Council (NAC) made its fifth consecutive annual visit to the School. At the Council's request, the topic this year focused on "Integrated Planning Across the School, Medical Center and University." We are fortunate to have this outstanding group of leaders in medicine and bioscience review the various strategic initiatives of the School and report their findings, observations and recommendations to the President and Provost.

The NAC is chaired by Dr. Ed Benz, President of the Dana Farber Cancer Institute/Harvard Medical School and includes Dr. Elizabeth Blackburn, Professor in the Department of Biochemistry & Biophysics, University of California, San Francisco; Dr. Thomas F. Boat, Professor and Chair, Department of Pediatrics at Children's Hospital Medical Center in Cincinnati; Ms. Mariann Byerwalter, MBA, Trustee, Stanford University; Dr. Ying-Ying Goh, Trustee, Stanford University; Dr. Jennifer Rubin, Vice

Chair of Research, Department of Otolaryngology, and Professor of Otolaryngology and Pharmacology, University of Pittsburgh School of Medicine; Dr. Daniel H. Lowenstein, Professor of Neurology, University of California, San Francisco; Dr. James Madara, Dean of the Division of Biological Sciences and the Pritzker School of Medicine and University Vice- President for Medical Affairs, The University of Chicago; Dr. David G. Nichols, Professor of Education and Vice Dean for Education, Professor, Anesthesiology and Critical Care Medicine, Johns Hopkins School of Medicine; Dr. William A. Peck, Professor of Medicine, Washington University; Dr. Arthur H. Rubenstein, MBBCh, Executive Vice President, University of Pennsylvania for the Health System, Dean, University of Pennsylvania School of Medicine; Dr. William W. Stead, Director of Informatics Center, Associate Vice Chancellor for Health Affairs, Vanderbilt University Medical Center; and Dr. Michael J. Zinner, Chair, Department of Surgery, and Professor of Surgery, Brigham and Women's Hospital, Harvard Medical School.

The theme for this year's NAC visit builds on the issues we have been grappling with over the past year. It was also the focus of our 2008 Strategic Planning Leadership Retreat on "Quality and Balance," the agenda and outcome of which can be reviewed at <http://medstrategicplan.stanford.edu/retreat08/>. I also previewed some of the important issues that frame our efforts in integrated planning in my January 14, 2008 Dean's Newsletter (see: http://deansnewsletter.stanford.edu/archive/01_14_08.html#2).

As we celebrate the 100th Anniversary of the founding of Stanford University School of Medicine and anticipate commemorating, in 2009, the 50 years that the Medical School has been on the University campus, we have much to be grateful for. By any reckoning, Stanford University School of Medicine is internationally recognized as one of the most outstanding research-intensive medical schools in the world. But we must also be mindful that sustaining as well as enhancing excellence requires persistence, energy, creativity, focus, prioritization and resources. Without question, our success is directly related to our excellent faculty, students and staff. We are fortunate to have among the most talented individuals in the world at Stanford – but their efforts are now challenged by not insignificant resource constraints. This comes from external as well as internal forces and factors and, unfortunately, there has been a rapid convergence of challenging issues in the past few years that will require thoughtful planning as well as some luck to overcome.

One of the most notable external challenges, of course, is the downturn in research funding from the National Institutes of Health. The continuation of below inflation research support places a serious burden on faculty who are dependent on federally sponsored research grants and contracts to conduct basic as well as more applied research. This is further challenged by the tensions in healthcare funding – an issue that also seems destined to get worse before it gets better. And, of course, the recent months and days have brought increasingly distressing national and global economic news – which also impacts our ability to plan, construct, fund and support key initiatives, including our ability to develop philanthropic support from foundations and individuals for programs and projects in education, research and patient care.

Ironically, these downward pressures come at the very time when Stanford has been planning renewal or expansion of its physical facilities at the School as well as at Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH). This planned facilities expansion is being coupled with selective programmatic growth and development in research, education and patient care. Because related but discrete entities are involved - that is, the University, Medical School, SHC and LPCH - it is important that integrated and coordinated planning take place. Moreover, the fact that each entity has its own governance, resources and financial accountability poses an additional challenge. Further, the planning activities must take into account constraints imposed by local jurisdictions, including the Santa Clara County General Use Permit (or GUP) for University buildings (including the southern portion of the Medical School) and the City of Palo Alto for the Hospitals and the northern buildings (Grant, Alway, Lane and Edwards) of the Medical School. An added internal constraint comes from Provostial limitations on the size of the faculty, which is presently capped at 900 (as of this week we have 818 full-time faculty not including Clinician-Educators).

Within this context we presented to the NAC a comprehensive and integrated review of the planning work the School has been conducting within the Medical Center as well as in conjunction with the University. During their full-day visit we presented detailed forecasts, projects and models of how we plan for faculty growth and development, facility size and scope, funding from operations or borrowing and philanthropic growth. An important focus of attention was the nexus of integrated planning embracing the 10-20 year capital plans of the School and Hospitals (especially given the magnitude of plans for facilities on the Stanford campus and in the Bay Area). We also addressed important issues and accomplishments in the integrated planning for information technology, in our efforts to address research cores (and plan for future laboratory animal facilities and support), to foster innovation (through the SPARK program), and to support clinical and translation research (through the pending Clinical and Translational Science Award (CTSA)). Finally, we discussed our plans to develop new models to help support our investment and success in basic science and to develop and implement plans and approaches to improve the quality and value of our patient care programs. The NAC also had the pleasure of hearing the experiences of PhD students enrolled in the Masters in Medicine program as well as one of the first individuals to enroll in the Advanced Residency at Stanford (ARTS) program.

It was my impression that the NAC was very engaged as well as impressed by the depth and quality of the data and analyses we presented to them. Of course, as leaders in academic medicine, NAC members are fully cognizant of the major issues facing all centers, including the ones referred to earlier in this Newsletter. Not surprisingly, the NAC shared concerns about the feasibility of completing all of the projects envisioned on optimistic timelines - but also recognized the importance of what we are attempting to achieve and the highly integrated and coordinated planning efforts we have put into place. Clearly, finding the right balance in the size and scope of our programs - while maintaining and even enhancing excellence and quality - must be our overarching objective. Of course, we will need to await the final report of the NAC to benefit from

their critical analysis, comments and recommendations. Obviously more will follow on this topic.

Remembering Dr. Steven Leibel

On Wednesday, March 19th, hundreds of family, friends and colleagues gathered in the Arrillaga Alumni Center to remember, celebrate, commemorate and reflect on the life of Dr. Steven Leibel, who died unexpectedly on February 7th. Dr. Leibel was the Ann and John Doerr Medical Director of the Stanford Cancer Center and since joining the Stanford community in 2004 had played an important role in Stanford's success in becoming an NCI-designated Cancer Center. A world-renowned radiation oncologist, Dr. Leibel held leadership positions in a number of academic medical centers as well as national organizations and societies. Friends and colleagues traveled from Boston, New York and Washington DC to help commemorate his life. The Program included heart-felt comments from colleagues throughout Steve's career, including Dr. Richard Hoppe, the Henry Kaplan-Harry Lebeson Professor of Cancer Biology and Chair of the Department of Radiation Oncology at Stanford; Dr. Ted Phillips, Wun-Kon Fu Distinguished Professor of Radiation Oncology at UCSF; Dr. Zvi Fuks, Member at Memorial Sloan-Kettering Cancer Center; Dr. Richard Levy, Chairman of the Board, Varian Medical Systems; Martha Marsh, President and CEO at Stanford Hospital & Clinics; Dr. Bev Mitchell, Deputy Director, Stanford Cancer Center and George E. Becker Professor of Medicine; Dr. Sarah Donaldson, Catherine and Howard Avery Professor in Radiation Oncology at Stanford; Dr. Jay Harris, Chief, Department of Radiation Oncology at Harvard Medical School; and Dr. Alan Lichter, CEO, American Society of Clinical Oncology.

Each of the speakers addressed Dr. Leibel's many contributions to medicine, radiation oncology, policy, advocacy and leadership. Each speaker also reflected on Steve's friendship, loyalty, humanism, professionalism, compassion and sensitivity – each giving evidence of an individual deeply respected, loved, esteemed and whose memory will surely be enduring. He will be missed.

More Centennial Updates

I want to keep you apprised of the events we are planning to commemorate the School's 100th anniversary. As mentioned in the last Newsletter (<http://deansnewsletter.stanford.edu/#8>), we will be having a Celebration Lunch on Wednesday, April 23rd from 11:30 am – 1:30 pm at the Dean's Lawn. Be sure to reserve this date is on your calendar. Shuttle bus services will be available to and from our off-site locations. At the event we will be collecting items for a time capsule to be opened in 2108. Details to follow.

The Centennial website (<http://med.stanford.edu/centennial/>) has just been updated with new highlights including the story of Thomas Addis, a notable Stanford scientist whose work in nephrology during the first half of the twentieth century transformed the way doctors diagnosed patients. In addition there is an interesting look back on the history of

the Medical Linear Accelerator and a look forward to advances stem cells will bring to our future.

I also encourage you to attend the Writer's Forum, our first Centennial event. This unique event, sponsored by the Arts, Humanities & Medicine Program and the Stanford Center for Biomedical Ethics, will take place on Thursday, April 3rd at 5:00 pm at the Clark Auditorium. More information is available at:
<http://bioethics.stanford.edu/arts/documents/wf3.pdf>

Education-4-Care Program

Dr. Charles Prober, Senior Associate Dean for Medical Education and Dr. Lars Osterberg, Director, Educators-4-CARE Program, would like to send this message out to all faculty:

Dear Colleagues,

As you may know, we are instituting a new program within our medical education curriculum called "Educators-4-CARE" (Compassion, Advocacy, Responsibility and Empathy) which will be launched in September 2008. The program is being established to enhance the development of our medical students as skilled and compassionate physicians. We believe this will be a tremendous addition to our medical education program and a wonderful opportunity for interested faculty to be more engaged in the teaching of medical students.

We are seeking interested faculty to apply for the position of Educator in the Educators-4-CARE program. The deadline for applications is April 18, 2008. Please contact Lorena Najarro at lnajarro@stanford.edu for a position description and application. We thank you and hope to hear from those of you who are interested in this opportunity.

Upcoming Events

2nd Annual Tseng Lecture with Harold Varmus: *"Why Cancer Biology & Cancer Medicine Are Finally Merging"*

Wednesday, April 9

4:30 – 6:00 PM

Braun Auditorium, Mudd Chemistry Building, 333 Campus Drive

Dr. Harold E. Varmus, former NIH director and Nobel Prize winning scientist for the discovery of the cellular origin of retroviral oncogenes, as well as the current president of Memorial Sloan-Kettering Cancer Center, will be the honored speaker at the 2nd Annual Tseng Lecture on April 9th.

Skills Building Workshop: *"Negotiating"*

Thursday, April 17

5:30 – 8:30 pm
Always Building, M-112

The Office of Diversity & Leadership continues the Skills Building Workshop series with “*Negotiating*,” on April 17. Margaret A. Neale, Professor in the Graduate School of Business, will present information on negotiating and will moderate a highly interactive session covering some of the following topics: misconceptions of negotiating, barriers in social interaction, and costs of negotiating vs. not negotiating. The purpose of this workshop is to provide participants with a set of negotiation tools that can enhance the quality and rationality of their agreements.

Registration for this workshop is open to all faculty, including CE’s and Instructors. Please visit the ODL website at <http://med.stanford.edu/diversity/> for details on registration and location as well as other events offered by the Office of Diversity and Leadership.

Awards and Honors

- **Dr. Phil Beachy**, Ernest and Amelia Gallo Professor in the Stanford Institute for Stem Cell Biology and Regenerative Medicine and Department of Developmental Biology, has been named the 2008 recipient of the March of Dimes Prize for Developmental Biology. The co-winner is Dr. Cliff Tabin of Harvard Medical School. The award will be presented to Dr. Beachy in conjunction with the Pediatric Academic Society Meeting on April 7th. Please join me in congratulating Dr. Beachy for this highly distinguished honor.
- **Dr. Laurence Baker**, Professor of Health Science Research and Policy and, by courtesy, of Economics, has been awarded the Medal of the Association for the Study of Higher Education at its conference in June. Please join me in congratulating Dr. Baker for this honor.
- **Dr. Marilyn Winkleby**, Professor of Medicine and Faculty Director of the Office of Community Health, has been awarded the Judith Pool Award from the North CA Chapters of the Association for Women in Science (AWIS). Dr. Winkleby was named as the award winner because of her years of mentoring low-income high school students in the sciences, helping to break down barriers and create opportunities to ensure that women in the science, technology, engineering, and mathematics (STEM) fields can achieve their full potential. Please join me in congratulating Dr. Winkleby for this honor.

Appointments and Promotions

- **Kay W. Chang** has been promoted to Associate Professor of Otolaryngology – Head and Neck Surgery at the Stanford University Medical Center, effective 3/01/08.

- **Andrew Connolly** has been promoted to Associate Professor of Pathology at the Stanford University Medical Center, effective 3/01/08.
- **Edward J. Bertaccini** has been reappointed to Associate Professor of Anesthesia at the Veterans Affairs Palo Alto Health Care System, effective 5/01/08.
- **Michael Fischbein** has been appointed to Assistant Professor of Cardiothoracic Surgery at the Stanford University Medical Center, effective 3/01/08.
- **Christina Kong** has been promoted to Associate Professor of Pathology at the Stanford University Medical Center, effective 3/01/08.
- **Peter G. Maxim** has been appointed to Assistant Professor of Radiation Oncology at the Stanford University Medical Center, effective 3/01/08.
- **Josef Parvizi** has been appointed to Assistant Professor of Neurology and Neurological Sciences at the Stanford University Medical Center, effective 3/01/08.
- **Sharon E. Williams** has been promoted to Associate Professor of Psychiatry and Behavioral Sciences at the Lucile Salter Packard Children's Hospital, effective 3/01/08.

Dean's Newsletter

April 7, 2008

Maintaining Relationships

On March 24th it was announced that Dr. Bryan Bohman has been elected Chief of Staff (COS) at Stanford Hospital & Clinics (SHC). Dr. Bohman received 53% of the 795 votes that were cast. For reference, all physician members of the medical staff, which includes faculty and community physicians, were eligible to vote. Excluding PhD and pediatric faculty, I estimate that approximately 680 faculty (including clinician-educators) were eligible to vote. Faculty comprise around half of the credentialed medical staff, although they care for approximately 75% of the patients admitted to SHC.

I offer my personal congratulations to Dr. Bohman and will certainly do all that I can to assist him in this important role and responsibility. For those who do not know him, Dr. Bohman is a community anesthesiologist; most recently he has served as the President of the Medical Staff. He played an important role in the revision of the SHC By-Laws that resulted in making the COS an elected rather than an appointed position (as has been the case until now) and in expanding the responsibilities of the COS, including appointment to the SHC Board of Directors.

While I am optimistic about the future, I do wish to share a concern. During the two week election period, there was considerable campaigning – which is good, since it heightened interest in the role of the medical staff. However, there were also a number of communications that tended to draw some sharp lines between the community and faculty physicians and that, to a degree, seemed to convey that the community doctors needed to unite to secure their leadership at SHC. I applaud the commitment of our community colleagues to SHC, but I am always distressed when communications become polarizing, as they sometime appeared to do in this election. Naturally we are all aware that elections can bring out the worst as well as the best among candidates and others involved in the process.

Of course I also recognize that there are considerable concerns about the future of SHC as it proceeds to a major renewal and rebuilding of its facilities in the years ahead. But I would hope that we would not devolve into the type of divided “town-gown” or community-faculty polarization that, unfortunately, has occurred at some points in the past. Accordingly, I call on each of us to do all that we can to maintain – and indeed improve – our relationships and interactions. With the state of health care as it is, and the many economic and professional challenges that stand before us, it is imperative that we work collaboratively and successfully on behalf of our patients, community, hospital and university.

In addition to the election of Dr. Bohman for the Chief of Staff, Dr. Geoff Rubin has been elected Vice Chief of Staff. He received 65% of the votes in a run-off election that concluded late last week. Under the terms of the revised By-Laws, the Vice Chief becomes the Chief of Staff in two years. Congratulations to Dr. Rubin. Now it is time to move on – with the goal of focusing on the goals of the entire medical center.

Laptops and Privacy

Laptop thefts are a risk to research subjects as well as patients. Todd Ferris, Associate CIO – IT Services, has prepared the following information on what needs to be done to combat this distressing trend.

Recently the NIH made a public announcement that a laptop theft exposed research subject information. The laptop was locked in a car trunk and was password protected; nevertheless, it was stolen and the research subjects' information is considered compromised. (Full NIH press release can be found at:

<http://public.nhlbi.nih.gov/newsroom/home/GetPressRelease.aspx?id=2559>)

Unfortunately, this is just the latest high-profile laptop theft that has exposed sensitive information on patients, research subjects, or employees.

It is estimated that over 600,000 laptop computers are lost or stolen each year in the U.S. As more people use laptops as their primary, and often sole, computing device the risk of data loss and theft will increase. Never leave your laptop unattended in a coffee shop, airport bathroom, on a speaker's podium or in other public places. Laptops left in automobiles, even in the trunk, are particularly vulnerable. Laptops should be carried as

hand luggage when traveling.

Backups of the data on your laptop are extremely important. Laptops have a higher likelihood of data loss, either due to rough handling or theft. Without a backup, your important data can be lost forever.

Even when we try our best to protect our laptops, some will be stolen. While the likelihood that a thief will want the information on your laptop is very low, the reality is that California law requires us to notify research subjects and patients if their medical information was on a device that was stolen (regardless of the likelihood of the information being accessed) unless the information is encrypted. If identifiable patient or research subject health information is stored on a laptop or any other removable media (e.g., USB drive, CD, portable hard drive), that information must be encrypted. (Stanford University policy:

https://www.stanford.edu/dept/hipaa/policy_university/security/comput_estorage_device.html).

There is no single encryption method available that works for all situations on all laptops. There are many solutions available, from encrypting a single file to encrypting your whole hard drive. The School of Medicine has some recommendations for encryption at <http://med.stanford.edu/irt/security/protecting/laptops.html>

You can also find more general information about mobile computer security at http://www.stanford.edu/group/security/securecomputing/mobile_devices.html Additionally, you can find detailed technical guidelines on encryption at: https://www.stanford.edu/dept/hipaa/policy_university/security/sg_encryption.html

Contact your local IT support person to help you choose and implement the encryption solution that best fits your needs. You can also contact the School of Medicine Service Desk at 725-8000. In the event of a lost or stolen laptop, contact the School of Medicine Privacy Officer at 725-1825.

Global Medicine

The March 31-April 1st Association of Academic Health Centers (AAHC) annual meeting addressed “Building Academic Health Center Infrastructure Worldwide.” I am a member of the AAHC Board of Directors, and I also participated on a panel on global research issues at this meeting. There is a wide range of activities being pursued by US Academic Medical Centers related to global health that are guided by quite different goals and incentives. They range from faculty-initiated collaborations in research and education to more organized institutional collaborations with one or more countries or international hospitals or medical schools. In some cases they involve management of clinical or other services and in a few instances include degree programs such as those administered by Weil-Cornell Medical School in Qatar and Duke Medical School’s recently initiated MD degree program in Singapore.

Some US institutions appear to be motivated by a sense of mission to engage with the global community to extend their reputation and expertise. Others are motivated by the prospect of financial returns from international patients receiving services at their center or from profits emerging from clinical services provided abroad. At the same time, leaders from other nations look to the US to model the development of more integrated academic medical centers with the goal of better integrating research and education with patient care.

Important perspectives were shared not only about the programs established by affiliation with US Academic Medical Centers (US AMC) but also about the organization and challenges around academic medicine and health care in the United Kingdom, Israel, China, Singapore, and Italy. Failures, as well as successes, were presented, and I concluded that, analogous to the mantra that “if you have seen one academic medical center, you have seen one academic medical center,” the same can be said for international programs and collaborations with US academic medical centers.

The meeting did help to affirm some conclusions I have previously drawn. Foremost among them, while appreciating the objectives of medical centers in running clinical services in various nations, I do not see this activity as consonant or even compatible with our mission at Stanford. Further, while the degree programs between Cornell and Qatar and Duke and Singapore are interesting, I do not see this as a path we should travel. Rather, it seems more prudent to stay focused on what we do well – training leaders in the biosciences and medicine and enhancing our commitment to discovery and innovation. Developing partnerships in these areas, as we have done with the India-Stanford BioDesign Program and with our education collaboration with Shantou Medical School in China, seems a more sensible route to travel. In addition, as we continue to develop our global health program at Stanford, it seems wiser to do so in collaboration with the rest of the university rather than simply as a medical school or academic health center. Understandably, our agenda at Stanford will be further shaped when we recruit the leader of the Global Health Program – the search to fill this position is now underway.

As is often true, I was intrigued by the way health care has or is evolving in other nations and how some assumptions or perceptions run counter to reality. There is no doubt that we can learn much from other nations’ experiences, and I doubt we will really be able to speak about global health until the exchange of information and experience is really bi-directional. In fact, I was intrigued that much of the discussions at the AAHC meeting focused on the knowledge US AMCs could export or the clinical revenue they might import. From my point of view this is too unidirectional. We should also be preparing for the prospect that other nations may seek to export their knowledge and programs to the US or that clinical programs and care will move from the US to other nations – as is already beginning to happen. While we have much to offer in biomedical research, we might also learn a lot from other nations about the delivery of health care and even the education of doctors. In doing so we would really be promoting global medicine.

The Medical Workforce

I have addressed some of the issues surrounding the Physician Workforce dilemma in past issues of the Dean's Newsletter (see: http://deansnewsletter.stanford.edu/archive/04_29_02.html#7, http://deansnewsletter.stanford.edu/archive/11_19_07.html#a). Specifically, during the past year the Association of American Medical Colleges (AAMC) (see: <http://www.aamc.org/workforce/start.htm>) has proposed addressing the projected shortfall of physicians (which for primary care physicians could be 85,000 or more by 2020) by increasing the size of medical school classes by 30% and by supporting the establishment of several new medical schools. In fact, both of these recommendations are underway, although I am not convinced that either will truly solve the problem. The reality is that there is a shortage of primary care physicians (as well as certain specialty physicians), and the data emerging from the National Residency Match Program (including that of two weeks ago) continue to demonstrate that fewer graduating medical students are seeking careers in primary care.

A number of factors contribute to this trend, among which is the relative low compensation for primary care physicians in comparison to that achieved by medical and surgical specialists. Lifestyle issues also contribute to student choice of career pathways. Our medical workforce in the USA is increasingly becoming one dominated by specialists. While this has relevance to the management of patients with complex chronic disorders, it still leaves unsolved the availability of well-trained primary care physicians who can coordinate medical care and provide a "medical home" for patients. Indeed many of you are aware of the difficulty in finding a primary care physician in the Bay Area – a problem heightened by the increasing number of general internists as well as other practitioners who are opting for smaller, concierge practices.

Because we have not mandated – nor likely will we want to do so – the career choice of graduating medical students, I find it hard to imagine that the workforce issues will be solved successfully simply by graduating more medical students. It seems probable that medical school graduates will continue to choose career paths based on the perceptions and experiences that emerged while they were medical students. Even if a student entered medical school with the goal or expectation of becoming a primary care physician, it seems likely that she or he will chose a specialty over primary care by graduation, unless the compensation, lifestyle and career satisfaction of a primary care physician is improved and enhanced. This is addressed, in part, in a recent editorial in JAMA (2008; 299:1595-1597) by Baron, RJ and Cassel, CK entitled "*21st Century Primary Care: New Physician Roles Need New Payment Models.*" Clearly this issue needs serious attention.

Further, it seems narrow minded to address the healthcare workforce issue by focusing solely on producing more doctors. This is not to question that there are likely to be real shortages of physicians in the future. My concern, as already noted, is that simply increasing the number of doctors will not, by itself, solve either the nation's projected workforce needs or the geographic distribution of doctors. Expectations about the numbers of MDs, compared to other practitioners, will also be influenced by whatever

changes occur in health care reform in the years ahead. They may also be impacted by the evolving goals and expectations of other health care professionals.

For example it is of interest that the Council of Advancement of Comprehensive Care (CACC) is promoting a new degree path for nurses called the Doctor of Nursing Practice. Indeed, on April 4th “the CACC and the National Board of Medical Examiners (NBME) today announced that they have reached an agreement to develop and administer a Certification Examination for Doctors of Nursing Practice (DNP). This competency-based examination, which will be administered to DNP graduates for the first time in November 2008, will assess the knowledge and skills necessary to support advanced clinical practice. It will be comparable in content, similar in format and will measure the same set of competencies and apply similar performance standards as Step 3 of the United States Medical Licensing Examination (USMLE), which is administered to physicians as one component of qualifying for licensure” (see: <http://www.pr-inside.com/print517127.htm>). While it is likely that many on the MD side of equation will argue against this additional expansion of the role of nursing, I do not see that position as reasonable assuming that the competencies for general primary care are fully embraced and individuals possessing the DNP degree truly fill the critical void now left in primary care.

Unfortunately, these changes, like those that have occurred in recent years and others likely to follow, are responses to the pervasive market-driven health care system that has evolved in the US. As such they do not necessarily represent what is best from an overall health care perspective - but rather what is achievable. I would hope, of course, that the organization of our health care might be framed more responsively and responsibly and less reactively. But I recognize that is unlikely – but some more thoughtful incremental change might occur when our nation’s health care debate becomes more focused, bi-partisan and more results oriented.

Reflections on Stem Cell Research in California and at Stanford

On April 3-4th Dr. Irv Weissman, Ludwig Professor and Director of the Stanford Institute on Stem Biology, and I participated in the East West Alliance meeting held in Cambridge (UK). The East West Alliance brings together a number of centers and nations who have received support from the Li Ka Shing Foundation and is focused on four major areas: cancer, stem cell, infection and immunity, and aging. The Alliance includes the University of Cambridge, University of California at Berkeley, University of Toronto, University of Manitoba, the University of Hong Kong, the Chinese University of Hong Kong, Institut Pasteur, Shantou University and Stanford.

This year’s Alliance meeting was focused on stem cells and imaging. As you know, support for embryonic stem cell research has been a topic of debate and discussion in the US, where federal support remains restricted, in contrast to the more positive promotion of stem cell research that has occurred in the UK and in Asia. This prompted me to review the situation in California, as well as at Stanford, where Proposition 71 and the California Institute for Regenerative Medicine (CIRM) have played a significant role in

stimulating and supporting stem cell research. I gave a report on this topic at the East West Alliance meeting.

As you will recall, the CIRM was established in November 2004, when nearly 60% of the California electorate voted for the bond that would provide \$3 billion for stem cell research in California universities, research institutes and biotechnology companies. I have had the privilege of serving as one of the 29 members of the Independent Citizen's Oversight Committee (ICOC), the governing body that oversees the CIRM. During the past 41 months, the ICOC has put together the infrastructure as well as policies and procedures for CIRM activities. Their activities have included establishing external scientific review groups and task forces and workgroups that have defined short and long-term strategic initiatives as well as grants and other support for education and training, innovation, and basic and translational disease-based research.

Unfortunately, lawsuits challenging the constitutional authority of Proposition 71 limited use of the bonds until mid- 2007, although limited funding commenced in 2006 thanks to "bond advancement notes." Since then, CIRM has been moving forward steadily, and it now has the potential to enable California to be a word leader in stem cell research. To date CIRM has awarded support for training grants, seed (innovation) grants, comprehensive institutional grants, stem cell techniques, shared resources and new faculty scholars. Importantly, announced new program support includes funding for the development of new cell lines, development of tools and techniques, planning for disease teams, additional new investigator support and, importantly, grants for major facilities. Indeed, Stanford looks forward to learning in May the results of its application for a major facility award.

Given the late start in funding due to the litigation, the CIRM has made great strides to date, with \$259,724,943 having been awarded to 22 institutions for 156 grants. Stanford faculty has been particularly successful to date, having received 15.9% of the total dollars and 15.3% of the grants. Of course, the funding is only a reflection of the more important metric – the quality and significance of the research and the development of future leaders in bioscience and translational research.

In addition, we learned on April 5th that the Major Facilities Group announced the recommendations that will be made to the ICOC for the 12 applicants for major facility grants. Stanford has come out at the top of the list with a recommended funding of \$47.5 million. This is of course wonderful news, although the decision will not be finalized until the May ICOC meeting. It is important to acknowledge the considerable efforts of the many faculty and staff who worked on this application – and I will be more explicit about thanking them once the final decisions are made in May. But for now this is great news.

Updated SMP Shuttle Schedule

Now that the administrative staff at Stanford Menlo Park has settled into their new offices, some changes have been made to the shuttle; the new schedule is on the website

home page at <http://med.stanford.edu/smp/>. Please take this opportunity to visit the new offices.

Upcoming Events

April Centennial Events

As our Centennial observance continues, we're looking forward to our all-school party on Wednesday, April 23, 11:30 a.m. -1:30 p.m. All faculty, students and staff are encouraged to come to the Dean's Lawn (Campus Drive and Roth Way) for a barbeque lunch. In addition to tasty food, there will be a ragtime band adding a "Centennial touch" to the day.

In addition, as mentioned in the last Newsletter (http://deansnewsletter.stanford.edu/archive/03_24_08.html#4), we will be collecting items for a time capsule to be opened in 100 years. Attendees are encouraged to bring a contemporary item that reflects the "spirit of the present" for the capsule that will be opened in the year 2108. Items for the time capsule don't have to be related to the medical school but can simply represent the spirit of our times. Some suggestions include: a Stanford ID badge, a personal statement of "Life at Stanford in 2008," predictions for 2108, photographs or CDs, electronics (such as memory sticks), course catalogues or periodicals. Items may not be perishable or contain liquid and must be no bigger than a cubic foot. Items will be collected and displayed on a table at the lunch. There will also be guest books available to sign with written memories or predictions for 2018. You are also encouraged to submit your predictions and memories to the Centennial Web site at <http://med.stanford.edu/centennial/guestbook.html>.

Since we want everyone to come to this special event, there will be shuttle service available to and from each off-site location. For more details on the lunch, shuttle service and other Centennial events, see the Centennial Web site at <http://med.stanford.edu/centennial/events.html>.

During the same week the Basic Mechanisms in Immunity and Infection Symposium, another Centennial event, will take place on April 24-25 in the Clark Auditorium. Additional information is listed in the "Upcoming Events" of this Newsletter.

Finally, our Centennial web site has just been updated with new highlights including a focus on minorities in medicine, including information about Stanford programs that foster growth in this area. In addition there is an interesting look at medical instruments over the years and a look at Match Day 2008, the immediate future for our graduating seniors.

Basic Mechanisms in Immunity and Infection Symposium
April 24-25, 2008
Clark Auditorium

The Basic Mechanisms in Immunity and Infection Symposium will highlight several major advances in our understanding of the genes and gene products that comprise the immune system and its normal response to foreign invaders as well as its aberrant response in auto immune diseases. There will be four sections covering Innate Immunity: Cellular Immunity mediated by T cells and B cells; the molecules determining immune cell trafficking in the organism; and the events that lead on the one hand to complete tolerance to self proteins, and on the other hand, to evasion of these tolerance mechanisms resulting in auto immunity. In addition to Stanford faculty, the list of speakers includes Drs. Lalita Ramakrishnan from the University of Washington, Jean-Pierre Casanova from the University of Paris, Andrew Chan of Genentech, Harold von Boehmer from Harvard, Diane Griffin from Johns Hopkins and Hidde Ploegh from MIT. For additional information about the Symposium, contact Michele King at michele.king@stanford.edu; phone: (650) 498-3084.

Awards and Honors

- **Jonathan Pollack, MD, PhD**, Associate Professor of Pathology is one of thirteen recipients of a 2008 Clinical Scientist Award in Translational Research of the Burroughs Wellcome Fund. Congratulations to Dr. Pollack.
- **Ron Alfa**, first year medical student, has been selected as the 2008 nominee by the Osler Medal Committee of the AAHM. He has been awarded the Osler Medal for his essay "Redefining Inert: The Birth of the Placebo in American Medicine." Congratulations, Ron.

Dean's Newsletter April 21, 2008

Aging and the Medical Workforce

In the April 7th issue of the Dean's Newsletter I offered some comments and reflections on the medical workforce (see: <http://deansnewsletter.stanford.edu/#4>). A new report issued by the Institute of Medicine (IOM) on April 14th has further highlighted the issue of the medical workforce, in this case as it relates to the aging population. Indeed, Dr. Jack Rowe, who chaired the committee that produced the report, which is entitled "*Retooling for an Aging America: Building the Healthcare Workforce*" (see: <http://www.iom.edu/CMS/3809/40113/53452.aspx>), opened his presentation at the Council of the IOM I attended this past week by noting that the number of geriatricians in the US (currently 7100) has declined by 22% since 2000. The declines are even more acute for nurses' aides and home health aides. Since the population of older adults is forecast to grow to more than 20% of the US population over the next several decades, there will be serious shortfalls in the workforce available to provide medical care to the elderly. Parenthetically, the IOM report is also timely in view of the Spring 2008 issue of *Stanford Medicine*. Entitled "*The Long of It: The Globe Turns Gray*" (see: <http://stanmed.stanford.edu/2008spring/index.html>), the issue addresses a wide range of topics related to longevity.

The IOM Report “calls for bold initiatives starting immediately to train all health care providers in the basics of geriatric care and to prepare family members and other informal caregivers, who currently receive little or no training, in how to tend to their aging loved ones. Medicare, Medicaid, and other health plans should pay higher rates to boost recruitment and retention of geriatric specialists and care aides.” In addition, the report proposes more stringent criteria to measure knowledge and competence in geriatric care. But the report also highlights an important systemic issue that limits attracting physicians and other professionals to geriatric medicine – the poor reimbursement to providers and care facilities.

For example, a general internist might earn an average of \$175,000 in 2005. However, despite extra years of training (beyond general internal medicine), a geriatrician’s compensation actually declined to \$163,000 in 2005 dollars. Similar salary discrepancies are also observed for nurses, pharmacists, social workers and others who specialize in geriatric care. One reason for this is the lower rate of reimbursement by Medicare for primary care – a factor that is likely contributing to the primary care workforce in the US – a topic I have also recently addressed (see:

http://deansnewsletter.stanford.edu/archive/03_24_08.html#1). The problem is further exacerbated by Medicare’s focus on acute care rather than chronic management and lack of coverage for preventive services or non-physician providers as well as by the fact that the Medicare Trust Fund is slated to run out of money by 2019.

The IOM calls for significant progress by 2030 (which is pretty late given the current situation) and focuses on assuring greater competence in geriatric care, doing a better job in the training, recruitment and retention of the workforce and on creating improved models for health and health care for the elderly. As noted, many of the issues highlighted in this report are generic to our somewhat fractured health care system and are best seen as an important part of health reform. With that, we also need to assure that we are doing a better job in educating our students and trainees in geriatric care – and to caring for the elderly both in and outside of medical settings.

Continued Evolution of Conflict of Interest Issues

The past several weeks have seen the continued evolution of physician-industry interaction and conflict of interest issues. I have previously commented on the legislation introduced by Senators Grassley and Kohl entitled the “Physician Payment Sunshine Act” (see: http://deansnewsletter.stanford.edu/archive/11_19_07.html#b), which would require pharmaceutical and device companies to disclose gifts or payments given to doctors. The Senate committee is extending this request to “medical education gifts,” which relates primarily to fees or gifts provided for continuing medical education (CME). The pending legislation surrounding this issue has prompted a number of drug and device companies to indicate that they will publicly disclose such gifts or payments, probably on their websites – although a national data base is likely to be forthcoming. As you know, Stanford came forth with restrictions on gifts from industry in its October 2006 Industry Interactions Policy (see: <http://med.stanford.edu/coi/siip/>) although this most recent issue

has specifically addressed CME. The pending threat of legislation has prompted a number of companies to note that they will disclose payments more broadly, including those to disease advocacy groups as well as doctors. This is part of a continuing evolution of industry interactions with the medical profession.

And while modest by any standard, it is notable that the April 15th *New York Times* reported on three academic physicians who have elected to stop receiving gifts or payments from industry (<http://www.nytimes.com/2008/04/15/health/15conf.html>). They plan to sustain their interactions with industry but without personal compensation or payment. This is, of course, a personal choice, but I suspect that this trend too will continue.

Further, in light of the inquiries from the Inspector General as well as the Grassley committee, the NIH has issued regulations establishing standards and procedures for institutions that apply for funding (see: http://www.access.gpo.gov/nara/cfr/waisidx_06/42cfr50_06.html) and has posted a fact sheet to address some of the most commonly asked questions (see: <http://grants.nih.gov/grants/policy/coifaq.htm>). In addition to the “institution” questions there are a series of queries and facts for investigators that you may wish to familiarize yourself with. These include the following – the responses to which can be found at the NIH site noted above.

1. Who is required to disclose financial interests?
2. Who is considered an “Investigator” for this purpose? Is it only the Principal Investigator?
3. I am a post-doctoral fellow receiving funding from the NIH. Does this regulation apply to me?
4. I am a graduate student working on research funded by the NIH. Am I subject to the requirements of the FCOI regulation?
5. I am a collaborator/contractor/subcontractor/subrecipient performing research funded by the NIH but am not employed directly by the Institution that received the award. Does this regulation apply to me?
6. Which financial interests do I need to disclose?
7. What about assets held by my spouse or children? Are they included?
8. Does this include salary paid me by my Institution as an Investigator?
9. To whom should I report my financial interests?
10. When should I report these interests to the Institution?
11. What happens if my financial situation changes during the award period?
12. I am an investigator in an NIH-supported clinical trial network. My network has developed a study-wide policy for the trial that requires me to disclose my Significant Financial Interests to my network’s steering committee/operations office on an annual basis. Do I need to disclose my Significant Financial Interests to my Institution as well?
13. I’ve heard there is a special requirement for clinical research? Is this true?
14. I have heard about changes in the conflict of interest regulation for Investigators employed at the NIH. Do these apply to me?

15. I have been asked to give a paid presentation at and participate in a review of a non-profit research Institution. Do I need to report the income I receive from these activities?
16. Am I required to disclose interests in mutual funds?
17. What about stock options?
18. What about “blind trusts”? Are those included in this regulation?
19. Is income from royalties included in this regulation?
20. Are foreign investments (e.g., shares in a foreign corporation) covered by the financial disclosure requirement?

I feel confident that many will find these questions have relevance to them and their work. Please note that most are captured in Stanford’s Conflict of Interest Policies (see: <http://med.stanford.edu/coi/>) and that our on-line “Tips for Avoiding Conflict of Commitment and Interest” may also be informative to you (see: <http://med.stanford.edu/coi/tips.html>).

Changes in the Opportunities for Clinician Educators

To fully meet and address our missions in education, research and patient care, we need a faculty that is expert in each domain and who interact and collaborate successfully. Our overarching goal of “making and translating discoveries” is grounded in basic research and also includes interdisciplinary research, education and patient care. Investigators, clinician-scholars/investigators and clinician-educators each play an important role individually and collectively.

When I arrived at Stanford in 2001, many viewed the Medical Center Line, which had been in existence for a decade (and is now referred to as Clinician-Scholar/Clinician Investigator Line), as “second class.” Since then we have made considerable progress in making these faculty an essential component of our professoriate, beginning with the Academic Senate approval of Principal Investigators status in January 2003 (http://deansnewsletter.stanford.edu/archive/10_13_03.html#1) and also by the interchangeability of the UTL and MCL faculty billets based on the scope and appropriateness of responsibilities rather than a preformed categorization.

Unfortunately, while the role of the Clinician-Scholar/Clinician Investigator has become more valued, misperceptions and misunderstandings now seem to abound regarding the Clinician Educator Line, which we introduced in July 2004 (see: http://deansnewsletter.stanford.edu/archive/07_26_04.html). This is unfortunate, since I certainly view members of the Clinician Educator faculty as valued and important members of our medical school community. Indeed, Clinician Educators play important roles in a number of clinical departments (e.g., Pediatrics, Anesthesia), where they are highly valued and fully embraced. Unfortunately, other clinical departments have relatively few Clinician Educators and some even express a bias against them, which is most unfortunate. Importantly, Clinician Educators receive among the highest scores for medical student clinical teaching and are valued patient care physicians.

To facilitate a greater engagement of Clinician Educators with the Medical School professoriate, David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, Harry Greenberg, Senior Associate Dean for Research, and Ann Arvin, Vice Provost and Dean of Research, and I met with the Provost to discuss the role of Clinician Educators in clinical trial research. Based on that discussion the Provost has approved that Clinician Educators who are at the rank of Clinical Assistant Professor, Clinical Associate Professor and Clinical Professor may serve as a Principal Investigator for the Stanford site on multi-center, industry-sponsored clinical trials. To enable this to occur, a Clinician Educator faculty member needs to submit a waiver request to her or his department chair. In turn the chair must verify that the Clinician Educator will have protected time to conduct the clinical research and that she or he is qualified to serve as a site PI. Approvals will be through the Senior Associate Dean for Academic Affairs and the Senior Associate Dean for Research (see: <http://med.stanford.edu/rmg/piwaiver.html>).

Hopefully these actions will provide another opportunity to bring our community into closer alignment and to foster our shared missions in education, research and patient care

Support for Graduate Students

As many of you know, in October of 2006 the NIH implemented a cap on tuition reimbursement of \$16,000 for new and renewing NSRA training grants. This adds an even greater financial strain on programs with graduate students on training grants, many of which are already struggling under the existing shortfall in both tuition and stipend support. The total School of Medicine tuition cap impact in FY07 was \$192,000 (in addition to the existing shortfall in both tuition and stipend), but will rise to \$1.2 million in FY08. Importantly the impact of the NIH cap is projected to increase to \$3.5 million by FY12, at which point all training grants will have come under the cap.

To help address this important issue we have been working for over a year to define both short and long term solutions. We are grateful to the Provost and the Office of Graduate Education for making funds available from the Stanford Graduate Fellowship (SGF) program that will help mitigate the shortfall over the next five years. In fact, the Provost has committed \$4.5 million in SGF funds to be distributed from FY08-FY12 to schools with training grants, based on the number of training grant students as of August of the prior year.

In addition, beginning in Autumn Quarter 07-08, SGF support will provide 100% of the tuition cost of SGF fellows, which eliminates the need for the 19% School of Medicine tuition contribution for those students; the annual savings in the School of Medicine will be \$250,000 a year, and I have committed to reroute these dollars also towards graduate student support.

For longer-term solutions, we have done a detailed review of all endowments committed to education and focused on those that could have an expanded purpose. This has required considerable time and effort and I am appreciative to the role that Sam Zelch, Chief Financial Officer and Assistant Dean for Fiscal Affairs, and his team played in this

review. They have identified approximately \$66 million of endowment that can be allocated to support graduate education and related programs. Indeed, this will yield approximately \$3.6 million per year, of which we will allocate approximately \$2.9 million in annual income to support graduate student training grant tuition support. This should help to provide a long-term solution to the challenges that arose from the NIH tuition cap. We will also allocate approximately \$0.7 million annually to help support other important graduate education programs including the ARTS (Advanced Residency Training Program at Stanford – see below), the Masters in Medicine and the Medical Science Training Program (MD-PhD).

I hope that these allocations will provide some relief for faculty who support graduate students through training grants. In addition, we will also commit ourselves to seeking philanthropic support for our graduate education programs, and I hope that faculty will join with me and our Office of Medical Development to help raise those funds.

Applications for the ARTS Program are Invited

Current Stanford residents and clinical fellows interested in combining clinical training with advanced research training are invited to apply to the Advanced Residency Training at Stanford (ARTS) Program (see: <http://med.stanford.edu/arts/> for more details).

The ARTS program offers the opportunity to obtain a PhD degree during or upon completion of residency or clinical fellowship. The program begins with approximately 12-48 months clinical training toward board certification in any area of interest, followed by research training in a graduate program in the Schools of Medicine, Engineering or Humanities and Sciences at Stanford University. The ARTS program will provide tuition, stipend and health benefits to successful applicants. Dr. Sam Gambhir, Professor of Radiology and Bioengineering, is the Program Director. The application deadline is October 1, 2008 for applicants who seek to begin their PhD coursework in the Fall of 2009.

If you are interested please contact the ARTS Program Office for more information. You can call (650) 724-9139 or email: sofias@stanford.edu

Stanford Institutes of Medicine 1 (SIM1) Continues to Move Forward

A number of individuals have asked me whether the large excavation site near campus drive is for SIM1. The answer is no. That site is part of the Connectivity Project and will be the new loading dock for many current and all new buildings. The loading dock also connects to a series of underground tunnels that will deliver supplies to school buildings in the years ahead. We expect that this project will be completed by the end of the year.

At the same time we are indeed making progress with SIM1. The site for the future 200,000 gross available square foot (gasf) building is now marked off just south of the CCSR, and the program planning and architectural design are nearly complete. The latest architect renderings were presented to the Land and Buildings Committee of the

University Trustees on August 8th and were well received. A website for the building will soon be set up, but I am providing a couple of the most recent renderings here for your information.



View of SIM1 from the Academic Walk



View from Campus Drive (moving west)

The design of SIM1 will serve as the prototype for future research buildings, including the other SIMs and the Foundations in Medicine (FIM) buildings. We currently anticipate groundbreaking for SIM1 to take place this summer and for the project to be completed in 2010.

Changes in NIH Peer Review is Coming

In the November 5th Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/11_05_07.html#1) I discussed some of the potential changes to the NIH peer review system. And in the March 10th issue of the Newsletter (http://deansnewsletter.stanford.edu/archive/03_10_08.html) I outlined the proposed changes in peer review that were publicly posted and sought comments that we could share with NIH. I received very few comments. Over the past weeks I have spent time with various leaders at NIH discussing the proposed changes and offering data to place some of them in a reasoned context. Based on those discussions, it seems clear that the process for change in peer review is on a fast track and that some of the recommendations will be brought forth more formally in the next month. While a number of the proposed changes are likely to be helpful, some are potentially more challenging. We will monitor this issue and get back to you as information unfolds. But do be prepared for some changes in the peer review process in the not too distant future.

Of course the major change that everyone is hoping for is an increase in the NIH budget. But, as I have also said in numerous settings, that seems unlikely given the current economic situation, even with a change in administration and more political support for NIH. Virtually every leader I have spoken with in DC fears that there is simply not going to be the discretionary funding available to address the NIH funding level for some time. The impact of this is already noteworthy - since the flat funding began in 2003, the NIH has lost more than \$3.6 billion in purchasing power. Changes in peer review, even if well intentioned, could have unintended consequences, making it important for all of us to carefully assess the proposed changes.

Security and Information Technology

In the most recent issue of the Dean's Newsletter I featured a commentary on laptop security based on recommendations from Dr. Todd Ferris (see: <http://deansnewsletter.stanford.edu/#2>). This issue has become increasingly more contentious with recent thefts of laptop computers from NIH scientists that contained patient-related clinical trial data. This follows the highly publicized case that occurred on January 20, 2007 when a laptop containing patient data was lost at the Birmingham VA, which prompted very strong reactions from the VA leadership and from the Congress. There is no question that IT security, especially of patient information, must be protected. There is also no question that such information is now contained on a number of servers and computers within academic medical centers and that even with encryption there is not likely to be truly de-identified data. At the same time, despite recent computer losses, there has not yet been theft of patient sensitive or related information – although this is certainly not a reason for not exercising rigorous security measures.

On Friday, April 18th I attended a special meeting hosted by the AAMC and the VA to discuss the current data security. While some of the more stringent rules within the VA have created heightened anxiety and frustration for VA scientists and physicians, along with tensions between VA and academic affiliates, it is also quite clear that issues of

security and information technology cannot be viewed as a VA-specific issue. Indeed it impacts the entirety of our academic medical centers and universities as well.

I found the discussions to be helpful and thoughtful as leaders of the VA and various university/medical school, NIH and AAMC leaders shared experiences and sought solutions. It was generally agreed that all institutions need an IT security blueprint and that this must be coupled with a plan for a cultural transformation about data safety, one that recognizes that we are in a new day of both information access as well as oversight scrutiny. Accordingly, we all need plans for implementing the blueprints and plans.

It is also clear that IT security must find a balance. There is simply no “zero risk” scenario that is workable. It is imperative that the research must continue and that relationships and data sharing between VA and university affiliates must be assured. A firewall that simply surrounds the VA and excludes the academic center is simply not workable. At the aforementioned meetings, examples of successful partnerships between the VA and university/medical school leaders at both the University of Pennsylvania and Yale were described. Their success included very close and effective working relationships between the leaders and community. It required developing an inventory tool to assess the highest risk situations, since it is clear that risk stratification is essential in moving forward. This further involved a critical review of investigator laptops and desktops to assure that they contained the appropriate encrypted software and that higher risk servers met criteria of the FISMA (Federal Information Security Management Act) or at least had a path to achieving such an accommodation. In some cases this involved an external audit.

I am aware that our Stanford IRT and data security groups have done an excellent job to date in data security and that there are ongoing efforts to secure patient sensitive data within the medical school and also with our VA colleagues. But it is also clear that this will require ongoing efforts, since it is unlikely that any uniformly applicable solution exists. But if there is a willingness to engage collaboratively, it is also clear that progress can – and indeed must - be made. This collaboration will require faculty involvement as well as that of IT and university leaders to be successful.

Cancer Center Holds Another Successful Member Retreat

On April 7th the Stanford Cancer Center held its 2008 Member Retreat featuring presentations on Cancer Imaging and Early Detection, Women’s Cancers, Opportunities for Genetics and Population-Based Research, Molecular Therapeutics, New Initiatives for Immunology Research and a number of breakout discussions on topics ranging from cancer stem cells to cancer survivorship. This year’s keynote speaker was Dr. John Niederhuber, Director of the National Cancer Institute, who commended Stanford for its progress as a cancer center and also addressed some of the important challenges and opportunities that lie ahead. It is gratifying to note how the Cancer Center at Stanford is maturing and is attracting an ever-larger faculty group committed to cancer research, care and prevention. I offer my special thanks to Dr. Irv Weissman, Ludwig Professor and

Director of the Stanford Cancer Center and Dr. Bev Mitchell, Becker Professor of Medicine and Deputy Director, Stanford Cancer Center.

Upcoming Events

All-School Centennial Celebration Luncheon This Wednesday! All faculty, students and staff are encouraged to come to the Dean's Lawn (Campus Drive and Roth Way) this Wednesday, April 23rd between 11:30 am and 1:30 pm for a barbeque lunch.

This special gathering is to commemorate the 100th anniversary of the School of Medicine. In addition to tasty food, there will be a ragtime band adding a "Centennial touch" to the day. There will also be a display of items going into a time capsule to be opened in the year 2108. You are encouraged to bring an item that reflects the "Spirit of 2008" to include in the capsule. There will be guest books circulating at the luncheon for your entries. Additionally, we are starting to receive predictions for 2108 and memories of life at the School of Medicine on the Centennial Web site at <http://med.stanford.edu/centennial/guestbook.html>.

For more details on the lunch, shuttle service (between the main campus and offsite locations) and other Centennial events, see the Centennial Web site at <http://med.stanford.edu/centennial/events.html>.

The Centennial web site has also been updated with new stories. In the "Centennial Spotlight" is one of Stanford's and the world's top scientific leaders, Paul Berg, PhD. Included is information on Dr. Berg's science, as well as his philanthropy, plus a very special video he produced in 1971 to explain protein synthesis in layman's terms. In addition there is the story behind the J.E. Wallace Sterling Muleshoe Lifetime Achievement Award (to be present at the upcoming Alumni Weekend) and a look towards our future with the Learning and Knowledge Center.

And, as a final note, you can now download our custom Centennial logos from the Centennial web site <http://med.stanford.edu/centennial/logos> These designs can be used on print (ie. letter head) and other communication.

The 2008 Symposium on Improving Diversity in Graduate Education: The Annual Symposium on Improving Diversity in Graduate Education will be held on Monday, May 5 at Noon in Munzer Auditorium and will be followed by a reception in the Dean's Courtyard. This year's speaker will be Tyrone Hayes, PhD, Professor of Integrative Biology at UC Berkeley. The title of Dr. Hayes presentation is "All Men are Created Equal and Other Truths We Hold to be Self-Evident."

Dr. Hayes will also be the Biology Department Seminar Speaker on May 5 at 4:15pm in Hewlett 201 where he will speak about "From Silent Spring to Silent Night: A Tale of Toads and Men." The Symposium is sponsored by the School of Medicine Office for Graduate Education and School of Humanities and Sciences Biology Department. For more information please contact Anika Green, agreen1@stanford.edu

The Stanford Digestive Disease Center will hold its Annual Symposium on May 3, 2008 at Hewlett auditorium, in honor of Dr. Stanley Falkow, the Robert W. and Vivian K. Cahill Professor. This year's Symposium is entitled *Through the Intestinal Tract with Gun and Camera*.

Dr. Falkow will give a presentation of the same title. Other scientific luminaries who will be presenting at the symposium include Philippe Sansonetti of Institut Pasteur, Paris; Brett Finlay of University of British Columbia, Vancouver; Jeffrey Gordon and Virginia Miller of Washington University, St. Louis, along with Stanford faculty speakers Gary Schoolnik, David Relman, Denise Monack and Manuel Amieva (Symposium 2008 Director). Dr. Harry Greenberg is the director of the DDC. The Symposium is co-sponsored by the Institute for Immunity, Transplantation and Infection (ITI) and the Department of Microbiology and Immunology.

Awards and Honors

- **Dr. Lucy Shapiro**, the Virginia and DK Ludwig Professor of Developmental Biology and Senior Fellow at the Freeman Spogli Institute for International Studies has been awarded the Charles and Martha Hitchcock Professorship for 2008-09 by the University of California (UC). Since it was established nearly a century ago, the Hitchcock Professorship has become one of the most distinguished endowments at UC and has featured a number of distinguished past winners such as Neils Bohr, Robert Oppenheimer, Noam Chomsky and Steven Chu. Dr. Shapiro adds to this list of luminaries and we offer her our congratulations and admiration.
- **Dr. Stanley Rockson** was named the first holder of the Alan and Tina Neill Professorship of Lymphatic Research and Medicine at a wonderful event held in the Cantor Arts Museum on Friday April 11th. This new professorship was a gift of Alan and Tina Neill, who have personally experienced the challenges of lymphatic disease. Through this professorship they have highlighted the importance of research in lymphatic disorders and have honored Dr. Rockson, one of the world's leading experts in this important but understudied area of medicine. Please join me in congratulating Dr. Rockson and in thanking the Neill family for their wonderful contribution.
- **The Stanford Pain Management Center** is being honored as one of six centers of excellence in the nation by the American Pain Society for its successful multidisciplinary approach to alleviating the suffering for patients afflicted with chronic pain disorders. The Stanford Pain Management Center treats 6,000 patients a year who are seen by a multidisciplinary team of doctors, psychologists, physical therapists and occupational therapists. Please join me in congratulating Dr. Sean Mackey, MD, PhD, chief of the Division of Pain Management at Stanford Hospital & Clinics and associate professor of anesthesia at the Stanford

University School of Medicine along with his colleagues for this wonderful recognition.

Appointments and Promotions

- ***Debra M. Ikeda*** has been promoted to Professor of Radiology, effective 4/01/08.
- ***Edward E. Manche*** has been promoted to Professor of Ophthalmology at the Stanford University Medical Center, effective 4/01/08.
- ***Stanley G. Rockson*** has been promote to Professor of Medicine (Cardiovascular Medicine) at the Stanford University Medical Center, effective 4/01/08.

Dean's Newsletter May 5, 2008

Tradition or Transformation: Celebrating the Past or Creating the Future*

Many institutions pay homage to past achievements as a way to justify or claim a right to their current status. In coming to Palo Alto seven years ago, I realized immediately that Stanford is a very different kind of institution. It is less bound to tradition and, in fact, doesn't display many of the trappings of its history – rich as it is. Rather, it is more focused on opening new vistas and directions.

This being the Centennial year for the School of Medicine, I want to reflect on our past history for at least a moment, perhaps as a way to better understand who we are now and where we are going in the future. And while it is true that the founding of the Stanford University School of Medicine began in 1908, its real origins can be tracked nearly five decades before then.

1858. This was the year that Darwin and Wallace presented their papers on the theory of evolution to the Linnean Society in London. It was also the year of the Lincoln-Douglas debates, often with loftier rhetoric than the “debates” taking place in 2008. But 1858 was also the year that Elias Samuel Cooper, a young surgeon, recently arrived in San Francisco, established at the University of the Pacific the Medical Department bearing his name. The Cooper Medical School began with 6 faculty and 13 students. Of course, this was a time when so-called medical schools were springing up everywhere, often without any defined admission criteria or curriculum. The Flexner Report that would change all that came 52 years later, following critical reviews and commentaries on the status of medical education by Charles Eliot, President of Harvard University, along with the Presidents of Columbia, Penn, and Michigan, among others.

Unfortunately, Elias Samuel Cooper, said to be a somewhat contentious and controversial figure, died of nephritis only four years later, in 1862. Around that time, Dr. H.H. Toland established a competing medical school in his name. He affiliated it with the University of California and, in doing so, established the roots of UCSF. As part of this process, he

tried to recruit the faculty of Cooper to Toland – setting the stage for the first failed merger between UCSF and what later became Stanford Medical School.

In 1870, Levi Cooper Lane, nephew of the then-deceased Elias Cooper, revived the medical school. Over the next two decades a new hospital and education facilities were constructed on Webster and Sacramento Streets – the cost of those facilities was \$125,000. To further solidify the Cooper Medical College, Dr. Lane appointed Dr. William Ophuls as a full-time salaried professor in 1898 (and who also served as Dean of the Stanford Medical School from 1916-1933) – a decision that was important when the Flexner Report was issued 12 years later. This Report established the fundamental requirements for a medical school – including the need for a full-time faculty and a scientific foundation for medical education as well as criteria for medical school admission and for curriculum.

Discussions about the possible association of Cooper Medical College with Stanford began in 1901 – ten years after Stanford had been established as a university – and paved the way to the founding of Stanford University School of Medicine in 1908.

1908. This was the year Frederick Cook reached the North Pole. It was also the year of the opening of the 4th Olympiad in London, perhaps best noted by the disqualification of Dorando Petri's marathon run when, apparently dehydrated and disoriented, he ran backwards during the last 300 yards of the race. While his finishing time was better than mine, at least I maintained my directional orientation in the 112th running of the Boston Marathon on April 21st, 2008. But of course 1908 was the year that David Starr Jordan, Stanford's first President, agreed that the Cooper Medical College would become the Stanford University School of Medicine. He had two conditions. First, that it be a school for medical research (which was debated hotly by the clinical faculty of the day) and second, that it could not cost the university more than \$25,000 a year to operate. President Jordan was prophetic on both accounts. While likely not relevant, it should also be noted that David Star Jordan had held a Doctor of Medicine degree – although he did not practice medicine. In fact he is one of three Stanford presidents to hold an MD degree – the other two being Presidents Wilbur and Tressider.

The first 50 years of the Stanford University School of Medicine were marked by significant growth in the clinical programs. Students spent their first year on the Palo Alto campus and then moved north for their remaining education. The school's early history was affected by two world wars and a great depression. Accordingly, class size varied, although it averaged about 50-60 in number. Proving that history cycles in defined intervals, curriculum renewal occurred in 1920 – the major unique feature of which was an allocation of 200 hours of free time during the four-year curriculum. Given the length of didactic sessions, this probably amounted to about 0.01% free time – notably less than that found in our New Stanford Curriculum (relatively speaking). At the same time, students in the second decade of the 20th century were expected to write a thesis in order to graduate. And, also part of the cyclical wheel of institutional transformation, new facilities were constructed in 1927 for \$3.75 million – clearly a fraction of the amounts anticipated in 2008.

In 1951, plans were put forth to consider the move of the School of Medicine to the Stanford campus in Palo Alto, in part based on the report of the Faber Committee (Harold Faber was the Chair of Pediatrics at the time). This plan was embraced by President Wallace Sterling and became a topic for serious discussion during the next several years.

1958: The year Sputnik fell to earth and also the year of the first major league baseball game in California, which was played in the San Francisco Seals Stadium - the SF Giants beat the LA Dodgers by a score of 8 to 0. I am a bit embarrassed to note that I remember that game, more because the Giants and Dodgers had both left New York City, where I was growing up, than because of the game itself. But, of course, 1958 was the year that Stanford Medical School stood poised to be united geographically with its parent university in Palo Alto and where a new medical school and hospital would open a year later at a cost of \$21 million. This move changed the trajectory of the medical school and must be attributed to the vision of President Sterling (an historian) along with Provost Fred Terman (an electrical engineer) and Dean Robert Alway (also a pediatrician!), who recognized the opportunity to leverage federal funding for research and create a research-intensive school of medicine. The move from San Francisco disenfranchised a number of the clinical faculty who elected to remain in the city. At the same time, Sterling, Terman and Alway recognized that recruiting the most talented individuals they could find would help place Stanford on a new level. So they did just that.

In 1959 Arthur Kornberg was recruited from Washington University to found Stanford's new Department of Biochemistry. One of his conditions for moving was bringing his entire Department of Microbiology from Washington University – which is exactly what he did. Included in this highly distinguished group – each of whom had remarkable careers over the decades that followed – was Dr. Paul Berg. In addition to Dr. Kornberg, Dr. Josh Lederberg was also recruited, from Wisconsin, to found a new Department of Genetics. With newly minted Nobel Prizes and intellects and energy that spanned many domains, they set a new trajectory for Stanford Medicine. It is sad to note that these two remarkable scientists, Kornberg and Lederberg, both died within six months of each other this past year. Their legacies live on in everything that Stanford Medical School now is and will be in the future.

Other leaders were also recruited at the time of the School's move to Palo Alto, including Drs. Norm Kretchmer in Pediatrics, Hal Holman in Medicine, Robert Chase in Surgery, David Hamburg in Psychiatry, Avrum Goldstein in Pharmacology and Henry Kaplan in Radiology. These leaders recruited other stellar faculty to join them and catapulted Stanford Medical School into national prominence. Over the past 50 years the contributions of Stanford faculty and students have been remarkable. Without question the continuing and enduring excellence in basic discovery research has been the most important distinguishing feature of Stanford Medical School. It has always been visionary and opened new paths in discovery and innovation – frequently crossing traditional disciplinary boundaries and thus taking advantage of Stanford's excellence in engineering and the physical sciences. It is the faculty and the special environment that creates contiguous connections between these disciplines that has made Stanford such as special

place. This has been further enhanced by the connection of the medical school to its two major affiliated hospitals and of the medical center to the university and its community – including the intellectual vitality of Silicon Valley and the concentration of biotechnology and device companies – a number of which have been spawned by Stanford.

Of course, these past 50 years have also been marked by the education and training of countless medical and scientific leaders. Beginning with the Five Year Plan and extending to the New Curriculum of 2003, Stanford has been consistently innovative and focused on the close connection between science and medicine. This has also fostered a spirit of innovation that has resulted in major impacts on numerous clinical fields including cardiovascular surgery and medicine, cancer, neuroscience, transplantation, child health and numerous medical and surgical discoveries. It has also played a seminal role in creating new fields, including structural biology, developmental biology, genomics, neurobiology and more recently stem cell biology and regenerative medicine. Progress can be measured in a number of ways. In *War and Peace*, Leo Tolstoy posits that the events of the moment are often the result of countless prior events that converge at a point in time. But that is not really the story of Stanford Medical School, where the steps, rather than being very small and incremental, have more frequently been leaps into new and previously unrecognized directions.

As we close the first century of Stanford Medicine and open the next, we face both opportunities and challenges. There can be little question that the prospects for ever-deepening insights in human biology stand before us that, if properly nurtured and supported, will unfold in an incredible and even exponential fashion. But at this very moment of promise, we are threatened by serious external and some internal challenges. Funding to support basic research is increasingly threatened by the declining budget of the National Institutes of Health – which it seems likely to continue, given the current economic challenges and turmoil in the US. Coupled with this is a fragmented and increasingly unaffordable health care system that features disparity and high cost as well as remarkable success in technical excellence and innovation. At the same time, the perceived value of the physician as a healer has been eroded by the past decades during which market forces have been used to correct a fundamentally flawed health care system. Of course these and other events bode for challenging times.

This makes it all the more important for Stanford to sustain its leadership role in the years and decades ahead. While we face many challenges, I believe we have taken steps in the right direction. We have renewed and reaffirmed our commitment to educating leaders who will shape the future of science and medicine. We continue to reaffirm and do all we can to support excellence in basic research. And we seek ways to foster novel interconnections between the biosciences and the physical and engineering sciences through programs like BioX and Bioengineering. We have also committed resources to bring the basic and clinical faculty of the medical school together and to join them with the rest of university to advance knowledge and its translation to improving the lives of adults and children through our Stanford Institutes of Medicine and their related Centers of Excellence at Stanford Hospital and the Lucile Packard Children's Hospital. We also

seek to build on the excellence of our basic and clinical science departments as anchors for the education and training of students and fellows as well as research and patient care. And we have committed ourselves to focus our efforts on improving the quality and safety of patient care and to reach out to our communities, locally and globally.

Stanford is a small research-intensive medical school and will continue to be so. But it is also unique and has had an impact that far transcends its size. This is ultimately the result of the creativity and energy of our faculty, students and staff. It is also the consequence of their motivation – which is to focus on transformation rather than tradition. Except for these reflections we will not dwell on the past – but rather work to shape the future.

**The article is based, in part, on the presentation I gave at the School of Medicine Centennial Dinner Celebration that was held on Friday evening, April 25, 2008.*

Celebration for the Li Ka Shing Center

On April 25th we also had the opportunity to celebrate the official groundbreaking of the Li Ka Shing Center for Learning and Knowledge. It is exciting to announce at long last that, thanks to a generous donation, the Learning and Knowledge Center will be named in honor of Li Ka Shing, an extraordinarily remarkable and successful individual who has committed many of his personal resources to supporting education and research in China and, increasingly, around the world. Additional details about the Li Ka Shing Center and the groundbreaking event can be found in the April 28th Stanford Report (see: http://med.stanford.edu/news_releases/2008/april/lkc.html).

In addition to thanking Mr. Li for his wonderful generosity and for his commitment to education broadly and medical education more specifically, I would like to thank Ms. Solina Chau, the Director of the Li Ka-shing Foundation, who also played an important role in our discussions about the Li Ka Shing Center and who represented Mr. Li at the groundbreaking (really a “beam signing”) event. It is our hope that Mr. Li will be able attend in person when the Li Ka Shing Center opens in 2010.

Of course I also want to thank Millie and Paul Berg for their remarkable gift to the Li Ka Shing Center (<http://news-service.stanford.edu/news/2007/april25/med-berg-042507.html>) along with all the other remarkable contributions they have made to Stanford over the past half-century. In addition I want to thank Professor Joe and Hon Mai Goodman for their generous gift that will name the Simulation Center in the Li Ka Shing Center – and which will complement the Goodman Simulation Center that they helped support for the Department of Surgery and that is housed at the Stanford Hospital and Clinics (see: http://med.stanford.edu/news_releases/2007/may/goodman.html). Further, I want to thank Akiko Yamazaki and Jerry Yang for their contribution to the Li Ka Shing Center, and I especially thank Ms. Yamazaki for her important role as the co-director (with Paul Berg) of the Li Ka Shing Center Council. Other members of the Council include Drs. Jeff Bird, Linda Clever, Tom Krummel, Amy Ladd, Tom Raffin and David Stevenson. I am indebted to them for their many contributions and efforts to bring this project to fruition. I also want to thank CJ and Ha Lin Huang for their generous

donation to the Li Ka Shing Center – and for all the other gifts they have made over the years.

These individuals, along with many others, have enabled us to nearly meet our fund-raising target for the Li Ka Shing Center – which we hope to fully achieve before this important project is completed and the Li Ka Shing Center becomes another of our transformational centers for the School of Medicine. I also want to acknowledge the support and leadership of the Office of Medical Development and, in particular, Bruce Bingham, who has led the Li Ka Shing Center fundraising effort for Medical Development. If you are interested, regular updates on the construction of the Li Ka Shing Center for Learning and Knowledge is regularly updated at <http://lkc.stanford.edu/>.

Transitions: Alumni Return, Admitted Students Visit and Preclinical Students Move to the Clinics.

This past week witnessed a number of transitions for students and faculty across the generations and even history of Stanford Medicine. On April 25-26th the Stanford University Medical Center Alumni Association held its annual Alumni Weekend, which featured a broad spectrum of events and opportunities for alumni to meet socially and professionally. I had the opportunity to visit with a number of distinguished alumni at the Senior Luncheon on Friday, April 25th and to welcome a number of them to our special Centennial Dinner that evening. In addition to recognizing the important contributions of every alumnus and alumna, the Board of Governors recognized two individuals as recipients of J.E. Wallace Sterling Muleshoe Lifetime Alumni Achievement Awards – which this year were presented as part of our Centennial Dinner. The recipients are:

- **Larry Boxer, MD '66**, currently Director of Pediatric Hematology/Oncology and Associate Chair for Academic Affairs at the University of Michigan. As noted in the program: *This award recognizes Dr. Boxer's contributions to the care of critically ill children...His successes as a physician-scientist, clinician and teacher have been recognized nationally and internationally.*
- **Donald Prolo, MD '61**. Dr Prolo is a neurosurgeon who *as a clinician with a passion for medical politics (he) is being honored for his lifetime service as a dedicated neurosurgeon. In addition to his practice, he has been a member of Stanford's clinical faculty for more than thirty years, has invented three medical devices and is the former president of the Santa Clara County Medical Association.* I would add that his daughter Laura is an MD/PhD student in neuroscience at Stanford.

On Tuesday evening, April 22nd I had the opportunity to attend the Student Clinician Ceremony, which was held in the Schwab Center. Thanks to contributions from the Arnold P. Gold Foundation and support from the Drs. Ben and A. Jess Shenson Fund, a dinner was held to mark the transition of students who have successfully completed their preclinical studies and who will soon commence their clinical education. This is an important and significant transition in the lives and education of our students and it is

wonderful to both acknowledge and celebrate it. The ceremony was also an opportunity to honor recipients of the Arnold P. Gold Foundation's Humanism and Excellence in Teaching Awards, which were presented to Stanford residents and Fellows. These individuals and their colleagues play a vital role in the education of our students and we are all indebted to them. This years honorees are:

- ***Sarah Azad, MD***, Department of Obstetrics and Gynecology
- ***Monica Eneriz-Wiermer, MD***, Department of Pediatrics
- ***Ahmir Khan, MD***, Department of Neurology
- ***Lana Schumacher, MD***, Department of Surgery
- ***Dan Sedehi, MD***, Department of Medicine
- ***Jacob Towry, MD***, Department of Psychiatry

Congratulations to these honorees – and best wishes to our students as well.

Just as alumni were returning to Stanford to renew friendships and share memories and experiences of years past, we also welcomed newly admitted students to the class that will enter this August during “Admit Weekend.” More than 70 students met each other as well as current medical students, faculty and staff to learn more about the Stanford experience and determine whether this is the best place for their medical and scientific training. Naturally, I can't think of a better place to attend medical school – especially for those seeking careers that will help them become leaders in medicine and the biosciences. With over 6500 applicants it is enormously challenging for the admissions committee to identify the students who are admitted to Stanford – and more importantly, who will be successful and happy in this unique environment.

Clearly this has been a week of transitions that mark the path of a life journey in medicine and science. Such experiences also affirm that what makes an institution like Stanford so special is the quality of those who have come before us – and those who will help shape the future of all of us.

Serving the Community and Meeting New Neighbors

In addition to our focus on discovery and innovation in medicine and the biosciences, many of our faculty, students and staff also seek ways to work with our communities – locally and globally – with the hope of making the world a better place. A number of important School of Medicine community outreach programs are under the umbrella of our Office of Community Health (OCH) led by Dr. Marilyn Winkleby, Professor of Medicine, and Rhonda McClinton-Brown, Executive Director of OCH (see: <http://och.stanford.edu/>).

Among the School's community programs are the Cardinal Free Clinics, which include the Arbor Free Clinic (which was launched in 1990) and the Pacific Free Clinic (which was founded in 2003). On Tuesday evening, April 29th, the Cardinal Free Clinics held its annual Volunteer Appreciation Reception to thank the many students (undergraduate, graduate and medical) who staff the clinics and serve as managers and leaders, as well as

the many faculty and community physicians and community members who volunteer their time and provide supervision, consultation and support to these weekend clinics. I have much admiration and respect for all the individuals who give so much of their time to help those who would not otherwise have access to medical screening and diagnostic services.

But each time I think about the free clinic concept, I also can't help but reflect on how sad it is that such services are required in our communities. In a nation as wealthy as the US and with more than 16% of the gross domestic product (GDP) spent on health care, it is tragic that so many members of our community are underserved. While I certainly agree that it is important to find ways to provide services to these children, adults and families, it is even more important to work to transform the deficiencies in how we provide health and health care in this nation. So far the solutions coming forth from government leaders are modest – even though healthcare is rising higher on the list of concerns for the American public. We must all hope that as the rather meaningless discussions currently taking place on the national political scene reach their conclusion this Fall, a more serious effort will emerge to finally address the deficiencies in our healthcare system. I have many hopes for how this might evolve – and the outcomes that might be achieved – one of which is that “free clinics” would no longer be needed as safety nets for the underserved.

In addition to our community services and partnerships, on Saturday, April 26th, members of our Stanford at Menlo Park (SMP) team (as well as a few DFAs) introduced themselves to their new Menlo Park neighbors. Thirty staff undertook an all day project to help an elderly member of the Menlo Park community continue to live in safety and comfort in her home of 53 years. On the same day, over 5,000 volunteers throughout the Peninsula participated in renovating over 80 homes and schools. The day's events were made possible by Rebuilding Together Peninsula.

Alicia White was extremely appreciative of the time and effort that went into providing the new doors, new washer/dryer, landscape improvements, bathroom upgrades, and a completely repainted home and garage. Thanks to JZCool Eatery and Wine Bar of Menlo Park for providing lunch for our volunteers. A special thank you to all School of Medicine staff that participated in making Mrs. White's home a safer, more comfortable place to live.

Conflict of Interest at a State and National Level and Beyond

Regulations and guidelines regarding conflict of interest continue to evolve and become codified. On April 24th the Massachusetts State Senate unanimously passed a law that would ban all gifts to physicians from pharmaceutical companies. This is the first time a state has brought forth legislation to restrict a practice that many feel has contaminated the relations between medicine, industry and the public they serve. The bill still needs approval from the State House of Representatives and Governor Deval Patrick. At nearly the same time, the Association of American Medical Colleges has published the report of its Task Force on Industry Funding of Medical Education (see:

<http://www.aamc.org/research/coi/industryfunding.pdf>). It is notable that both the Massachusetts bill and the AAMC report follow closely the policies that were introduced at Stanford in October 2006 in our Stanford Industry Interactions Policy (see: <http://med.stanford.edu/coi/siip/>). Since we introduced our policies on gifts and interactions with industry for education an ever-increasing number of hospitals and medical centers have adopted similar policies. Now with the publication of the AAMC recommendations it seems inevitable that these will be nationally adopted. And, it is also noteworthy that both states and the federal government have been proposing legislation to address this issue – which of course is a failure of medicine to adequately regulate its own professional activities.

In addition to the policies noted above, a School of Medicine Task Force on Industry Support for Continuing Medical Education has been working since last August to examine this important topic. I met with the Task Force on April 25th and anticipate bringing their report to the Executive Committee for presentation. I anticipate that a decision about this issue will be made in the next several months.

Notable Events

Immunology and Infectious Disease have featured prominently in recent events. On April 24-25th the Institute for Immunity, Transplantation and Infection (ITI) hosted a terrific two-day symposium on “*Basic Mechanisms in Immunity and Infection*.” And then on Saturday, May 3rd, ITI joined with the Department of Microbiology and Immunology and Stanford Digestive Disease Center to host an outstanding symposium entitled “*Through the Intestinal Tract with Gun and Camera*.” This symposium was made extra special by being held in honor of **Dr. Stan Falkow**, Cahill Professor and “father” of bacterial pathogenesis.

Centennial Update

The Dean’s Office would like to thank everyone who donated items for our Centennial time capsule. We were very impressed with the time and thought that went into the various contributions. Items submitted thus far include tissue samples; pipettes signed by entire labs; handwritten letters; photos of students with their families; a remanufactured ink cartridge; and various publications authored by Stanford faculty. There’s still time to be a part of history. Contributions for the time capsule will be accepted at the Dean’s Office through June 13th. Items may not be perishable or contain liquid and must be no larger than a cubic foot. The capsule’s final destination will be the ground floor of the Li Ka Shing Learning and Knowledge Center. The capsule will be installed when the building opens in the Spring of 2010.

This week’s Centennial event is the much- anticipated **Medicine and the Muse** at 5 pm, Tuesday, May 6th in the Clark Auditorium. This program, which is part of Stanford Center for Biomedical Ethics, is highlighted this week on the Centennial web site: <http://med.stanford.edu/centennial/>.

Next week we look forward the **25th Annual Medical Student Research and 5th Annual POM Population Health Symposium**. Everyone is encouraged to attend this event on Wednesday, May 14th in the Hospital Atrium from 3:00 – 6:00 pm. In addition to the original research presentations of MD and MD/PhD students, the first year class will present their community-based Population Health Projects completed as a part of the Practice of Medicine course. Approximately 70 students will be presenting at this event.

Students will be available at their posters for informal discussion from 3:00-5:30 pm. At 5:45 p.m. closing remarks will include Dr. Charles Prober, Senior Associate Dean for Medical Education; Dr. Laurence Baker, Director of the Scholarly Concentrations Program; and Dr. Preetha Basaviah, Practice of Medicine Course Director. The event will culminate with the announcement of student awards by the Alumni Association.

Two student presentations from the Symposium on May 14th will be invited to give an oral presentation at Medicine Grand Rounds the June 4th, am in Braun Auditorium in the Mudd Chemistry Building.

This promises to be a terrific event and I hope you will join our students for this year's Student Research and Population Health Symposium.

Upcoming Events

On Thursday, May 15th, Medical School Office Building (MSOB), Room x303 251 Campus Drive, Stanford, CA 94305, from 4-6 pm., **Dr. John Seffrin**, Chief Executive Officer, American Cancer Society, Atlanta Georgia, USA and Immediate Past President, International Union Against Cancer, Geneva, Switzerland will give a presentation on "A Ticking Time Bomb: The Global Tobacco Pandemic – Current and Future Scenarios". This event is sponsored by The Stanford Global Tobacco-Free Research Initiative Center for Democracy, Development, and the Rule of Law Freeman Spogli Institute for International Studies http://cddrl.stanford.edu/research/the_global_tobaccofree_research_initiative/, and is part of the Colloquium Series 2007-2008. Light refreshments will follow. For more info contact S. Ayres at 650-723-6145.

Honors and Awards

- **Professors Minx Fuller** (Developmental Biology) and **Ron Levy** (Medicine) learned on April 29th that they were among the 72 new members elected to the National Academy of Sciences. I would also add that Rick Aldrich, who left Stanford a couple of years ago for UT-Austin, was also elected. This is among the very highest honors a scientist can achieve. Please join me in congratulating Drs. Fuller, Levy and Aldrich.
- **Ms Elsie Gyang**, SMS I has been awarded a Fulbright Fellowship and will be obtaining a Masters in Health Policy, Planning and Financing through a joint program offered by the London School of Hygiene and Tropical Medicine and the London School of Economics and Government. Congratulations to Ms Gyang!

- ***Lyen Huang***, SMS 6/6, has been awarded a scholarship by the Kaiser Permanente Asian Association and The Permanente Medical Group for his work with the Pacific Free Clinic. The award is given to a graduating medical student for service to the community at large.

Appointments and Promotions

Vishnu Priya Akula has been promoted to Clinical Assistant Professor (Pediatrics), effective 2/01/2008.

Lucy Carin has been promoted as Clinical Professor (Pediatric; Neonatology and Developmental Medicine), effective: 5/01/08.

Clara Choi has been appointed as Clinical Assistant Professor (Neurosurgery), effective 5/01/07.

Kavin Desai has been appointed as Clinical Assistant Professor (Pediatrics), effective 1/01/08.

Ira Friedman has been appointed as Clinical Associate Professor (Pediatrics), effective 9/01/03.

Arun Grupta has been promoted to Clinical Assistant Professor (Pediatrics), effective 2/01/08.

Gordon Haddow has been appointed as Clinical Associate Professor (Anesthesia), effective 3/01/08.

Charles Hill has been promoted as Clinical Assistant Professor (Anesthesia), effective 6/01/08.

Tzielan Lee has been reappointed as Clinical Assistant Professor (Pediatrics; Rheumatology), effective 5/01/08.

Richard Lin has been appointed as Clinical Assistant Professor (Ophthalmology), effective 4/01/08.

Klaus Porzig has been reappointed as Clinical Professor (Medicine; Oncology), effective 3/01/08.

Emily Ratner has been appointment as a Clinical Professor (Anesthesia), effective 4/01/08.

Anjali Bhatt Saxena has been promoted to Clinical Assistant Professor Medicine; Nephrology), effective 2/16/08.

Masoud Mark Taslimi has been reappointed as Clinical Professor Clinical Professor (Obstetrics and Gynecology; Maternal-Fetal Medicine), effective 6/01/08.

Julie R. Williamson has been appointed as Clinical Assistant Professor (Anesthesia), effective 8/01/08.

Anton Wyss-Coray has been reappointed to Associate Professor (Research) of Neurology and Neurological Sciences, effective 5/01/08.

Dean's Newsletter

May 19, 2008

Looking Forward

Based on thoughtful and insightful discussions with Dr. Gary Schoolnik, Professor of Medicine and of Microbiology & Immunology, I appointed a Task Force in June 2007 to explore the issues and challenges surrounding the transitions faced by senior faculty. One of my reasons for initiating this process was a long-standing concern that faculty frequently defer career planning and sometimes get backed into options they did not anticipate, plan for or even prefer. This was also part of the concern expressed to me by Dr. Schoolnik, who, while still a very successful physician-scientist, can anticipate a time when his own competitive success in grant application or other professional pursuits would require significant change or at least redirection. I admire Dr. Schoolnik for raising these concerns – which almost certainly mirror those of many individuals.

Further, as lives and careers extend over longer periods of time, these issues will become even more germane. Choices about transitioning from active to part-time work, to new directions or to retirement are influenced by many factors, which are often highly individualized. These include health status, economic security, outside interests, and family considerations, among others. To help assess the depth and breadth of these issues, Dr. Schoolnik agreed to chair the Senior Faculty Transitions Task Force – along with Dr. Kathryn Gillam, Senior Advisor to the Dean, who served as co-chair. The work of this Task Force is nearly complete and in future issues of the Dean's Newsletter I will detail the important and extensive findings and recommendations that have come forth from this group.

While not getting into the details of the Task Force Report itself, I want to tell you about an interesting conversation I had with a group of senior and emeritus faculty. Each year I host a luncheon to recognize these important members of our community, and I generally use the event as an opportunity to provide a “state of the school” address or to discuss some other important topic of shared interest. At this year's luncheon, which was held on May 11th, I initiated a conversation about faculty transitions, and I shared some of the preliminary findings of the task force as well as some of my own observations. I was

particularly interested in hearing from these individuals about their own thoughts and reflections, and I asked for comments either at the luncheon or by follow-up email.. I received both.

Of course I cannot say that the attendees of this luncheon are truly representative of all senior or emeriti faculty or that those who spoke or communicated by email necessarily reflect the common experience. But several messages struck me as relevant. Among these is that, in general, those who felt happy with their lives and careers prior to retirement continued to be happy following their personal transitions, perhaps because they had continued to pursue issues or topics of real interest to them. Several individuals commented that their personal transitions offered opportunities to begin new careers or interests: returning to school, becoming a teacher outside of medicine, pursuing interests in history as a scholar or docent, writing books for the public (even if sometimes based on medical themes), and enjoying or contributing to the arts, among others. The personal narratives that were offered were wonderful to hear and even inspiring – although those who spoke may be the individuals who have made the most successful personal transitions.

Based on data collected by the Faculty Transitions Task Force that I will summarize in a subsequent report, it is also clear that a large number of faculty are not planning – or have not planned – for their personal transitions, either financially or programmatically. These are the individuals I worry about, and I hope we can provide some future guidance and support to them. Most of us have encountered senior members of our community – sometimes among the most distinguished members – who have moved beyond the peak of their skills and, sometimes unknowingly, have lost awareness of their role and relevance. It is easy for this to happen, especially when plans about career transitions have not been developed . But the consequences of not planning can be significant and sometimes devastating. Individuals of enormous distinction can lose the respect of peers and the broader community, dimming or even diminishing the glow of their contributions. That should not happen if we plan wisely – although for many individuals such planning is not easy or even welcomed.

My hope is that in the next months we will come forward with a series of recommendations that will assist with faculty transitions. I want to underscore that this initiative is not about driving individuals to retirement. It is quite the opposite. It is about opening doors to successful life transitions – something we will all need to do at some time and place.

Reflecting Backward

Because of the many demands on my time and the importance of focusing on issues that impact the school, medical center, university and broader community, I have long abandoned my once all-consuming role as an active investigator and contributor to the knowledge base of science and medicine. That transition has not been easy on a deep personal basis, but I have viewed it as necessary so that my energies can be directed toward institutional goals rather than individual scientific pursuits. But this past week one of my former colleagues was being “knighted” for his contributions to a field to which I

had also contributed, and I was invited to participate in a symposium in his honor. Ordinarily I would not have attended such an event for reasons already mentioned, but out of personal loyalty I decided to do so.

Preparing my presentation offered an opportunity to reflect on some of own work in a field I had spent years working in and permitted me to put the data into historical context as well as the present tense. In doing so, and in ways relevant to my comments about senior faculty transitions noted above, it is interesting to observe how once major topics of interest slip into the background and become the building blocks for the queries of others. Of course we all know this and certainly recognize that the information we learned in prior years (or decades) has been refined, reshaped and often replaced by new observations, insights or discoveries. Few discoveries stand the test of time and the ages and even the most important of these will blur into the interstices of the centuries. But even the more minor findings and discoveries help trigger the next chain of observations – sometimes leading to newer insights but, more often, simply becoming subsumed into the continuum of discovery. While I am unlikely to take the time for similar events in the future, I am pleased that I did so this time – since having a chance to reflect backwards opens a better appreciation of what lies ahead.

Further Thoughts on CIRM and Stem Cell Research

May 7th was a major step forward for stem cell research in California and beyond. The approval of major facility grants, as reported nationally and locally (see: <http://med.stanford.edu/mcr/2008/cirm-0514.html>), provided further evidence of the commitment of the citizens of California to advance this important field. Without these efforts it is clear that the US would have lost its opportunity to contribute to the significant and highly promising field of regenerative medicine. Indeed, the unfortunate collision of science and religion championed by the current White House has left most US scientists without support to pursue embryonic stem cell research. And even if there is a change in federal policy with a new administration later this year, the declines in NIH funding during the past several years will almost certainly make the federal investment in stem cell research modest compared to its potential. Thus, the California Institute for Regenerative Medicine (CIRM) has become even more important. Because of CIRM, stem cell research will proceed in California with what we anticipate will be significant successes in advancing the basic and translational science of stem cell biology and regenerative medicine. And with the new facilities that will be constructed across the state, the ability to further advance this field will be enhanced now and well into the future. This is good for California, the nation and the world.

Understandably the future of this research and its success will be achieved by the faculty, students and staff who conduct the critical experiments and, ultimately, the pivotal clinical trials. These individuals deserve and have received our thanks and appreciation for moving the science forward and for creating the basis for the facilities and infrastructure to support this important work. But is also important and appropriate to thank and acknowledge the individuals who put together the application for the facilities proposal at Stanford – and without whom success could not have been achieved. These

include: Lang Anh-Pham, Director of Finance and Administration in Stem Cell Bio Regenerative Medicine; Niraj Dangoria, Assistant Dean in Facilities Planning and Management; Marcia Cohen, Senior Associate Dean for Finance and Administration; Jennifer Cory, Division Manager in Medicine; Michael Longaker, Deane P. and Louise Mitchell Professor in the School of Medicine and Professor, by courtesy, of Bioengineering; Chris Shay, Project Manager and Planner, Office of Facilities Planning and Management; Bob Reidy, Vice President, Land, Buildings and Real Estate; Renee Rejo Pera, Professor of Obstetrics and Gynecology; BJ Sewak, Program Manager, Project Management; Theo Palmer, Associate Professor in Neurosurgery; Chris Webb, Institutional Proposal Development Manager; and Irv Weismann, Virginia & D.K. Ludwig Professor for Clinical Investigation in Cancer Research, Professor of Developmental Biology &, by courtesy, of Biological Sciences.

Our thanks to all of these dedicated professionals.

Orthopedic Presents Programs to Community Leaders

On Monday May 5th the Department of Orthopaedic Surgery hosted an evening event on “The Impact of Orthopaedic Research on Your Activity and Health.” Led by Dr. Bill Maloney, Elsbach-Richards Professor and Chair of the Department of Orthopaedic Surgery, a number of informative presentations were given that were of considerable interest to the more than 100 attendees from the community. The program included:

- ***Introducing Sports Medicine at Stanford: A Team Approach to New Knowledge*** (Dr. Gordon Matheson, Director, Sports Medicine Programs, Professor of Orthopaedic Surgery)
- ***Sports Injuries: Sidelined or in Peak Performance?*** (Dr. Thor Besier, Director, Human Performance and Biomechanics, Assistant Professor of Orthopaedic Surgery)
- ***What's a Nice Knee Like You Doing in a Joint Like This?*** (Dr. Tom Andriacchi, Professor of Biomechanical Engineering and Orthopedic Surgery)
- ***Tell Me Where It Hurts: Determining the Cause of Pain Before Choosing Surgery*** (Dr. Todd Alamin, Assistant Professor of Orthopaedic Surgery)
- ***Will Surgery Really Help*** (Dr. Gene Carragee, Vice Chairman and Director, Stanford Spine Center, Professor of Orthopaedic Surgery)
- ***A New Way to Salvage Damaged Joints: Cellular Grafting to Reverse the Death of Bone*** (Dr. Stuart Goodman, Robert L and Mary Ellenburg Professor of Surgery)
- ***How Current Research in Tissue Engineering Will Transform Orthopaedics in the Next Half-Century*** (Dr. Bill Maloney)

Following these presentations, the faculty and guests broke up into small group discussions that focused on:

- *Arthritis and Joint Replacement* (Drs. Stuart Goodman, James Huddleston, and Bill Maloney)
- *Exercise and Sports Medicine* (Dr. Gary Fanton and Gordon Matheson)
- *Hands and Limbs* (Drs. Thor Besier and Amy Ladd)
- *Spine and Back* (Drs Todd Alamin, Gene Carragee and Ivan Cheng)

I felt that the program was highly informative and very well received. Thanks to all.

Addendum to Previous Dean's Newsletter Story

Following the publication of the remarks about the history of the School of Medicine that I made at the April 25, 2008 Centennial Dinner (<http://deansnewsletter.stanford.edu/#1>), Dr. Leslie Zatz, Professor of Radiology Emeritus, and Dr. Richard Hoppe, Professor and Chair in Radiation Oncology, wrote to point out the important role played by Drs. Henry Kaplan and Avram Goldstein in the recruitments of Dr. Arthur Kornberg and other transformational scientists to Stanford after the move of the school from San Francisco to Palo Alto. The story has been edited to clarify when Drs. Kaplan and Goldstein came to Stanford and to acknowledge their crucial role in our history. Thanks to Dr. Zatz and to Dr. Hoppe for this important clarification.

Basic Science and Clinical Research Faculty Photo Shoot

I want to let you know that the Public Web & New Media Group within IRT is hosting photo shoots for all basic science and clinical research faculty at the School of Medicine on Tuesday, May 20, and Wednesday, May 28. Photos will be taken free of charge and on a first-come, first-served basis from 9 a.m. to 4 p.m. in the Beckman Lobby, ground floor.

These shoots are offered in collaboration with the Dean's Office and the Office of Communications & Public Affairs and will supplement the physician portraits taken by Stanford Hospital & Clinics and Lucile Packard Children's Hospital, which are used widely across the medical center. The goal is to create a collection of up-to-date portraits of all school faculty. Portraits from these sessions will be made available, as appropriate, for use by the media and in the school's print and online communications, including the school's Web sites, press releases, the Medical Center Report and the CAP profile system. All participants will receive copies of their portraits for their own use.

All basic science and clinical science faculty who are not credentialed at the hospitals are invited to participate. Clinical faculty involved in patient care at SHC and LPCH are encouraged to attend the physician photo shoots regularly offered by the hospitals.

Pictures will be taken against a neutral beige backdrop. Please avoid wearing striped or checkered clothing. For more information, please contact the school's Web editor, Pamela Lowney, at plowney@stanford.edu or 650-644-5539.

Awards and Honors

- ***Dr. Phil Beachy***, Ernest and Amelia Gallo Professor of Developmental Biology and Member of the Stanford Institute for Stem Cell Biology and Regenerative Medicine, received the highly prestigious 2008 March of Dimes Award for his seminal work in developmental biology. He shares this award with Cliff Tabin of Harvard. Congratulations to Phil Beachy!
- ***Drs. Henry W. Jones III, Adjunct Clinical Professor of Medicine, and Jeffrey Croke, former Adjunct Clinical Associate Professor of Medicine***, were honored

recently at the Ten Year Anniversary Celebration of the Stanford University Introductory Seminar Program for their long and distinguished service in teaching Stanford freshmen and sophomores in this special program. Congratulations to Drs. Jones and Croke!

- **Peter Parham, Ph.D., Professor of Structural Biology**, has been elected a Fellow of the Royal Society, which is composed of 1300 of the most distinguished scientists from the United Kingdom and around the world. He was distinguished for his work defining the molecular basis and functional effects of polymorphisms of human major histocompatibility complex (HLA) class I molecules and their killer cell immunoglobulin-like receptors (KIR). Congratulations to Dr. Parham.
- The following are the five student research winners of the 25th Annual Medical Student Research and the 5th Annual Practice of Medicine Population Health Symposium. They will receive their certificates and prizes at an awards dinner sponsored by the Stanford Medical Alumni Association on May 28th.

Mark Chao

John Downey

Matthew Goldstein

Paul Nuyujukian

Roberto Ricardo-Gonzalez

Congratulations to all.

Appointments and Promotions

- **Carol K. Conrad** has been promoted to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 5/01/08.
- **James L. Hallenbeck** has been promoted to Associate Professor of Medicine (General Internal Medicine) at the Veterans Affairs Palo Alto Health Care System , effective 5/01/08.
- **Jeffrey Gould** has been reappointed to Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 5/01/08.
- **Hendrikus J.M. Lemmens** has been promoted to Professor of Anesthesia at the Stanford University Medical Center, effective 5/01/08.
- **Jesse K. McKenney** has been appointed to Assistant Professor of Pathology and Urology at the Stanford University Medical Center effective 5/01/08.
- **Paul J. Sharek**, has been reappointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital , effective 5/01/08.
- **Hugh B. Solvason** has been promoted to Associate Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center , effective 5/01/08.

- *Patricia Suppes* has been appointed to Professor of Psychiatry and Behavioral Sciences, effective 6/01/08.

Dean's Newsletter

June 2, 2008

2008 Incoming Graduate Student Class is Selected

Most everyone will readily agree that the quality of the student body is the lifeblood of a university. We are fortunate at Stanford to attract among the most talented and creative students in the world. On May 20th the Biosciences at Stanford announced their incoming class for 2008 – and I have heard much acclaim from the department chairs about the overall quality of the students who will be joining Stanford graduate programs this fall.

This year 1289 students applied to one or more of Stanford's 18-degree granting basic science departments and interdisciplinary programs (IDPs). Two of these are housed in the School of Humanities and Sciences (Biology and Biophysics), but the admissions for all 18 are coordinated through a common application process. Bioengineering and Biomedical Informatics are handled separately from the Biosciences admission process. Based on the quality of the applicants 167 offers of admission were made (this was more than the number of slots available, but it recognized the fact that most of these applicants had multiple offers from other universities), and 98 accepted the offer (58 will be in the School of Medicine and 35 in Humanities and Sciences). This year's 56% yield is the second highest on record for Stanford Biosciences and is evidence of how highly students regard these programs. As in past years the greatest numbers of students come from Stanford, Harvard, UCSF, UC Berkeley and MIT, but overall students were accepted from some 56 colleges and universities. The entering class also includes 19 international students as well as 14 students who are under-represented minorities (using the NIH definition). This is the most diverse Biosciences class on record – which, when coupled with the outstanding academic records of the students, makes this a banner year.

In addition to the Biosciences, the Department of Bioengineering had 428 applicants (391 for the PhD program and 37 for the Master of Science program). Of these, 15 students accepted an offer to attend the PhD program (3 of whom will defer), for a 57% yield. Three students will join the MS program. Of the 12 students who will be joining the PhD program this fall, six are women and two are underrepresented minorities.

I want to offer my special thanks to the basic science department chairs and IDP directors, faculty and student leaders for their important participation in the interview and selection process. Also thanks to Anika Green, Assistant Dean; John Bray, Assistant Dean; Ellen Porzig, Associate Dean; and John Pringle, Senior Associate Dean for Graduate Education, for their leadership as well as to Dr. Tenea Nelson (Genetics) and Dean's Office Staff members Velessa Peairs, Jennie Visitacion and Jayanthi Subramanina for their tremendous support during the application, interview and

admissions process. And, of course, welcome to the 2008 incoming class of Bioscience graduate students!

Approval for a Stanford CTSA: Great News

On Wednesday May 28th we received the wonderful news that Stanford has been selected as one of 14 institutions to receive a CTSA (Clinical and Translational Science Award), which now links 38 academic health centers focused on fostering translational research and education (see: http://med.stanford.edu/news_releases/2008/may/CTSA.html). This award, selected through a rigorous peer review process, will provide \$30 million to Stanford over five years to focus on forging interdisciplinary connections between the medical school and medical center, the university and innovators in Silicon Valley. The Stanford CTSA is unique in that it will knit together interdisciplinary programs across the university, hopefully with a significant impact on faculty and trainees within and outside of the medical center. The crux of our effort will be the Stanford Center for Clinical and Translational Education and Research (SCCTER), an independent institute that will operate outside traditional school boundaries.

While a large number of individuals worked diligently on the CTSA application, I want to single out Dr. Harry Greenberg, Senior Associate Dean for Research and Joseph D. Grant Professor of Medicine, for his leadership in this effort. An enormous amount of vision, leadership, collaboration and community building was needed to bring this major program together – and Dr. Greenberg's role was key. He was joined by an impressive group of co-directors including Dr. Phil Lavori, PhD, Professor of Biostatistics and Chair of Health Research and Policy; Dr. Charles Prober, MD, Professor of Pediatrics and Senior Associate Dean for Medical Student Education; Dr. Branimir Sikic, MD, Professor of Medicine; and Dr. David Stevenson, MD, Professor of Pediatrics as well as Vice Dean and Senior Associate Dean for Academic Affairs.

Among the highlights of the CTSA proposal are the following:

1. Grants for early-stage research aimed at improving health, with priority given to interdisciplinary projects with researchers across the university.
2. Two “technology accelerator” programs, one for medical technology and the other for drugs and diagnostics. These programs will build on the Biodesign Program, which trains students and fellows in medicine, engineering and business to develop biomedical devices, and the SPARK program, which provides a year of funding for promising biomedical projects and mentoring by faculty with company experience.
3. Fellowships in technology transfer.
4. A community office to improve access to clinical trials and to increase the flow of information about the trials' outcomes back to participants.
5. Expanded support for researchers undertaking a clinical trial, including guidance

in trial design, clinical informatics, biostatistics, institutional and governmental regulatory process, and new resources for human genetics, tissue microarray histology and immune monitoring. This will help support the efforts of our already successful SPCTRM (Stanford/Packard Center for Translational Research in Medicine) program (see: <http://med.stanford.edu/spctrm/>), which is led by Dr. Steve Alexander, Professor of Pediatrics.

6. Administrative staff to coordinate activities, programs and institutes related to human health across the university. Among these are programs based at the medical school, such as the Masters of Medicine program, which gives PhD candidates exposure to clinical medicine, and the Advanced Residency Training at Stanford program, which allows clinical fellows to pursue graduate training en route to becoming physician-scientists. The SCCTER program will also link programs based outside the medical school, such as the Stanford Center for Longevity, the Woods Institute for the Environment, the Freeman Spogli Institute for International Studies and BioX, the interdisciplinary biomedical research program.

Winning the CTSA is great news, even though the budgets for the 14 awards were cut significantly due to the financial limitations at the NIH. Nonetheless we believe that this award will help advance our mission in *Translating Discoveries* and, in doing so, will create additional alliances and collaborations across the university. Again, thanks to Dr. Harry Greenberg and his colleagues for the key roles they played in bringing this proposal to successful fruition.

Supporting Basic Science

As discussed previously in a number of different forums, the Basic Science programs are facing significant challenges in funding their graduate student populations as well as their research. As I reported in my April 21st newsletter (http://deansnewsletter.stanford.edu/archive/04_21_08.html), we have found several sources of funding to help specifically with graduate student funding, which has been especially hard hit by the NIH Training Grant Tuition Cap. To summarize:

- The Provost has committed \$4.5 million in Stanford Graduate Fellowship (SGF) funds to be distributed from FY08-FY12 to schools with training grants, based on the number of training grant students as of August of the prior year.
- In addition, beginning in Autumn Quarter 07-08 and continuing for a 5-year period, SGF support will be providing 100% of the tuition cost of SGF fellows, which eliminates the need for the 19% School of Medicine tuition contribution for those students; the annual savings in the School of Medicine will be \$250,000 a year, and I have committed to reroute these dollars also towards graduate student support.
- We have also done a detailed review of all endowments committed to education and have identified approximately \$66 million of endowment that can be allocated to support graduate education. This will yield approximately \$3.6

million per year, of which we will allocate approximately \$2.9 million in annual income to support graduate student training grant tuition support.

- Finally, this NIH Training Grant Tuition Cap support is being made available to both Basic Science and Clinical Departments.

In addition to this support, we have reformulated the “D-Block” allocation of the operating budget formula, on which the basic science departments (with the exception of Genetics) and Comparative Medicine have increasingly come to rely over the past several years; D-Block funding increased by \$1.3 million last year, from \$3.9 million in 2007 to \$5.2 million in 2008. The new formula for 2009 will ensure that all the basic science departments have adequate funds for operations and to build reserves. The principles to which we adhered in formulating the new D-Block included:

- The formula delivers to each department approximately the same dollar amount or more than the FY08 deficit support.
- Any savings will be retained by the department and should be used to build Emergency or Academic Development/Strategic reserves.
- The formula is intended to help the majority of the departments reach their target reserve amounts by year five (5).
- We expect the supplemental formula to cover all additional requirements; no additional OB funding will be provided.
- Departments will need to reduce expenses or use other funds to cover deficits.
- The portion identified as targeted to reserves will be funded directly to the Department’s Emergency or Academic Development/Strategic reserve funds.
- When the reserve goal is reached, the supplemental allocation will be reduced in the current and subsequent years.
- The formula will be reviewed annually and adjusted as necessary.
- The FY09 total OB amount is formulated and then capped at the FY08 OB total amount plus up to one-fifth (1/5) of the Department's Emergency & Academic reserve shortfall.

Components of the new formula include a reimbursement for the 5% OB reduction; a faculty supplement for over-the-cap salaries; a faculty supplement based on rank; a space supplement for HHMI supported space; and a space supplement based on faculty rank.

As a result of the new D-Block formula, almost \$3 million more will be distributed in FY09 than was given in FY08—a total of \$7.5 million. This will allow departments to build their emergency and academic reserve funds while operating at an efficient level in the black. I believe this represents a fair and generous resolution to the financial issues that have beleaguered the basic science departments in recent years.

Center for Biomedical Imaging at Stanford

On Friday May 23rd, the kickoff meeting for the Center for Biomedical Imaging at Stanford (CBIS) was held in the Clark Center. It featured a lecture by Dr. Marc Ghysels on “CT Scanning of Works of Art and Antiquities.” (This was certainly more advanced

technology than that featured in the work of Dr. Indiana Jones in the film that opened this weekend!).

The framework for the CBIS has been evolving in concert with the School's strategic plan, *Translating Discoveries*, which, when it was developed over six years ago, envisioned the Stanford Institutes of Medicine along with several crosscutting strategic centers (including biomedical imaging, clinical informatics and genetics and genomics). The centers are at different stages of development, the most advanced being Clinical Informatics (see: <http://clinicalinformatics.stanford.edu/>). Efforts to develop a center for imaging extends back several years (see: http://deansnewsletter.stanford.edu/archive/10_04_04.html#1) and has been under active study for the past year thanks to the efforts of Drs. Hans Ringertz and Gary Glazer from the Department of Radiology. The vision for the CBIS is "to provide the resources and interdisciplinary networks to ensure that Stanford remains at the leading edge of imaging science." Despite the remarkable success of the imaging community at Stanford (which extends across the university) it is clear that to sustain leadership CBIS and Stanford will need to provide educational and networking opportunities for all groups on campus that use or have an interest in imaging applications.

To help elucidate a path forward, a nine-month planning effort was recently led by Dr. Ringertz, a visiting professor from the Karolinska Institute, and has resulted in a draft proposal. A part of this effort involved gathering input from faculty across the university about research imaging needs and requirements. Of the 1306 faculty who received a questionnaire on this topic, 354 responded and highlighted interest in access to clinical and research imaging (including microscopy). Codifying perceived needs was one important facet of the work done by the planning group. Equally important was defining the already impressive scope of imaging activities and services at Stanford— which total more than 40 programs, centers, services or resources. One obvious conclusion of the planning group was the importance of providing a common website for Stanford faculty and students about already available imaging resources. I invite you to visit the recently developed website, which is quite informative (see: <http://cbis.stanford.edu/about/>). Accordingly, the CBIS is recommending a number of venues to provide greater connectivity to the Stanford community, including an Internet site, education programs and seminars as well as faculty and student alignments and seed programs – and facilities. We will be examining the recommendations of the CBIS to determine the best ways to support biomedical imaging at Stanford.

I want to thank Dr. Hans Ringertz again for his tremendous efforts during the past nine months as well as Dr. Glazer for his support. I also want to thank the faculty leaders and CBIS Advisory Board (see: <http://cbis.stanford.edu/people/#advisory>) for their efforts on this important project.

Update on the Department of Surgery

At a recent Executive Committee meeting, Dr. Tom Krummel, the Emile Holman Professor and Chair of the Department of Surgery and Susan B. Ford Surgeon-in-Chief at LPCH gave an update on the Department of Surgery. A summary of his remarks follows:

The Department of Surgery was founded more than 75 years ago with Emile Holman serving as its founding Chair. Holman was a Stanford grad (Phi Beta Kappa) and served as Secretary to President Jordan for three years. He was Stanford's 2nd Rhodes Scholar. Holman set a standard for faculty excellence to which we continue to aspire.

The Department consists of seven divisions including Anatomy, Emergency Medicine, General Surgery, Pediatric Surgery, Plastic & Reconstructive Surgery, Multi-Organ Transplantation and Endovascular/Vascular Surgery. There are currently a total of 78 faculty members and 123 residents and fellows. Each division maintains active clinical, research, and teaching functions. A full report is beyond the scope of this brief summary. Over the last 10 years there has been a 250% increase in the overall activity of the Department, and an almost 400% increase in sponsored research projects. Currently there are a total of 28 funded faculty with a total of 70 grants, and an estimated total cost of almost \$11.5M.

There are many ways to gauge the excellence of our faculty, important societal memberships is one of them. Currently 25% of the department faculty are members of the American Surgical Association. Nationally, less than 5% of faculty are members. Two department faculty are members of the American Society for Clinical Investigation, two have been elected to the Institute of Medicine and one to the American Academy of Physicians. Faculty members serve important leadership positions throughout the institution and throughout the nation.

It is fair to say that the standards of excellence set by Emile Holman, the founding Chair and by Stanford University are very much a part of the fiber of the Department of Surgery in 2008.

Reaffirmation of the Stanford Affirmation

At the May 21st meeting of the Medical School Faculty Senate, a proposal to revise the existing Stanford Affirmation was brought forth by the Stanford Medical Student Association. Matt Goldstein, President of SMSA, and Mitchell Lunn presented the proposed revisions, which were aimed at “modernizing” the text and addressing a number of omissions. After a thoughtful debate, the Senate recommended and I approved the following revised text for the Stanford Affirmation. This will be the version that will be read by our graduating students at Commencement on June 14th.

The Stanford Affirmation

On my admission to the Practice of Medicine

I pledge to devote my life to the service of humanity.

The care of my patients will be my first consideration.

I will strive to acquire and share new knowledge with my colleagues and my patients;
I will practice my profession with conscience and dignity, and to the best of my ability and judgment.
I will approach each patient with charity, attention, humility, and commitment;
I will hold all life dear, and let knowledge, wisdom, courage, and compassion guide my therapy;
I will use my medical knowledge and skills to promote human rights, social justice, and civil liberties;
I will not permit considerations of age, disease or disability, faith, ethnic origin, gender identity, nationality, race, sexual orientation, social standing or other forms of discrimination to intervene between my duty and my patient;
I will respect the confidences with which I will be entrusted;
I will give gratitude and respect to those from whom I have learned my Science and my Art;
I will uphold the integrity of the medical profession;
I will cultivate peace in both personal conduct and political expression;
I will not use my knowledge contrary to the spirit of this Affirmation.
I make these promises in witness of those who have stood here before me, and those who will come after,
Solemnly, freely, and upon my honor.

Honoring Outstanding Teachers

On May 27th we initiated a new tradition: the presentation of faculty recognition awards for education at a school-wide reception. Traditionally these awards have been announced at Commencement – and while that has a special significance, it does not permit the students who have voted for the faculty winners to participate in the celebration. As we did this year, we plan in future years to announce and celebrate these awards at a special recognition reception. We will of course still list them in the Commencement program. This year's award winners include:

Stanford University School of Medicine Award for Graduate Teaching

Susan McConnell, Biological Sciences, School of Humanities & Sciences

Stanford University School of Medicine Award for Outstanding Service to Graduate Students

Thomas Clandinin, Neurobiology

The Arthur L. Bloomfield Award In Recognition of Excellence in the Teaching of Clinical Medicine

Rebecca Blankenburg, Pediatrics

John Morton, General Surgery

The Henry J. Kaiser Family Foundation Award for Outstanding and Innovative Contributions to Medical Education

Lisa Chamberlain, Pediatrics

The Henry J. Kaiser Family Foundation Award for Excellence in Preclinical Teaching

John Gosling, Surgery - Anatomy

Peter Pompei, Internal Medicine

Elliott Wolfe, Medicine

The Henry J. Kaiser Family Foundation Award for Excellence in Clinical Teaching

Paul Helgerson, Internal Medicine

Andrew Nevins, Medicine – Infectious Diseases

Erika Schillinger, Family Medicine

The Franklin G. Ebaugh, Jr. Award for Advising Medical Students

Stanley Rockson, Medicine - Cardiovascular

The Alwin C. Rambar-James B.D. Mark Award for Excellence in Patient Care

Bertil Glader, Pediatrics

The Arnold P. Gold Foundation Award for Humanism and Excellence in Teaching

Sarah Azad, Obstetrics and Gynecology

Monica Eneriz-Weimer, Pediatrics

Ahmir Khan, Neurology

Lana Schumacher, Surgery

Dan Sedehi, Internal Medicine

Jacob Towery, Psychiatry

Congratulations to each of our 2008 faculty educator award winners. Medical and graduate students choose nearly all of these awards, and they reflect the respect and appreciation of the Stanford community for each of these individuals. I also announced at the reception that, upon his retirement, we will be establishing the *Elliott Wolfe Award for Excellence in the Teaching of the Art and Science of Clinical Medicine*.

Honoring Dr. Larry Shuer

On May 28th colleagues and friends of Dr. Larry Shuer, Professor Neurosurgery, gathered in the Stanford Hospital and Clinics (SHC) atrium to celebrate and offer appreciation for his twelve years as the SHC Chief of Staff. Dr. Shuer served in this important role during a remarkable period of time – through the merger and then de-merger with UCSF, nursing strikes, financial challenges, leadership changes and many other events in the Medical Center. Throughout this time Dr. Shuer served most ably as a fair, balanced, clear-minded leader. He served as the hospital's spokesperson for both good and bad news, always representing the institution with dignity and respect. Accordingly, he won

the admiration and confidence of hospital leaders as well as the medical staff – many of whom joined in this celebration. Part of Dr. Shuer’s responsibilities included graduate medical education, and I am pleased that he will continue to have oversight over these programs even as he steps down from his position. This year the Chief of Staff position became an elected one with a term of two years. Thus Dr. Shuer’s 12 year term will go down in history as the longest on record – and surely one of the most distinguished and respected as well.

Additional Awards and Honors

- **Howard Hughes Medical Institute Awards:** It might be appropriate to refer to Stanford as HHMI West. With the announcement of 4 new Investigator awards (out of 56 that were offered) Stanford and MIT are tied for the largest number of HHMI Investigators in the nation. This is quite a distinction. The newly selected HHMI Investigators for Stanford University include:
 - **Seung Kim**, Associate Professor of Developmental Biology
 - **Mark Schnitzer**, Assistant Professor Biology and of Applied Physics
 - **Kang Shen**, Assistant Professor in Biology
 - **Julie Theriot**, Associate Professor of Biochemistry

In addition, we have also recently have received the terrific news that 10 medical students were successful in this year’s HHMI competition for research fellowship training. This too is a highly competitive process in which Stanford students have performed exceedingly well in the past several years. This year’s winners and their research mentors are:

Student	Mentor
<i>Paul Nuyujakian</i> , SMS 2	Krishna Shenoy, Electrical Engineering and Bioengineering
<i>Jennifer Chen</i> , SMS 4	Paul Khavari, Dermatology
<i>Angieszka Czechowicz</i> , SMS 2	Irv Weissman and Deepta Bhattacharya, Stem Cell Biology, Cancer Center and Pathology
<i>Michael Galvez</i> , SMS 2	Geoff Gurtner, Surgery and Amato Giaccia, Radiation Oncology
<i>Matthew Goldstein</i> , SMS2	Ron Levy, Medicine
<i>Jennifer Hong</i> , SMS2	Matt Scott, Developmental Biology
<i>Russ Huss</i> , SMS 2	Eugene Butcher, Pathology (at the VA)
<i>Gene Ma</i> , SMS2	Ching-Pin Chang, Medicine
<i>Jeremy Pearl</i> , SMS2	Mark Davis, ITI and Microbiology & Immunology and Joe Wu, Medicine
<i>Makeda Robinson</i> , SMS2	Ann Arvin, Pediatrics

- **Searle Awards:** The Searle Scholars program, which began in 1981, announced its fifteen 2008 Scholars selected from 176 applicants from 120 universities and

research institutions. One of the Searle Scholar Awards is to a Stanford junior faculty member:

- **Dr. Gill Bejerano**, Assistant Professor of Developmental Biology and of Computer Science
- **Burroughs Wellcome Fund Career Awards for Medical Scientists** named 16 winners for 2008, including two from Stanford:
 - **Dr. Ravindra Majeti**, Instructor, Division of Hematology, Department of Medicine
 - **Dr. David Tevis Pride**, Fellow, Department of Medicine
- **CASE Awards:** The Council for Advanced Support for Education (CASE) presented a number of prestigious awards to our Office of Communications and Public Affairs including:
 - *Gold Medal* for “Stanford Medicine” reflecting the leadership of **Rosanne Spector**
 - *Gold Medal* for news writing involving science and medicine
 - *Silver Medal* for best article – this being “Silent Inferno” by **Tracie White**
 - *Silver Medal* for visual design in print for the Spring 2007 cover on the health impact of global climate change by **Tomer Hanuka**
 - *Silver Medal* for “Code Green” by **Tomer Hanuka**
 - *Bronze Medal* for “War Rounds” in Stanford Medicine

Congratulations to our Office of Communications and the leadership of **Paul Costello** for these wonderful honors

- **Graduate Student Fellowship Awards**
 - **Paul Sigala**, graduate student in Biochemistry, has been awarded the 2008-2009 *Lieberman Fellowship at Stanford University*
 - The Office of the Vice Provost for Graduate Education announced the successful graduate students for the inaugural *DARE (Diversifying Academia, Recruiting Excellence) Doctoral Fellowship Program*. The DARE Fellowship is a two-year award for advanced graduate students who are planning academic careers and who will also help diversity academia’s professoriate. Of the 12 awardees at Stanford, three were in the medical school and included:
 - **Jessica Allen** (Immunology)
 - **Matthew Anderson** (Genetics)

Congratulations to all!

- **US News and World Report (USNWR)** rankings for “America’s Best Children’s Hospitals” named the Lucile Packard Children’s Hospital (LPCH) as the top children’s hospital in the Bay area and #12 in the nation. In addition, the Heart Program was ranked #5 and cancer program #10. These rankings were based on a blend of reputation, outcome and care-related measures including

volume, nursing and credentialing. Congratulations to the LPCH leadership and to the physicians and staff who have made such wonderful contributions to care of children.

- **Patricia Foo** (SMSI) has been awarded the Schweitzer Fellowship for 2008-09. The Bay Area Schweitzer Fellowship Program is a joint program between the University of California Berkeley, University of California San Francisco, and Stanford University. She will be developing a project on coordination of mental health services at the Opportunity Center in Palo Alto.
- The following students have been awarded Valley Fellowships for 2008-09. The Valley Fellowships are summer fellowships that provide students the opportunity to work on a focused, substantive project defined by the San Mateo and Santa Clara County community partners to strategically expand their capacity to meet their mission. Projects address health issues from a population perspective with a particular focus on health disparities and underserved communities.
 - **ChaRandle Jordan** (MD-PhD student)
 - **Christine Chang** (SMSI)
 - **Yi-Ren Chen** (SMSI)
 - **Narmadan Kumarasamy**(SMSI)
 - **Angela Venega** (SMSI)
- Three awards were presented to three groups of first year medical students at the Population Health Symposium on May 14th for Outstanding Population Health Project.
 - **Frederick Chris Bennett, Flynn LaRochelle, Sarah Pickard, Jessica Sin, and Chad Tang** for their project “Assessing the healthcare needs of transgender women in Santa Clara County” completed in partnership with Lydia Guel and the Community Health Partnership of Santa Clara County.
 - **Amanda Brosius Lutz, David Craig, Patricia Foo, Mariko Howe, Grace Huynh, Anna Lonyai, Liam MacLeod, and Michael Sundberg** for the project “The Farmers’ Market as a Health Intervention: A community-based model for integrating food system change and health services provision in urban communities” in collaboration with Wolfram Alderson and Collective Roots.
 - **Gregory Charville, Walter Igawa-Silva, Joanna Mattis, Nathaniel Myall, Christine Lee, and Daniel Winetsky** for the project “Mental Health Prevention and Early Intervention in a Primary Care Setting” with Lourie Campos of Community Health Partnership.

Appointments and Promotions

- **Scott S. Hall** has been appointed to Assistant Professor (Research) of Psychiatry and Behavioral Sciences, effective 6/01/08.
- **Justin L. Sonnenburg** has been appointed to Assistant Professor of Microbiology and Immunology, effective 6/01/08.

Dean's Newsletter June 16, 2008

Commencement 2008

On Saturday June 14th, in its Centennial year, the Stanford University School of Medicine held its commencement on the Dean's Lawn. This year 22 students received a Master of Science degree, 98 a Doctor of Philosophy and 96 a Doctor of Medicine degree. The accomplishments of this year's graduating class in science and medicine are truly outstanding and we are proud of each and every one of them. Their names are listed below along with their degree program and thesis and, for medical students, the residency program they will commence in the next days.

This year is special since it represents 100 years of Stanford Medicine. In the May 5th edition of this Newsletter I reflected on our past, present and future in my comments entitled "*Tradition or Transformation: Celebrating the Past or Creating the Future*" (see: http://deansnewsletter.stanford.edu/archive/05_05_08.html#1). Stanford has played – and will continue to play – a unique and transformative role in the worlds of science and medicine and in their integration. Past contributions by students and faculty have certainly been remarkable but now require a redoubled effort, as elegantly reflected by this year's Medical School Commencement Speaker, Dr. Roger Kornberg, Mrs. George A. Winzer Professor and recipient of the 2006 Nobel Prize in Chemistry.

I hasten to add that it took a lot of organizing, planning and hard work to have the Commencement events run so smoothly. Many thanks to Zera Murphy, Suzanne Bethard, Char Hamada and their team – Kristin Fabbro, Molly Aufdermauer, Joann Berridge, Jana Baldwin, Mira Engel, Lorie Langdon, Velissa Peairs, Erica French-Arnold, and Cass Sooter – for a job well done!

Graduate Student Speaker: Gilbert Martinez (PhD candidate in Biophysics)

I know I'm supposed to use my limited time to talk about graduate school, but I wanted to make sure I thanked some of the people who have made the Stanford school of medicine such a great place to work.

Over the course of my many, many, many years at Stanford I've had the opportunity to work with the Dean's office and can say with confidence that a big reason the School of Medicine is such a great place to be is because of Dean Pizzo and the work done by the

Dean's office. I'd also like to mention Ellen Porzig's tireless advocacy for graduate students. I greatly appreciate everything you've done for us. Our department administrators have contributed so much to making sure that we succeed without ever having to know about everything that goes on behind the scenes. Zera Murphy, Suzanne Bethard and many others have done a wonderful job getting this ceremony together. Thank you all.

I have to thank all the faculty who do more for each of us than we know. They have given their time, and spent a lot of money making sure we were able to be here today. I never cease to be amazed by the commitment the faculty has for their own students as well students not in their lab. I can't tell you how many times I've been stopped in the hall by a faculty member I haven't seen in years and be asked about my research. They must gossip about us as much as we gossip about them.

Finally, I'd like to thank all our friends and family who may or may not be here today. We would not be here without their constant support and encouragement. Thank you all so much. Now you no longer have to ask when we will be finishing.

Over the course of the last week, as I was pondering what to say, I realized that I'm supposed to come up here today and condense all of graduate school and talk about our futures in five minutes.

I wrote down a bunch of hilarious anecdotes, found some awe inspiring quotes that will motivate us all, and some tear-inducing stories that will get us all to reflect on what we've accomplished and what lies ahead. After seeing the pages and pages of notes I realized that I might not finish in the five minutes they said it should take. The whole experience was so reminiscent of graduate school. I was told it would take five, five and half years to finish. They were a wee bit off. I hope I am excused if I run a minute or two (or three) over. It is theoretically possible that I finish a minute faster, and I will do my best to make that happen, but we all know that some things are beyond our control.

I have to say that it's an honor to have my classmates select me to speak for them today. You all are such a talented and knowledgeable group. When I found out you had chosen me, it was a lot like my committee coming out of the room after my defense and telling me that I had passed. How did I fool so many brilliant people? You see, there are many parallels to giving this speech and to graduate school in general.

Of course, you could have chosen me to get back at me for all the emails I sent out as BioMASS chair. I was supposed to use the week after turning in my thesis to relax a little. Instead I was worrying about this speech. Again, just like grad school. Every time you think you're finally finished, something pulls you back in.

But it's worth it. I've enjoyed my time here at Stanford not only because the science is great and because of my colleagues. I'm always asked about advice that I have for first year students and the answer for me is always very simple: take advantage of your classmates. No, I don't mean always asking them for rides to the airport at 5 a.m., though sometimes that was necessary. Take advantage of their talents, their expertise, their quirks, their friendship, their conversations.

Looking around I can see just how right that advice is. You are smart, funny, shy, awkward, and ambitious. And you are all pretty good scientists. I know. I've been to some of your talks or talked with you about your research. I've learned so much from so many of you. And we've all learned from each other. We helped teach each other how to run the perfect Western. We shared our secrets on how to record from cultured neurons or how to program in Perl. But we've also learned how to salsa dance together, how to snowboard, how to rock climb and many other hobbies we've picked up along the way. And perhaps, most importantly, some of us have helped each other learn how to function at 2 a.m. after a night out at the Nut House or the BBC.

When I look back at our time here, it's clear that we learned a lot. We learned a lot about science and a lot about ourselves and each other. But, personally, it's the friendships and relationships that I developed that I will remember most fondly. From the BioMASS first year camping trip, to the late night study session and practicing for our quals and our defense, we created friendships that will last our lifetimes. During my second year at Stanford, I had the opportunity to follow my original adviser to San Diego. I chose to stay and because of you, I'm glad I did.

Now that we are finished we will be going our separate ways. Some of us will go on to have successful careers in academia. Some of us will run far away from bench science as fast as we can. But we are all scientists and experts in our respective fields. Few know the awesome potential that the future of science holds than us.

Unfortunately, there are many challenges facing science today. Those of you pursuing the academic route will soon learn how hard it is to receive funding. Those of you working with stem cells know the hoops you have to jump through to do some of your science. Every year tens of millions of dollars are spent trying to confuse people about the basic principles of evolution. Many of us are hoping that this will all change in January of 2009. But there is to meaningful change, we must all take a more active role in protecting the future of science. There are many little things that we all can do. A letter to the editor or to our political leaders can go a long way to inform people of our challenges. We can spend a morning or an afternoon answering questions from school children. Or even informing our friends and family about science. As we leave here today, I hope that we all do a small part to make sure that current and future scientists will be able to fulfill the full potential of all the work we have done over the last several years.

Medical Student Speaker: Graham Walker

Good Afternoon Dean Pizzo, family and friends, colleagues, The Guy Who's Totally Uploading This To YouTube Right Now, The Undergrads Who Heard There's Free Alcohol Afterwards, and of course, my fellow classmates, the Graduating Class of 2008,

Britney Spears once famously said, "Hit me baby—." That was my ORIGINAL version of the speech. You weren't supposed to hear that. Awk! Ward! Blarg. Wow. Uhm, okay. Let's just pretend that didn't happen.

Hannah Montana once famously said, "We. Need. Single-payer national health insuran—." Okay fine, she didn't. But, I'm kind of known for ranting about health care reform, so

everyone probably thinks that's what I'll talk about today. But don't worry. I won't. Today, I would like to talk about something that's been bothering me: name-calling.

During medical school (and my entire life) I've answered to just about any variation on the theme: Graham, Graham Cracker, Grahamazon, Grahambo, Grahamakin Skywalker, "Hey you," Kilo, Graham Stain, Graham Positive, Graham Negative, and even, as one attending who didn't care to learn the names of her students called me, "a medical student," with the same tone one might use to ask, "Could you hand me a pen?" Man, I'm really going to miss medical school!

But lately, most people have been calling me doctor, and I'm not sure if I like it. Sure, people have said it all throughout medical school, but I always had sufficient grounds to correct them: "No no, not yet, I've still got 6 more months to go," or "Gosh, I wish, but I still have to pass my boards!" But lately, I haven't had a leg to stand on.

It's almost as if I don't want Graduation Day to be here. But too late now. Change happens. Today, we're becoming doctors.

I remember at orientation an upper-classman saying that we probably thought *becoming a doctor* was a noble, selfless act—but any of you in the audience can easily vouch for how selfish it can be. We have demanded your patience, love, understanding, compromises, and support for all these years. So up front, I want to say to each of you, from all of us up here, I am sorry. But I promise to do better next time. Not to forget slash have to reschedule: your birthday, our anniversary, the dinner reservations we had, or that trip to Mexico.

But truly, we could not have made it this far without you. Not to get all Mr. Rogers on you, but to us, you are special. You are why we are dedicated to this: because our patients have their own families and friends like you. You are the selfless ones...not us. So from the deepest reaches of our hearts and souls, thank you so very, very much. Today, we celebrate becoming doctors as much as we celebrate you.

I guess I really worry about how the title of Doctor defines you. How it changes you. That I'm becoming a little bit more Doctor Walker, and a little bit less Graham. Sure, the title affords me some prestige and privilege—for example, complete strangers will now feel totally comfortable whipping out their strange moles at dinner parties—but at the same time, it makes people see me as primarily—or only—a doctor, not as a son, brother, partner, computer nerd, or Trader Joe's enthusiast.

Maybe this is how it's supposed to be. Maybe that's the purpose of the title. To remind us and others of the Oath we take, or that patients' needs are to come before our own.

But if becoming a doctor will change how people view me, there are several values I've learned here at Stanford that should get to represent me, too. And I have numbered these values, as I am going into Emergency Medicine, and have a short attention span. Oh, and just a sidebar: The next time you want to complain about your hospital's Emergency Department, please remember that we're probably getting distracted by... oh, I don't know, coding patients, big traumas, (mumbling) bodily fluids being flung... at... us, or... shiny... things.

Sorry. Back to my values:

Number one: I will continue to use objectivity, without forgetting the subjective.

Medicine is an art grounded in science. I'll do my best to know the studies, the data, and the pathophysiology, and try to apply them objectively.

But I won't forget the patient. I'll listen. I'll be compassionate. I'll try to keep social context, "chief concern," and patient perspective in mind.

And number two: I promise to ask questions, and on occasion dare to admit: "I don't know." And thank you to Stanford for encouraging this—in Gil Chu's class, where we weren't allowed to leave until we had collectively asked him 10 questions; with Dr. Wolfe, who teaches students to admit their own "Areas of Ignorance." We are a generation of physicians who are unfortunately (or fortunately) still human. We are not gods. We still make mistakes, and we still don't have all the answers. But, hopefully, we'll know where to find them.

Number three: Don't mess with the pancreas. Or, in the famous words of master pancreatic surgeon Dr. Norton, "I'm tellin' you, don't mess with the pancreas! You gotta believe me!"

And number four: I promise to be involved. Whether it's researching, teaching, advocating, or volunteering, I will remember that health and medicine are often advanced and affected more by time spent outside a hospital than within one.

While passing clerkships and boards and memorizing facts may make us doctors today, it's our values that will drive us to become great doctors, like the many we have met here at Stanford. Because the great physician is dedicated to the truth, but also to patient. She is a scientist, but also a healer. He tempers prognosis with hope. I think Kurt Vonnegut sums up medicine's curiosity and compassion better than I ever could: "We are here to help each other get through this thing, whatever it is."

So, today, fellow classmates, this is it, for better or worse. When our patients call us doctor, they'll finally be right. (How scary is that?) While our profession may change how we see the world, or even how the world sees us, we must keep a part of ourselves the same. That part—our goals and our values—is what has gotten us to this point, up on this stage. You can call me Dr. Walker now, but I promise to remain just Graham. I'm too proud of each title to be dropping either anytime soon. Thank you.

**Commencement Speaker: Roger Kornberg, Mrs. George A. Winzer Professor in
Medicine and 2006 Nobel Laureate**

Dean Pizzo, members of the faculty, families, friends, and most of all, class of 2008.

It is a privilege to speak on this occasion and to offer some observations on our profession and our times.

Many of you will be aware, from the signs posted all around, that this is not only a special year for the graduates of Stanford Medical School, but also for the school itself, the 100th anniversary of its founding. What fewer may know is that modern medicine, or more particularly, medical science, is only about 100 years old as well. Little over a century ago, disease was attributed to an imbalance of humours, and the only treatments were bleeding and violent purgatives. Medical schools were trade shops funded by fees from the students, who gained licenses to inflict their ignorance on the general population. Change began in Europe in the latter part of the 19th century, with the germ theory of disease and the work of Pasteur, Koch, Ehrlich, and others. Charles Eliot, then president of Harvard, was aware of these developments and of the appalling state of American medical education, and proposed to introduce medical science in the curriculum at Harvard medical school. The most powerful member of the faculty objected "Eliot actually proposes to have written examinations for the degree of doctor of medicine. I had to tell him that ... more than half of [our] students can barely write...No medical school has thought it proper to risk large existing classes and large receipts by introducing ... rigorous standards." Dean Pizzo assures me all of our graduates today can read and write. And all our graduates are imbued with the spirit of what followed in the 20th century, the rise of medicine from roots in science, from exploration in all fields from physics to biology.

If I were to ask members of this audience what were the most important advances in medicine during the 20th century, most would make a similar list: X-rays, for both diagnosis and treatment; antibiotics, which have largely eradicated bacterial disease; cell culture, which led to the polio vaccine; noninvasive imaging, especially magnetic resonance imaging, or MRI, for early detection of cancer and other conditions; genetic engineering, which is the basis of most new medicines; the list could go on. These medical advances have one thing in common: they were all discoveries made in the pursuit of knowledge for its own sake, with no idea of any application, no purpose in the prevention or cure of disease. The lesson of the past is counterintuitive: to solve a difficult problem in medicine, don't study it directly, but rather pursue a curiosity about nature and the rest will follow. Do basic research.

The success of medical science has become, in a way, its undoing. We are dazzled by the knowledge we have acquired and rush to apply it to medical problems. This is understandable but often premature. Take the human genome, the true font of medical knowledge. It's all there, the answer to every question about human biology. The trouble is the answers are written in a language we don't understand. It is a multidimensional and dynamic language. The products of the genome, both protein and RNA molecules, interact with one another and with the genome itself in a dance of dizzying complexity. At present, we can only dimly perceive the significance. We can grasp a tiny fraction of one percent of what there is to know and understand. Just imagine, if the medicine of today flows from this tiny bit of knowledge, how much more would be possible if we knew the remaining 99 percent. What more persuasive call to the pursuit of basic research can there be?

And yet this call is often unheeded. Traveling across the US and abroad, I'm disheartened by a shift from research to application. It's ironic. Just as the lesson of the past century is learned, it is forgotten.

This is not only a scientific but also a political problem. The support of basic research has traditionally come from government rather than the private sector, and for good reason. The timeline is very long – basic problems take decades to solve. Only the public, with a lifelong interest, will support such an undertaking. Industry, with a short-term interest and eye on the bottom line, can hardly be expected to do so. What CEO could report to his or her Board that a major investment has been made in research that may or may not become profitable in 10 to 20 years, or longer? Let me give you a specific, disquieting example. Pharmaceutical companies developing anti-cancer therapies are regularly forced to choose between a drug that cures cancer with a single dose and one that must be administered weekly and which only prolongs life by a year or two. Management invariably makes the right decision on behalf of shareholders, and pursues the less effective drug. This is not an isolated or rare occurrence. It occurs on a weekly basis. Government clearly has a special responsibility and a unique role to play.

Our government has performed this role admirably in the past. Some fifty years ago, in perhaps the most farsighted action of any legislative body in history, the US Congress began funding basic biomedical research. The investment has been repaid many times over. How many people do you think were crippled or died of polio last year in the US? The answer is virtually none, due of course to the polio vaccine. Imagine the savings in treatment and productivity, not to mention human suffering. Not only has the investment in medical research been repaid, but it was small to begin with. The annual budget for cancer research today is only \$5 billion, less than 10% of our annual expenditure on soft drinks, less than a week of the war in Iraq. And yet, despite its small size, this budget has been cut repeatedly over the past decade. At a time when medical science is poised for the ultimate payoff – the cure of cancer and other dread diseases – many promising leads are being abandoned.

Finally you may ask what does all of this have to do with Stanford and the class of 2008? The answer is leadership. Stanford Medical School has shown the way in American medicine because of a decision about fifty years ago to focus on basic science. Our medical school owes its pre-eminence in large part to achievements in this area. Today, in the face of retrenchment worldwide, Stanford must rededicate itself to basic science. What was good for Stanford and others before will be even better in the future. Stanford must continue to lead.

And you, the class of 2008, have the most important role to play. You have received the best possible education in medical science. Let it guide your professional lives. Let your practice of medicine be not only compassionate but also productive of new knowledge. Do research. Advocate for it. Yours is the legacy of 100 years of Stanford medicine and of American medical science. You will be the ones to carry it forward, to instill it in others, and to realize our hopes and dreams for the betterment of the human condition.

**2008 GRADUATES –
MASTER OF SCIENCE**

Namiko Abe
Neurosciences

Gaurav Arora
Epidemiology

Jose Gilberto Bazan
Epidemiology

Rahul Choudhury
Biomedical Informatics

Hillary Lynne Copp
Epidemiology

Lynn Bentley Davis
Health Services Research

Alicia Eugenia Gutierrez
Epidemiology

Ying Hao
Epidemiology

Katherine E. Herz
Health Services Research

Joyce J. Hsu
Epidemiology

Runa Islam
Biomedical Informatics

Alex Sogomon Keuroghlian
Neurosciences

Nayer H. Khazeni
Health Services Research

Maarten Lansberg
Epidemiology

Reija Matheson

Microbiology and Immunology

Kari - Jean Louise McKenzie
Epidemiology

Chirag Jagdish Patil
Biomedical Informatics

Nadeem Riaz
Biomedical Informatics

William Arthur Segal
Neurosciences

Mohammad Ahmad Subeh
Epidemiology

Swati Padmakar Tole
Health Services Research

Sean David Young
Health Services Research

DOCTOR OF PHILOSOPHY

Adam Shultz Adler
Cancer Biology
*Mechanisms of Large-scale Gene
Expression
Changes in Cancer and Aging*

Gal Almogy
Microbiology and Immunology
*Synthetic Biology: Design of Well
Regulated Biological Systems*

Constadina Arvanitis
Chemical and Systems Biology
*Consequences of MYC Inactivation in
Conditional Mouse Models: A Study of
Mechanisms Responsible for Sustained
Tumor Regression*

Janelle Samantha Ayers

Microbiology and Immunology
*Defense and Endurance in Drosophila
Melanogaster*

Shirin Bahmanyar

Molecular and Cellular Physiology
*Functions for Adenomatous Polyposis
Coli (APC) and Beta-catenin at the
Centrosome*

Shirin Bahmanyar

Molecular and Cellular Physiology
*Functions for Adenomatous Polyposis
Coli (APC) and Beta-catenin at the
Centrosome*

Yu Bai

Biophysics
*Electrostatic Underpinnings of Nucleic
Acid Structure and Folding*

Shelly Beer

Cancer Biology
*The Role of Context on MYC's Ability to
Induce Liver Cancer*

Alicia Beth Berger

Cancer Biology
*Development and Application of Novel
and Selective Activity-based Probes for
the Caspases*

Franz Edward Boas

Biochemistry
*Physics-based Design of Protein-ligand
Binding*

Onn Brandman

Chemical and Systems Biology
*Feedback Loops Shape Cellular Signals
in Space and Time*

Jacob Samuel Brenner

Chemical and Systems Biology
*Alternate Routes of Calcium Entry
Mediating Pathological Cardiac
Hypertrophy*

Austin Lannes Brown

Biophysics
*The Effects of Auxiliary Subunits and
Gain-of- Function Mutations on MEC-4
Sensory Mechanotransduction Channels
Analyzed with Single-Channel
Recordings*

Christopher David Brown

Genetics
*Functional Architecture and Evolution
of Cis-Regulatory Elements that Drive
Gene Coexpression*

John David Cahoy

Developmental Biology
*Genomic Analysis of Highly Purified
Astrocytes Reveals in vivo Astrocyte
Gene Expression: A New Resource for
Understanding Astrocyte Development
and Function*

Sophia Isabelle Candille

Genetics
*Genetics of Pigment-type Switching and
Pigmentation Patterning in Mice and
Dogs*

Randal Curtis Cevallos

Microbiology and Immunology
*Manipulation of Invertebrate Host Cell
Machinery by Dicistroviruses*

Steven Mancheong Chan

Immunology
*Protein Microarray Technology for
Profiling Signaling Pathways: Insights
into Pro-oncogenic Notch Signaling in T
Cell Acute Lymphoblastic Leukemia*

Chun Chun Chen

Neurosciences

*Social Control of Stress and
Reproduction*

Pei -Ling Chen

Neurosciences

*The Role of Atypical Cadherins in
Regulating Photoreceptor Synaptic
Specificity in Drosophila*

Wei -Shen Chen

Cancer Biology

*Asymmetric, Homotypic Interactions of
the Atypical Cadherin Flamingo Mediate
Intercellular Planar Polarity Signaling*

Wendy Ching

Developmental Biology

*Analysis of Post-translational
Regulation of Wnt Signaling*

Leremy Colf

Microbiology and Immunology

*Degeneracy in Protein-protein
Interactions: Examples from TCR/MHC
Alloreactivity and Measles Viral Entry*

Patrick James Collins

Genetics

*Transcriptional Regulation of Divergent
and Clustered Genes*

Richard Daneman

Developmental Biology

*How is the Blood-Brain Barrier Built?
The Cellular and Molecular Interactions
that Regulate the Formation of the
Blood-Brain Barrier*

Jason Michael Davies

Biophysics

*Conformational Dynamics in AAA
ATPases Probed by X-ray Structural
Methods*

Erik Jedediah Dean

Biochemistry

*Pervasive Redundancy and Little New
Functionality Among Duplicated Genes
in Yeast*

Eric Andrew Evans

Genetics

*Role of the DAF-2 Insulin-like Signaling
Pathway in C. Elegans Innate Immunity*

Rebecca Fenn

Biophysics

*Reassessing the Mechanical Properties
of DNA*

Fabian Jose Fernandez

Neurosciences

*Pharmacotherapy for Intellectual
Disabilities Associated with Down
Syndrome: Work in a Mouse Model*

Elena Gallo

Immunology

*Calcineurin/NFAT Signaling Regulates
T Lymphocyte Development by
Modulating the Sensitivity of the MAP
Kinase Pathway*

Nathan Carl Geething

Biochemistry

*Linking Motors to Membranes:
Biochemical and Structural
Determinants of Myosin V Cargo
Binding*

Jeffrey Curtis Giering

Genetics

*Development of a Safe and Effective
Polymerase II Promoter-based Short-
hairpin RNA Model Therapeutic*

Eric Matthew Green

Chemical and Systems Biology
The Tumor Suppressor eIF3e Regulates Calcium-dependent Endocytosis of the L-type Calcium Channel CaV1.2

Nicholas R. Gurdosh

Biophysics

Putting Two Heads Together: How Processivity Arises from Mechanochemical Coupling in Kinesin

Christopher John Haines

Immunology

Human CD+4 T-Cell Recent Thymic Emigrants are Identified by Protein Tyrosine Kinase 7 and Have Reduced Immune Function

Jennifer Michelle Halbleib

Molecular and Cellular Physiology

Genomic Reprogramming During Epithelial Cell Polarization

Kimberly Anne Harnish

Developmental Biology

Identification of Swim, a Novel Wnt Binding Protein that Promotes Long-range signaling Through Maintenance of Wingless Solubility

Garret Hayes

Biochemistry

Analysis of Rab9 Effectors in Mannose Phosphate Receptor Trafficking

Garrett Collins Heffner

Immunology

Toward the Molecular Mechanisms of Lineage Determination in Hematopoietic Stem Cells

Jeremy Josef Heit

Developmental Biology

Calcineurin/NFAT Signaling Controls Pancreatic Beta-cell Growth and Function

Kristina Marie Herbert

Biophysics

Sequence Dependent Pausing by RNA Polymerase: A Single Molecule Optical Trapping Study

Matthew Micah Hill

Genetics

Construction of a Whole Genome Genetic Linkage Map and Analysis of Chromosome Rearrangements in Ciona Savignyi

Maureen Hillenmeyer

Biomedical Informatics

Identifying Relationships between Genes and Small Molecules from Yeast to Humans

Benjamin Douglass Hoehn

Neurosciences

Intervening to Treat Stroke in Acute and Chronic Phases: From Gene Therapy to Neurogenesis

Shawn Hoon

Genetics

High-throughput Approaches for Chemogenomics

Eric Dominguez Hoopfer

Neurosciences

Genetic Dissection of Axon Degeneration in Drosophila Melanogaster

Erik George Huntzicker

Cancer Biology
Dual Degradation Signals Control Gli Stability and Hedgehog Signaling in Tumor Formation

Lesley Ann Jarvis
Cancer Biology
Identification and Analysis of Mammalian Sprouty Proteins

Charay Daniea Jennings
Immunology
A Novel Role for Calcineurin in the Regulation of Innate Immunity and Inflammatory Responses

Kirk David Christian Jensen
Microbiology and Immunology
Gamma Delta T Cells That Develop in the Absence of Ligand Produce IL-17 Rapidly

Janet Yikai Jin
Cancer Biology
Missing in Metastasis, an I-bar Protein Regulating Actin Remodeling and Cell Migration

Thomas Michael Johnson
Cancer Biology
P53 Transactivation Domain Mutant Knock-in Mice Provide Novel Insight into p53 Tumor Suppressor Function

ChaRandle Stanlett Jordan
Genetics
Gene Expression Profile of the Cerebellum of Mecp2-deficient Mice

Michael George Kattah
Immunology
High-content Protein Arrays for Characterizing Immune Responses and Pathophysiology at the Molecular Level

Seonhi Kim

Biochemistry
Ligation of Mismatched DNA Ends During Nonhomologous End-joining

Nikesh Kotecha
Biomedical Informatics
Development, Management and Analysis of Flow Cytometry-based Cell Signaling Assays in a Translational Research Environment to Diagnose Juvenile Myelomonocytic Leukemia

Jennifer Shuwen Lee
Epidemiology
Hormonal and Familial Factors in Cancer Risks in Women

William Lee
Genetics
Next Generation Technologies for Systematic Analysis of DNA Structure and Repair

Ai Lin Lim
Cancer Biology
Novel Roles of Hypoxia in Modulating Tumor Progression

Andreas Markus Loening
Bioengineering
Technologies for Imaging with Bioluminescently Labeled Probes

Kristin Ann Maczko
Neurosciences
Role of Cholinergic Nucleus in Processing Spatial Information in the Barn Owl Midbrain

Simone Sigrid Marticke
Genetics
Ultra-high Throughput Sequencing Analysis of FOXP2 Occupancy in the Human Genome

Gilbert Martínez

Biophysics

Allosteric Regulation of CLC Transport Proteins by Cytoplasmic Domains and Conserved CBS Domain

BioMASS Award for Outstanding Service on Behalf of Graduate Students

Joshua David Mast

Neurosciences

Exploring the Mechanisms Underlying Synapse Loss and Neurodegeneration Induced by Mitochondrial Dysfunction in Drosophila Melanogaster

Kelly McGowan

Genetics

The Genetics of Dark Skin in Mice

Ross Jay Metzger

Biochemistry

Development of the Mouse Lung: Genetic Control of Organ Design

Amanda Jane Mikels

Cancer Biology

One Signal, Two Pathways: Analysis of How a Single Wnt Ligand Can Initiate Discrete Signaling Pathways Through the Activation of Two Distinct Receptors

Nesanet Senaite Mitiku

Genetics

Genomic Analysis of Early Mouse Development

Achim Klaus Moesta

Immunology

Functional Specificity of Killer Cell Immunoglobulin-like Receptors for MHC-C

Ryan Nottingham

Biochemistry

Regulation of Rab GTPases in Membrane Trafficking

Justin Iver Odegaard

Immunology

Macrophage Alternative Activation in Obesity and Metabolic Syndrome

Erika Anne O'Donnell

Immunology

Biased Cytokine Signaling Responses in Tumor-infiltrating T Cells

Adam Thomas Palermo

Molecular Pharmacology

Nuclear Reprogramming: Genome-wide Studies and Physiological Relevance

Jessica Tah-Tze Parra

Cancer Biology

Genomic Profiling of Breast Cancer

Florencia Pauli

Genetics

Global Analysis of Intestine-expressed Genes in Caenorhabditis Elegans

Linh Nguyen Pham

Microbiology and Immunology

Specific Memory in the Drosophila Immune Response is Dependent on Phagocytes

Daniel Ramot

Neurosciences

Quantitative Analysis of Neural and Behavioral Responses to Thermal Gradients in the Nematode Caenorhabditis Elegans

Diana Rios -Cardona

Biochemistry

A Role for GPRx in the Maintenance of Meiotic Arrest in Xenopus Laevis Oocytes

Madolyn Bowman Rogers

Developmental Biology
Control of CNS Neuronal Survival

Diane Irene Schroeder

Biomedical Informatics
*Two Stories of Human Transcription
Regulation: Bidirectional Promoters and
the Multiple Transcription Start Sites of
FOXP2*

Jing Shi

Biomedical Informatics
*Biostatistics Tools for Pathway and
Gene Expression Analysis*

Geoffrey Bryant Smith

Microbiology and Immunology
*GADD45 Proteins Regulate the Activity
of the Cytomegalovirus Mitochondria-
localized Inhibitor of Apoptosis*

Lucinda Southworth

Bioinformatics
*Comparative Analysis of Gene Co-
expression Over Multiple Data Sets*

Benjamin John Spink

Biophysics
*The Tale of the Tail: The Role of Myosin
VI Tail Domains in Processive Stepping*

Nitzan Sternheim

Developmental Biology
*Genetic Dissection of Myelination and
the Role of Notch3 in the Hindbrain
Development*

Stephen Jed Tam

Biophysics
*Eukaryotic Chaperonin TRiC-mediated
Modulation of Polyglutamine
Aggregation and Neurotoxicity*

Matthew Pendleton Taylor

Microbiology and Immunology
*Utilization of Autophagy Protein LC3
During Poliovirus Infection*

Andres Bayani Tellez

Biomedical Informatics
*Protein-Protein Interactions in the
Poliovirus Polymerase: Computational
and Biochemical Investigations*

Jessica Dale Tenenbaum

Biomedical Informatics
*Expression-based Ligand Signature
Analysis (ELSA): Mining Publicly
Available Genomic Data for Insights
into Human Disease*

Mauricio Vargas

Neurosciences
*Control of Axon Regeneration and
Wallerian Degeneration by the Humoral
Immune System*

Maria Vaysberg

Immunology
*Signaling of Latent Membrane Protein
1 Variants in B Cell Lymphoma*

Eszter Katalin Vladar

Genetics
*Centriole Formation During
Ciliogenesis*

Hsiao-Ting Wang

Cancer Biology
*Functional and Expression Analysis of
the Novel Angiogenic Regulator
GPR124*

Bill Piu Wong

Cancer Biology
*Meis1 and MicroRNAs as Collaborating
Oncogenes in MLL-mediated Leukemia*

Stephen Jarrett Wrenn

Biochemistry
In Vitro Selection of Synthetic Ligands

Rong Xu

Biomedical Informatics
*Information Extraction from
Randomized Clinical Trial Abstracts*

Angela Leibo Zhang

Immunology
*Physiologic Regulation of Monocyte
into Dendritic Cells*

Anna Brotcke Zumsteg

Microbiology and Immunology
*Regulation of Virulence Gene
Expression in Francisella Tularensis*

DOCTOR OF MEDICINE

Mark Christopher Adams

Brigham and Women's Hospital
Boston, MA • Medicine – Preliminary
Massachusetts General Hospital
Boston, MA • Anesthesiology

Tina Marie Allee

University of California at Irvine
Irvine, CA • Psychiatry

Prasanna Janaki Ananth

Children's Hospital of Boston
Boston, MA • Pediatrics

Jose Gilberto Bazan

Kaiser Permanente Medical Center
Santa Clara, CA • Medicine –
Preliminary
Stanford Hospital and Clinics
Palo Alto, CA • Radiation Oncology

Pavan Kasi Bendapudi

Massachusetts General Hospital
Boston, CA • Internal Medicine

Franz Edward Boas

Stanford Hospital and Clinics

Palo Alto, CA • Surgery – Preliminary
Stanford Hospital and Clinics
Palo Alto, CA • Diagnostic Radiology

Regina Sheree Bower

Mayo Clinic
Rochester, MN • Neurological Surgery

Catharine Hunter Bradford

University of California at San Francisco
San Francisco, CA • Plastic Surgery

William Edward Bragg

Stanford Hospital and Clinics
Palo Alto, CA • Orthopaedic Surgery

Gabriel Alon Brat

Johns Hopkins Hospital
Baltimore, MD • General Surgery

Nicole Marie Brown

Johns Hopkins Hospital
Baltimore, MD • Pediatrics

Matthew Bucknor

Kaiser Permanente Medical Center
San Francisco, CA • Medicine –
Preliminary
University of California at San Francisco
San Francisco, CA • Diagnostic
Radiology

Robert Edward Burke

Brigham and Women's Hospital
Boston, MA • Medicine – Primary Care

Susan Marie Carré

O'Connor Hospital
San Jose, CA • Family Medicine

Thomas Jon Caruso

Kaiser Permanente Medical Center

Santa Clara, CA • Medicine -
Preliminary
Massachusetts General Hospital
Boston, MA • Anesthesiology

Dora Cristina Castañeda
Santa Clara Valley Medical Center
San Jose, CA • Medicine - Preliminary
Stanford Hospital and Clinics
Palo Alto, CA • Anesthesiology

Steven Mancheong Chan
Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Bernard P. Chang
Brigham and Women's Hospital
Boston, MA • Emergency Medicine

Lauren Wiltshire Cochran
New York Presbyterian Hospital at
Weill Cornell University Medical Center
New York, NY • Pediatrics

Sheila Ravi Cord
Santa Clara Valley Medical Center
San Jose, CA • Internal Medicine

Matthew T. Craven
Brigham and Women's Hospital
Boston, MA • Internal Medicine

Emily Kathleen Curran
University of Chicago Medical Center
Chicago, IL • Internal Medicine

Joanna Victoria Dearlove
White Memorial Medical Center
Los Angeles, CA • Medicine -
Preliminary
University of California at Los Angeles
Medical Center
Los Angeles, CA • Neurology

John Joseph DeCaro
Emory University School of Medicine

Atlanta, GA • Urology
Bronson Elizabeth Delasobera
Washington Hospital Center
Washington, DC • Emergency Medicine

Rajen Uday Desai
Maimonides Medical Center
Brooklyn, NY • Transitional
National Eye Institute Fellowship
Bethesda, MD

Frederick Edward Dewey
Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Rosa Lorenia Diaz
University of California at San Francisco
San Francisco, CA • Obstetrics and
Gynecology

Melissa Ellen Duan
Brigham and Women's Hospital
Boston, MA • Medicine - Preliminary
Massachusetts General Hospital
Boston, MA • Anesthesiology

Hetty Beth Eisenberg
University of California School of
Public Health
Berkeley, CA • MPH Program
Residency in Psychiatry to Begin 2009

Miri Englander
New York Downtown Hospital
New York, NY • Medicine – Preliminary
Massachusetts Eye and Ear Infirmary
Boston, MA • Ophthalmology

Liana Rachel Geffer
Residency to Begin in 2009

Sepideh Gholami
Stanford Hospital and Clinics
Palo Alto, CA • General Surgery

Tress Louise Goodwin

Washington Hospital Center
Washington, DC • Emergency Medicine

Judith Carolin Hagedorn
Stanford Hospital and Clinics
Palo Alto, CA • Urology

Jeremy Josef Heit
Brigham and Women's Hospital
Boston, MA • Medicine – Preliminary
Massachusetts General Hospital
Boston, MA • Diagnostic Radiology

Benjamin Douglass Hoehn
University of Virginia
Charlottesville, VA • Neurological
Surgery

Lyen Camille Huang
Stanford Hospital and Clinics
Palo Alto, CA • General Surgery

Stephen James Hunt
Kaiser Permanente Medical Center
San Francisco, CA • Medicine -
Preliminary
Hospital of the University of
Pennsylvania
Philadelphia, PA • Diagnostic Radiology

Lila Jazayeri
Stanford Hospital and Clinics
Palo Alto, CA • Plastic Surgery

Charay Daniea Jennings
Stanford Hospital and Clinics
Palo Alto, CA • Pathology

ChaRandle Stanlett Jordan
Residency to Begin in 2009

Sarah Hecquet Juul
Emory University School of Medicine
Atlanta, GA • Psychiatry

M. Yashar Kalani

Lund University - Lund Strategic
Research Center for Stem Cell Biology
and Cell Therapy and Stanford
University School of Medicine
Lund, Sweden • Postdoctoral Fellowship
Residency in Neurological Surgery to
Begin in 2009

Jenya Alissa Kaufman
University of California at San Francisco
San Francisco, CA • Psychiatry

Kirandeep Kaur
Santa Clara Valley Medical Center
San Jose, CA • Transitional
Stanford Hospital and Clinics
Palo Alto, CA • Ophthalmology

Bory Kea
University of California at San Francisco
San Francisco, CA • Emergency
Medicine

Hugh Lawrence Keegan
Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Hanna Yoo Kim
Memorial Sloan Kettering Cancer Center
New York, NY • Transitional
University of California at Los Angeles
Medical Center
Los Angeles, CA • Ophthalmology

Rebecca Yoonjung Kim
Stanford Hospital and Clinics
Palo Alto, CA • General Surgery

Leanne Kristen Komorowski
University of New Mexico School of
Medicine
Albuquerque, NM • Obstetrics and
Gynecology

David James Krodel
California Pacific Medical Center

San Francisco, CA • Medicine –
Preliminary
Massachusetts General Hospital
Boston, MA • Anesthesiology

Philip Abraham Kurien
Santa Clara County Medical Center
San Jose, CA • Transitional
University of California at San Francisco
San Francisco, CA • Anesthesiology

Christle Janel Layton
Stanford Hospital and Clinics
Palo Alto, CA • Preliminary
Residency in Dermatology to
Begin in 2009

Lucy Chu Lee
Stanford Hospital and Clinics
Palo Alto, CA • Pediatrics

Jason Andrew Liauw
The Johns Hopkins Hospital
Baltimore, MD • Neurological Surgery

Andreas Markus Loening
University of Hawaii
Honolulu, HI • Transitional
Stanford Hospital and Clinics
Palo Alto, CA • Diagnostic Radiology

Javier Lorenzo
Kaiser Permanente Medical Center -
Preliminary
San Francisco, CA
Stanford Hospital and Clinics
Palo Alto, CA • Anesthesiology

Celine Denise Marquez
Yale New Haven Hospital
New Haven, CT • Medicine -
Preliminary
California Pacific Medical Center
San Francisco, CA • Radiation Oncology

Bryan Geoffrey Maxwell
Stanford Hospital and Clinics

Palo Alto, CA • Transitional
Stanford Hospital and Clinics
Palo Alto, CA • Anesthesiology

Everett Hurteau Meyer
Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Michael Daniel Molina
Sutter Medical Center
Sacramento, CA • Family Medicine

Cindy Mong
University of California at Los Angeles
Medical Center
Los Angeles, CA • Internal Medicine

Mandar Deepak Muzumdar
Brigham and Women's Hospital
Boston, CA • Internal Medicine
*The Department of Medicine Allen B.
Barbour Award for Excellence in
Internal Medicine*

Jasvinder Singh Nangiana
Mayo Clinic
Rochester, MN • Neurological Surgery

Ehren Robert Nelson
White Memorial Medical Center
Los Angeles, CA • Medicine -
Preliminary
Brigham and Women's Hospital
Boston, MA • Anesthesiology

Michelle Bichchau Thi Nguyen
Stanford Hospital and Clinics
Palo Alto, CA • Medicine - Preliminary
University of California at San Diego
Medical Center
San Diego, CA • Dermatology

Steven Gilbert Ortiz
Stony Brook Teaching Hospitals

Stony Brook, NY • Orthopaedic Surgery

Kate Estelle Pettit

Kaiser Permanente Medical Center
San Francisco, CA • Obstetrics and
Gynecology

James Rush Priest

University of Washington Affiliated
Hospitals
Seattle, WA • Pediatrics

Meghan Claire Ramsey

Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Christopher Thomas Richards

McGaw Medical Center of Northwestern
University
Chicago, IL • Emergency Medicine

Eunice Valeria Rios

University of Southern California
Medical Center
Los Angeles, CA • Medicine / Pediatrics

Sahar Nayereh Rooholamini

Stanford Hospital and Clinics
Palo Alto, CA • Pediatrics

Lynne Novick Rosen

Children's Hospital & Research Center
Oakland, CA • Pediatrics

Valaiporn Joy Rusmantratip

Residency to Begin in 2009

Lori Ellen Rutman

Stanford Hospital and Clinics
Palo Alto, CA • Pediatrics

Maricela Sanchez

St. Vincent's Hospital and Medical
Center
New York, NY • Anesthesiology

Kavita Yang Sarin

Santa Clara Valley Medical Center

San Jose, CA • Transitional
Stanford Hospital and Clinics
Palo Alto, CA • Dermatology

Ruwan Amila Silva

University of California at Irvine
Medical Center
Irvine, CA • Medicine - Preliminary
University of Miami - Bascom Palmer
Eye Institute
Miami, FL • Ophthalmology

Geoffrey Bryant Smith

University of Chicago Medical Center
Chicago, IL • Internal Medicine

Eric Borden Sundberg

Stanford Hospital and Clinics
Palo Alto, CA • Orthopaedic Surgery

Gabriel Joel Tsao

Stanford Hospital and Clinics
Palo Alto, CA • Otolaryngology

Dona Amos Tversky

University of California at San Francisco
San Francisco, CA • Psychiatry

Yana Vaks

Stanford Hospital and Clinics
Palo Alto, CA • Pediatrics

Mauricio Vargas

Residency to Begin in 2009

Jasmine K. Waipa

Stanford Hospital and Clinics
Palo Alto, CA • Pediatrics

Graham Walker

St. Lukes - Roosevelt Hospital Center
New York, NY • Emergency Medicine

Ruobing Wang

Massachusetts General Hospital

Boston, MA • Pediatric

Yingbing Wang

Kaiser Permanente Medical Center
Santa Clara, CA • Medicine –
Preliminary
Massachusetts General Hospital
Boston, MA • Diagnostic Radiology
*Department of Radiology Norman
Blank, M.D. Award*

Heather Fleharty Warren

University of Southern California
Medical Center
Los Angeles, CA • General Surgery

Jenny Lupovici Wilson

Stanford Hospital and Clinics
Palo Alto, CA • Pediatrics
Children's Hospital of Philadelphia
Philadelphia, PA • Child Neurology

Joanna Elaine Wrede

University of Washington Affiliated
Hospitals
Seattle, WA • Pediatrics
University of Washington Affiliated
Hospitals
Seattle, WA • Child Neurology

Stephen Jarrett Wrenn

Kaiser Permanente Medical Center
San Francisco, CA • Medicine –
Preliminary
University of California at San Francisco
San Francisco, CA • Diagnostic
Radiology

Jessica Rachel Yasnovsky

Stanford Hospital and Clinics
Palo Alto, CA • Pediatrics

Gerardo Javier Zambrano

Stanford Hospital and Clinics
Palo Alto, CA • Psychiatry

Awards and Honors

The following students have received prestigious and highly competitive fellowships for 2008. Congratulations to all!

NSF:

Sadie Bartholomew (Biochemistry)
Cecil Benitez (Developmental Biology)
Jeremy Chang (Chemical and Systems Biology)
Shuai Chen (Cancer Biology)
Regina K Cheung (Immunology)
Edward Chuong (Genetics)
Karen Colbert (Structural Biology)
Dan Dickinson (Cancer Biology)
Antonia Dominguez (Genetics)
Vivian Ericson (Developmental Biology)
Jeanine Frey (Cancer Biology)
Richard Gaster (Bioengineering and MSTP)
Kira Irving (Neurosciences)
Max Jan (Cancer Biology)
Jonathan Karr (Biophysics)
Erik Lehnert (Genetics)
Grace Lin (Genetics)
Jordan Nechvatal (Neurosciences)
Jordan V Price (Immunology)
Jehnnna L Ronan (Immunology)
Jayodita Sanghvi (Bioengineering)
April Weissmiller (Neurosciences)

NIH:

Max Banko (Genetics)
Melanie Bocanegra (Cancer Biology)
Justin Brown (Neurosciences)
Brittany Burrows (Neurosciences)
Erika Bustamante (Developmental Biology)
Dan Calnan (Cancer Biology)
David Chen (Biomedical Informatics)
Thomas Jerde (Neurosciences)

NDSEG

Melanie Bocanegra (Cancer Biology)
Catherine Del Vecchio (Cancer Biology)
Anna Guan (Cancer Biology)
Jonathan Karr (Biophysics)
Michelle Zeman (Cancer Biology)

Ford Foundation

Tiffany Williams (Cancer Biology)

Paul & Daisy Soros:

Amit Kaushal (Biomedical Informatics)

ASM/Robert D. Watkins

Justine Pompey (Microbiology & Immunology)

HHMI Gilliam

Shoa Clarke (MSTP)

Mason Case

Christina D Swanson (Immunology)

Michael Wong (Immunology)

Matthew Carter, doctoral candidate in the Neuroscience Program, was awarded a Walter G. Gores Award for Excellence in Teaching, at this year's University Commencement. The Gores Award is the University's highest teaching honor. He was recognized for, among other things, conceiving, planning and teaching the popular and highly regarded course *Understanding Techniques in the Neurosciences*, conveying difficult material in a succinct and accessible way, the infectious energy and creativity he brings to the classroom, and his engaging and exceptional skill as a teacher.

Yingbing Wang, MD, is the recipient of the Norman Blank Award, given by the Department of Radiology in recognition of outstanding performance in radiology or radiology research.

Gilbert Martinez, PhD, is the recipient of the BioMASS Award for Outstanding Service on Behalf of Graduate Students.

Mandar Deepak Muzumadar, MD, has been named this year's winner of the Allen B. Barbour Award for Excellence in Internal Medicine.

Congratulations to all!

Appointments and Promotions

- ***Sally Arai*** has been reappointed to Assistant Professor of Medicine (Blood and Marrow Transplantation) at the Stanford University Medical Center, effective 6/01/08.

- ***Daniel T. Chang*** has been appointed to Assistant Professor of Radiation Oncology at the Stanford University Medical Center, effective 6/01/08.
- ***Kristen N. Ganjoo*** has been reappointed to Assistant Professor of Medicine (Oncology) at the Stanford University Medical Center, effective 8/01/08.
- ***Michael Grecius*** has been appointed to Assistant Professor of Neurology and Neurological Sciences, effective 6/01/08.
- ***Amreen Husain*** has been promoted to Associate Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective 6/01/08.
- ***Sun H. Kim*** has been appointed to Assistant Professor of Medicine (Endocrinology, Gerontology and Metabolism) at the Stanford University Medical Center, effective 6/01/08.
- ***Denise M. Monack*** has been appointed to Assistant Professor of Microbiology and Immunology, effective 6/01/08.
- ***Kari C. Nadeau*** has been appointed to Assistant Professor of Pediatrics (Pulmonary) and, by courtesy, of Otolaryngology – Head and Neck Surgery at the Lucile Salter Packard Children’s Hospital, effective 6/01/08.
- ***Maxence V. Nachury*** has been appointed to Assistant Professor of Molecular and Cellular Physiology, effective 7/01/08.
- ***Andrew R. Zolopa*** has been reappointed to Associate Professor of Medicine (Infectious Diseases) at the Stanford University Medical Center, effective 7/01/08

Dean's Newsletter

July 7, 2008

Welcome to New Residents, Fellows – and Summer Students

With Commencement just a couple of weeks ago (see:

<http://deansnewsletter.stanford.edu/#1>), most of the university is on summer session. And while summer brings a pause to the rhythms of most of the university, it heralds new activity for the medical center. During the past days 905 residents and clinical fellows commenced their training in one of the 77 ACGME (Accreditation Council on Graduate Medical Education) training programs at Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCCH). I extend a welcome to each of these important members of the Stanford community along with those commencing their research postdoctoral fellowships in one of our laboratories or programs.

While we often feature the accomplishments of our medical and graduate students (appropriately so, of course), individuals pursuing graduate medical education (residents and clinical fellows) and postdoctoral fellowships also play incredibly important roles in the life and success of Stanford Medicine. In addition to being informed learners they are also a source of knowledge and expertise to students as well as our faculty, they provide care and service to our patients, contribute to the advocacy efforts of our institution, and are often the central players in advancing our mission in research. Their work is incredibly demanding and while the ACGME has limited this to 80 hours per week for residents, their contributions transcend time as a metric. Indeed without our residents, clinical fellows and postdocs, we simply could not be a leading academic medical center and research-intensive school of medicine. It is also important to remember that each of these individuals has already invested many years in developing her or his knowledge and skills in medical and graduate school, and they join Stanford to further their personal pathways to success in clinical medicine and research. We wish each the greatest of personal and professional success. Welcome to Stanford!

During the past couple of weeks, we also have welcomed gifted high school and college students who will spend the summer at Stanford – hopefully as a prelude to their future careers in science and medicine. Among these are the students joining the Stanford Medical Youth Science Program led by Dr. Marilyn Winkleby (Professor of Medicine), the Stanford Institutes of Medicine Summer Program led by Dr. PJ Utz (Associate Professor of Medicine), the Stanford Summer Research Program/Amgen Summer Scholars Program led by Dr. Ellen Porzig (Associate Dean for Research and Professor of Developmental Biology) and Anika Green (Assistant Dean for Graduate Education). We also welcomed a group of incoming medical students who joined the Early Matriculation Program led by Dr. Fernando Mendoza (Professor of Pediatrics). Each of these programs brings talented high school, college and new medical students for a summer experience that will hopefully be exciting and even transformative.

So while the rest of the university takes a summer pause, the Medical School and Medical Center begins another cycle of revitalization, welcoming students, residents and fellows who begin their time at Stanford and who add to the excellence and success of our

institution. Please join me in welcoming them – and, of course – in wishing them all great success in their endeavors.

Dr. Beverly Mitchell Will Become Director of the NCI- Designated Stanford Cancer Center

On August 1st Dr. Bev Mitchell, George E. Becker Professor of Medicine and Deputy Director of the NCI-Designated Stanford Cancer Center, will assume the role of Director and Principal Investigator. Dr. Irv Weissman, the Virginia and DK Ludwig Professor, has served until now as the Director of the Cancer Center, the Ludwig Center at Stanford, and the Stanford Institute for Stem Cell Biology and Regenerative Medicine. Given the remarkable and unprecedented growth of the stem cell programs at Stanford (see below) , and the growth of the Ludwig Center, which is mainly involved in cancer stem cell discovery, diagnosis, and therapy, Dr. Weissman requested that he be permitted to step down as Director of the Cancer Center so that he can focus his energies on the Stem Cell programs and the Ludwig Center. At the same time, he agreed to remain a senior scientific advisor to the Stanford Cancer Center , and will continue to be involved in its fundraising efforts,- which is, of course, wonderful news.

Dr. Weissman also recommended that Dr. Mitchell assume the role as Director and I am pleased to say that she has agreed to do so. The National Cancer Institute and the Stanford Cancer Center's External Advisory Board have also enthusiastically supported this recommendation. Please join me in thanking Dr. Weissman for the critically important role he provided as Director of the Cancer Center – which proved instrumental in achieving NCI designation. And also please join me in congratulating and thanking Dr. Mitchell for her willingness to assume the role as Director at this most important time in the history of the Stanford Cancer Center. Since joining Stanford Dr. Mitchell has been instrumental in moving our cancer agenda forward. She has worked tirelessly and successfully on behalf of our faculty and students and has won wide respect and admiration throughout Stanford as well as nationally. I am enormously pleased that she will take on these new and critically important responsibilities.

A Different Door to NIH Advocacy and Support

Over the years I have written frequently about the NIH and the importance that it has played in helping our nation to be the world leader in the biosciences. I have also increasingly commented on how that position of global leadership is now threatened because of the serious lapses of funding for research that have characterized the past several years and that threaten to continue in the years ahead. And, of course, I have highlighted the efforts that others and I have put into championing the importance of the NIH and biomedical research to the Congress and the importance of their bi-partisan support. This theme was echoed in Dr. Roger Kornberg's commencement address on June 14th (see: <http://deansnewsletter.stanford.edu/#1> and <http://med.stanford.edu/commencement/>).

Having spent some 23 years as an intramural investigator at the NIH, I am also quite cognizant of how members of Congress resonate to the impact the NIH has in their home communities and states. And even when they recognize that it is the great discoveries

made by NIH supported investigators around the nation that truly shape the discovery and innovation agenda of the USA, they are also touched by the human stories of their constituents who have benefited from a research discovery that helped treat or cure a serious disease. Those experiences make evident to Members of Congress why research is so important and why the NIH is the essential resource to making that happen. And this is something that crosses traditional political party lines and which in the past has resulted in the NIH being widely viewed as the “jewel in the crown” of government agencies.

I also learned the importance of patient advocacy in promoting the value of the NIH as a (much younger) investigator on the Pediatric Branch of the National Cancer Institute. I was reminded of this on June 25th when I attended the 20th Anniversary of the Founding of the Children’s Inn at the NIH that was held at the National Building Museum in Washington, DC. This gala celebration was attended by many dozens of Members of the House and Senate along with numerous Washington dignitaries and guests. It was an event that brought back many memories and lessons since my wife Peggy and I first conceived the idea of the Children’s Inn nearly three decades ago.

The idea was simple. Children, accompanied by their families, came to Bethesda to participate in clinical research protocols sponsored by the NIH. The vast majority of these children had cancer and since I was working on the pediatric oncology service at that time, I witnessed nearly every day the impact that separation from home and community had on these children, many of whom spent weeks to months in Bethesda, housed in motels with few amenities or emotional support for them or their families. This seemed both unfortunate and inappropriate and there was need of a creative solution. A child advocate and policy leader, my wife Peggy agreed that we might be able to do something for these families by advocating for a “home” on the NIH campus that would house these children and families who traveled from all over the USA and world to participate in clinical research and treatment. Because such a facility would provide emotional and physical comfort it made sense that the NIH would embrace this concept as an alternative to the then practice of contracting with local motels to house these children while they were coming to the NIH. Or so it seemed.

Together with my colleagues in pediatrics in the NIH Clinical Center we put together what we felt was a compelling proposal but despite numerous and repeated attempts we failed to gain any traction with the NIH leadership. It was a good idea – but just not a priority. Virtually every angle was tried but the bureaucracy was impenetrable. And then serendipity opened a door.

In the mid 1980’s we were investigating the role of bone marrow transplantation and intensive chemotherapy for children and adolescents with sarcomas. Among these patients was a teenage girl who, like others, felt separated from her home community. The impact of those challenges was quickly appreciated when she was visited by a woman named Carmela Walgren. It turned out that this teenage patient had been the babysitter for Mrs. Walgren’s own children. When Ms. Walgren shared her concerns about the social isolation of this young patient with our Head Nurse, who was both aware

and engaged in our efforts to get a home for children at the NIH, she called me to meet with Ms Walgren. After a couple of visits Mrs. Walgren, who turned out to be a Congressional spouse, indicated she would help. And indeed she did. She first united with two other Congressional spouses, Debbie Dingell and Chris Downing, and through their networks and contacts, they accomplished what had been previously impossible. After a call from the Congress, the NIH Director pledged to provide land for a Children's Inn at the NIH. A major breakthrough. Indeed together they not only moved mountains – but also the “Congressional Hill!” But then came the next challenge – how to find the sources to build what would become the Children's Inn.

Fortunately, further contacts gained access to Dr. Roy Vagelos, one of the most extraordinary leaders in American medicine and science, who was then the highly successful CEO of Merck. When presented with the idea, he embraced it immediately and, thanks to his stewardship, the Merck Foundation provided the funds to construct the Children's Inn at the NIH – which opened its doors in 1989. Those of you who have visited the NIH campus may have seen the Children's Inn – but perhaps have not recognized what it was, or the impact that it has had on the NIH. Located near the Clinical Center and recently expanded, the Children's Inn has provided service to over 6,000 children and families from throughout the world during their participation in research protocols in Bethesda.

When I spoke at the Gala last week, I reflected how the Children's Inn has been an important partner to the basic research agenda of the NIH. I noted that when we began planning for the Children's Inn, HIV and AIDS had not been recognized as a problem. By the time that the Inn was opening, we were carrying out research protocols in HIV infected children from throughout the USA. The Inn made it possible for our research group to study many hundreds of children who participated in research protocols and, as a consequence, rapid and tremendous strides were made in the treatment of pediatric AIDS – benefiting children all around the world. These successes, of course, were built on the early studies of retroviruses and some of their key enzymes, reverse transcriptase and protease, that became successful targets for antiretroviral therapy. Indeed basic research that did not anticipate the future emergence of AIDS created the fundamental knowledge that led to some of its solutions. And the Children's Inn became a vital partner in that collaboration.

During the past two decades, many members of Congress, their spouses and friends have gathered each year to help raise funds for the operation of the Children's Inn. In doing so, they are reminded of the value of the NIH and its impact on discovery, innovation and treatment. And while the beauty and elegance of new knowledge is a fitting testimony to the importance of the NIH, the Children's Inn puts a face on some of that knowledge – and helps inspire our Congress to stand behind support for basic research. This is also worth celebrating. And it certainly provides another door for advocacy about the importance of the NIH.

Service Satisfaction Survey Results

In March of this year, our faculty, staff and students received a survey conducted by the Institutional Planning Office to evaluate the services of 19 administrative functions provided by 10 offices within the School. Of the 3,223 individuals receiving the survey, 41% or 1,336 responded. The respondents included faculty (35%), students and trainees (25%) and staff (40%). The offices included in the survey were:

- Academic Affairs
- Communications and Public Affairs
- Facilities Planning and Management
- Finance and Administration
- Health and Safety
- Human Resources
- Information Resources and Technology
- Institutional Planning
- Research Management Group
- SPCTRM

The results of the survey showed a high degree of satisfaction and were very encouraging. Overall satisfaction with the services included in the survey was 4.2, on a scale of 1 to 5, with 1 as “Very Dissatisfied” and 5 being “Very Satisfied.” The areas of satisfaction measured in the survey included: Responsiveness, Efficiency, Quality of Work, Interaction, Proficiency and Expertise, and Overall Response to Your Needs. The range of results for these six areas averaged 4.02 (on “Efficiency”) to 4.33 (“Interaction”). We also analyzed the results individually for each Office. The individual office scores ranged from 3.67 to 4.66. We are pleased that the results were positive in most areas, but also wish to improve upon these results. Answers to the open-ended questions on strengths and weaknesses were especially helpful in assisting each group in devising an action plan to enhance services in the weaker areas.

Each office was asked to submit their action plan to the Senior Associate Dean for Finance & Administration, Marcia Cohen. Examples of some of the action plans proposed include:

- Establishing response time standards
- Improving workflow and business process to address efficiency
- Communication plans to educate “customers” about services, roles, and responsibilities
- Additional, focused surveying to pinpoint specific issues
- Develop audit protocols to identify problems
- Add FAQs to websites

We anticipate repeating the survey and measuring areas of improvement (or otherwise) on a regular basis moving forward. Many thanks to all for your participation; your responses were invaluable in helping us to assess our effectiveness, and we intend this feedback to be acted upon successfully over the next several months.

Success in Stem Cell Research Continues

June has been another exciting month for stem cell research at Stanford. The Land & Buildings Committee of the Board of Trustees voted for partial construction approval for the Stanford Institutes of Medicine 1 (SIM1) building that will serve as the future hub of Stanford Institute for Stem Cell Biology and Regenerative Medicine. With that approval, construction for SIM1 is beginning this summer. Final construction approval is expected at the October Board of Trustees meeting and with that, we should be on track for the completion of SIM1 by the summer of 2010. As you will recall, an important source of funding for SIM1 is from the California Institute of Regenerative Medicine (CIRM) which awarded Stanford \$43.5M – the highest of any institution in California (see <http://med.stanford.edu/mcr/2008/cirm-0514.html>). I will have further announcements about contributions to SIM1 in the next weeks.

Stanford also continues to be the leader in research funding from CIRM. On June 27th, the Independent Citizens Oversight Committee (ICOC), the governing board of CIRM, of which I have been a member since 2004, awarded another \$24M in research funding for two programs: the development of new lines of pluripotent human stem cells and planning grants for research teams that will compete for subsequent disease planning grants later this year. Indeed, Stanford faculty successfully competed for four of the 16 new cell line awards (including Drs Julie Baker, Michele Calos, Mike Longaker and Renee Reijo Pera). In addition, two Stanford faculty (Drs. Tom Rando and Bobby Robbins) competed successfully for two of the 22 disease planning grants. Overall Stanford faculty will receive \$5.6M – again the highest amount of any institution in California (see http://med.stanford.edu/news_releases/2008/june/CIRM.html). This is wonderful news and I offer my congratulations to each of these faculty members. Recognizing the importance of the future disease grants, the School also funded four pilot awards with internal resources in late 2007.

Clearly it is our faculty and students who are setting the agenda for stem cell research at Stanford. But thankfully we will soon have a new home to house them in as well. Given the paucity of funding for stem cell research through the NIH, these awards and their impact on this important field of science are all the more critical – thanks to CIRM and the citizens of California. Without this support and these efforts, the USA would be at great risk for losing its prominence in this area of research. Thankfully CIRM and California scientists are working hard to not allow that to happen.

Continuing the Discussion about USMLE Step One

Exams and metrics can shape the agenda of institutions and people. Consisting of “three steps,” the United States Medical Licensing Examination (USMLE) has had both primary and secondary effects on medical education and training. Established as a licensing exam, the USMLE has had a much wider impact – some intended and some inadvertent. Just as the Medical College Admissions Test (MCAT) plays an intended role in setting the agenda for premedical education, it also impacts the course of study of many

undergraduates interested in a career in medicine. Similarly, The USMLE has assumed importance beyond its role in licensing *per se*, since it is used as a screening exam for some of the most competitive residencies in the USA. Thus when it became apparent some months ago that significant changes were being planned for the USMLE (see February 25 2008 Dean's Newsletter - http://deansnewsletter.stanford.edu/archive/02_25_08.html#2) considerable concerns were expressed to the National Board of Medical Examiners (NBME) about possible changes in the USMLE. Most concerning was the proposed move of USMLE Part One to the third (traditional) year of medical school, along a perceived lesser emphasis on basic science knowledge, which could potentially undermine the importance of the scientific underpinning of medicine. Accordingly, along with a number of my colleagues in the Council of Deans and the Council of Academic Societies, serious concern was expressed about changes that had not been fully vetted and which could have significant and serious unintended consequences. Thankfully the National Board of Medical Examiners and USMLE agreed to engage in thoughtful dialogue before proceeding with any changes. This commitment was codified in (see <http://www.nbme.org/programs-services/medical-students/news-updates.html>) and was the topic for a discussion that I participated in along with members of the AAMC and NBME at a meeting in Philadelphia on June 30th.

While the discussions will be ongoing, the good news is that there is a clear recognition of the importance of basic science education and the importance of demonstrating knowledge and proficiency in its related disciplines. It was further acknowledged that this proficiency needed to extend throughout medical school (not just the “preclinical years”) and, in fact, to be continued through residency and continuing medical education. This is something we are currently already doing at Stanford. It was also acknowledged by the NBME that having a test of this basic science knowledge prior to beginning clinical education (defined as clinical rotations), was appropriate and that moving this later into the medical school curriculum was not the ideal. That said, the NBME wishes to also provide flexibility to medical schools which wish to pursue different curricula or areas of emphasis. At the same time it was recognized that the USMLE was also being used as a gatekeeper for competitive residency programs and that this may be an unintended consequence.

While there has now been a reasoned pause in the previously announced plans of the NBME to change the timing and content of USMLE 1, it was also clear that changes will occur over the next several years – as part of testing changes that will unfold over the next 10-15 years. Thus keeping a dialogue open and engaged is important and the NBME and AAMC agreed to do that – which is good news. If you have any thoughts or recommendations about this process, please do let me know.

2008 McCormick Faculty Awards

The Office of Diversity and Leadership of the Stanford University School of Medicine invites applications for the 2008 McCormick Faculty Awards. The McCormick Funds were established to support the advancement of women in medicine and/or medical research directly, or by supporting the mentoring, training and encouragement of women pursuing the study of medicine, in teaching medicine, and engaging in medical research.

Awards are unrestricted and will be for \$30,000 per year for two years. The committee expects to make three awards each year. Proposals should be submitted electronically to Jennifer Scanlin in the Office of Diversity and Leadership at jscanlin@stanford.edu by 5pm on August 31, 2008.

Further information and details on how to submit your application can be obtained at: http://med.stanford.edu/diversity/faculty/08mccormickcall_apps.html. Questions can be directed to Claudia Morgan, Office of Diversity and Leadership (med.stanford.edu/diversity), at 650-723-2329, or at cjmorgan@stanford.edu.

Upcoming Events

Science Outreach Summer Lecture Series

Thursday evenings

7:00 pm

Cantor Art Center

Stanford's Office of Science Outreach invites the Stanford community and general public to campus this summer for four Thursday evenings filled with the wonders of art and science! Come in the late afternoon to visit the acclaimed Cantor Arts Center, then enjoy dinner at the Cool Café at the Cantor or bring a picnic. Settle into chairs that will be provided or bring your own lawn chairs/ picnic blankets and hear Stanford's top scientists talk about their research in terms you will understand. Lectures begin at 7:00 p.m. More information at <http://oso.stanford.edu/lectures.html>.

The 2008 lecture topics and faculty speakers include:

- July 10 – “Why is Earthquake Prediction So Difficult,” with Gregory C. Beroza
- July 24 – “Global Warming: Is the Science Settled Enough for Policy,” with Stephen Schneider
- August 7 – “Wired for Speech: How Voice Activates Interactions with People and Computers,” with Clifford Nass
- August 21 – “Powering the Future with Sustainable Energy,” with Stacey F. Bent

Skills Building Workshop: “Scientific Writing”

Thursday, July 17

5:30 – 7:30 pm

Always Building, Room M-112

The Office of Diversity & Leadership continues the Skills Building Workshop series with “*Scientific Writing*”, on July 17th with Michaela Kiernan, Ph.D., a Senior Research Scientist at the Stanford Prevention Research Center (SPRC) at the Stanford University School of Medicine. She received her PhD in social/health psychology from Yale University and has expertise in research methodology and statistics. Funded by the National Institutes of Health (NIH) and the American Heart Association (AHA), her research focuses on behavioral interventions for weight management, dietary change, and physical activity.

Registration is open to Instructors, Assistant and Associate Professors. Please visit the ODL website at <http://med.stanford.edu/diversity/> for details on registration and location as well as other events offered by the Office of Diversity and Leadership.

Appointments and Promotions

- James W. McCarrick III, has been promoted to Adjunct Clinical Assistant Professor of Obstetrics and Gynecology effective 6/01/08.

Dean’s Newsletter

July 28, 2008

Welcoming New Faculty

The success of Stanford Medical School and University resides in the excellence, creativity and productivity of its faculty, students and trainees. Each year 50-60 new faculty join the Medical School community and bring new energy, ideas, talents and skills that advance science and medicine. While we remain small in the number of our full-time faculty compared to peer research-intensive schools of medicine, we have continued to grow over the past several years in relation to the rest of the university. Presently we have approximately 835 full-time faculty (i.e., Investigators and Clinician-Scholars/Investigators, who count against our current billet cap of 900) – along with approximately 250 clinician-educators. On July 8th, in conjunction with the Offices of Academic Affairs and of Diversity and Leadership, we hosted a Welcoming Breakfast for all the new faculty. Please join me in welcoming these new members of our Stanford community:

Fritz Beck	Surg/Vascular Surgery
Marion Buckwalter	Neurology
Daniel Chang	RadOnc/Radiation Therapy
Alan Cheng	Otolaryngology/H&NS
Glenn Chertow	Med/Nephrology
Craig Vance Comiter	Urology
Catherine Curtin	Surg/Plastic & Reconst Surgery
Dan Eisenberg	Surg/General Surgery
Stephen Felt	CompMed/Operations

Michael Fischbein	CT Surg/Operations
Scott Hall	Psych/Interdis Brain Sci Rsrch
David Hovsepian	Rad/Diagnostic Radiology
Dimitre Hristov	RadOnc/Radiation Physics
Hanlee Ji	Med/Oncology
Margrit Juretzka	ObGyn/Operations
Aya Kamaya	Rad/Diagnostic Radiology
Shelli Kesler	Psych/Interdis Brain Sci Rsrch
Sun Kim	Med/Endo
Allison Kurian	Med/Oncology
Maarten Lansberg	Neurology
John DeWolfe MacKenzie	Pediatric Radiology
Paul Maggio	Surg/General Surgery
Peter Maxim	RadOnc/Radiation Physics
Jesse McKenney	Pathology
Carlos Milla	Peds/Pulmonary Medicine
Denise Monack	Microbiology and Immunology
Maxence Nachury	Molecular & Cellular Physiology
Kari Nadeau	Peds/Allergy
Claude Nagamine	CompMed/Operations
Mark Nicolls	Med/Pulmonary & Critical Care
Hugh O'Brodovich	Peds/Operations
Kelly Ormond	Genetics
Josef Parvizi	Neurology
Pankaj Jay Pasricha	Med/Gastro & Hepatology
Olaf Reinhartz	CT Surg/Operations
Justus Roos	Rad/Diagnostic Radiology
Lewis Shin	Rad/Operations
Weiva Sieh	HRP/Epidemiology
Justin Sonnenburg	Microbiology and Immunology
Hua Tang	Genetics
Abraham Verghese	Med/Medicine Operations
Richard Abbey	Psychiatry
Malathi Balasundaram	Peds/Cardiology
Marina Basina	Med/Endocrinology
Casey Crmp	Med/General Internal Medicine
James Doty	Neurosurgery
Jeffrey E. Dun	Neurology
Yuri Falkinstein	Orthopaedic Surgery Operations
Kathleen Fitzpatrick	Psych/Child & Adol Psych & Dev
Elena Gonzales	Psych/Sleep Disorder/Sleep Ctr
Christop Gonzalezher	Path/Operations
Pengyi Guo	RadOnc/Radiation Physics
Anthony Ho	RadOnc/Radiation Physics
Michael Ho	Med/Nephrology
Irene Park Jun	Peds/Neonatology

Mariska Kemna	Peds/Cardiology
KathleenLarkin	Anesthesia Group A
Quoc Luu	RadOnc/Radiation Therapy
Amy McKenney	Path/Operations
Sarah Namath	Anesthesia Group A
Einar Ottestad	Anesthesia Group A
Jennifer Serrano Johnson	Surg/Emergency Medicine
Kirsten Stewart	Med/General Internal Medicine
Naiyi Sun	Anesthesia Group A
Melinda Telli	Med/Oncology
Volney Van Dalsem III	Rad/Diagnostic Radiology

Faculty Salary Setting: The Process

I suspect that most faculty would be surprised by the degree of rigor and review that goes into establishing faculty compensation each year. I know that from time to time questions arise about equity, metrics and comparability of faculty compensation. I surely understand and appreciate the basis for personal concerns and thought it might be helpful to give you some context for the process.

All faculty compensation requires final approval by the Provost. In order to present well-considered recommendations to him, considerable effort and review take place at the departmental level and then within the Dean's Office. In fact, I personally review and make recommendations on each individual's proposed compensation in order to best advise the Provost as he makes his final decisions. How does this take place?

We begin the process in the Spring by asking department chairs to prepare compensation recommendations for each member of their department. This includes the base, variable, administrative and incentive (where applicable) components of the overall compensation. The data from each department are presented to our finance and compensation group based on departmental compensation plans. The Dean's Office then compares the proposed faculty compensation to national benchmarks, which are based on the nature of the clinical or research expertise and levels of responsibility. On the average, most faculty are paid between the 50-75 percentile of national benchmarks – which themselves can vary considerably in clinical specialties on a yearly basis. We examine the comparable compensation levels among faculty of comparable academic rank and area of expertise and take into account equity adjustments that are individually or departmentally justified. We also assess each faculty member's clinical and research productivity based on comments from the cognizant department as well as national quantitative benchmarks.

If a faculty member exceeds selected thresholds set by the University's Board of Trustees (in actual compensation or incentive pay levels), or is in a leadership position (e.g., department chair), we present a comprehensive analysis to the Compensation Committee of the Board of Trustees before the recommended compensation is approved. This additional process applies to less than 5% of our faculty. In selected cases, we seek guidance from an external consultant, who does an additional comparative analysis of

faculty at higher levels of compensation. As we review each individual's compensation we also determine whether the recommended level of merit performance or proposed incentive bonus is justified on the basis of performance and comparative metrics. In particular, I pay attention to equity for women and minorities in compensation levels – as well as for faculty across departments who are doing comparable work. For example, if a faculty member is doing predominantly research, we seek reasoned comparability regardless of whether that individual is in a basic or clinical department.

As you might imagine, this is a data-intensive review process. Since it involves reviewing over a thousand faculty members individually and comparatively, it also takes considerable effort and precision. As of this writing, we are completing the process and will be sharing more than five volumes of data and recommendations with the Provost's Office for final approval in anticipation of the academic year that begins on September 1st. I hope that this summary of the process gives you some comfort in the level of care that goes into reviewing and setting compensation for our faculty collectively and individually.

FY09 Budget Planning

Spring and Summer are also the times of the year when budgets are presented, reviewed and finalized throughout the medical school. This too is a major activity led by Marcia Cohen, Senior Associate Dean for Finance and Administration. The budget process starts with the development of financial plans by each of the basic and clinical science department, our Institutes of Medicine and Centers, and all administrative units. The Dean's Office Finance unit, led by Sam Zelch, CFO and Assistant Dean, Fiscal Affairs, reviews these budgets. They are then discussed at several meetings to ensure that the Dean's Office, the Chair, and the Director of Finance and Administration have a shared understanding of the plans for the department for the upcoming year and that the budget has been prepared with consistency, reasonableness, and rigor. As is nearly always the case, the requested needs for strategic investments exceed our sources, and thus a rigorous process is used to assess all requests, programs and opportunities. Of course priorities need to be established and the sources for their funding determined. At Stanford our major sources of revenues, in the aggregate, include sponsored grants and contracts, clinical revenue for professional and programmatic activities, tuition, gifts, and income from endowment.

The final stage of our budget process is the preparation of the consolidated budget, which rolls up all of our missions and activities for the next fiscal year (FY09), which begins September 1st. We also assess our annual budgets for program and capital against our ten-year financial plan. Given the scope of the transformational activities underway – and that will continue to unfold during the next 10-15 years – this level of planning is essential. As we finalize this process I will share some of the key conclusions with you in a future newsletter.

Given the increasing levels of economic uncertainty overall and the challenges we face in the support for research and, increasingly, for clinical activities, this level of financial

planning is even more essential than it has been in prior years. While we remain in a strong position overall, we want to do all we can to sustain and enhance this strength over the years ahead. This is especially true in light of the facility and capital programs that need to be completed as well as the importance of finding new funding sources to support our students and faculty, who face continued limitations in sponsored research support. Clearly this will be an ongoing process and dialogue.

No Smoking Policy Extends to Stanford Hospital & Clinics

In tandem with vaccines for a number of serious infections, among the greatest public health successes in the second half of the 20th Century was the recognition that smoking is responsible for a panoply of serious diseases. During the past decade, smoking cessation policies have been implemented in public buildings, restaurants and communities throughout the USA and, increasingly, in Europe. However, smoking remains a serious if not growing problem in Asia and developing nations. In August 2007 the School of Medicine created a smoke free campus as a means of further promoting the health of our community (see: http://deansnewsletter.stanford.edu/archive/05_21_07.html and http://deansnewsletter.stanford.edu/archive/07_09_07.html#6).

On August 1st, Stanford Hospital & Clinics will take a major step in also becoming a smoke free campus. Beginning on this date, smoking will be prohibited in all outside areas surrounding SHC except for a single designated area at the perimeter of the hospital at the end of the G-1 wing. Importantly, this means that smoking will no longer be permitted along the path in front of the hospital that connects to the Cancer Center. This is an important step and I appreciate the efforts of the hospital leadership in moving this forward. I also want to thank Dr. Rob Jackler, Professor and Chair of the Department of Otolaryngology and Head & Neck Surgery, and the medical staff for their advocacy in promoting this new policy. This is an important effort to promote the health of employees and patients. SHC also has made smoking cessation programs a priority for staff members through its Occupational Health Services.

Given the continuing rise of medical costs, it is imperative that the medical profession increase its efforts in promoting health and well being. Policies that restrict or limit smoking are important components of a pro-health environment.

The Stanford Health Improvement Program Celebrates 25 Years of Health Promotion

Speaking of promoting health, this year the Stanford Health Improvement Program (HIP) celebrates its 25th Anniversary. During the past quarter century HIP has contributed significantly to the Stanford community in promoting health resources as well as programs to address health challenges and wellness. These have ranged from tobacco cessation (see also above) to weight control, exercise and wellness coaching. HIP is part of the Stanford Prevention Research Center and offers classes, counseling and guidance in a variety of health and wellness programs. In addition to congratulating HIP on its 25th anniversary, I would strongly recommend that you review the HIP website

(<http://hip.stanford.edu/index.html>) and benefit from the resources they offer. Personal responsibility for health is essential and HIP can help you achieve some important milestones.

Comparative Medicine Now and Future

At the July 18th Executive Committee, Dr. Linda Cork, Professor and Chair, reviewed the history of the Department of Comparative Medicine. She noted that the department had campus wide responsibilities for laboratory animal care as well as responsibilities to the School of Medicine, individual faculty, and to society in providing for the welfare of animals used in research. Her report includes the following comments:

The Department of Comparative Medicine is a clinical department and has an Operating Budget and a Clinical Budget for the Veterinary Service Center (VSC). These two are separate and distinct: the VSC budget is treated as a “specialized service center” by the office of Management and Budget’s Circular A-21, it is non-profit, and must recover its costs from its users.

In recruiting faculty Comparative Medicine engages other departments in its searches to better support ongoing or developing programs. Research by UTL faculty in Comparative Medicine focuses on neuroscience including cortical function, plasticity of the sensory -motor system and epilepsy. Clinical research ranges from studies of cancer and developing new imaging modalities, to identifying diseases of lab animals and new methods to improve the quality of their care.

The teaching program of Comparative Medicine includes graduate courses in Comparative Neuroanatomy and the Neuroscience “boot camp” as well as a range of undergraduate courses related to comparative medicine and an active pre-vet club for undergraduates interested in a career in veterinary medicine. In addition to the formal course work for credit, the VSC clinical faculty train >600 individuals annually in the Care and Use of Animals in Research as well as many more in specialized techniques of animal research. The clinical faculty are actively engaged in developing an online format for some of this training.

In addition to its responsibilities for clinical care the veterinary clinical faculty and staff also work closely to support the Administrative Panel on Laboratory Animal Care (APLAC) by reviewing animal protocols and by assisting faculty in developing their APLAC protocols. The VSC provides many diagnostic and technical services to faculty who use animals in research. The animal research program has grown considerably in the last 15 years, and the Department has made clinical innovations in several areas to support the research.

I would also add that we are currently conducting a search for Dr. Cork’s successor as chair. I want to express my appreciation to Dr. Cork for the work she has done to make Comparative Medicine so successful during her tenure at Stanford. The Search Committee has identified several promising candidates and we hope that we will be able to appoint a new chair in the relatively near future. Details to follow of course.

PhRMA Adopts Some of Stanford's Gift Policies

In October 2006 the School of Medicine and Medical Center took a leading role in establishing policies on Industry Interactions for education and patient care. Since then the Stanford Industry Interactions Policy (see: <http://med.stanford.edu/coi/siip/>) has been embraced and adopted by medical schools and teaching hospitals across the USA. It was also embraced within the Conflict of Interest Policies recently put forth by the Association of American Medical Colleges (AAMC). These call for strict limits on support for medical education (see: <http://www.aamc.org/newsroom/pressrel/2008/080619.htm>) that are quite consistent with the policies we adopted two years ago. Last week the Pharmaceutical Research and Manufacturers of America (PhRMA) released its proposed "Code on Interactions with Healthcare Professionals," which limits drug marketing and gifts to health care providers. While voluntary at this point, these new policies further advance the importance of breaking away from the intended or inadvertent consequences of marketing by the drug and device industry to students and physicians. It is an important step – but it is likely that further refinement and restrictions are forthcoming.

When we enacted the Stanford policy in 2006, many concerns were expressed within our community that we could not afford to carry out education programs in the absence of industrial support. I think it is quite clear, two years later, that we have not witnessed any serious negative impact. More importantly, our students, trainees and community can be assured that their education is uninfluenced by marketing initiatives and that it is, more appropriately, based on evidence and science.

Continuing Medical Education – More to Come

In July 2007 I commented in the Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/07_09_07.html#5) that a ban on industrial support could extend to Continuing Medical Education (CME). Since that time I appointed a Task Force led by Dr. Harry Greenberg, Senior Associate Dean for Research, and Dr. Kathy Gillam, Senior Advisor to the Dean, to review the basis for industrial support for CME and provide recommendations on whether it should be banned or continued. Fourteen faculty and hospital leaders served on the Task Force and presented their findings to me on April 25th. I asked the Task Force to develop some options, and these were presented to the Executive Committee on July 18th. These options include banning industry support from the drug and device industry for CME activities at Stanford or those using the Stanford name. An alternative is to implement improved operational and regulatory management and oversight in how CME is run so as to mitigate against potential Conflicts of Interest. Of course this would be needed in any event. The Task Force also presented the option of shifting the content and focus of CME away from the traditional lecture format "update presentations" that generally define CME currently to programs that use more contemporary pedagogical methodologies and that focus more on improvements in enhancing health outcomes and promoting quality. These options were presented in an advisory manner.

It should also be noted that while the Stanford Task Force was conducting its assessment and developing proposed options, a number of advisory groups nationally posted recommendations that would severely restrict or eliminate industrial support for CME. Among these are a report from the Josiah Macy Foundation as well as reports from the AMA Council on Ethical and Judicial Affairs and the Accrediting Council for Continuing Medical Education (ACCME) that either call for a ban on industrial support or recommend that medical schools seriously review and consider such a ban.

I am currently evaluating the data gathered by the Task Force along with the changes that are now rapidly unfolding in the field. Policies related to Stanford on this important matter will be forthcoming soon.

2008 McCormick Faculty Awards

The Office of Diversity and Leadership of the Stanford University School of Medicine invites applications for the 2008 McCormick Faculty Awards. The McCormick Funds were established to support the advancement of women in medicine and/or medical research directly, or by supporting the mentoring, training and encouragement of women pursuing the study of medicine, in teaching medicine, and engaging in medical research. Awards are unrestricted and will be for \$30,000 per year for two years. The committee expects to make three awards each year. Proposals should be submitted electronically to Jennifer Scanlin in the Office of Diversity and Leadership at jscanlin@stanford.edu by 5pm on August 31, 2008. Further information can be obtained at: http://med.stanford.edu/diversity/faculty/08mccormickcall_apps.html.

Thanks to Dr. Jerry Shefren

On Friday July 26th Stanford Hospital & Clinics hosted a reception honoring Dr. Jerry Shefren, Clinical Professor of Obstetrics and Gynecology, who has served as Vice President for Ambulatory Services for the past 6 years. During this time we had the opportunity to work closely with Dr. Shefren, and I want to offer my praise and appreciation of his leadership and collegiality. Among his contributions were the formulation and implementation of the “Funds Flow” methodology that helped execute significant advances in the operations of the medical center. I want to thank Jerry for his key role in bringing this effort to fruition and for his willingness to continue working on it, and other initiatives, to enhance the clinical programs shared by SHC and the School of Medicine. We will certainly miss him.

Honoring Dr. Bill Dement

On Saturday July 26th the colleagues and friends of Dr. William Dement gathered to celebrate his extraordinary career, during which he became the founder and father of Sleep Medicine (see: <http://med.stanford.edu/mcr/2008/dement-0723.html>). They also celebrated his 80th Birthday as well! Unfortunately I was unable to attend the gala but I did prepare a message to Dr. Dement that I would like to share with you.

Dear Dr. Dement:

I am writing to offer my very best wishes on the occasion of your 80th birthday.

You have been a scientific pioneer, visionary leader and founder of the field of Sleep Medicine since you joined the Department of Psychiatry and Behavioral Sciences forty-five years ago. Your contributions have been extraordinary, including some 500 publications, the establishment of the first sleep disorders clinic in the world, persuasive advocacy in the establishment of the National Center on Sleep Disorders Research at the National Institutes of Health and service as the Founding President of the American Academy of Sleep Medicine.

The School of Medicine and our community, locally and globally, have been most fortunate to be the beneficiary of your many fundamental discoveries as well as the place where they have been translated from basic science to the care of patients. Your work has contributed to the education of hundreds of trainees and improved the lives of countless patients over the years. I am deeply appreciative of all you have done and wish you the very best in your future endeavors.

*Sincerely,
Philip A. Pizzo, M.D.*

Honors and Awards

- **George Yang, MD, PhD, FACS**, Assistant Professor of Surgery at the Palo Alto Veterans Affairs Health Care System, has been selected to receive the first Wound Care Management Award for his research project entitled “Use of intelligent materials in wound healing applications. Congratulations, Dr. Yang.
- **Tony Tsai, MD**, has been selected as the new Baxter Fellow in the Biosciences. His research focuses on the network properties of the biochemical systems that regulate cell cycle oscillations, locomotion, and chemotaxis. Congratulations, Dr. Tsai.
- Biosciences Student Teaching Awards: The following students have been recognized for their contributions to teaching:
 - Jessica Allen, Immunology
 - Melanie Bocanegra, Cancer Biology
 - Charles Chan, Developmental Biology
 - Sarah Edwards, Chemistry
 - Ivette Estay, Cancer Biology
 - Yael Garten, Biomedical Informatics
 - Jonathan Karr, Biophysics
 - Mark McElwain, Developmental Biology
 - Leslie Meltzer, Neurosciences
 - Amy Radermacher, Immunology
 - Kenneth Schulz, Immunology

Congratulations to all!

Appointments and Promotions

- **Jeffrey Glenn** has been promoted to Associate Professor of Medicine (Gastroenterology and Hepatology, effective 7/01/08.

- **Donald Regula, Jr.** has been appointed to Professor (Teaching) of Pathology, effective 7/01/08.
- **Xiaoyuan Chen** has been promoted to Associate Professor (Research) of Radiology, effective 9/01/08.
- **Paul S. Auerbach** has been appointed to Professor of Surgery (Emergency Medicine) at the Stanford University Medical Center, effective 7/01/08.
- **Roham T. Zamanian** has been appointed to Assistant Professor of Medicine (Pulmonary & Critical Care) at the Stanford University Medical Center, effective 7/01/08.
- **Donna M. Bouley** has been promoted to Professor of Comparative Medicine at the Stanford University Medical Center effective 7/01/08.
- **Sherril L. Green** has been promoted to Professor of Comparative Medicine at the Stanford University Medical Center, effective 7/01/08.
- **John P. Higgins** has been promoted to Associate Professor of Pathology at the Stanford University Medical Center, effective 7/01/08.
- **Shashank Joshi** has been reappointed to Assistant Professor of Psychiatry & Behavioral Sciences at the Stanford University Medical Center, effective 7/01/08.

Dean's Newsletter

August 25, 2008

A New Policy on the Use of Industry Support for Continuing Medical Education (CME)

As you know from prior communications, we began reviewing the interactions between Stanford University School of Medicine and industry regarding education in 2005 and, based on the recommendations of a task force chaired by Dr. Harry Greenberg with staff support from Dr. Kathy Gillam, we initiated our Stanford Industry Interactions Policy (SIIP), that became effective in October 2006 (see:

http://deansnewsletter.stanford.edu/archive/06_26_06.html,

http://deansnewsletter.stanford.edu/archive/09_11_06.html#2). This policy

(<http://med.stanford.edu/coi/siip/>) eliminated the acceptance of gifts and other emoluments that might bias educational activities throughout the Stanford Medical Center (i.e., the School of Medicine, Stanford Hospital and Clinics and the Lucile Packard Children's Hospital). During the past two years, often based on the Stanford policy, similar policies have been enacted at medical schools and teaching hospitals across the USA. Moreover, in 2008, the Association of American Medical Colleges

(AAMC) advised all medical schools to enact policies eliminating gifts from industry for educational activities.

Since the enactment of the 2006 Stanford Industry Interactions Policy, the School has also begun to assess the degree to which industry interactions might influence the clinical care practices of our faculty. As a result, in 2007 a set of questions was added to the annual conflict of interest and commitment disclosure that asks faculty to indicate personal or family ties to industry that might impact their clinical practice behavior or recommendations. These have now become part of the School Annual Disclosure; follow-up takes place through the Conflict of Interest Review Program where appropriate and, when indicated, by the two senior associate deans for clinical affairs.

When we initiated the 2006 Industry Interactions Policy I elected to not include CME because we felt it required additional study and evaluation. Accordingly, in 2007, I initiated a review specifically focused on industry support for Continuing Medical Education (CME). A Task Force led by Dr. Harry Greenberg and staffed by Dr. Kathy Gillam was appointed. Members of the Task Force represented the School of Medicine and both Hospitals and included Drs. Jonathan Berek (Obstetrics-Gynecology), Clarence Braddock (Medicine), Mildred Cho (Medical Ethics), Harvey Cohen (Pediatrics), Iris Gibbs (Radiation Oncology), Rob Jackler (Otolaryngology), Al Lane (Dermatology), Terri Longacre (Pathology), Ms. Pam Molano (LPCH), Drs. Norm Rizk (Medicine and Clinical Affairs), Geoff Rubin (Radiology), Jerry Shefrin (SHC), David Spiegel (Psychiatry), and Ms. Rebecca Trumbull (Institutional Planning). I provided some updates before and following the Committees work (see: http://deansnewsletter.stanford.edu/archive/07_09_07.html#5, http://deansnewsletter.stanford.edu/archive/07_28_08.html#8).

The Task Force examined current policies, gathered operational and financial data for the School and Hospitals, held in-depth interviews with six clinical department chairs, had discussions with pharmaceutical and device industry leaders, and examined the literature on industry support of CME. They also reviewed policies and recommendations from national advisory and regulatory bodies, a number of which came forth with recommendations after the work of the Task Force was initiated (including but not limited to the Council on Ethical and Judicial Affairs of the American Medical Association; the AAMC; the Accreditation Council for Continuing Medical Education; and the Josiah Macy Jr. Foundation). The Task Force presented its findings and recommendations to me in May 2008 and to the Executive Committee on July 18, 2008. I requested that the recommendations be in the form of options. The Task Force complied and presented options ranging from the total elimination of all industry support for CME to options that continued support in various iterations. Throughout this time and following the presentation, comments and opinions have been welcomed from the Stanford community including the leadership of Stanford University. I carefully considered all comments in formulating the new policy that follows below.

Based on the work of the Task Force on Industry Support of CME and related advisory groups, the following summarizes **Stanford Medical School's Policy on Continuing Medical Education**:

- First and foremost, Stanford recognizes and supports the value of Continuing Medical Education for its faculty and the communities it serves.
- The historical and traditional models of CME, based largely on lectures and discussion groups, have served a purpose, although their impact on truly enhancing medical knowledge that leads to improvements in health care outcomes is unresolved. Future CME programs should take advantage of emerging technologies and should be more focused on the professional and technical development and education of the learner. New opportunities for novel programs now exist in the Goodman Center housed at SHC as well as CAPE at LPPH and the Center for Immersive Learning and, in 2010, will be abundantly available in the Li Ka Shing Center for Learning and Knowledge. Accordingly, Stanford should take a leadership role in designing and shaping the future of CME with a greater emphasis on educational efforts that target outcomes and quality improvement.
- During the past year the School has re-invigorated its Office of Continuing Medical Education, now led by Dr. Rob Jackler as the Associate Dean for CME. Effective immediately, all CME programs and activities must be administered by the Office of CME and must adhere to the policies of the ACCME and to those of the School of Medicine. No other programs will be sanctioned by the School of Medicine and Stanford University. Permission to use the Stanford name for continuing medical education or related programs, whether ACCME accredited or not, must be approved and administered by the Stanford Office of CME on behalf of the Dean. The use of outside vendors by faculty through departments or other entities may not include the use of the Stanford name unless specifically approved by the Office of CME on behalf of the Dean.
- The guiding principle is that all CME programs must be free of commercial influence, be based on the best scientific evidence available, and be focused on improving the knowledge of learners. Effective September 1, 2008, new commercial funding for specific CME courses or programs is prohibited. Commercial support includes monetary contributions as well as "in kind" support such as a loan or donation of equipment or supplies as well as services from a commercial entity. This policy applies to both on and offsite venues and functions that propose to use the Stanford name or that are directed or initiated by Stanford School of Medicine faculty. This also includes payments for third party sources or for-profit course organizers that have received industry support. Exhibitions by commercial organizations are not permitted at CME activities whether onsite or offsite locations.

- At the same time, the School recognizes that industry may wish to provide CME program support that is not designated to a specific subject, course or program but that is intended for use in a broadly defined field or discipline or field of study. Accordingly, if such support from industry for CME is received it must be directed to the Office of Continuing Medical Education. The Office of Continuing Medical Education will be responsible for coordinating and distributing funds for CME programs in the following general categories: medical, pediatric and surgical specialties; diagnostic and imaging technologies and disciplines; health policy and disease prevention; or other areas approved by the Office of CME. Such industry support cannot be designated for a specific course or program, but every effort will be made to direct support, as appropriate, to the specified general areas of interest, as noted above. Further, commercial support received by faculty or academic units for other purposes cannot be used to support CME. The faculty, in conjunction with the office of CME, will decide the choice of topic and content for all Stanford CME activities, and curricula will be chosen based on the educational needs of our learner populations.

This policy is effective September 1, 2008 and applies to all CME activities, whether ACCME accredited or non-ACCME accredited. However, in recognition of the fact that CME course directors, faculty and departments have existing contracts or agreements currently in hand, signed contracts will be reviewed by the Office of Continuing Medical Education and will be honored as long as they are fully compliant with the policies of the ACCME and the School of Medicine. Understanding that some courses or contracts are made well in advance of the date they are held, this umbrella will extend through June 1, 2009. Exceptional cases or arrangements will be examined on a case- by-case basis.

The goal and purpose of this policy are to provide the most effective and unbiased CME programs for our faculty and community.

2008 Incoming Class of Medical Students Begin Orientation Today

Eighty-six newly arrived medical students of the Incoming Class of 2008 began their orientation today. Included in this Class are 46 women and 40 men, whose collective average age is 23.7 years. Ten students will be in the Medical Science Training Program (MSTP) and, based on recent experience, other students will elect joint degree programs after beginning their studies at Stanford.

Ten of the new students did their undergraduate studies at Stanford, 7 at Yale, 6 at UCLA, 5 at Harvard, 4 at Cornell, MIT or Washington University, 3 at Duke, Princeton or UC-Berkeley, 2 at Brown, Cal Tech, Johns Hopkins, Lewis and Clark, UC-Davis or University of Toronto and 1 each at 25 other colleges or universities. The most common undergraduate majors were in the biological sciences, engineering or the social sciences. A number of incoming students had dual undergraduate majors: 16 have Masters degrees and two are completing their PhD degrees. Without question each of these students is highly accomplished, and we are thrilled to have them join the Stanford community.

They will be involved in orientation events through Thursday and will also begin classes on the same day.

Please join me in welcoming the 2008 Incoming Class of Stanford Medical students.

Heidi Heilemann Is Appointed Director of Lane Library

I am pleased to report that the search committee for the Director of the Lane Library recommended that Heidi Heileman be appointed the Associate Dean for Knowledge Management and Director of Lane Medical Library & Knowledge Management Center. I supported that recommendation enthusiastically and am happy to announce that Ms. Heilemann's appointment was effective August 1, 2008.

Heidi Heilemann has been a member of the Lane Library staff since 1993 and has served as Acting Director of Lane Medical Library since December 16, 2006. She has taught numerous courses in information literacy and played a key role in strategic planning for Lane/Knowledge Management Center and the new Li Ka Shing Center for Learning and Knowledge that is now under construction. She served as Lane's Director for Research & Instruction and led the Lane facilities update, and also designed a very successful document delivery model, redesigned the physical and virtual service desk, and developed and expanded Lane's instructional, liaison, and informationist programs. Under her leadership as Acting Director, the LaneConnex digital library system has continued to flourish and is now one of the most heavily used websites at Stanford University Medical Center, connecting researchers, students, and clinicians with digital content anytime, anywhere.

Ms. Heilemann is a distinguished member of the Medical Library Association's Academy of Health Information Professionals. She earned her undergraduate degree from the University of California, San Diego in 1989 and Master of Librarianship from the University of Washington in 1993. She also holds a Master of Liberal Arts from Stanford University and was recently awarded the 2008 Medical Library Association Murray Gottlieb Prize for a paper based on her master's thesis entitled "Envisioning the Unborn: Art, Anatomy, and the Printing Press in the Early Modern Era." She is currently completing the NLM/AAHSL Leadership Fellow program. Ms. Heilemann also serves as Lane's liaison for Bone Marrow Transplantation, the Center for Research on Women's Health and Reproductive Medicine, Hematology, Obstetrics and Gynecology, Oncology, Radiation Oncology, and the Stanford Institute for Cancer/Stem Cell Biology and Medicine.

Please join me in congratulating Ms. Heilemann on her new appointment and in wishing her – and the Lane Library – the best of continuing success.

Update on the Transitions Task Force

A little more than a year ago I reported on the establishment of a Task Force on Senior Faculty Transitions (http://deansnewsletter.stanford.edu/archive/07_09_07.html) whose

purpose was to identify and address issues associated with various types of transitions experienced by our senior faculty. These can include faculty who transition from active to emeritus status, as well as those who step down from a period of administrative service to a more focused faculty role, as well as faculty who move from a phase of intense research activity to one of lesser intensity, especially because of loss of funding or faculty who transition from more full-time clinical work to either reduced clinical loads or other activities. I was especially interested in having the Task Force explore ways in which these transitions can occur smoothly, ideally with anticipatory planning and with dignity.

At the August 15th Executive Committee meeting, Dr. Gary Schoolnik, Professor of Medicine (Infectious Diseases and Geographic Medicine) and Chair of the Task Force, presented the first of two discussions on the group's results and recommendations. He focused on retirement and loss of funding issues; administrative transition issues and implementation plans and timelines will be presented at an upcoming meeting. Although the Executive Committee won't address implementation efforts until its September 19th meeting, I wanted to share this update with you so that you are informed about what is transpiring and also have an opportunity to comment should you choose to do so.

Dr. Schoolnik reported that the Task Force began its work by reviewing demographic data on our faculty. These show that the fraction of our faculty aged 51 and older has risen from 36% in FY95 to 47% in FY07. The mean age of retirement from September 1994 through March 2007 has been 65.6 years (with a standard deviation of 5.86 years). (However, as will be seen below, there is reason to think that this age will increase in coming years.) The Task Force also looked broadly at current policies and programs related to faculty transitions. While the mechanisms for making the transition to retirement are well established, there is limited flexibility in such areas as part-time appointments as a means of phasing into retirement and no flexibility in the use of the Faculty Retirement Incentive Program (FRIP). In addition, there seemed to be a dearth of available information from either the Stanford or national experience on such aspects of making transitions as phasing down one's laboratory, and information concerning retiree benefits was perceived by the Task Force as needing greater clarity.

The centerpiece of Dr. Schoolnik's presentation was his report on the survey on senior faculty transitions that the Task Force conducted in the fall of 2007. This survey, which was sent to all faculty age 50 and older (the regular active faculty) and all emeriti (active and inactive), had a high response rate of 61%, which, in the eyes of the Task Force, indicated a high degree of interest in this topic. Among the key findings were:

- 33% of the regular active faculty respondents have not yet done any financial planning for retirement. This group included 42% of the respondents aged 55-59, 29% of those aged 60-64, and 27% of those aged 65-69. I find this to be one of the most startling findings of the survey. This high rate of absent planning underscores the importance of developing programs and resources to better assist our faculty with transition planning.
- Among the regular active faculty, those who knew the least about the retiree medical benefits were the most concerned about them and, conversely, those who knew the most were the least concerned.

- Among the regular active faculty, only 27% of those aged 60-64 believes they have sufficient funds to retire now; 29% believe they will have sufficient funds in 5 years. Among those aged 65-69, 55% believe they have sufficient funds now, and 30% believe they will have them in 5 years.
- 43% of the regular active faculty anticipates retiring at age 70 or older. I anticipate that this percentage will increase in future years
- 73% of the regular active faculty appears interested in a phased retirement program.
- There is a lack of clarity concerning the consequences to one's salary, research expenses, research space, laboratory staff and postdocs, and teaching and clinical responsibilities in the event of a short-term or long-term downturn in extramural funding.

Dr. Schoolnik concluded his presentation with an examination of how personal circumstances (financial savings for retirement) can interact with professional and institutional ones (downturn in extramural funding and the School's response; FRIP eligibility) to determine individual decisions to retire. He also introduced the set of recommendations developed by the Task Force that are under review by the Dean's Office. These will be discussed at the September 19th Executive Committee meeting. A more complete report on the Task Force survey will be forthcoming as well.

In addition to Dr. Schoolnik, the Task Force consisted of Dr. Kathy Gillam, Senior Advisor to the Dean and Co-Chair; Drs. John Boothroyd, Regina Casper, Linda Cork, Harry Greenberg; Rob Krochak; Drs. Peter Gregory, Bob Lehman, Michael Levitt, Jim Mark; David O'Brien; Drs. Christy Sandborg and Stanley Schrier; Ellen Waxman, and Sam Zelch. Christopher Gerlach also played a pivotal role in the work of the Task Force. I am extremely appreciative of all of their efforts.

Again, if you have thoughts or comments about this issue, please contact me, Dr. Schoolnik or Dr. Kathy Gillam. We are interested in your reactions and recommendations.

Update on the Department of Chemical and Systems Biology

At the August 15th Executive Committee, Dr. Jim Ferrell, Professor and Chair of the Department of Chemical and Systems Biology gave an update on the department. A brief summary of his comments follows:

In 2006 the Dept. of Molecular Pharmacology became the Dept. of Chemical and Systems Biology, with the new name reflecting the department's focus on complex biological phenomena and the application of novel chemical technologies to the analysis of such phenomena. The mission of the department is to foster creative interdisciplinary research in chemical biology and systems biology, to build outstanding curricula in these subjects, and to tie together the university's greater chemical biology and systems biology communities. The department is housed in the CCSR Building (third floor, north) and the Clark Center (second and third floors, west).

Over the past five years, the department has recruited three outstanding young scientists. James Chen, a synthetic organic chemist and zebrafish developmental biologist who has developed clever new strategies for turning gene expression on or off at specific times and in specific cells in the developing embryo; Tom Wandless, a synthetic organic chemist who has invented new, generalizable methods for conditionally regulating protein function; and Joanna Wysocka, a biochemist investigating the epigenetic regulation of gene expression through chromatin remodeling.

The new faculty members are complemented by five senior faculty members, comprising Karlene Cimprich (DNA damage signaling), Jim Ferrell (systems biology, cell cycle regulation), Tobias Meyer (signaling networks, calcium regulation), Daria Mochly-Rosen (isoform-specific therapeutic modulation of protein kinase C function), and Richard Roth (insulin signaling). In addition, the department includes six courtesy faculty members. Matt Bogyo, Pathology/Micro & Immunology; Markus Covert, Bioengineering; Stuart Kim, Developmental Biology/Genetics; Calvin Kuo, Medicine (Hematology); Beverly Mitchell, Medicine (Oncology); and Paul Wender, Chemistry.

Notable achievements over the past several years include establishment of the High Throughput Bioscience Center, directed by James Chen and David Solow-Cordero, and the successful acquisition of two new interdisciplinary training grants from the NIH. Our graduate students, postdocs, and faculty have received numerous prestigious fellowships and awards. Both federal and non-federal research support is growing; current projections estimate a 28% increase over the period of 2006 to 2009. These accomplishments augur well for an exciting future for the Dept. of Chemical and Systems Biology.

New Version of CAP Adds Stanford Postdoctoral Fellow Profiles

Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology IRT, has informed me that the Office of IRT (<http://irt.stanford.edu/>) is releasing version 1.5 of the Community Academic Profiles (CAP) system (see: <http://med.stanford.edu/profiles/>). Based on the success of the CAP program, IRT has worked closely with the Office of Postdoctoral Affairs (<http://postdocs.stanford.edu/>). As a result, 1032 new postdoctoral fellow have been added to the over 1200 faculty profiles already in the system.

In addition to the usual CAP data, these new profiles display links to the postdoc's faculty advisor profile. In turn, the faculty profiles now display a list of postdoctoral advisees with links to the appropriate profiles. Accordingly, all CAP profiles can now be viewed by name, type (faculty or postdoc) and department. CAP profiles can also be searched by name and content. In addition, departmental web editors can now add both faculty and postdoc CAP profiles to their web sites. Over the weekend CAP has been loading postdoc MEDLINE citations from PubMed, and these will be available for their review starting today, August 25th. We expect to see the data in these new profiles grow over the next few weeks as postdocs add and edit their CAP information.

According to Dr. Lowe, the addition of the postdoc population into CAP is just one of a number of enhancements that the IRT CAP team, led by Michael Halaas, is planning for the system. In late September, as part of the Stanford Medicine public web integration project between the School of Medicine and Stanford Hospital and Clinics (SHC), physician data will be added to CAP, providing an integrated profile for clinical faculty that can be accessed by the Stanford community, the public, patients and referring physicians. In the first half of 2009, version 2 of CAP will support tools for discovery of linkages between CAP profiles and provide a more powerful CAP search interface.

CAP is one of the most frequented Web sites at the School of Medicine, particularly by visitors from outside of the University. If you haven't updated your CAP profile lately, please take a moment to login at:
<http://med.stanford.edu/profiles/>

Meetings Commence to Learn How to Enhance the Career Development of Women Junior Faculty

Based on discussions with Hannah Valantine, Senior Associate Dean for Diversity and Leadership, we have begun small group meetings that will engage 5-6 women junior faculty at a time to discuss issues they believe promote or impede their career development. During the next two months we will try to meet with every women junior faculty member. We began these meetings two weeks ago and have had five sessions to date. The meetings are not structured but are intended to explore the issues and concerns that these faculty believe are important to their future development. I am particularly interested in learning whether our mentorship and support systems at Stanford are helpful. And of course we are interested in learning what other steps we can take to make our faculty more successful. While I realize that issues of career development for junior faculty impact both men and women, I also believe that the stresses are higher and the issues more pressing for women, and, thus, I elected to focus on them at this time. We hope to compile the issues we learn about during the next months into a report and list of action items that I will be pleased to share with you at a later time.

Sustainability at the School of Medicine

Sustainability has been most simply defined as “meeting the needs of the present without compromising the ability of future generations to meet their own needs.” It is an economic, social, and ecological concept intended to be a means of configuring civilization and human activity so that society and its members are able to meet their needs and express their greatest potential in the present, while preserving biodiversity and natural ecosystems, and planning and acting for the ability to maintain these ideals indefinitely. Sustainability affects every level of organization, from local to global. Given this – and our ever-increasing concerns about our environment, an important initiative on sustainability is being launched at the School of Medicine.

A Sustainability Steering Committee has been convened to define and implement our efforts in this critical area and to create the momentum needed to engage every member

of the School to do what they can towards making us -- and our community --more sustainable. The Sustainability Steering Committee is chaired by Julia Tussing, Managing Director for Finance and Administration; its members are: Elizabeth Walter, Elizabeth Goldsmith, Maggie Saunders, Gary Malinverno, Lorna Groundwater, Mary Bobel, Dave O'Brien, Bob Burkhardt, and Gabe Garcia. The focus of the Steering Committee will be to promote a culture of individual responsibility for sustainability within the school by engaging the entire SOM community and working collaboratively with the Hospitals.

This effort complements other Stanford campus undertakings, including the Sustainability Working Group under the new Sustainability and Energy Management Executive Office and the Sustainable IT group.

The School has already been very active in sustainability projects, particularly within the Offices of Facilities Planning and Management and Information Resources and Technology. Some recent accomplishments include:

- Achieving nearly 100% participation in Big Fix (automatic monitor turnoff)
- Significant reductions in water use over the past few years (more than 26 million gallons saved annually)
- Sustainability elements in the design, construction and retrofit of our buildings (in Li Ka Shing Center a highly efficient elevator, and chilled beam system with external shading to reduce HVAC demands; the Fairchild demolition was 97% recycled; Beckman is being retrofitted; SIM I will include recycled carpets and “green” furniture, among many other plans)
- Significant (and on-going) lighting efficiency improvements

Additional projects include the sample storage effort, which will reduce the number and improve the efficiency of the many -80 freezers at the School; and the trip reduction efforts that were begun to comply with GUP requirements.

It is up to every individual to make a personal commitment to sustainability. Many day-to-day decisions that you make as an employee or as a member of the SOM community or in your personal life can have an impact. We each need to become more aware and engaged. Every small change adds up to big differences. A few that I will suggest right now are:

- Buy only 100% recycled white paper (30% recycled content for colored) for use in your department, and default your printer to print two sided
- Reduce or eliminate your use of bottled water—bring a container from home and fill it from the tap
- Purchase compostable dishes and utensils if you must have disposable items in your office kitchen, and have everyone bring their own mug instead of using disposable cups
- Commit to depend on local food sources wherever possible that reflects regional seasonal availability and that does not require transportation from distant sites – and even countries.

Anyone interested in learning more about this effort should contact Julia Tussing at tussing1@stanford.edu. A website is under construction and will soon be published. More importantly, we are interested in your suggestions about how we can become more attentive to sustainability – individually or as a medical school and university.

Biochemistry Department Celebrates 50 Years of Excellence

On August 22-23rd the Department of Biochemistry hosted a celebratory reunion and research symposium for its graduates, faculty and current students and trainees. The events were attended by hundreds of faculty and leaders from across the USA and from around the world.

As you know, the history of the Biochemistry Department is closely linked to the School of Medicine, especially during its relocation to the Stanford campus in 1959. It was the vision of the then-President Sterling and Provost Terman, in conjunction with faculty leaders and the Board of Trustees that forecast the important opportunities that could unfold by having the medical school proximate to the schools of engineering and humanities and sciences. And it was the initiative of Sterling and Terman, in partnership with medical school leaders like Henry Kaplan, Bob Alway and Avrum Goldstein, that led to the recruitment of Dr. Arthur Kornberg to establish a new department of Biochemistry at Stanford. Further, it was a sign of Dr. Kornberg's strong leadership and commitment to scientific excellence that he brought with him his entire department of Microbiology at Washington University to found this new department. Those individuals included Buzz Baldwin, Paul Berg, David Hogness, Dale Kaiser and Bob Lehman. Each has had a luminary career in his own right, and together they forged both a department and a scientific family that educated and trained many of the world's leaders in biochemistry and the biosciences. Equally important, these faculty helped nucleate the School of Medicine and propel it on its path of 50 years of excellence as a leader in science and medicine.

When originally conceived, this celebratory event was planned by Drs. Suzanne Pfeffer and Mark Krasnow, both professors of Biochemistry, along with their colleagues, to honor Dr. Arthur Kornberg for his 90th birthday, which would have been on March 3rd. Unfortunately, Dr. Kornberg died last October. The event honored Dr. Kornberg's life and remarkable contributions to science –and to Stanford – as well as 50 years of excellence of Biochemistry at Stanford.

Employee of the Year Spirit Award

I have received the following announcement from the Spirit Award Selection Committee. I hope you will take the opportunity to nominate someone for this award.

Dear Colleagues:

The School of Medicine is pleased to announce that nominations are currently being accepted for the Dean's 2008 Employee of the Year SPIRIT Award. This

award acknowledges two staff members -- one exempt and one nonexempt -- who have provided outstanding contributions to the mission and vision of the School of Medicine. Dean Pizzo will present each of the two selected staff members with a \$1,500.00 cash award at the School's Annual Staff Recognition Banquet on November 6, 2008. All nominees will receive a letter congratulating them on their nomination.

Criteria and Eligibility

Any faculty, staff, student, fellow and post doc working at the School of Medicine may nominate any eligible staff members (i.e., non-exempt and exempt) -- bargaining unit workers are not eligible -- in any department or administrative area who meet the award criteria. To be selected, the nominee must consistently demonstrate the following traits:

Customer service

Positive attitude

Initiative

Dedication

Motivation

Team Player

Staff members must have been employed as regular employees, at least half-time (50% FTE) or more, in one department/unit for the past 2 years.

Nomination Process

Beginning this year, all nominations must be electronic. Nomination ballots can be accessed online at <http://med.stanford.edu/SPIRIT/> Fill out the online form, then click the SUBMIT button (only once) -- and your ballot will be forwarded to the SPIRIT Award Selection Committee, Human Resources Group. All ballots must be received by Friday, September 2, 2008. Late ballots will not be accepted. Recipients will be selected and notified in late October and will be invited to attend the Dean's Recognition Program on November 6th.

We are quite excited to bring this award forward once again and hope you will use this opportunity to nominate deserving employees. Please let me know if you have any questions (or suggestions) about the aforementioned process or award.

Thank you for your participation!

2008 McCormick Faculty Awards

The Office of Diversity and Leadership of the Stanford University School of Medicine invites applications for the 2008 McCormick Faculty Awards. The McCormick Funds were established to support the advancement of women in medicine and/or medical research directly, or by supporting the mentoring, training and encouragement of women pursuing the study of medicine, in teaching medicine, and engaging in medical research. Awards are unrestricted and will be for \$30,000 per year for two years. The committee expects to make three awards each year. Proposals should be submitted electronically to

Jennifer Scanlin in the Office of Diversity and Leadership at jscanlin@stanford.edu. The deadline for proposals is **August 31, 2008 (5 pm)**.

Further information and details on how to submit your application can be obtained at: http://med.stanford.edu/diversity/faculty/08mccormickcall_apps.html. Questions can be directed to Jennifer Scanlin, Office of Diversity and Leadership <http://med.stanford.edu/diversity> at 650-725-0052, or at jscanlin@stanford.edu

Awards and Honors

- **Dr. Joe Presti, Jr.**, Professor of Urology, was named the first incumbent of the Thomas Stamey Research Professorship in Urology at an induction ceremony held on July 29th. This professorship was made possible by gifts from Ofelia and Joe Gallo, Mary Gallo, The Ernest Gallo Foundation, Jill and Boyd Smith, Mary Lois and Jack Wheatly, Waffeya and Charles Lacey, George Ling, Lisa and Robert Maloff, Virgil Place, Joanne Casey and Warren Wilson, Betsy Woolpert, and in memory of Peter Newton. Each of these individuals also honored Dr. Tom Stamey by helping to create this professorship in his name. Please join me in congratulating Drs. Stamey and Dr. Presti.
- **Dr. Marilyn Winkleby**, Professor of Medicine and Director of the Office of Community Health, was selected by the Palo Alto Chamber of Commerce to receive the 2008 Athena Award, a national tribute given to women who have demonstrated excellence, creative and initiative” and who have devoted time to improving the lives of others and to helping other women leaders. This recognition is most well deserved. Please join me in congratulating Dr. Winkleby.
- **Cheryl Gore-Felton**, PhD, Associate Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, received the Emerging Leadership Award from the Committee on Women in Psychology, American Psychological Association at the 116th Annual Convention in Boston, MA for her research that focuses on quality of life, coping, trauma, and HIV prevention among women. Please join me in congratulating Dr. Gore-Felton.
- **Dr. Michael D. Grecius**, Assistant Professor in the Department of Neurology and Neurological Sciences, has been awarded a Brain and Immuno-imaging Grant from the Dana Foundation. It is a 3-year, \$200,000 grant that will examine the utility of functional brain connectivity, measured with fMRI, in predicting the response to anti-depressant medication. Please join me in congratulating Dr. Grecius.

Appointments and Promotions

- **Steven Artandi** has been promoted to Associate Professor of Medicine (Hematology), effective 8/01/08.
- **Sara Michie** has been promoted to Professor of Pathology, effective 8/01/08.

Dean's Newsletter September 8, 2008

Transitions in Neuroscience Leadership at Stanford

Following the delineation in early 2002 of the School of Medicine's Strategic Plan, *Translating Discoveries*, we launched the Stanford Institutes of Medicine. The Stanford Institute for Stem Cell Biology and Regenerative Medicine, established in December 2002, was the first, followed in 2003 by the Neurosciences Institute at Stanford (NIS). These were followed in turn by the Stanford Cardiovascular Institute; the Institute for Immunity, Transplantation and Infection; and the Stanford Cancer Center, which became an NCI-designated Center in 2006.

I want to update you now on some programmatic and personnel transitions in our neuroscience leadership and initiatives. First, I want to thank Dr. Bill Mobley, the John E. Cahill Family Professor of Neurology and, by courtesy, of Neurosurgery, for his leadership as the first director of the NIS over the past five years. Dr. Mobley played an important role in bringing the neuroscience community together both within the medical school and across the university. Dr. Mobley's leadership resulted in a number of seed grants for innovative research and education, the development of new programs and centers, the recruitment of outstanding faculty (including most recently Dr. Tom Sudoff as the first Avrum Goldstein Professor), the opening of the new neuroscience research facility at the Arastradero Stanford Institutes of Medicine site, and, of course, the annual neuroscience retreats. I want to thank Dr. Mobley for his dedicated and important efforts as the founding NIS director.

I am also pleased to announce that Gary Steinberg, MD, PhD, the Bernard and Ronni Lacroute-William Randolph Hearst Professor in Neurosurgery and Neurosciences and Professor, by courtesy, of Neurology & Neurological Sciences, will assume the leadership of the Stanford Institute for Neuroinnovation and Translational Neurosciences (SINTN), which is an evolution of the NIS. Given Dr. Steinberg's remarkable accomplishments in building the Department of Neurosurgery over the past decade as well as his success as a leading investigator and outstanding (and highly active) clinical neurosurgeon, we are most fortunate to have him in this role. Dr. Steinberg will spearhead a number of new initiatives – especially a new program in neuroregeneration as well as a collaborative effort that could form a Center for Neuroprostheses at Stanford. Please join me in welcoming Dr. Steinberg to this important new role.

I am also pleased to announce that Ben Barres, MD, PhD, Professor of Neurobiology and of Developmental Biology and of Neurology and Neurological Sciences, became the chair of the Department of Neurobiology on September 1st. Dr. Barres is not only an outstanding neuroscientist but also a leader in education (he founded the Masters in Medicine Program at Stanford) and a highly regarded teacher. In addition, he is an important advocate for women in science and medicine and an articulate spokesperson for science policy. I am pleased that Dr. Barres will be joining our leadership team and look forward to his broad participation in neuroscience as well as his engagement in addressing the challenges facing the school of medicine and the university. Dr. Barres succeeds Dr. Bill Newsome, Professor of Neurobiology and Member of the Howard Hughes Medical Institute, who has stepped down as department chair to lead a new BioX initiative called Neuroventures.

We are fortunate to have remarkable leaders in neuroscience at Stanford— and even more fortunate to have faculty and students across the university who are committed to this discipline. Without question neuroscience is one of the most important and exciting areas of investigation today, and Stanford is widely viewed as one of the national centers of excellence. With these new leaders and programs in place, I hope that our neuroscience community will achieve even greater things in the years ahead and that these new programs make the “sum much greater than the sum of all the parts” already resident at Stanford.

Stanford Medicine as a Case Study

As part of a series on the changing face of academic medicine, I was asked to write an article for **Academic Medicine** on *The Stanford University School of Medicine and Its Teaching Hospitals*. This was published in the September 2008 issue (Volume 83; pages 867-872). While this article is a personal reflection of the changes that have occurred at Stanford during my tenure as dean, it contains observations that may be of interest to you. In this article I review the history of Stanford Medicine, focusing particularly on the changes that have taken place in the past 50 years and also on the impact of major transformative events, including the merger and demerger with UCSF. I also address the challenges we face today and how we have approached them based on *Translating Discoveries*, the strategic plan I put into place shortly after my arrival in 2001. I further address the challenges we currently face and those that will assume prominence in the years ahead. The abstract of the article follows and provides a brief glimpse of some of the issues that are addressed.

There is wide variation in the governance and organization of Academic Health Centers (AHCs), often prompted by or associated with changes in leadership. Changes at AHCs are influenced by institutional priorities, economic factors, competing needs, and the personality and performance of leaders. No organizational model has uniform applicability, and it is important for each AHC to learn what works or does not on the basis of its experiences. This case study of the Stanford University School of Medicine and its teaching hospitals—which constitute Stanford’s AHC, the Stanford University Medical Center—reflects

responses to the consequences of a failed merger of the teaching hospitals and related clinical enterprises with those of the University of California-San Francisco School of Medicine that required a new definition of institutional priorities and directions. These were shaped by a strategic plan that helped define goals and objectives in education, research, patient care, and the necessary financial and administrative underpinnings needed. A governance model was created that made the medical school and its two major affiliated teaching hospitals partners; this arrangement requires collaboration and coordination that is highly dependent on the shared objectives of the institutional leaders involved. The case study provides the background factors and issues that led to these changes, how they were envisioned and implemented, the current status and challenges, and some lessons learned. Although the current model is working, future changes may be needed to respond to internal and external forces and changes in leadership.

I also include here the final section of the article, “Lessons Learned” – again, this is a set of personal reflections based on the experiences we have had at Stanford during recent years that others may find useful. These are less about lessons and more about key observations and requirements for assuring success – again, largely based on my personal assessment.

- *Because AHCs are often highly matrixed by interdependent interactions relationships between academic and clinical programs, they are also fragile and can be adversely affected when one mission gets off track or dominates the enterprise in an unhealthy way. This was true at Stanford when the merger with UCSF created distractions, financial losses, and distrust between the faculty in basic and clinical departments and between the AHC and university. To overcome these challenges, a transparent and thoughtfully articulated plan was essential.*
- *Overcoming a major disruption such as a failed merger requires a redefinition of the mission, goals, and objectives of both the medical school and the AHC. It requires buy-in from multiple constituencies including the basic and clinical science faculty, students, and staff. It also requires healing among communities that had felt disenfranchised or even abandoned by an institutional direction they did not understand or support.*
- *Communication is a key component of institutional transformation, along with clearly delineated plans that are modified and adjusted to accommodate to the various institutional constituencies and their not infrequently differing perspectives. This requires communication from the leadership that is transparent, engaging, informative and continuous.*
- *Institutional progress requires plans and objectives that are not only transparent but also achieved. Institutional ownership of the planning process and its deliverables is essential and should not be delegated to outside consultants or individuals who are not responsible and accountable.*

- *Transformational planning is a constant process with frequent ebbs and tides. Because of the diversity of talents, interests, and commitments at an AHC, it cannot be expected or anticipated that unanimity of opinion or support will be achieved. Difficult choices need to be made, priorities set, and accountability recognized. That said, progress is more possible when the institutional planning is adjusted to fit the culture, history, and values of the institution.*
- *Most AHCs have to make choices about their areas of focus and institutional priorities, because few are large enough to do everything. When there are internal or external constraints, forward planning is essential. Even if the plans are not fully achieved, they provide a foundation for future adaptation and modulation. During the past several years, the school's strategic plan, *Translating Discoveries*, has served as an anchor by which to align missions in education, research, and patient care.*
- *Understanding the inherent strengths and distinguishing features of an institution is also essential to successful planning. When Stanford's medical school began separating its functions and missions from its parent university, it lost the trust of the university faculty and became perceived as a liability rather than an asset. Efforts to better integrate the medical school with the missions of the university (through the BioX program, the department of bioengineering, and the Institutes of Medicine) have helped to overcome some of the misperceptions and have led to positive interactions that appeal broadly to university leaders and the community.*
- *Leadership models at AHCs are highly varied, and none are necessarily sustainable over time. Stanford's separate leadership of its medical school and two major teaching hospitals provides both strengths and weaknesses. Whereas the overall mission has been served because of the positive interactions of current leaders, this model is not necessarily sustainable, and it could be compromised by resource constraints that pit one mission against another or by changes in the individuals that alter the dynamics or trust of institutional leaders.*
- *Having the trust and authority of the university president, provost, and board of trustees is essential, especially when major changes are contemplated or being implemented. But, this trust is also subject to change and, thus, must be constantly reinforced by evidence of progress. Objective external evaluation of this project on a regular basis serves to validate the plans and the leadership. But it must be recognized that such external reviews can also result in changes in institutional direction or leadership as well – and, thus, this must be anticipated.*
- *AHCs are likely to be especially challenged in the next decade, ironically because of the destabilization likely to occur from some of the forces that brought them into their current structure and function. For example, with the anticipated changes in Medicare and the reduced support of biomedical research from the NIH, the historically highly leveraged success of AHCs will be increasingly*

compromised. Likely, new models will need to be developed to sustain core missions in research and education as well as patient care. These external forces make ongoing institutional planning essential; without such efforts, inadvertent damage can easily occur. As mentioned above, despite their formidable strengths, AHCs are also fragile, and without planning and leadership, they can lose their focus, and potentially, their preeminence.

If you have time to read the entire article, I would be appreciative. More importantly, if you have comments or your own reflections to offer, I would welcome them.

Children's Health Initiative Reviewed

Pediatrics and child health have undergone dramatic changes at Stanford and at the Lucile Packard Children's Hospital (LPCH) during the past decade. The major stimulus for the broad initiatives that have catapulted LPCH and Stanford pediatrics into ever-increasing prominence can be directly correlated with both the Children's Health Initiative (CHI) and the collaborations and interactions of the School of Medicine, LPCH and the Lucile Packard Foundation for Children's Health (LPFCH). Thanks to a nucleus grant from the David and Lucile Packard Foundation, along with the availability of matching funds for gifts raised by the LPFCH, more than \$500 million in endowment and expendable funds have been raised, making the CHI a unique resource for the success of LPCH and Stanford. The initial phase of CHI focused on the development of "centers of clinical excellence" at LPCH, along with the development of the infrastructure to support clinical research and the development of the medical and surgical specialties needed to enhance outstanding clinical care and help sustain the future of the clinical and academic programs in pediatrics and, more broadly, child health.

A key decision made when CHI was being initiated was to integrate pediatrics and the CHI with the broader initiatives of the medical school and university. Unlike other prominent children's hospitals that have created their own separate research initiatives and facilities, we felt that Stanford and LPCH would be better served by aligning their goals and creating a synergy between pediatric medical and surgical faculty with colleagues across the basic and clinical sciences in the School of Medicine and the broader community of the University. This strategy is clearly paying off.

The Clinical Centers of Excellence at LPCH have been aligned to the programmatic initiatives of the Stanford Institutes of Medicine, resulting in a bidirectional flow of knowledge generation and education. The resources generated by CHI has enabled the recruitment of outstanding pediatric leaders to direct LPCH Centers of Excellence who work in close partnership with Stanford Institute of Medicine Directors, as shown in the following table:

<i>The Children's Health Initiative</i>		<i>The Stanford Institutes of Medicine</i>	
Center of Excellence	Directors	Stanford Institutes of Medicine	Directors

Children's Heart Center	<i>Drs. Frank Hanley & Dan Bernstein</i>	Cardiovascular Institute	<i>Dr. Bobby Robbins</i>
Transplant and Tissue Engineering Center	<i>Drs. Ken Cox and Mike Longaker</i>	Institute for Stem Cell Biology and Regenerative Medicine Institute for Immunity/Transplantation and Infection	<i>Drs. Irv Weismann, Mike Clarke and Mike Longaker</i> <i>Drs. Mark Davis and Carlos Esquivel</i>
Cancer and Blood Disease Center	<i>Drs. Mike Link, Mike Cleary and Ken Weinberg</i>	Stanford Cancer Center	<i>Dr. Bev Mitchell</i>
Brain & Behavior Center	<i>Drs. Robert Fisher and Mike Edwards</i>	Institute for Neuro-innovation & Translational Neuroscience	<i>Dr. Gary Steinberg</i>
Center in Pulmonary Biology	<i>Dr. David Cornfield</i>	Wall Center	<i>Drs. Jeff Feinstein, Marlene Rabinovitch</i>
Clinical Research Core	<i>Drs. Christy Sandborg and Steve Alexander</i>	SPCTRM and CTSA	<i>Drs. Harry Greenberg and Steve Alexander</i>
Center for Bio-Informatics	<i>Dr. Atul Butte</i>	Center for Clinical Informatics & Center for Biomedical Informatics	<i>Drs. Henry Lowe, Russ Altman, Mark Musen</i>
Center for Policy, Outcomes and Prevention	<i>Drs. Paul Wise and Tom Robinson</i>	Center for Primary Care and Outcomes Research Stanford Prevention Research Center	<i>Dr. Alan Garber</i> <i>Dr. Steve Fortmann</i>
Johnson Center for Pregnancy & Newborn Services	<i>Drs. Druzin, Benitz and Stevenson</i>	Programs in Developmental Biology, Genetics, Epidemiology	

These alignments have helped forge important collaborations among numerous faculty and students across the school and university that have enhanced pediatric and child health research. The progress being made in these areas was reviewed by the Pediatric Medical Advisory Committee (PMAC) on September 4-5th as part of their ongoing evaluation process. The PMAC includes Dr. Tom Boat, who serves as chair of the PMAC and who is currently Executive Associate Dean for the University of Cincinnati College of Medicine and immediate past director of the Children's Hospital Research Foundation

and Chair of Pediatrics at the Children's Hospital Medical Center of Cincinnati. Dr. Boat is also a member of the School of Medicine's National Advisory Council. Other PMAC members included Dr. Doug Jones, Professor of Pediatrics at the University of Colorado, where he also served as chair of Pediatrics from 1990-2005; Dr. Ora Pescovitz, President and CEO of Riley Hospital for Children where she is also Executive Associate Dean for Research Affairs at Indiana University School of Medicine; and Dr. George Gittes, Professor of Surgery at the University of Pittsburgh. The PMAC heard updates and presentations from each of the Center and Program leaders as well as the leadership of LPCH, LPFCH and the Medical School. I gave a presentation as well as participated in some of the discussions.

While we will need to wait to get the formal report from the PMAC, I think it is safe to say that the progress that has been made through the CHI is quite impressive. Indeed, when we recently carried out the search for the chair of Pediatrics, I heard from virtually every finalist candidate that LPCH and Stanford are viewed as having one of the most dynamic and rapidly rising programs of excellence in the nation. I am sure that is what helped us to recruit an excellent chair in Dr. Hugh O'Brodovich as well as the many faculty leaders who have joined Stanford and LPCH during the past 7-8 years.

That said, it is clear that there are important challenges and opportunities to be met. While we have achieved excellence in a number (but not yet all) of the major clinical programs, there are real needs in bolstering the research faculty, recruiting junior physician-scientists and in re-developing the training programs for residents and fellows. Thankfully there is again concurrence among the leaders of LPCH and the School about these initiatives, and we are committed to increasing our academic research programs by 50% and also to recruiting and developing the future leaders in child health research and science. These efforts will be enhanced and facilitated by the development of a Child Health Research Institute that will build on the CHI and take it to another level. Work on this project is being led by Dr. O'Brodovich and will be discussed in future Newsletters.

For now I think it is clear that we can look back on the last decade of Stanford/Packard Pediatrics with pride. But we must also look forward to taking the CHI to a new level by further developing its academic performance and success. Thankfully the leaders and institutional commitments to do so are in place and eager to move forward.

Comparative and Real Success in Medical Development

At the Executive Committee on Friday, September 5th, Doug Stewart, Associate Vice President and Director of the Office of Medical Development (OMD) gave an update on our accomplishments during the past fiscal year (which ended on August 31st) and put our medical development success in a broader context by comparing our results to those of other institutions around the nation.

The good news is that the School of Medicine had another banner year in private fundraising support. Indeed, it was our second-best year ever, with new gifts and pledges totaling \$220.9 million. Our record of \$246.4 million was set last year. Doug observed that our achievements this past fiscal year are particularly noteworthy

given the economic slowdown – but I would note that the impact of the slowdown may be felt more strongly in this next and immediate future years. I would also add for context that it was only a few years ago that the School of Medicine routinely saw new gifts and pledges of approximately \$100 million per year. In truth our OMD was not operating very effectively at that time, and I believe we are also now witnessing the results of our investment in leadership in medical development and the recruitment of a development staff, the configuration of the needed infrastructure supports and, of course, the committed efforts of many of our faculty and our wonderful campaign volunteers.

Doug also reviewed the remarkable progress we have made on the School's two current major capital projects: the Li Ka Shing Center for Learning and Knowledge (LKSC) and the Stanford Institutes of Medicine 1 (SIM1). I have personally spent a great deal of time and effort on each of these projects, and I am gratified that we can see the light at the end of the tunnel on both. Doug reported that we now have gifts and pledges totaling \$49.4 million for the LKSC (compared with only \$12 million a year ago). This brings us nearly to our original fundraising goal of \$50 million, and, equally importantly, we now are confident we will reach our expanded goal of \$57 million. Given the perceived difficulties of raising gifts for an education facility, achieving this level of success is particularly gratifying – and gives evidence that we can succeed when we have bold and important ideas to present to the community – as is clearly the case for the LKSC.

The SIM1 fundraising progress has been equally impressive. One year ago we had gifts and pledges totaling \$63.5 million toward our original goal of \$100 million. However, when the cost of the building was actually defined we needed to expand that goal to \$130 million. Today we count \$113.1 million toward that expanded goal and are confident that we will achieve at least \$125 million of it by year end. By the way, this does not include the \$43.5 million facilities grant award we have received from the California Institute of Regenerative Medicine. I also hasten to add that we will be soon announcing the naming donor for SIM1, and clearly this will be a moment for celebration and appreciation.

Doug also shared with the Executive Committee an analysis of comparative data collected by the Association of American Medical Colleges (AAMC) about fundraising results and development costs at our national peer institutions. Here too the results are impressive: during the latest year available (Fiscal Year 2007), the Stanford School of Medicine was in the top five programs in the country in total private (cash) support and, in the top 10 among the 119 institutions reporting their data -- a group that includes Johns Hopkins, Memorial Sloan Kettering, M.D. Anderson, Massachusetts General Hospital – institutions that are not only much larger than Stanford but which also have had more long-standing development operations. During the past few years we have invested considerable resources in Medical Development – beginning with our recruitment of Doug Stewart as Director and followed by the rebuilding and expansion of OMD. But even with that our staff size and cost of fundraising remains among the lowest of our peers – another testament to our current success.

Of course I want to congratulate Doug Stewart and everyone in the Office of Medical Development for their efforts and professionalism. I also want to thank our department chairs, institute directors and faculty, who have played a key role in raising private support for both our programs and facilities. Without their excellent work and many contributions we could not succeed – and certainly would not have as compelling a story to tell. Most important, I want to thank the donors and community members – locally and globally – who have confidence in Stanford and whose generosity enables us to recruit and retain the best faculty and build world-class research and educational facilities for the 21st Century. These resources make possible our work preparing tomorrow's medical and scientific leaders, preventing and curing disease, and improving human health in our community and around the world.

Importance of Data Security: Laptop thefts –an Increasing Problem with Significant Consequences

Since the last issue of the Dean's Newsletter, a press release from our Office of Communications described what is likely to be an increasing and very worrisome problem. Here is an excerpt from that release:

On August 17, 2008, an automobile belonging to a physician faculty member at the Stanford University School of Medicine was broken into and all of the contents stolen, including a laptop computer.

A thorough review of the computer backup files revealed that a small amount of medical information about some patients was stored on this computer. Although the computer was securely configured (including password protection), the patient information was not encrypted as required by Stanford University policy.

It is highly unlikely, although possible, that someone could gain access to this information. In an abundance of caution, the School of Medicine has notified patients whose information was included in this particular computer file that this incident occurred and has apologized to them for any inconvenience or concern this may cause. Letters were mailed on September 3, 2008. Only those patients potentially affected by the incident will receive letters.

The information on the laptop was collected by the physician when visiting patients for treatment in a nursing home, assisted living facility, or as a hospital or home visit. The information was for billing purposes only and was not a detailed medical record. It was a spreadsheet that included names, Stanford medical record numbers, dates of visits, ages, billing codes and limited diagnosis information related to these visits.

It did not contain dates of birth, insurance information or other personal medical information, nor did it include Social Security numbers, banking information or anything that would put individuals at risk of identity theft.

There was no indication that medical information was the reason for this theft. However, there is a very small chance that the information could be used to attempt to commit medical identity theft, which occurs when someone assumes another person's identity for the purpose of receiving healthcare services using stolen health insurance information.

The risk of medical identity theft in this instance is very low because the Stanford medical record number could not be used to obtain healthcare services elsewhere. Stanford will place a record of this incident in the charts of approximately 400 patients who could be affected and has advised these patients to keep a copy of the incident notification and to request a copy of their medical records if they have any concerns about fraudulent activity. Telephone and email assistance are available at 650-725-1828 and medprivacy@stanford.edu.

According to Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, it is estimated that more than 600,000 laptop computers are lost or stolen each year in the U.S., with more than 10,000 laptops lost every week at U.S. airports. As more people use laptops as their primary, and often sole, computing device the risk of data loss and exposure will increase. There is a similar risk associated with the use of other portable computing/storage devices, such as USB thumb drives, portable hard disks, CDs, DVDs and Smartphones (like the iPhone and Blackberry). When loss occurs sensitive information may be accessible to whoever comes into possession of the device.

The risks associated with sensitive information falling into the wrong hands are well documented, including identify theft, health insurance fraud, loss of privacy and financial loss. It should be noted that there are very clear University policies regarding data protection (see <http://adminguide.stanford.edu/63>). I would **strongly advise** that you review these policies since individuals found to have violated these policies may be subject to removal from the Stanford network, access revocation, corrective action, and/or civil or criminal prosecution. Violators may also be subject to disciplinary action up to and including dismissal or expulsion. Furthermore, any University School or Department found to have violated this policy may be held accountable for the financial penalties and remediation costs associated with a resulting information security incident.

Based on this the following recommendations are offered:

- Never leave your laptop, smartphone or portable storage device unattended (even for a moment) in a public space, especially a coffee shop, airport bathroom, or a speaker's podium. Devices left in automobiles, even in the trunk, are particularly vulnerable. Devices should be carried as hand luggage when traveling.
- Backups of data are extremely important. Portable devices have a higher likelihood of data loss, either due to rough handling, loss or theft. Without

a backup, your important data can be lost forever. Ensure that you have a backup solution in place, it has been tested, and it works.

- Unless absolutely necessary, never store sensitive information on a laptop, smartphone or other portable storage device. If you must store sensitive data on such a device, University policy states that the data MUST be encrypted. In the case of medical information (and financial information) on a lost or stolen device, California law requires us to notify research subjects and patients (regardless of the likelihood of the information being accessed) unless the information is encrypted.
- While there is no single encryption method available that works for all situations on all devices, there are a number of free solutions available, from encrypting a single file to encrypting your whole hard drive. Per Drs. Lowe and Ferris, School of Medicine has recommendations for encryption at <http://med.stanford.edu/irt/security/protecting/laptops>. Contact your local IT support person to help you choose and implement the encryption solution that best fits your needs. You can also contact the School of Medicine (IRT) Service Desk at 725-8000 for advice and support. In the event of a lost or stolen laptop, smartphone or other portable storage device, contact the School of Medicine Privacy Office at 725-1828.
- You can also find more general information about mobile computer security at http://www.stanford.edu/group/security/securecomputing/mobile_devices. Additionally, you can find detailed technical guidelines on encryption at: https://www.stanford.edu/dept/hipaa/policy_university/security/sg_encryption.
- Again, if identifiable patient or research subject health information is stored on a laptop or any other removable media (e.g., USB drive, CD, portable hard drive), that information must be encrypted. (Stanford University policy: https://www.stanford.edu/dept/hipaa/policy_university/security/computer-storage_device).

Construction and Safety Issues and Concerns

I am sure that I don't need to tell anyone about all the construction events and challenges underway with the completion of the "Connectivity Project" (new loading dock and tunnel system), the Li Ka Shing Center for Learning and Knowledge (whose "steel phase" will be completed in the next weeks and will be capped off by its red roof!), and the large foundation being dug for SIM1 (whose still phase will begin in October). With all of this going on, you may have also observed the new enclosed pedestrian pathway from the Via Ortega and Campus Drive intersection to the sidewalk along the Clark

Building. While it may be tempting to do otherwise, it is important for pedestrians to use this walkway and, more importantly, to stay out of the very limited area for delivery and construction vehicles that is right next to it. Also, I must underscore that bicycles are prohibited from riding in this pedestrian pathway. Accordingly, for everyone's safety, if you are coming through this area and have a bicycle, please get off your bike and walk it to the pedestrian path until you reach the Clark Center sidewalk. With this in mind – and for your safety and that of your colleagues - I have been advised by our Facilities Group and the Construction team to ask you to please observe the following:

The area formerly known as the School of Medicine parking lot south of Fairchild Science and West of the Clark Center is now a CLOSED construction lot open only to authorized construction related personnel and both construction and School of Medicine delivery vehicles and personnel. It is critical that for both safety reasons and to expedite construction that no other vehicles try to use this lot and that bicycles and pedestrians only travel in the marked areas.

According to Maggie Saunders, feedback is continuing to be received and recommended changes will be posted on the LKSC website (see: <http://lksc.stanford.edu>). New signage and postings for safe circulation will go up over the next week and we hope that this will improve the safety and traffic in the areas.

Of course I am sorry about all these inconveniences that arise with major construction – but hopefully these will be offset with the new LKSC and SIM1 when they are completed in 2010. These will certainly be followed by a number of other major construction projects at the School and hospitals during the next decade – so continued awareness of safety and cooperation among walkers, cyclists and construction teams will be needed for many years to come. Your cooperation is deeply appreciated!

Awards and Honors

Dr. Denise Monack, Assistant Professor of Microbiology and Immunology, has been selected as the Terman Fellow for the School of Medicine. Dr. Monack will now receive \$125,000 per year for the next three years. Congratulations, Dr. Monack.

John Cooke, MD, PhD, Professor of Medicine (Cardiovascular Medicine) and his research group have received the annual "Best Research Award" from the Peripheral Arterial Disease Coalition, in recognition of his group's discovery of a novel biomarker for PAD using SELDI-TOF proteomic profiling (Wilson et al, *Circulation*, 2007) The award will be presented at the Coalition's annual meeting in Washington DC on Sept 8, 2008. The PAD Coalition is a non-profit alliance of 75 leading health organizations, health professional societies, and government agencies including the National Institutes of Health that have united to reduce the morbidity and mortality associated with PAD (<http://www.PADCoalition.org>). Congratulations, Dr. Cooke.

Dr. Bilal Shafi, a recent graduate of the Biodesign Innovation Program, has been recognized by *Technology Review* magazine as one of the world's top innovators under the age of 35 for his work in medical device development. The **TR35** honors an elite group of accomplished young innovators that are poised to have a dramatic impact on the world. Dr. Shafi has recently returned to complete his residency at the University of Pennsylvania, and will be honored at the EmTech Conference at MIT in September. Congratulations, Dr. Shafi.

Appointments and Promotions

- **Michael Champeau** has been promoted to Adjunct Clinical Professor of Anesthesia effective 9/1/08.
- **Charles DeBattista** has been promoted Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 8/01/08.
- **Robert L. Dodd** has been appointed to Assistant Professor of Neurosurgery and, by courtesy, of Radiology, at the Stanford University Medical Center, effective 8/01/08.
- **Daniel Garza** has been appointed to Assistant Professor of Orthopaedic Surgery and of Surgery at the Stanford University Medical Center, effective 8/01/08.
- **Raphael Guzman** has been appointed to Assistant Professor of Neurosurgery at the Stanford University Medical Center, effective 8/01/08.
- **Steven Machtinger** has been promoted to Adjunct Clinical Associate Professor of Pediatrics effective 7/1/08.
- **Harise Stein** has been promoted to Adjunct Clinical Assistant Professor of Obstetrics and Gynecology effective 8/1/08.
- **Charles Wang** has been promoted to Adjunct Clinical Assistant Professor of Anesthesia effective 9/1/08.
- **Ronald W. Witteles** has been appointed to Assistant Professor of Medicine (Cardiovascular Medicine) at the Stanford University Medical Center, effective 8/01/08.
- **Hsi-Yang Wu** has been appointed to Associate Professor of Urology at the Lucile Salter Packard Children's Hospital, effective 9/01/08.

Dean's Newsletter

September 22, 2008

A Celebration of Stanford Faculty and Basic Science Research

It is through basic research that new knowledge is discovered, some of which helps clarify the way life and our world and universe work, and some of which can be applied to the human condition of the world we live in – and beyond. Over the years Stanford faculty have excelled in basic research, and it is through their creativity that deep contributions have defined Stanford as leading research-intensive medical school and university. Recognition of the contributions of a faculty member can take different forms. Sometimes contributions over the course of a career well spent are honored, whereas in other instances specific achievements that open new insights and pathways of investigation or that result in new innovations and transformations are acknowledged. Today and this week we celebrate the work of six Stanford faculty. One received an award granted only to very few individuals who achieve the pinnacle of science and medicine; two will be recognized as new pioneers and three as new innovators.

Dr. Stanley Falkow, Robert W. and Vivian K. Cahill Professor in the Department of Microbiology & Immunology, will receive the Lasker-Koshland Award on September 26th in recognition of a more than 50-year career, during which he defined the field of bacterial pathogenesis, including the unraveling of mechanisms of antibiotic resistance and the ways in which bacteria cause and spread disease (see: http://med.stanford.edu/news_releases/2008/september/falkow.html and video interview at <http://med.stanford.edu/121/2008/falkow.html>). The Albert and Mary Lasker Foundation recognized Dr. Falkow as “one of the greatest microbiologists of all time” - a distinction appreciated by the legions of students, trainees and colleagues he has taught, guided or collaborated with over the past five decades. He will receive the Lasker-Koshland Award on September 26th, when he will offer additional insights on his life journey including this one: *“I was able to follow my dream to study microbes because of my teachers. The earliest were all women who taught in public schools. I did not realize for many years that I was the beneficiary of the discrimination that for generations led many of the brightest women to find their intellectual outlet by teaching others to be what they could not.”* This remark is characteristic of Stan Falkow, conveying as it does his humility and the razor-sharp honesty, integrity and insight that have made him successful and beloved by his colleagues and students. Clearly this is a wonderful recognition for Dr. Falkow life's work, and we congratulate him.

And today, September 22nd, the National Institutes of Health announced the recipients of one of its most prestigious awards as well as the winners of a new award that recognizes new innovators. This year the NIH Director's Pioneer Award celebrates its fifth year, during which 63 scientists, including 16 today, have been recognized as “Pioneers” for their creative thinking and innovative research proposals. Two School of Medicine faculty members, Dr. James Chen, Assistant Professor in the Department of Chemical and Systems Biology, and Ricardo Dolmetsch, Assistant Professor in the Department of Neurobiology, are among the 2008 recipients. Each will receive \$2.5 million in direct

research support over the next 5 years (see http://med.stanford.edu/news_releases/2008/september/pioneer.html). With the awards to Drs. Chen and Dolmetsch, Stanford faculty have received 11 of the 62 awards since their inception. Given the level of competition for the Pioneer Award, this level of institutional success is unprecedented and speaks to the quality and creativity of our basic science faculty and the respect they have garnered from a national review committee.

In addition, the NIH announced today the recipients of its New Innovator Awards – now in their second year. This year 31 awards will be given, each providing \$1.5 million in direct costs over 5 years to each recipient. The three Stanford faculty members who are being recognized as “New Innovators” are Dr. Zev Bryant, Assistant Professor of Bioengineering, Dr. Shelli Kesler, Assistant Professor of Psychiatry and Behavioral Sciences, and Dr. Joe Wu, Assistant Professor of Medicine and of Radiology (http://med.stanford.edu/news_releases/2008/september/pioneer.html). Again, this is a wonderful record of individual and institutional accomplishment.

Clearly this is a celebration of our basic science faculty and the environment that fosters, supports and nurtures them. We are so very fortunate to have such a remarkable group of pioneers, innovators and distinguished leaders shaping our research agenda at Stanford – and creating new venues of investigation for the broader scientific community. In the midst of not infrequently disappointing news from the NIH, it is wonderful to continue to receive affirmation, with these amazing awards, of the excellence of Stanford faculty.

Update on the NIH Director’s Presentation to Congress

The wonderful news about new NIH Director Pioneer and New Innovator Awards noted above, while terrific for the individuals and for Stanford, does not diminish the impact that most faculty are now experiencing from the overall downturn in NIH funding over the past five years. I have commented a number of times about this important issue and have opined that the trend is not likely to be reversed by changes that follow the upcoming presidential elections, primarily because of the serious economic challenges we have been facing during the past year. However that forecast now pales in light of the economic news of the past 10 days and only affirms the importance of exploring additional ways of supporting our faculty and basic research programs beyond federal funding. A task force is currently examining such options and I will have more to say about that later this year or early next year.

On September 9th the NIH Director, Dr. Elias Zerhouni, testified to the House Committee on Energy and Commerce on the “National Institutes of Health Reform Act of 2006” – various components of which I have also addressed in prior Dean’s Newsletters as part of my comments on the NIH reauthorization (see: http://deansnewsletter.stanford.edu/archive/09_11_06.html#4). In his testimony to the House Committee, Dr. Zerhouni commented, “We are using new authorities to enable and expedite trans-NIH research, funded through the new Common Fund, an appropriations line authorized by the Act”. Among the projects being supported are the

Human Microbiome Project, the Epigenome Project, the Structural Biology Roadmap, and the Clinical and Translational Science Awards (CTSA).

I certainly agree that supporting these areas of investigation and development are important and will yield new knowledge and, in the case of the CTSA, will help academic medical centers enhance their clinical research infrastructure and mission. But it must also be remembered and underscored that major breakthroughs in science, and ultimately medicine, come from basic research. Thus, despite the current economic climate it is imperative that we continue to advocate for support for basic science that is predictable, sustainable and at least keeps pace with inflation or, where possible, exceeds it. Calls by some to have another doubling of the NIH budget seem ill advised given recent history, especially if not coupled with a plan to continue to support the investment in research once an upward adjustment in the federal science budget is achieved.

Despite the challenges we now face as a nation, one of our greatest areas of success has been in biomedical research and, more broadly, in science and technology. In working with the Congress and with the new Administration it will be essential to do all we can to assure that we don't unravel the 64 years of excellence that has been fostered by the NIH and that we sustain – and enhance – investments in research. I will do everything I can to carry forth that message and hope that you will do the same – with your colleagues at Stanford and throughout the nation and in concert with your professional and scientific societies and organizations.

Evolution of Clinical and Translational Science Research at Stanford University

Opportunities to conduct cutting-edge and innovative clinical and translational research depend heavily on having strong basic research programs. We are fortunate to have an incredibly strong basic science research faculty at Stanford - which must be supported in its own right and which, over time, will also contribute to discoveries and innovations that can translate from the bench to the bedside. That said, until relatively recently, Stanford was not very invested in clinical and translational research – although a number of incredibly important discoveries and innovations have been carried out by faculty working in specific disciplines and more recently, across disciplines, departments and schools.

A more concerted effort to foster translational and clinical research was envisioned in the 2002 School of Medicine Strategic Plan and, more recently, has been stimulated by our designation by the National Cancer Institute as an NCI Cancer Center and by the NIH CTSA award we received past spring, when we were one of 38 institutions to receive this award. Another key advance was a major gift by John and Jill Freidenrich to develop the Center for Translational Research in their name. These programs are each playing an important role in helping Stanford complement its excellence in basic science with comparable excellence in clinical research. But moving this agenda forward is also quite complicated.

Clinical and translational research can be challenging, takes years to complete, requires a team of investigators and support staff, is expensive, and can be difficult to fund from conventional sponsors. Because it involves human subjects, an array of important compliance issues arise that require considerable institutional knowledge and support. Moreover, most of these institutional support structures are unfunded and add to the cost and complexity of the clinical research infrastructure. Moreover, there has not been a well-developed plan to educate and train clinical investigators or to assure their success once they begin their careers. And because much clinical research is done in collaboration with industry, a complex web of individual and institutional conflict of interest issues must be considered, monitored and managed.

Thankfully, considerable progress has been made at Stanford in addressing these and a number of related issues. With the support of SPCTRM (the Stanford/Packard Center for Translational Research in Medicine, see: <http://spctrm.stanford.edu/>), annual intensive courses in the methodology for conducting clinical research are being conducted. I had the opportunity to address the fourth annual class on Monday September 8th. This year's class was comprised of individuals interested in pediatric research, albeit from a variety of medical, surgical and related disciplines. It was conducted in collaboration with the Children's Health Research Program led by Dr. Christy Sandborg, Professor of Pediatrics, along with Dr. Steve Alexander, Professor of Pediatrics and Medical Director of SPCTRM, and Dr. Phil Lavori, Professor and Chair of the Department of Health Research and Policy.

SPCTRM was launched in 2005 as a multidisciplinary service organization whose mission is to enhance the quality of clinical and translational research performed at Stanford and its affiliated hospitals by aligning organizational "service" based activities; providing education, training and mentoring to clinical research coordinators and staff; and developing an integrated research infrastructure. As detailed on the SPCTRM website, a menu of services are provided including:

- Protocol development through biostatistics and informatics consultation services
- Study budgeting
- Contracts with industry and grant sources
- Automated billing, accounting, and internal financial auditing
- Sponsor billing and study closeout
- Internal compliance monitoring
- Outpatient clinic space
- Clinical laboratory consultation and samples processing
- Study source document archiving
- Research coordinator services: education, orientation and training; health screening; competency testing
- Faculty investigator education and training
- External audit and review support
- Stanford Clinical Trials Website
- Single point of contact for clinical research issues

I also had the opportunity to speak to the SPCTRM annual workshop on

September 17th and was impressed by the number of individuals participating and their commitment to clinical research. Hopefully, with the availability of the CTSA, these services and others will be even further enhanced and enriched. Of course it also the people involved who make the programs successful, and I would like to thank, in particular, Dr. Steve Alexander, Nick Gaich, Anna Hu, Linda Walker, Peg Tsao, Jessica Meyer and Geraldine Solon for their leadership in SPCTRM. Key to these initiatives is the leadership of Dr. Harry Greenberg, Senior Associate Dean for Research, who also serves as the PI for the Stanford CTSA. While we have made progress, much remains to be done – but we have excellent leadership and an institutional commitment so that our success seems achievable.

Center for Health Policy Celebrates its 10th Anniversary

On Tuesday September 16th the Center for Health Policy and the Center for Primary Care and Outcomes Research (CHP/PCOR), both in the Department of Medicine, celebrated their 10th Anniversary with a symposium entitled: *Better Health, Lower Cost: Can Innovation Save Health Reform?* Having served on the conference advisory council, I had the opportunity to attend most of the symposium, which featured leaders from academia, government, foundations, industry and the health sector. Speakers focused on a broad array of important topics that ranged from the factors contributing to the cost of health care to the demographics that impact access and expenditures. How innovation impacts health care cost and outcome was addressed along with the necessity for reform of health care in the USA. A final section of the symposium dealt with innovation and health care in developing nations.

While the conference was impressive, more noteworthy are the accomplishments of CHP/PCOR faculty, students and staff during the past decade. These successes have been enhanced and supported by the exceptional leadership of Dr. Alan Garber, the Henry J Kaiser, Jr. Professor in the Department of Medicine. An internationally acclaimed scholar and leader, Dr. Garber has also assembled the team that now constitutes CHP/PCOR and has provided an environment that fosters creativity, collaboration and interactions across the university. So this is an opportunity not only to celebrate CHP/PCOR but also a time to recognize and thank Dr. Garber.

Respect and Tolerance in the Workplace

We initiated our program on the Respectful Workplace in May 2002 (see: http://deansnewsletter.stanford.edu/archive/05_13_02.html#1) and over the past 6 years have worked diligently to promote a work environment that is valued by faculty, staff and students. When infractions or problems have arisen, we have reacted swiftly and have tried to do all we can to continue to uphold our values and reprimand or discipline disruptive or disrespectful behavior, whether by faculty, staff or students. This includes the disrespectful behavior or interactions among individuals or groups as well as more hidden disrespect such as written communications or the defaming or desecrating of communications or rights of expression based on race, gender, sexual choice, or religion,

among others. This is something that I personally take quite seriously, and I know that other leaders in the School and the University share my concern.

Thus, I was upset to learn recently that a member of one of our student groups that participate in the Intervarsity Graduate Christian Fellowships found that a number of the posters they had placed in approved sites announcing an upcoming welcome dinner or provided contact information for those who might be interested in the organization had been removed from medical school buildings. This is unacceptable and inappropriate and defies freedom of expression and communication.

I hope that the removal of these posters and fliers was inadvertent and not evidence of discrimination or intolerance. But I did want to take this opportunity to let you know that this act has taken place and that I sincerely hope and expect that it will not reoccur. Thank you.

Update on CME Policy: The Frequently Asked Questions

In the August 25th Dean's Newsletter I reported on our new policy on the use of industry support of Continuing Medical Education (CME) (see http://deansnewsletter.stanford.edu/archive/08_25_08.html#1). This policy, which became effective September 1, prohibits new direct commercial support of specific CME activities. Since the announcement of the policy, Associate Dean for CME Dr. Robert Jackler and Executive Director Terry O'Grady have prepared a very helpful set of FAQs (i.e., responses to "frequently asked questions") that provide additional guidance about the use of the policy (<http://cme.stanford.edu/>). I encourage you to consult these FAQs and to work closely with the Center for CME in planning future CME activities in your department.

Touchdown Space for Emeritus Faculty

As we go forward with our various new construction and renovation plans, we are looking for space that emeriti faculty can use when they come to campus. With that in mind, we would like to invite emeriti faculty to use the "hotel" or "touchdown" space, affectionately known as "Club Med," as a central location to work while on campus. Club Med is located on the garden level of the Alway building, directly below the dean's office, and is accessed from the stairs in the dean's courtyard. Additionally, elevators located in the Always and Grant buildings, will provide transportation to this level. Club Med is a comfortable, well-equipped space that can accommodate more than two dozen people at a time; included are lockers for daily use, terminals that boot up either Mac or PC, space for laptop plug in, wireless access to the network, office supplies, copying and printing, faxing and scanning. More details on the space, policies, contact information, and directions can be found at <http://med.stanford.edu/smp/hotelling/campus.html>. Both faculty who are located off campus and emeriti faculty are welcomed to use this hotel space. Please feel free to stop by and take a tour--the office is staffed during working hours.

Thanks to Professor Ellen Porzig

For the past 8 years, Dr. Ellen Porzig, Professor (Teaching) in Developmental Biology, has served as Associate Dean for Graduate Education. Beginning October 1, 2008, Professor Porzig will be returning to full time teaching in the Department of Developmental Biology and to upcoming sabbatical leaves. She will also continue to serve on the Stanford School of Medicine Alumni Board of Governors, the Diversity Cabinet, the Advisory Board of the Stanford Medical Youth Program, and the faculty advisory committees for the Masters of Science in Medicine and the Masters of Human Genetics-Genetic Counseling.

I would like to thank Dr. Porzig for her many accomplishments as Associate Dean for Graduate Education. Indeed, listing Dr. Porzig's accomplishments highlight the depth and breadth of her involvement in graduate education across the School of Medicine as well as in many of the programmatic initiatives that have taken place in recent years.

The primary mission of Biosciences graduate education is to maintain Stanford's leading role in excellence and diversity. As Associate Dean, Dr. Porzig's major responsibilities have included:

- Oversight and management of admissions to the 12 Biosciences Ph.D. programs
- Serving as cognizant Dean for the University in the mandated reviews of the Inter-Departmental Programs in Biomedical Informatics, Cancer Biology, Neurosciences, Immunology, Epidemiology and Health Services Research, and
- Management of the Office of Graduate Education, including Biosciences diversity programs.

Dr. Porzig's commitment to recruiting outstanding applicants, improving the efficiency and accuracy of the Ph.D. admissions process, and keeping our diversity commitments central to this process has been fundamental to the success of our graduate education programs. Working closely with the Committee on Graduate Admission and Policy (CGAP), Dr. Porzig made improvements in the admissions process and in Stanford's success in attracting the well-qualified applicants to whom admission was offered. Applications increased in this period by more than fifty percent. Particularly meaningful to me were Dr. Porzig's significant efforts, along with those of former Assistant Dean Anika Green (recently promoted to the University position of Director of Educational Programs) in substantially increasing our success in recruiting underrepresented minority students to Ph.D. programs in the Biosciences. During her tenure, Dr. Porzig led highly successful recruitments of outstanding students to Stanford's graduate Biosciences programs and to careers in science.

In addition, Dr. Porzig has served as Principal Investigator for the Amgen Foundation grant that for the past two years has provided much of the support for the Stanford Summer Research Program. This program allows talented undergraduate researchers from across the country to train in the laboratories of Stanford Biosciences faculty members. More than 20 former participants in this Program have entered Stanford's

Ph.D. and M.D. programs. She has also supported faculty with interdisciplinary courses, played an important role in two new graduate programs (Masters in Genetic Counseling and Masters in Medicine), and created teaching awards to recognize graduate student educators, among many other achievements.

Importantly, throughout her years as Associate Dean, Dr. Porzig continued her commitment to teaching in Developmental Biology and other medical school programs, for which she received a number of teaching honors, including the Henry Kaiser award for excellence in pre-clinical teaching and the Walter Gores Award for Excellence in Undergraduate or Graduate Teaching. The Gores award is “Stanford University’s highest teaching honor.”

I want to thank Dr. Porzig and wish her continued success in her teaching roles.

Announcements

Dr. Audrey Shafer asked me to let you know about two important upcoming events:

- The first is the ***Jonathan King Lecture*** that will be given this year by *Dr. Danielle Ofri*, Editor-in-Chief of the Bellview Literary Review. Her lecture entitled “*Tools of the Trade: Old and New Technologies in Medicine*” will be given on Tuesday, October 14th, at 5 pm in the Clark Center Auditorium. A reception will follow. For further information contact Paula Bailey at pbailey@stanford.edu.
- Second, on Wednesday October 8th, Linda and Michael Hutcheon will give a presentation on the “***Last Works, Late Style: The Case of Benjamin Britten***” – addressing opera, mortality, illness and creativity. It will be held in the Wallenberg Theater at 5:30 pm. A reception will follow. For additional information contact David Palumbo-Liu at Paloliu@stanford.edu.

Awards and Honors

- ***Mark Genovese***, Associate Professor of Medicine (Immunology and Rheumatology) will receive the Kunkel Young Investigator Award from the American College of Rheumatology at its national meeting in late October. Please join me in congratulating Dr. Genovese.
- ***Bilal Shafi***, former Fellow from the Biodesign Innovation Program at Stanford, has just received the TR35 award from Technology Review magazine; he was selected from more than 300 nominees as one of the world’s top innovators under the age of 35 for his work in medical device development. Congratulations, Dr. Shafi.
- ***Paul Sigala***, Graduate student in Biochemistry, has been selected to receive a Lieberman Fellowship; this Fellowship honors the qualities of outstanding scholarship, teaching and university service. Please join me in congratulating Dr. Sigala.

- **Erik Corona**, a graduate student in Biomedical Informatics (BMI), has just received the new Linda and Amin Miller Fellowship awarded to graduate students. Erik works in the translational bioinformatics lab of Dr. Atul Butte, studying the role of evolution in human disease, using the HapMap project.
- **Thomas Rando**, Associate Professor of Neurology and Neurological Sciences, was one of two recipients of the 2008 Breakthroughs in Gerontology Award sponsored by the Glenn Foundation for Medical Research and the American Federation for Aging Research. This award provides funding for a small number of pilot research programs that may be of relatively high risk but which offer significant promise of yielding transforming discoveries in the fundamental biology of aging.

Appointments and Promotions

- **Craig Albanese** has been reappointed to Professor of Surgery (Pediatric Surgery) at the Stanford University Medical Center, effective 9/01/08.
- **Vivek Bhalla** has been appointed to Assistant Professor of Medicine (Nephrology), effective 9/01/08.
- **Michael Fredericson** has been promoted to Professor of Orthopaedic Surgery at the Stanford University Medical Center, effective 9/01/08.
- **Jaimie M. Henderson** has been promoted to Associate Professor of Neurosurgery, and, by courtesy, of Neurology and Neurological Sciences at the Stanford University Medical Center, effective 9/01/08.
- **Mickey C-T Hu** has been appointed to Associate Professor of Obstetrics and Gynecology, effective 9/01/08.
- **Laura J. Johnston** has been promoted to Associate Professor of Medicine (Blood and Marrow Transplantation) at the Stanford University Medical Center, effective 9/01/08.
- **Jonathan W. Kim** has been appointed to Assistant Professor of Ophthalmology at the Stanford University Medical Center, effective 9/01/08.
- **Y. Joyce Liao** has been appointed to Assistant Professor of Ophthalmology at the Stanford University Medical Center, effective 9/01/08.
- **Alan C. Pao** has been appointed to Assistant Professor of Medicine (Nephrology), effective 9/01/08.
- **Rafael Pelayo** has been promoted to Associate Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 9/01/08.
- **Terence D. Sanger** has been appointed to Associate Professor of Neurology and Neurological Sciences at the Stanford University Medical Center, effective 9/01/08.
- **Barbara Sourkes** has been reappointed to Associate Professor of Pediatrics and, by courtesy, of Psychiatry and Behavioral Sciences at the Lucile Salter Packard Children's Hospital, effective 9/01/08.
- **Phillip C. Yang** has been reappointed to Assistant Professor of Medicine (Cardiovascular Medicine) at the Stanford University Medical Center, effective 9/01/08.

Dean's Newsletter

October 6, 2008

Preparing for the Future

Individually and collectively we are all trying to understand and react to the financial crisis gripping the United States and global economies. The implications of the rapidly unfolding events and proposed remedies on personal savings, investments, and retirement plans, as well as the solvency of our institutions, workplaces and communities leave much uncertainty. As noted in recent issues of the *Chronicle for Higher Education* and in the October 4th *Boston Globe*, colleges and universities are assessing the impact of the current crisis and how it may affect current and future plans. Some have chosen to freeze new hiring or to defer on-going or planned construction projects, and all anticipate a downturn in endowment returns and other sources of funding.

We are also assessing our current and future plans, and I want to share an update with you with the understanding that any forecasts we make now may change, even dramatically, depending on how the local and broader economic conditions evolve (or really devolve). As I have shared in previous communications, the sources of the Medical Schools revenues are predominantly sponsored research awards and contracts (from public and private entities), clinical income, income from endowment, tuition and gifts. Of our three major missions, education and research are both “cost centers” and require other sources of institutional support to make them whole. Historically these sources have been largely clinical income, endowment and gifts.

I have written numerous times about the challenges we and other academic medical centers and research institutes are facing as a result of the declining federal support for biomedical research. As you know, the flat funding for the NIH (which has not kept pace with inflation and thus has led to a serious loss of purchasing power) that has occurred since 2003 is already impacting most medical centers and universities. Stanford is not an exception to this downturn, as we have experienced declines in our NIH funding in the third and fourth quarters of 2008 (we are finalizing the data now). As you also know, we have been hoping that the increasing bi-partisan support of the NIH for biomedical research – as well as for the NSF and other federal agencies supporting the physical and engineering sciences – might herald at least inflation level funding for sponsored research in the next several years.

However, we now need to anticipate that almost regardless of the level of commitment of the next Administration to basic and translational research, the serious economic crisis that is unfolding may make this difficult to accomplish not only in the next couple of years, but possibly for many more to come. That would clearly be bad news since our faculty are so dependent on sponsored research funding for their research as well as for portions of their personal compensation and are already feeling the strains of the past 5 years of reduced support. While funding from the California Institute of Regenerative Medicine will partially compensate for this reduction in NIH support, this support impacts only those who are working in stem cell biology – and this source of funding will end when Proposition 71 terminates in 2014.

Notably, we have already been working on how to develop a more diversified funding portfolio that would support our investments in research and education at a time of constraint in federal support for research. Indeed, this was an important initiative emanating from our 2008 Strategic Planning Retreat, and a number of ideas and plans are being put together. However, some of the most important options and opportunities – namely, creating more professorships to help support our research faculty and raising more philanthropic support for graduate student education, while still among my highest priorities, will surely be more difficult to accomplish given the current financial landscape.

Clinical income is another important source of support for faculty who have patient care as part of their responsibilities and is also a traditional source for investing in the academic missions of medical center. It is hard to predict what will happen on this front, although we are all well aware that the Medicare Trust Fund is already in jeopardy. It is likely that there will be efforts to address Medicare in the next several years, although some of the solutions likely to be proposed will include reduced support for graduate medical education by Medicare – which would also have serious implications for academic medical centers.

And despite the outstanding achievements of the Stanford Management Company in overseeing the university's endowment (which includes the School of Medicine's endowment) it is obvious that the value of the endowment will decline, although how much that will be is uncertain. Regardless, that will impact another important source for supporting faculty, education programs, research and facilities. Further, unless the crisis in credit resolves soon, the cost of borrowing and even using debt financing may be impacted.

We completed the plans for our FY09 budget in August, and we have been assessing whether we need to make changes in the funding allocations. At this time we have decided that we will stay the current course, but we recognize that this may well change as the economic picture becomes clearer in the next months and year(s). That said, we anticipate that our revenue sources (especially sponsored research, income from endowment, gifts) will almost certainly be more challenged in the next year(s) and that this will require modifications. As you know, we have been continuing to invest in the sequential phases of our Strategic Plan, *Translating Discoveries*, and, while we have made considerable progress to date, we will obviously be assessing the pace of future investments.

As you also know and see every day, we have considerable construction going on – in fact nearly \$350 million for the Connectivity Project (new loading dock, tunnels and infrastructure to support the future of the medical school), the Li Ka Shing Center for Learning and Knowledge and Stanford Institutes of Medicine. Of these, the Connectivity Project is scheduled for completion in November of this year and both the LKSC and SIM1 will be completed in 2010. Based on our financial planning models, we do not anticipate a change in the completion of these buildings. But we will obviously be

examining the pace and timeline for future construction projects – since these are so sensitive to philanthropic support as well as institutional resources. And of course we must give priority to the funding for the new Stanford Hospital, which is so critical to our future as an academic medical center.

In sum, we face many challenges but I remain optimistic. We have made a lot of progress, and we have incredible students, faculty and staff and a great story to tell. We benefit from a strategic plan that has been well thought out and that helps chart our future course. And while we will certainly need to make adaptations, I feel confident that, barring a true economic meltdown that is uncorrectable, we can succeed, even if it takes longer than we would like to accomplish all of our goals. But we will need to work together, communicate often and do all we can to preserve what we have accomplished and seek creative ways to continue to move Stanford forward.

Welcoming New Biosciences Students and Preparing for Careers in Academics

On September 22nd Dr. John Pringle, Senior Associate Dean for Graduate Education and Postdoctoral Affairs, and I welcomed the incoming Stanford Bioscience Graduate Students. Once again we are so fortunate to have a wonderfully talented group of students who will be pursuing PhD (as well as Masters) degrees in the Biosciences and Bioengineering. It is our deep felt hope that many of these students will successfully pursue careers in academics and research, although we are aware that a number will choose other career pathways. I take note of the interesting *Science Focus* article “And Then There Was One” that appeared in the September 19th issue of Science (see: <http://www.sciencemag.org/cgi/content/full/321/5896/1622>). This article reviewed the individual career pathways of the 30 students who entered the program in molecular biophysics and biochemistry (MB&B) at Yale in 1991. Of the 26 who completed their PhD, the startling conclusion is that only one is a tenured faculty member today, although one other graduate of the program is in a tenure track position, four are in academic research positions, and one each is in academic teaching or administrative positions. Of the 18 students who did not pursue or stay in academia, 11 are in bio-industry and four are in other career paths.

On Thursday October 2nd I gave a seminar presentation and led a discussion with current graduate students and postdocs about the pathways for career development in academia. I polled the students before beginning my comments to query how many were interested in pursuing academic careers. Of the approximately 75 participants, slightly more than half indicated that they aspired to an academic career. This is higher than the numbers presented from Yale (see above), but of course this reflects aspiration and not reality. While I presented an honest assessment of the issues that help define successful entry as well as advancement in an academic center like Stanford, we must all be concerned about whether we are truly preparing our current students for the careers they desire. This, of course, must include preparation for careers not only in academia, but also in industry and other domains. This was one of the reasons for establishing the Career Center a few years ago.

Separately, but in a related way, we are focusing on the career development of junior and mid-career faculty and will be coming forth with additional recommendations on how to do a better job to support our faculty. Clearly these recommendations will have relevance to our graduate students since the challenges they face are part of a continuum of events and hurdles that impact pre-doctoral students, post-doctoral trainees and faculty members. Career development across the span of academic careers will also be a topic for our Strategic Planning Retreat in February 2009. While I think we have made strides in these areas, the data we are currently gathering suggests that we have much work to do and that improvement will require individual, local and systemic changes. But given the importance of our students to the future of science and the investments we make in recruiting faculty to Stanford, it is imperative that we do all we can to better support successful pathways. I fully understand that the breadth, diversity and complexity of a university environment make this challenging, but we need better success. While I do not make a value judgment about the percent of entering Yale PhD students who succeed in academia, I do believe that we must be true to our mission. To that regard I would hope that our yield and success in promoting academic careers is higher and that if students choose a different pathway it is because they proactively sought it and not because we didn't equip or prepare them for the one they really desired.

SIM1: Now The Lorry I. Lokey Stem Cell Research Building

On February 27, 2007 we were pleased to announce that Lorry Lokey made a \$33 million gift for the construction of the Stanford Institutes of Medicine I building. I am truly thrilled to announce today that Mr. Lokey has now increased his gift to \$75 million and that we will be naming the facility the ***Lorry I Lokey Stem Cell Research Building*** (http://med.stanford.edu/news_releases/2008/october/lokey.html and <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2008/10/06/BA0M13BU4V.DTL&tsp=1>). This is wonderful news indeed.

Over the years that I have had the pleasure of getting to know Lorry Lokey I have been deeply impressed by his intelligence and personal commitment to using his personal financial resources to truly impact the world and make it better. He has been focused in particular on education at the high school and university level and on research – in the USA and in Israel. His decision to provide the initial core funding for SIM1 enabled us to gather additional support for this exciting building from other private donors as well as from the California Institute of Regenerative Medicine. Indeed our incredible success with CIRM funding was aided considerably by Lorry's seminal gift. His more recent decision to increase his funding commitment speaks to his personal conviction that stem cell research is incredibly important and that he wants to do all he can to help support its development – at both a basic and an applied level. Accordingly, it is with heartfelt pleasure that we can now name SIM1 in honor of Lorry Lokey.

Quite amazingly, as I have (over and over again) offered my personal thanks and those of our colleagues to Lorry Lokey for his incredible generosity, he has both humbly and in remarkably touching manner thanked us for giving him the opportunity to make this gift.

What an incredible individual. Even though human cloning is (and should remain) anathema, the world would be a much better place if it had more Lorry Lokeys in it.

We will be officially celebrating the groundbreaking of SIM1 – now the Lorry Lokey Stem Cell Research Building – on Monday, October 27th.

AAMC Board Meets with Senator Grassley

On Thursday September 25th, the Administrative Board of the Association of American Medical Colleges (AAMC), of which I am a member, visited Capitol Hill for a meeting with Senator Charles Grassley (R-Iowa). As you know from prior communications, Dr. Grassley has been investigating a number of issues that impact universities and non-profit organizations. A major focus of his investigations has been on individual and institutional conflict of interest. He is also the author of the Physician's Sunshine Legislation, which would compel the pharmaceutical and device industries to publicly list any payments to doctors as a means of comparing that information to what doctors and faculty list in their annual conflict of interest disclosures. He noted that he is investigating some 30 high profile faculty at 20 medical centers. One of these investigations was revealed in articles the October 3rd *Wall Street Journal* and the October 4 *New York Times* (<http://www.nytimes.com/2008/10/04/health/policy/04drug.html?em>). At this point it is important to view the claims made in these articles as allegations, since institutional reviews are underway. That said, this is another example of the increased attention being focused on conflict of interest issues and a reminder to faculty across the USA to be completely transparent and accurate on their annual (and transactional) conflict of interest disclosures.

Over the years Stanford has developed important policies for conflicts of interest related to research, education and patient care. Stanford is also one of a minority of universities with a written "Institutional Conflict of Interest Policy." But based on recent observations and the changing landscape in academia, revisions of our institutional conflict of interest policy are in progress to assure that principles and procedures are in place to ensure that research involving human subjects is conducted without untoward influence from either University investments or from the personal interests or holdings of key institutional leaders. The President of the University is leading this revision process, and further details will be forthcoming in the next months.

Dr. Sherry Wren Named Associate Dean for Academic Affairs

I am pleased to join Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, in announcing that Dr. Sherry Wren, Professor of Surgery, has been appointed Associate Dean for Academic Affairs, effective August 1, 2008. She will join Dr. Maurice Druzin (Obstetrics and Gynecology) Dr. Lucy Tompkins (Medicine), who will be continuing in their roles as Associate Deans for Academic Affairs during the 2008-09 academic year.

Dr. Wren has had a distinguished career since she joined Stanford in 1997. She has served as Chief of General Surgery and Associate Chief of Surgical Services at the Palo Alto Veterans Affairs Health Care System and since her arrival, the surgical service has grown and improved dramatically thanks to her strong and excellent leadership. Her research interests are primarily in surgical oncology, especially gastrointestinal cancers, and she has an active program in research that focuses on colorectal cancer screening strategies. She has published nearly 70 peer-reviewed journal articles, has served on two editorial boards and is a site reviewer for the National Fellowship Council. She has extended her interest in access to care into volunteering for Doctors Without Borders and, as in previous summers, will be spending the next six weeks on a surgical mission for that organization. I recently attended a seminar she gave about her experience in the Congo this past summer (see: <http://med.stanford.edu/mcr/2008/wren-1001/>) and came away with tremendous respect for her personal and professional courage and humanism.

Dr. Wren's research and patient care activities are complemented by award-winning teaching. Among numerous honors was her selection by the Association of Education for the National Outstanding Teacher Award for Excellence in Surgical Education. She has also been an exemplary citizen of the School. Since 2000, she has been deeply involved through extensive committee work on the evaluation, design, and implementation of the new curriculum for the School of Medicine and, for the past two years she served with distinction as the elected Chair of the School of Medicine Faculty Senate.

As Associate Dean, Dr. Wren will be responsible (in collaboration with Ellen Waxman, Director of Faculty Relations) for handling faculty complaints and sensitive issues that have the potential to turn into formal grievances. In addition, working with Dr. Stevenson and senior members of his staff, she will develop and implement School-wide policy initiatives and she will serve as an *ad hoc* member of the School's Appointments and Promotions Committee.

Please join Dr. Stevenson and me in welcoming Dr. Wren to her new role in the Office of Academic Affairs.

Fast FAC Update

At the October 3rd Executive Committee meeting, Michael Halaas, Associate Chief Information Officer, and Jane Volk-Brew, Office of Academic Affairs Business Owner Representative for the FAST|FAC project, provided an update and demonstration of this project. FAST|FAC is a system for managing the faculty appointments and promotions processes. It has its origins in 2005, when I appointed a Faculty Task Force, chaired by Dr. Robert Jackler, Professor and Chair of Otolaryngology, together with Dr. Kathy Gillam, Senior Advisor to the Dean, to develop policies that might streamline our academic appointment and promotion system and that would result in an electronic system for filing, managing and monitoring faculty academic actions. In 2006 the Task Force recommended the creation of a web-based system to improve the speed and accuracy of long form assembly and review.

The resulting **Faculty A&P System Tracking File Assembly Completion** system (FAST|FAC) was initiated in 2007 through a collaborative effort between Information Resources and Technology (IRT) and the Office of Academic Affairs (OAA). The project is advised by an implementation committee comprised of Dr. David Stevenson, Dr. Jackler, Dr. Gillam, Judith Cain, and Jason Irwin. The advice and feedback of department and division faculty affairs administrators has been instrumental in the development process. The development team is led by Michael Halaas and includes, in addition to Jane Volk-Brew, Don Mitchell, Sharon Seliga, Devi Meyyappan and Rose Barone.

FAST|FAC was launched in March 2008 for use in all professorial promotions and reappointments in the School of Medicine. The process to appoint and promote faculty requires a complex and rigorous series of steps to gather and review evidence about an individual's performance, achievements and potential. FAST|FAC has translated this process from paper to the web and provides a highly secure environment to track each step of the process, collect documents and data, assemble review committees, notify participants about status, and report metrics on the efficiency of the overall process. The system incorporates University and School policies and procedures to increase the quality of the information collected and a greater degree of transparency to individuals involved in managing the review actions of their faculty to enable timely process completion.

New functionality is being released in phases. In the coming year the system will enable departments to process appointments for new members of the professoriate and offer an interface for prospective candidates to apply online. If you would like more information about FAST|FAC please contact Jane Volk-Brew in the Office of Academic Affairs (volkbrew@stanford.edu). Thanks to the development team and departmental faculty affairs staff who have brought FAST|FAC to its current level of functionality. I look forward to seeing its further progress in the months ahead.

Upcoming Events

Fall Forum on Community Health & Public Service

Wednesday, October 22nd

5:00 pm - 7:30 pm

Frances Arrillaga Alumni Center

The Fall Forum on Community Health & Public Services will be held on Wednesday, October 22, at the Frances Arrillaga Alumni Center, from 5:00 pm to 7:30 pm, to celebrate student contributions to community health through public service and community partnership research. Dr. Lisa Pratt, a dedicated community leader and currently the medical director for San Quentin State Prison, will be the keynote speaker. The event is free and open to the public. For information please contact the Fall Forum Coordinators Ruo Peng Zhu (rzhu@stanford.edu) or Alisa Mueller (alisamueller@stanford.edu).

Stanford Health Policy Forum: “How War is Changing Medicine”

Wednesday, October 29th

11:00 am – 12:00 pm

Clark Center Auditorium

Thanks to the leadership of Dr. Keith Humphreys, Professor (Research) of Psychiatry and Behavioral Sciences, and Ryan Adesnik, Director of Federal Relations, the 1st Stanford Health Policy Forum will be held on October 29th from 11:00 am to 12:00 pm in the Clark Center Auditorium. The first session is entitled "How War is Changing Medicine" and features Dr. Kenneth Kizer, Former Under Secretary of Health in the Department of Veterans Affairs, as the Keynote speaker. The panelists will be Dr. Craig Rosen, Assistant Professor of Psychiatry and Dr. Eugene Carragee, Professor of Surgery. Space is limited, so if you are interested in attending please RSVP to: Lucy.Wicks@Stanford.edu.

Skills Building Workshop: “Negotiating”

Thursday, November 20

5:30 – 8:30 pm

Always Building, Room M-112

On Thursday, November 20th the Office of Diversity & Leadership will continue the Skills Building Workshop series with "Negotiating." Back by popular demand, Margaret A. Neale, Professor in the Graduate School of Business, will present information on negotiating and will moderate a highly interactive session covering the following topics: misconceptions of negotiating, barriers in social interaction, and costs of negotiating vs. not negotiating. The purpose of this workshop is to provide participants with a set of negotiation tools that can enhance the quality and rationality of their agreements.

Registration for this workshop is open to all faculty, including CE's and Instructors. Please visit the ODL website at <http://med.stanford.edu/diversity/> for details on registration and location as well as other events offered by the Office of Diversity and Leadership.

Awards and Honors

- **Dr. Ben Barres**, Professor and Chair of Neurobiology and Professor of Developmental Biology and of Neurology and Neurological Sciences, has been selected by the Society for Neuroscience as the winner of the 9th annual Mika Salpeter Lifetime Achievement Award, which is given to a scientist to has "sustained exceptional achievement in neuroscience" and who has "exhibited an unusual dedication to facilitating the mentoring and entry of young women into neuroscience or to the advancement of women in neuroscience". Dr. Barres is not only a superb scientist but his commitment to diversity and career development – particularly for women – is nonpareil. This award is a wonderful and richly deserved recognition of his contributions as a neuroscientist and career advocate. Congratulations to Dr. Barres

- **Dr. Atul Butte**, *Assistant Professor Medicine and of Pediatrics, and by courtesy, of Computer Science*, has been selected as the 2008 recipient of the American Medical Informatics Award (AMIA) New Investigator Award. This award recognizes an individual for early informatics contributions and significant scholarly contributions on the basis of scientific merit and research excellence. The criteria for nomination include significant scientific productivity in informatics prior to reaching eligibility for fellowship in the American College of Medical Informatics; multiple significant scientific publications and demonstrated commitment to AMIA. This is a wonderful award and recognition of Dr. Butte's major accomplishments and contributions. Please join me in congratulating Dr. Butte.
- **Dr. Ron Levy**, *Robert K and Helen K Summy Professor of Medicine*, has been named the winner of the American-Italian Cancer Foundation Award for Scientific Excellence in Medicine for his work (along with Dr. Lee Nadler) that led to the successful development of monoclonal antibodies for the treatment of lymphomas. I am also particularly pleased to recognize Dr. Levy's award since I am a past recipient (1991) of this award. Congratulations to Dr. Levy on another important recognition of his contributions to cancer research.
- **Dr. Gary Schoolnik**, *Professor of Medicine and of Microbiology and Immunology*, informed me that he has received a major (nearly \$20 million over 5 years) award from the NIH for his project entitled "A Systems Biology Approach to Infectious Disease" which is focused exclusively on tuberculosis. Dr. Schoolnik is an outstanding physician-scientist and this peer-reviewed award is another affirmation of his excellent work
- **Dr. Fenando Mendoza**, *Professor of Pediatrics* at the Lucile Salter Packard Children's Hospital, was honored on September 27th at the Gardner Family Health Services 40th year Gala Event. As one of Gardner's founding members, Dr. Mendoza's commitment and visionary work has added to Gardner's mission of providing high quality comprehensive health and behavioral care nationally. Congratulations, Dr. Mendoza.
- **Dr. Eugene J. Carragee**, *Professor of Orthopaedic Surgery*, has been selected by the North American Spine Society to receive the 2008 Leon Wiltse Award for excellence in leadership and/or clinical research in spine care. He will be recognized at the Annual Meeting and the 2008 award winners in an upcoming issue of *SpineLine*. Congratulations to Dr. Carragee.
- **Dr. Harry Greenberg**, *Joseph D. Grant Professor and Senior Associate Dean of Research*, is the recipient of the Albion Walter Hewlett Award, designed to honor an exceptional physician with ties to Stanford. As part of the award, he will be the speaker at Medicine Grand Rounds on Wednesday, November 12th at 8:00 am in the Braun Auditorium, and will be honored at the Hewlett Award Dinner event

that same day. Congratulations to Dr. Greenberg.

Appointments and Promotions

- **W. Scott Lock** has been promoted to Adjunct Clinical Assistant Professor of Obstetrics and Gynecology, effective 10/8/08.
- **Cynthia F. Woo** has been promoted to Adjunct Clinical Assistant Professor of Obstetrics and Gynecology, effective 10/8/08.
- **Steven Chang** has been promoted to Professor of Neurosurgery at the Stanford University Medical Center, effective 10/01/08.
- **Loretta Chou** has been promoted to Professor of Orthopaedic Surgery at the Stanford University Medical Center, effective 10/01/08.
- **Mark C. Genovese** has been promoted to Professor of Medicine (Immunology and Rheumatology) at the Stanford University Medical Center, effective 10/01/08.
- **Graham H. Creasey** has been appointed to Professor of Neurosurgery at the Veterans Affairs Palo Alto Health Care System, effective 10/01/08.
- **Mike Yao** has been appointed to Associate Professor of Otolaryngology – Head and Neck Surgery at the Stanford University Medical Center and the Veterans Affairs Palo Alto Health Care System, effective 10/01/08.
- **Brian Rutt** has been appointed to Professor of Radiology, effective 10/01/08.
- **Elisabetta Viani-Puglisi** has been appointed to Assistant Professor (Research) of Structural Biology, effective 09/01/08.

Dean's Newsletter October 20, 2008

Science, Healthcare and the Presidential Elections

Everyone's attention has understandably been riveted on the extraordinary events impacting the global economy in general and the United States economy in particular. The ups and downs (really downs) are affecting virtually every aspect of the world as we thought we knew it –institutions of higher learning, medical centers, businesses, homes and personal savings. Fears for the future are increasingly more commonplace, and most of the reassurances we have heard from public leaders have not been, in fact, reassuring.

There now seems little doubt that the events now rapidly unfolding will reset our national compass and recalibrate our expectations at nearly every level.

While it would be foolhardy for any one of us to pretend we know when the current volatility will give way to some stability, I also recognize that each of us, in our own way, is looking for guidance and effective leadership. Throughout the medical school and medical center there are hundreds of faculty leaders who run research laboratories as well as clinical, education or administrative programs; there are students who lead societies or organizations; staff who lead units or support teams. Each individual and every leader play an extremely important role at times of uncertainty and crisis. From my vantage point, it is easy to lead when resources are plentiful. It is when a crisis arises or resources are constrained that leadership matters most. In those times, it is important that we serve as institutional stewards, doing all we can to preserve and support each other and the programs we are responsible for – which, by definition, are so important to our community locally and beyond.

In addition to our institutional responsibilities, we each have personal ones as well. And one of the most important of those responsibilities will be exercised on November 4th when we vote for the President, Members of Congress and state and local candidates and initiatives. There seems little question that this is a time for measured, steady and well-considered leadership as well as change. And while we are all focused on the current chaos, there is of course much more at risk as well.

During the past nearly eight years we have witnessed a polarization of science and politics. This is true in the nation's Executive Branch, but it extends far beyond that. The USA has been a global leader in science and technology, including the biomedical and life sciences. But the erosion of respect for science, coupled with the real declines in federal support for the biosciences as well as the physical and engineering sciences, now seriously compromises our global leadership. This includes not only support for research but also the shrinking investments needed to fuel biotechnology and the industries so essential to translating new knowledge to application. We also face science and technology challenges in securing sustainable energy, protecting the environment, and reducing global warming – each of which not only have broad economic implications, but which also directly and indirectly impact human health. If you have not already done so, I would encourage you to review the positions of each of the Presidential candidates on the broad panoply of scientific challenges our nation faces. A review of some of their positions was presented in the September 25th issue of *Nature* (<http://www.nature.com/news/specials/uselection2008/index.html>). Obviously it is important to look at the positions that have been taken by these candidates during past years and not just those put forth during the throes of a political campaign. It should not escape notice that some of our nation's greatest scientific leaders, including 61 Nobel Laureates, have written a letter to American Citizens expressing their concerns and their recommendations (see: <http://sefora.org/wp-content/uploads/2008/09/nobelists-for-obama.pdf>). Of note, all three of the 2008 American Nobel Laureates have now joined this group of scientists.

Until the current dramatic economic downturns, health and healthcare were among the top issues on many voters' minds. Given the current expense of healthcare in the USA and the inadequacy of the system that supports it, it is critical that we not lose sight of addressing healthcare reform early in the next administration. Of course, this will be harder than ever because of the expenses that will be incurred – but not doing so will likely lead to further unraveling of medical care as well as the economy. Without wishing to sound too hyperbolic or overly simplistic, I would point out that we have already witnessed what happened when the finance and banking industries were unregulated and left to market forces for correction and resolution. Market based healthcare has been a mantra for many but seems unlikely to result in meaningful reform.

From my point of view, I don't think either of the Presidential contenders offers a truly innovative healthcare plan – but they do offer differences. There are two excellent sources you might turn to for additional information and insight. One is the latest issue of our own **Stanford Medicine** on *Politics and Health Reform*. You can access it at <http://stanmed.stanford.edu/2008fall/>. Secondly, a side-by-side comparison of the McCain and Obama healthcare proposals is presented in the October 9th issue of the **New England Journal of Medicine** (<http://content.nejm.org/cgi/content/full/359/15/1537> and <http://content.nejm.org/cgi/content/full/359/15/1537-a>). In addition to the narrative descriptions, there is also an excellent video on health care reform that discusses the strengths and differences in the healthcare proposals of Senators McCain and Obama which is also available at: <http://www.nejm.org/perspective/health-care-reform-video/>

Ironically, the current economic crisis may actually catalyze and accelerate more meaningful healthcare reform than might otherwise have occurred – but only if we have a President in the White House who is truly prepared and ready to move this agenda forward.

Hospitals' Designs Unveiled

On October 20th, the proposed designs for the replacement and expansion of Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH) are being shared at a special event being held at the Garden Court Hotel in Palo Alto. These designs are part of the overall medical center master planning that includes both hospitals and the School of Medicine. This event follows the unanimous approval from the Stanford University Trustees on Tuesday October 14th to submit an application to the City of Palo Alto to rezone University land in the Medical Center to create a new hospital zone, along with the application to carry out the replacement and expansion plans.

You will recall that the Medical Center is divided between the City of Palo Alto and the County of Santa Clara. Both hospitals and some of the school's facilities in the original Grant, Alway, Lane and Edwards (GALE) buildings are located in Palo Alto. The rest of the school's research and administrative facilities, including the Li Ka Shing Center for Learning and Knowledge and the Lorry I. Lokey Stem Cell Research Building, both of which are now under construction, are in the County of Santa Clara. The Trustees' approval to apply for rezoning focuses on both hospitals and the School's GALE

Buildings, the latter of which will be replaced by the Foundations in Medicine (FIM) 1, 2 and 3 buildings.

Among the driving factors mandating the replacement and rebuilding of SHC is California Senate Bill 1953, which requires hospitals to retrofit or replace facilities that do not meet strict safety (and seismic) guidelines; it specifies deadlines in 2013, 2015 and 2030. According to SB 1953, the hospital beds located in the original 1959 complex cannot be used for patient care after 2030 – an important factor driving the hospital's plans for replacement and expansion. In addition, current hospital utilization, demographic projections and clinical programmatic planning have led to the conclusion that SHC will need an additional 144 hospital beds above the currently available 456 beds.

To accomplish this, SHC has pursued a design concept that addresses flexibility and a modular design for the delivery of complex and functional care that is patient and family-centered. To optimize flexibility, the hospital will employ a modular design supported by a technology platform that aggregates diagnostic, treatment and emergency services as well as mechanical infrastructures; it will occupy 1,100,000 gross square feet. The evolving design by world-renowned architect Raphael Vinoly presents a unique facility in which the patient care towers surround a central courtyard that is sloped with prominent water features designed to promote references to healing and nature.

From my perspective the design is excellent and will facilitate the concentration of patient services and supportive care (including ICUs) around thematic centers that will enhance state-of-the-art treatment, as well as promote and facilitate innovation and translational research. The contiguity of medical school faculty with the community and the patients they serve will further promote care that can be delivered with the highest quality and best service possible. It will also foster the teaching missions of the medical center for health professionals and for the community. While not complete, a current rendition of the SHC design follows:



The Lucile Packard Children's Hospital, built in 1991, is currently undergoing a number of renovations that will expand the number of ICU beds, operating rooms and other modifications and will result in 257 beds by the end of this year. The proposed further

expansion will result in an additional 104 beds, for a total of 361 beds. This further expansion will consist of new construction totaling 521,300 sq ft (it will, in fact, be larger than the existing hospital). The overarching goal is to create an integrated center of excellence that connects nature to a healing environment, harmonizes with existing buildings, and promotes a nurturing child and family experience that maximizes privacy while also enhancing a sense of community in a manner that is flexible, sustainable and supportive of LPCH's academic mission. The new LPCH addition will surround an inner courtyard garden that will feature an Explorer's Pavilion and will have single patient rooms, "tree houses" that provide alcoves for family respite and a warm color palette.



Of course, we all recognize that we are in the midst of a very challenging economic time and that all plans will require continuous reassessment. But given the time required to construct new hospitals and the lead-time required for approvals, entitlements, etc., it is imperative that the current approval process continue as planned. The cost of construction of the hospitals is significant and helping to ameliorate those costs through fundraising must be one of the highest priorities of our faculty. It will certainly be mine.

We also recognize that what will make Stanford unique in the 21st century is not just the beauty and excellence of our facilities but, even more importantly, the quality and skill of the work that is carried out in them. This means putting the care of patients first and creating a focused commitment to assuring that patient care is not only outstanding and innovative but that it is rendered with the highest quality and service in a truly patient-centric environment. That too must be among our highest priorities as we seek to shape Stanford Medicine in particular, and academic medicine more generally, for the decades ahead.

Board Approvals for Medical School Projects

On Monday October 13th, the Land & Buildings Committee of the Board of Trustees approved the next phase of construction of SIM1, the Lorry I. Lokey Stem Cell Research Building, which is currently under construction. The foundation is nearly complete and the steel structures will be rising from the ground in the next weeks. The official "groundbreaking" will take place on Monday October 27th at 3pm (see below). When the construction of SIM1 and the LKSC are completed in 2010, the new master plan for the medical school will be fully underway. As seen from Academic Walk, a new walkway

that will help unite the campus, the Lorry Lokey Stem Cell Research Building will provide a wonderful new addition to our evolving campus.

The Lorry I Lokey Stem Cell Research Building



The evolving master plan for the School of Medicine will feature architectural harmony among the current and future buildings along the axis that connects east to west to the Clark Center and the future Biology and Chemistry Buildings. To the south the medical school campus will connect to Engineering and the new Science and Engineering Quad (that will house the Bioengineering building). To the north, the new SSC and LPCH will create new facilities for patient care. This physical connectedness is one of the features that make Stanford Medicine unique and that help to facilitate the integration of interdisciplinary research, education and translational research that is becoming our trademark. A partial rendition of the master plan is shown below, highlighting not only east-west and north-south connections, but also the future construction of the Foundations in Medicine (FIMs 1-3) that will replace the GALE buildings (see below). Missing are SIM 2 and 3 that will be housed west of SIM1.

Campus Planning - School of Medicine



Master Plan- School of Medicine

We are also currently beginning architectural planning for Foundations in Medicine 1 (FIM1), which will be an 185,000-gasf (gross available square feet) building just north of CCSR. By way of reference SIM1, now under construction, is 200,000 gasf. The programs that will be housed in FIM1 are currently being developed, some of which will come from the Fairchild Science Building (which will be repurposed or replaced) and the Edwards Building (which will be demolished pending the entitlement approval from the City of Palo Alto). In designing FIM1 we are using many of the unique features that are currently being employed in SIM1. We have also made it a priority to blend FIM1 into the new architectural landscape that is defining the future of the medical school as well as the very prominent features of SHC that will be to the north. Some early renditions of FIM1 seen from across Pasteur Drive or from the Academic Walk follow:

From Pasteur Drive looking at FIM1 from SHC



From Academic Walk looking at FIM1 in relation to CCSR



While the planning of these buildings will continue, the timeline for the construction will almost surely be modified in light of the current economic situation. But those details will be further defined over the months ahead.

October 27th Groundbreaking Celebration for the Lorry I. Lokey Stem Cell Research Building

On Monday, October 27, we will celebrate the groundbreaking of the Lorry I. Lokey Stem Cell Research Building. Beginning at 1:00 pm. there will be a symposium in the Clark Center commemorating the 20th anniversary of the first isolation of an adult stem

cell—done here at Stanford by Irving Weissman, MD—and exploring the future of stem cell research. Following the symposium, at 3:00 pm, we will have a ceremony and reception at the building's construction site.

The Lokey Stem Cell Research Building will house the Stanford Stem Cell Biology and Regenerative Medicine Institute and will gather together scientists from multiple specialties and disciplines including cancer, neuroscience, cardiovascular medicine, transplantation, immunology, bioengineering, and developmental biology. The Stanford Cancer Center will have a major presence in the building, including researchers studying human cancer stem cells.

This facility will be one of the world's largest centers dedicated to stem cell research, and I look forward to the opportunity to celebrate with all those who have helped to make this project possible. Stem cell research and regenerative medicine are among the most exciting areas in medical science today, and I would like to once again express my heartfelt appreciation of the incredible generosity of Lorry Lokey for his naming gift. I also want to thank the California Institute for Regenerative Medicine for the extraordinary role it has played in fostering stem cell research in California. And of course I want to thank the other remarkable donors and supporters who have enabled Stanford to become a true leader in this most important field of science and medicine. For more information, or to RSVP to the symposium and/or groundbreaking ceremony, please contact Sandra Handy at 650.234.0618 or email sandra.handy@stanford.edu.

Update on Support for Graduate Students

In my April 21, 2008 newsletter (http://deansnewsletter.stanford.edu/archive/04_21_08.html#4), I announced additional sources of funding to address the NIH-imposed cap on graduate student tuition for students on NIH training grants. These sources include additional funding from the Provost from Stanford Graduate Fellowship (SGF) funds and School of Medicine financial aid endowment income. Sam Zelch, CFO and Assistant Dean, Fiscal Affairs, has set up procedures for accessing these new funds, and the Directors of Finance and Administration (DFA) in each department have the instructions and forms to complete. If there are any questions regarding how graduate programs can access these funds for their students, please contact the department DFA.

New eProtocol Biosafety System

I have been informed that the procedure for submitting research protocols requiring an Administrative Panel on Biosafety (APB) approval is changing in the Fall of 2008. Whereas in the past submission and review was done on paper, the new procedure will be accomplished entirely online, using the new eProtocol Biosafety system. This will also allow researchers to access their approved protocols on line and allow for improved communication with Biosafety program staffers.

eProtocol systems are already in place for Institutional Review Board (IRB), Administrative Panel on Laboratory Animal Care (APLAC) and Stem Cell Research Oversight (SCRO) submissions. While each system is separate at present, the university anticipates merging them in the future.

The new system is designed to streamline the review process, improve and centralize record creation and maintenance, provide automatic reminders, and reduce use of paper. It will allow PIs to check a protocol status at any time, as well as providing for immediate updating and convenient communications with documented histories.

Existing active protocols are presently being transferred into the new eProtocol system. When they first use the eProtocol system, PIs should check their protocols to ensure that they have been copied correctly.

A website is being constructed at <http://eprobio.stanford.edu> to support users of the system. The site should be available this Thursday, October 23. Downloadable documents on the site will help guide new users through the eProtocol Biosafety workflow. Specific procedures for submitting new protocols, communicating with panelists, and accessing all online information will also be available at the above URL.

In-person presentations to faculty and staff on the new system will be available on Thursday October 23 from 10:00 am to 12:00 noon, and Thursday, October 30 from 2:00 pm to 4:00 pm. Those who would like to attend either session should contact rbarron@stanford.edu to reserve a space.

For further information on eProtocol Biosafety, check the eprobio website, or contact Robyn Barron at 724-0798.

Patient Confidentiality and HIPPA: A Reminder

As you know, respect for our patients' privacy and compliance with HIPAA regulations as well as state law requires that, as physicians and health professionals, we remember and comply with the rule of "minimum necessary access" to medical records. This means that none of us are allowed or authorized to review patient records unless there is a clinical reason to do so, or where you have specific consent or other allowable legal reason for doing so. Accessing patient records - including those of your family members, friends, and others – for personal reasons is prohibited. While you might think that being a physician provides an entrée to review the medical records of colleagues, friends and family, even when you think this permits you to be helpful to them, this is forbidden by HIPPA and can result in serious consequences. I am aware of situations where this practice has not been followed and, based on guidance I have received from our Office of the General Counsel, I need to inform you that violations of this rule can result in very serious consequences – even termination. These regulations apply to all physicians, including trainees, and thus it is imperative that we each recognize these patient protections and that we all model an appropriate standard of practice and respect for patient privacy and confidentiality.

Bike Safety on Campus – Again

The opening of the school year brings thousands of new students to Stanford who energize the campus with excitement. But it also brings new challenges – not the least of which is personal and public safety. While Stanford students can be praised for their athletic as well as intellectual prowess, these skills do not always converge when it comes to bike safety. Despite many warnings and even the increased scrutiny by the Stanford Police, I remain shocked and disappointed by the neglect of personal safety for the bike riders themselves and others who are affected by their sometimes-reckless behavior. I am shocked by how few students wear helmets or have any lights or reflective devices on the bikes at night – including cyclists on the medical school campus! As I drive home each night I am always struck by the numerous close calls and near misses I observe with cyclists who are barely visible, dashing across streets along campus drive, assuming they have a right of way or that, because they can see on-coming traffic, they too can be seen by motor vehicles. I, as well as others, have called for greater enforcement of bike safety on campus for many years, and while I know there has been an effort to improve safety, it seems clear that we still have a long way to go. It will be a tragedy when another student, faculty or staff member is seriously injured or even killed because of a cycling accident, especially since such an injury might be prevented by better attention to simple safety rules. We all need to do better in enforcing bike safety and calling on our community to be more responsible in preventing unnecessary injury and harm.

Remembering Sabine Kohler

Dr. Steve Galli, The Mary Hewitt Loveless, M.D. Professor and Chair of the Department of Pathology informed our medical center community that Dr. Sabine Kohler, Professor of Pathology, died on October 9th following an eight-year battle with cancer. Dr. Kohler was an enormously courageous individual who, despite her illness, continued to mentor and teach residents and students, carry out research, publish papers, give lectures around the world, dedicate herself to family and friends and serve as a role model of inner strength, intelligence and personal humanity. She will be deeply missed by everyone who had the good fortune to know, admire, and love her. Our deepest condolences go to her family, colleagues and friends.

Arrangements are being made for a "celebration of life" which will take place in the near future. Details will be posted on her website, <http://www.caringbridge.org/visit/sabinekohler>)

Another Reminder of When Doctors Became Marketers

I have written all too frequently about some unfortunate connections between medicine and industry – particularly when doctors take on the role of marketing drugs or devices to the public. Although it is easy to forget now, one of the more egregious transgressions arose from the 1920s through the early 1950s when tobacco manufacturers engaged doctors to market cigarettes and tobacco products. While smoking has declined

considerably in the USA and in many parts of Europe, it is on the rise in Asia. The negative impact of tobacco on human health stands as one of the great tragedies of avarice and greed (themes resonating today in the financial industry), and, while we might be quick to point the finger at the tobacco industry, physicians played a role in giving credibility to smoking. This sad chapter has been thoughtfully detailed by Dr. Rob Jackler, Edward C. and Amy H. Sewall Professor in Otorhinolaryngology and Chair of Otolaryngology-Head & Neck Surgery. The exhibit that he and his colleagues prepared on this topic is now being shown at the New York Library and has received wide acclaim (see:

http://www.nytimes.com/2008/10/07/business/media/07adco.html?_r=1&scp=1&sq=new%20york%20public%20library%20tobacco%20exhibit&st=cse&oref=slogin) You can

also review the exhibit through the Lane Library (see:

<http://lane.stanford.edu/tobacco/index.html>). We owe Dr. Jackler our thanks and respect for bringing this sad but important history of how human health can be adversely impacted when doctors market products – some of which may prove to be dangerous. Unfortunately, it is not only a reminder of our past but also warning of some of the all-too-recent infractions by members of the medical profession who violate our pledge, as physicians, “to do no harm.”

Doing More to Engage Our Alumni

Doug Stewart, Associate Vice President, Medical Development and Alumni Affairs, has updated me on two recent events that illustrate the School’s efforts to better engage our alumni in meaningful ways.

On Thursday, September 25, the School of Medicine Career Center hosted a successful Open House and Wine Reception to celebrate its new location in the Grant building and to foster greater student-alumni interaction. More than 50 alumni and 125 School of Medicine students and trainees attended to network, socialize and learn about the office’s resources. The event was sponsored by the Stanford University Medical Center Alumni Association and Boston Consulting Group, and featured two guest speakers, Thomas Fogarty, MD, and Benjamin Berk, MD '07.

On Friday, October 10, our alumni association presented three “Classes Without Quizzes” in conjunction with Stanford University’s Homecoming Reunion Weekend. More than 150 medical and other Stanford alumni gathered to hear sessions on innovations and research milestones presented by Professors Carla Shatz, Russ Altman and Bill Newsome. All three sessions were “standing room only” and received the highest ratings in a follow-up survey.

Thanks to all who made these events so successful, and I look forward to more such occasions in the future.

Awards and Honors

- **Dr. Irv Weissman**, Virginia & D.K. Ludwig Professor for Clinical Investigation in Cancer Research *and Director of the Stanford Institute for Stem Cell Biology and Regenerative Medicine* has won the 2009 Rosensteel Award from Brandeis University. This award was established in 1972 to honor individuals who have made pioneering contributions to science. Congratulations to Dr. Weissman on another important honor for his groundbreaking work in stem cell biology.
- **Dr. Sam Gambhir**, *Professor of Radiology and Bioengineering and Director of the Molecular Imaging Program at Stanford*, is one of 65 newly elected members of the Institute of Medicine of the National Academy of Sciences. Established in 1970, the IOM is recognized as a national resource for independent, scientifically informed analysis and recommendations on issues impacting human health. In the IOM press release announcing Dr. Gambhir's new membership, it was noted that "election to the IOM is considered one of the highest honors in the fields of health and medicine and recognizes individuals who have demonstrated outstanding professional achievement and commitment to service". That description fits Sam Gambhir quite well. Please join me in congratulating him.
- **Dr. Jennifer Cochran**, *Assistant Professor of Bioengineering*, has been named one of 15 young investigators to receive a V Foundation for Cancer Research 2008 Awards. The V Scholar grants are designed to identify, retain and further the careers of young investigators. Dr. Cochran's proposal is entitled: Engineering a new class of tumor-targeting peptides for cancer biology, imaging and therapy. Please join me in congratulating Dr. Cochran.
- **Dr. Glenn Chertow** has been appointed the first incumbent of the Norman S. Coplon/Satellite Healthcare Professorship in Medicine. We had the privilege of honoring Dr. Chertow for his many important accomplishments and for thanking Dr. Coplon and the Satellite Healthcare that he founded at a reception on October 6th at the Arrillaga Alumni Center.

Upcoming Events

Stanford Health Policy Forum: "How War is Changing Medicine"

Wednesday, October 29th

11:00 am – 12:00 pm

Clark Center Auditorium

Space is limited, so if you are interested in attending please RSVP to:

Lucy.Wicks@Stanford.edu.

Appointments and Promotions

- **Eswar Krishnan** has been appointed to Assistant Professor of Medicine (Immunology and Rheumatology), effective 10/01/08.

- **John B. Sunwoo** has been appointed to Assistant Professor of Otolaryngology – Head and Neck Surgery, effective 10/01/08.
- **Atul Butte** has been reappointed to Assistant Professor of Medicine (Medical Informatics) and of Pediatrics, effective 11/01/08.

Dean's Newsletter

November 3, 2008

The Economy, the University and the School of Medicine: Planning for the Future

In the October 6th issue of the *Dean's Newsletter* I wrote a piece entitled “Preparing for the Future” (see: http://deansnewsletter.stanford.edu/archive/10_06_08.html#1) and offered a perspective on how the rapidly changing economic climate might impact the financial underpinnings of academic medicine generally and Stanford Medicine in particular. I commented on the major sources of support for our key missions in education, research and patient care and reminded you that even in times of plenty, education and research are “cost centers” (i.e., tuition and grants do not fully cover their costs) and that they require institutional support to fully fund them. At Stanford School of Medicine we currently do this with our unrestricted reserves, income from endowment or patent royalties, gifts, and surplus from patient care income. However, these funds are limited and are also affected by changes in the national or local economy.

While we share some common features with the economic profile of the University, the School of Medicine has some distinct differences. In local parlance, we are a “formula school” (as is the Graduate School of Business), which means that we construct and execute a separate budget process and are responsible for funding all of our programmatic and capital projects. The School of Medicine is different from the “non-formula schools” of Engineering, Humanities & Sciences, Earth Science, Law and Education, which receive “operating budget support” from the Provost to support their programs. As I described in the October 6th Newsletter, support for our faculty, students, staff, programs and capital projects comes from tuition, sponsored grants from the federal government (largely NIH), the state (largely CIRM), foundations (perhaps most notably HHMI), income from endowment, accrued reserves, gifts, patent royalties and payments for patient care delivered by our faculty through “funds flow” agreements with Stanford Hospital & Clinics (SHC) and Lucile Packard Children's Hospital (LPCH).

As I forecast in my October 6th Newsletter, significant changes in each of these funding sources seem inevitable; taken together, they could have a major impact on our programs. The magnitude of the changes in the global economy, as each of you knows all too well, has been startling, and these dramatic changes, as well as the likely onset of a recession, have serious implications on the forecasts we made in constructing our FY09 budget just months ago. Fortunately, we were prudent and fiscally conservative in many of the assumptions that went into our budget plan and financial planning. But even our

conservative fiscal forecast is challenged by the economic changes rocking our national and global community.

Regardless of who wins the White House on November 4th, the enormous deficits coupled with the incredible investments being made to bale out Wall Street and relieve the frozen credit market have huge implications for future discretionary federal spending. Almost certainly this will impact the budget for NIH, NSF and other federal research programs, as well as the entitlement programs like Medicare and Medicaid, which play important roles in patient care and graduate medical education payments to teaching hospitals and academic medical centers. And just as you have noted significant losses in your personal investments and 401ks over the past weeks, our University (and related School of Medicine) endowment income has also suffered significant losses that will impact those sources of funding for years to come (and we recognize that we don't even know what further deterioration might occur in the days and months ahead). Since payouts of the income from endowment are subject to a "smoothing formula," we must anticipate these changes (which will be worse than the forecasts made this summer) as part of a multi-year process.

Just as the University endowment investments have lost considerable value, so have those of all private and family foundations – whose losses are proportional to the types and risks of their individual investment portfolios. That means that many of the non-profit foundations that have funded research projects, investigators or even capital projects in the past will also be reassessing what they can afford to do in the year(s) ahead. And as individuals and industries have suffered mounting financial losses we can expect that the size and frequency of gifts will also be delayed and negatively impacted.

At the same time, we still project increased income from our patient care activities based on volume projects, hospital contracts, funds flow and clinical performance. But it should be anticipated that these projections are also subject to change as individuals reduce their personal health care expenditures, especially for discretionary care. As noted, there may well be changes in federal funding through Medicare (especially for GME) and state entitlement programs like MediCal. These changes will almost surely have important implications for SHC and LPCH – and, thus for the School of Medicine as well. Of course, it must also be expected that the economic meltdown will further collide with rising health care costs in what will almost certainly prove to be an unsustainable formula. Perhaps a silver lining of these convergences will be more serious efforts to radically reform health care in the USA – although how this occurs will also have important implications for academic medicine, which, by definition, is more costly than other models of health care delivery.

Clearly there are many uncertainties, and it is likely that these will continue and even escalate over the coming months and year(s). Thus it is important for each of us to be engaged in the reassessment, recalibration and re-prioritization of our individual and programmatic goals so that we can secure and optimize the success of our community and our missions. As I reflected in the October 6th Newsletter, this is a process we have

already begun; it will continue to unfold as we better understand the full impact of the economic world in which we will be living in the years ahead.

It is within this context that the President and Provost have shared their views with the University and that the Provost engaged in a Q&A in the October 29th issue of the *Stanford Report* (see <http://news-service.stanford.edu/news/2008/october29/provost-102908.html>). As noted above, because we are a “formula school,” the School of Medicine will adopt different fiscal remedies than those described by President Hennessy and Provost Etchemendy in an email they sent to the Stanford community on October 30th. At the same time, their general advice is extremely important, and I think that portions of their commentary bear repeating:

“We are confident that we can make strategic adjustments, so that we do not harm the momentum we have built up in recent years, especially our investment in the quality of our faculty. The strength of the university is the excellence of its people, and we will strive to protect this excellence. To protect as many jobs as possible, we intend to have a quite modest salary program for the next few years. And we will honor the substantial commitments we made to financial aid for both undergraduate and graduate students, preserving opportunity for the best and brightest to attend Stanford.

We will act decisively, but not foolishly. We are in the midst of a major capital program that includes some vital construction projects. Halting projects in mid-construction, even temporarily, would cost us more money in the long run. But not all our projects will be built on the schedule we had originally hoped. We will reexamine the need for projects that would require us to incur significant amounts of debt, and likely postpone such projects.

We ask the campus community to apply the same mindset to all of our resources: What is the cost versus benefit? Are there things we can do in a less costly way? Can we be more purposeful? After a period of rapid growth, it can be healthy for an institution to pause and examine its strategic priorities.

Finally, we must stay true to our core values and goals as we make any financial decisions. Excellence is at the heart of Stanford, and undermining quality would be shortsighted. Stanford has achieved leadership positions across the academic spectrum, and through our ongoing campaign is poised to become a leader in important new areas. We remain committed to excellence in research and teaching, and to the search for solutions to the world’s greatest challenges. Our goals will remain ambitious, and our contributions to society will continue to be substantial.”

From my perspective it is imperative that we continue to think boldly as well as prudently. We have been initiating our Strategic Plan, *Translating Discoveries*, since 2002, and much work remains to fully implement our ideas and our investments in people, programs and facilities. As I have previously commented, times of fiscal constraint require greater vision and leadership – from each of us. They also require

improved collaboration, cooperation and communication. Having lived and led through different periods of economic downturn (although none likely as bad as the one we are now facing), I often use the analogy of operating a sailing ship that has entered very stormy (and worsening) waters. Without question we need to pay attention to staying afloat, and that likely means bailing water to stay as light as we can, taking down the sails and altering our speed to avoid fighting winds and gales. And while that might keep our boat afloat it is not sufficient. At the same time we need to use our compass to stay focused on our direction so that when the storm abates we will be going in the right direction and able to pick up speed quickly and successfully to reach our destination. Planning for the moment and anticipating the future are equally critical – and together we can do both successfully. What will this mean on a practical basis?

- ***Overall planning:*** I think we have a great vision for the future, and we must not lose sight of it despite the challenges we now face. As a “formula” school projected decreases in endowment income may not translate into the types of reductions in the operating formula budgets noted by the President and Provost for the non-formula schools and other areas of the University, since our budgets and resources are constructed differently. Nevertheless, we may need to shift priorities in different areas, delay programs or recruitments, reduce investments and adjust expectations as well as timelines. That said, I continue to believe that the course we have been on during the past nearly seven years is the correct one for Stanford Medicine and that we need to work diligently to keeping moving forward. Although running a marathon uses a different skill set, as an experienced marathoner, I also know that mid-course corrections are frequently necessary depending on the conditions one is facing and that they do not preempt one from getting to the finish line. That analogy holds true for Stanford Medicine – but we will clearly need to sustain and enhance our vigilance, adaptability, flexibility and focus.
- ***People:*** Without question, what makes Stanford a great institution is the excellence of our faculty, students and staff. One of our highest priorities must be sustaining them and thus doing all we can to retain all who share our commitment to excellence in education, research and patient care. But it is also people who constitute the largest portion of any budget and thus we need to be particularly sensitive to our human resources during this period of restraint. This will require scrutinizing all vacant positions and in some cases delaying, postponing or even canceling new appointments. This will also likely mean slowing down faculty recruitments in selected areas – unless a financial or programmatic need mandates otherwise. That said, we recognize that recruitment of new faculty is essential to our future vibrancy and success – but that the timelines for some of these recruitments will need to be delayed. I do not envision any impact on medical or graduate student numbers, but we will all need to be more vigilant on postdoctoral fellow appointments – especially if clearly defined funding sources are not already in hand or forthcoming when a postdoc appointment is being made.

As you also know, we operate under a faculty billet cap – which we have been carefully monitoring. We anticipate that fewer faculty and staff will feel financially ready to retire in the foreseeable future. It seems clear that as individual faculty take into account their personal losses in pensions and savings, some who may have planned to retire may modify, adjust or delay their plans. If so, this will have individual as well as institutional implications.

- **Programs:** The Stanford University Medical Center, comprised as it is of the School of Medicine, SHC and LPCH, is a complicated weave of many different and sometimes overlapping programs – supported by various entities including departments, institutes, centers, the dean’s office and the hospitals. The financial sources for program support are also highly diversified and come from public and private dollars as well as a multiplicity of reserve accounts of varying amounts. Because oversight over these resources is decentralized, decisions about spending rates will need to be made by individual faculty as well as various institutional leaders. That said, we will encourage prudence and caution, especially since the major impact of reductions in endowment and reserve balances will not be truly felt for two or more years.

At this point I am not anticipating the discontinuation of any major program or initiative. However, we will need to be increasingly critical of how our investments are being deployed and this may, in time, result in recommendations to cut back or discontinue selected programs. It will also necessitate a high bar for initiating new programs, although I anticipate that some are forthcoming, including an incipient effort in global health that we have been planning for some time.

We also need to reserve some of the funding we have used for new recruits or programs for bridge funds at the department and institutional level. We need to anticipate that federal funding for research will remain challenging and that faculty will periodically face serious funding shortfalls that might benefit from short-term interventions.

Even before the current fiscal crisis we were planning ways to diversify the support for our research programs – an issue I have addressed in prior Newsletters. Progress in gathering ideas and recommendations about how to accomplish this was achieved at a mini-retreat on Saturday, October 25th, led by Marcia Cohen, Senior Associate Dean for Finance and Administration, Harry Greenberg, Senior Associate Dean for Research, and David O’Brien, Director of the Office of Institutional Planning. Some 24 basic and clinical science faculty reviewed the funding trends of the medical school and made a number of recommendations about how we can become more successful at a time of restraint. Those ideas are being collated and will be shared with our Executive Committee – and then with you. I am also eager to hear thoughts and recommendations from you as well.

A very important programmatic effort that we must enhance is faculty and career development. While we have made some progress it is clear that we have much to do in this important area. This will be the major theme for our 2009 Leadership Retreat. Our efforts in supporting career development will almost certainly impact our success as an institution – especially during the challenging era that we are now entering.

- **Personal Support:** We are fortunate in having financial resources to support our medical and graduate students and, while those resources will be more strained, I do not currently envision that we will witness reductions in the support for education – either in tuition aid or in other programs we currently have in place. Nor do we envision imminent changes in support for housing or other benefit programs. We are extremely aware of the toll that the current fiscal crisis is having on each of you as individuals and on your families, and we will do our best to preserve our commitments. We have not made decisions about how faculty and staff salaries will be adjusted in future years, but we do anticipate that there will continue to be merit pay programs as well as adjustments for promotion, etc.
- **Facilities:** Obviously we have a number of major facilities projects underway, including the completion of the Connectivity Project (aka the new loading dock and tunnel system), the Li Ka Shing Center for Learning and Knowledge (LKSC) and the Lorry I Lokey Stem Cell Research Building (SIM1). Thankfully, we have the resources for these projects and fully expect them to be completed on time. We are also initiating architectural planning for the Foundations in Medicine-1 building (FIM1) and the Freidenrich Center for Translational Medicine. However, the timeline for construction of these and future facilities that are part of our master plan (as I presented in the October 20th Dean's Newsletter: <http://deansnewsletter.stanford.edu/#3>) will be contingent on our revised financial forecasts and on the balance between needs for program support and those for capital requirements. That said, there seems no question that our timelines will require reconsideration and revision. As I also mentioned in the last Newsletter, we also need to give a high priority to the fulfillment of the hospital's renewal plans (see: <http://deansnewsletter.stanford.edu/#2>).
- **Philanthropy:** Of course we need to be realistic about our fundraising expectations. We have been extremely successful in recent years, but we all recognize that the current fiscal climate will almost certainly have a negative impact on private and foundation donations. That said, it is important that we continue to share our vision with current or potential donors and that we search for new sources of funding that may be less affected by current events. This will clearly require effort and time – but it too is a very high priority. On the programmatic side, my highest priorities for the medical school are to achieve greater programmatic support for the Stanford Cancer Center, for our programs in neurosciences, for graduate students and for our research programs. And, as mentioned, we will work diligently to support the efforts of our hospitals. This is

not an exhaustive list but I do want to offer some priorities. Naturally we will support other good ideas or opportunities as they arise.

This is a partial assessment that is meant to provide some guidance about how I am thinking about the currently unfolding events and how they will impact our community. I do very much want to continue to offer a message of optimism and excitement about our future – but to do so in a way that is cognizant of realities. We will continue to think and plan boldly and then modify our plans as resources permit. Of course, as much as we can we will endeavor to modify the forces acting on us so that we can be as successful as possible – as an institution, a community and beyond.

East and West Experiments in Medical Education

On Monday, October 20th I had the opportunity to present the keynote address at an international conference on medical education in Beijing, China. In my presentation, I delineated some of the overarching values and goals that I believe should guide the future of medical education. These include a solid grounding in science and the continuing integration of science with clinical medicine throughout undergraduate and graduate medical education continuum. Also needed is a focus on professionalism, compassion and ethics as well as an emphasis on preserving health in addition to diagnosing and treating disease. An emphasis on lifetime learning is also essential given the rate at which current knowledge becomes obsolete. Educating students and all learners with technologies and techniques that engage them and that foster ways of improving outcomes is increasingly important. Also critical is an ever-increasing awareness of cultural diversity and global health and environment issues, which can also affect individual and societal expressions of disease, unfortunately including the forces of economic disruption, war, violence and even torture. Within this general context, I reviewed the evolution of medical education in the USA, highlighting the early impact of the Flexner Report in 1910 and the evolution of programs that have supported research (predominantly the NIH) as well as federal entitlement programs like Medicare and Medicaid. These programs had a major impact on shaping the development of academic medical centers in the USA.

Since a number of countries in Europe and Asia are seeking to develop academic medical centers similar to those in the USA, I reviewed the organization and governance of these centers, how they are impacted by being publicly or privately funded, and how the sources of support and funding they achieve affects their missions in education, research and education. I pointed out that there is a large array of academic medical centers and underscored the fact that there is no model that is easily generalized – and that nearly all are influenced by their history, community, university affiliations, location, culture and related factors. These influence the goals and objectives of medical schools and medical centers in their specific focus in the education and training of doctors. For example, medical schools and medical centers may vary in their emphasis on primary vs specialized care, or on the degree of their focus on those who aim for careers as physician-scientists or other pathways related to medicine, healthcare, science and policy. I underscored that medical schools should not aim to be similar one to another, but should

individualize to develop unique programs and areas of emphasis and expertise. To foster this variance, nations should support schools that develop different missions and that ideally complement each other in their expertise and excellence.

Because the course of medical education varies widely around the world, I reviewed the scope and spectrum of training in the USA, beginning with college and then extending through undergraduate and graduate medical education to the various career pathways in clinical medicine, academics, business and beyond. I discussed the impact of the duration of training and its costs on career choice as well as the ways that the current generation of students is selecting their personal career pathways. In doing so, I pointed out how the lack of an organized healthcare system in the USA is impacting education, training and career choice. For example, the comparative lack of primary care physicians compared to other nations is one manifestation of this deficiency, as is the relative mal-distribution of doctors. Currently there are approximately 800,000 physicians in the USA for a population just over 300 million – but a number of the population remains underserved because of economic factors and the imbalance of generalists versus specialists, among many other factors. I also pointed out that the current directive from the AAMC (Association of American Medical Colleges) to increase medical school classes by 30% appears misguided (at least to me), since it fails to present ways to correct the present imbalances of specialties and their distribution and also fails to incorporate other health care providers (especially nurses) into the health work force. It was interesting to learn that similar patterns also exist in other nations and that efforts to balance the workforce are being more rationally designed and developed by some countries than by the USA.

I was specifically asked to discuss the model of medical education at Stanford; I did so within the broad context of our programs but with the caveats about what is unique to our environment. I underscored that it would be difficult to easily replicate our model in other settings. I also discussed how the current economic forces could impact on the missions of a research-intensive medical school like Stanford, referencing some of the challenges I discussed above. I was impressed by the differences as well as the similarities in medical education taking place in Europe and Asia. While each of the programs faced different challenges, it is clear that we have much that we can learn from each other.

Launching Connections: A Program for Junior Faculty Career Development

I am pleased to announce that as part of building increased support, networking and mentoring for new junior faculty the Office of Academic Affairs is launching a pilot program called ***Connections: Fostering Junior Faculty Careers and Community at Stanford School of Medicine***. This program, developed in partnership with the Office of Diversity and Leadership, builds on the successful experiences we have witnessed with the Faculty Fellows Program initiated by Dr. Hannah Valentine and her colleagues. In announcing the pilot ***Connections*** program I want to thank Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, along with Dr. Lucy Tompkins, Associate Dean, and Rebecca Robinson, Academic Affairs Manager, for putting this new program together.

As currently envisioned, all Assistant Professors and Clinical Assistant Professors hired in 2008 will be invited to participate in the 2009 **Connections** program. The goal of the program will be to permit junior faculty members to meet and network with colleagues across departments and disciplines to:

- Learn more concretely how the School of Medicine functions
- Obtain useful career development information
- Learn about resources available to them at the School and the University
- Have a helpful forum for raising questions and topics and receiving information and guidance

In a manner analogous to the Faculty Fellows Program, the **Connections** program will consist of small cross-departmental group meetings to share and discuss experiences related to career development. Likely discussion topics include expectations for establishing successful mentor/mentee relationships; balancing clinical and scholarship activities; integrating into professional and personal communities; hiring postdoctoral fellows when you have not attracted your ideal applicant pool; grant writing and review; and how others address family/work life challenges so that individual and group learning experiences can be exchanged.

Each of the groups will be led by more senior faculty leaders who will share their expertise, experience, and perspective with their junior faculty colleagues. Importantly, these experiences will be enriched by the shared experiences of the participating faculty. To help guide junior faculty about “who’s who” and “how things are done” at Stanford, presentations on the criteria for academic promotion, compensation, networking and related issues will be presented for information and discussion.

It is hoped that the new **Connections** program will enable junior faculty to better navigate their career development at Stanford and will allow them to feel more a part of this vibrant and exciting community. For questions please contact Associate Dean Lucy Tompkins (lucytomp@stanford.edu), or Rebecca Robinson, Academic Affairs Manager, at rrobinso@stanford.edu.

Implementing Transitions: Dr. Gary Schoolnik

In the August 25th issue of the Dean’s Newsletter I gave an update on the work of the Transitions Task Force for senior faculty (see: http://deansnewsletter.stanford.edu/archive/08_25_08.html#4). A number of important recommendations were put forth but their implementation will require focused leadership. I am very pleased to announce that Dr. Gary Schoolnik, Professor of Medicine and of Microbiology and Immunology, has agreed to take on the role of Associate Dean for Senior Faculty Transitions on a part-time basis starting January 1, 2009.

As highlighted above, Dr. Schoolnik has served as chair of the Task Force on Senior Faculty Transitions. Under his leadership, the Task Force identified, considered and made

recommendations to address issues associated with various types of transitions experienced by our senior faculty. These included faculty who transition from active to emeritus status, those who step down from a period of administrative service to a more focused faculty role, faculty who move from a phase of intense research activity to one of lesser intensity, or faculty who transition from more full-time clinical work to either reduced clinical loads or other activities. Dr. Schoolnik will be responsible for translating the recommendations of the Task Force into actions that will help transitions occur smoothly, ideally with anticipatory planning and with dignity.

Dr. Schoolnik is an incredible faculty member and I am truly pleased that he will commit some of his time to this important role.

What CIRM Has Meant for California

On Monday, October 27th we had the wonderful opportunity to celebrate the official groundbreaking of the Lorry I Lokey Stem Cell Research Building. This is the first of our Stanford Institutes of Medicine buildings (see: <http://deansnewsletter.stanford.edu/#3>) and represents a special public-private partnership. Thanks to Lorry Lokey's naming gift of \$75 million, along with wonderful gifts from other exceptionally committed members of our community, the funding for the \$200 million project cost for SIM1 has been achieved. An important component of this support comes from the California Institute for Regenerative Medicine (CIRM), which, based on a highly competitive process, awarded Stanford a construction grant of \$43.6 million. In fact, the impact of CIRM on the research and construction economy of California has been notable.

A recent, and still quite preliminary, analysis of the impact of CIRM funding state-wide reveals that, to date, 229 grants have been committed to 27 institutions, with a total amount of funding of over \$614 million. To date, \$285.1 million of these expenditures have been committed to facilities and equipment and \$329 million to research and training grants. Of these, Stanford has received 32 grants (13.9% of the total awarded) and \$93.8 million (15.2% of the total funding). The impact of CIRM across California is significant. At least 45 senior researchers, along with numerous young investigators and scholars, have been recruited to California since Proposition 71 was passed in November 2004. It is estimated that matching funds average over 226% of those provided by CIRM for major facilities, shared laboratories and core. This has been facilitated by significant philanthropic contributions totaling over \$900 million to various organizations and institutions in California that have received CIRM funding – a testament to a significant and important leveraging effect. Equally important is a burgeoning of biotechnology companies in stem cell biology in California as well as a number of international collaborations. At a time when stem cell research supported by the federal government has been stifled by political agendas, California has assumed an important leadership role – which is important for the state, the nation and the world.

We are clearly in the early days of stem cell research, but we are also witnessing important progress. While it is likely that a change in the Administration in the White House will signal a change in regulations regarding stem cell research, the deficits in the

federal budget make it unlikely that a significant national stem cell research agenda will be launched. This makes the work going on in California all the more important. It also means that the Lorry I Lokey Stem Cell Research Building at Stanford will be one of the epicenters for stem cell research for many years to come. While this is gratifying it also underscores the importance of using our resources well and wisely so that the maximum impact on advancing knowledge and translating findings into human clinical trials is achieved as quickly and as well as is possible.

Stanford Health Policy Begins with a Discussion of War and Medicine

On Wednesday, October 29th, the first Stanford Policy Forum was held, thanks to the leadership of Dr. Keith Humphrey, Professor of Psychiatry and Behavioral Sciences, and Ryan Adesnik, Director of Federal Relations. The topic was “*How War is Changing Medicine*,” and it featured presentations by Drs. Ken Kizer, former Under Secretary for Health in the US Department of Veteran’s Affairs; Dr. Craig Rosen, Assistant Professor of Psychiatry and Behavioral Sciences and Acting Deputy Director, Dissemination and Training Division of the National Center for PTSD; and Dr. Eugene Carragee, Professor and Vice Chair of the Department of Orthopaedic Surgery.

The Policy Forum was noteworthy for reviewing the various facts about war and medicine and their intersection over time. But it was particularly meaningful for the human portrait offered by Gene Carragee, who based his presentation on his personal experiences as Commander of US Army Surgical Teams in Iraq, Afghanistan and numerous other war zones. He pointed out that the nature of war injuries has changed dramatically in the recent conflicts in Iraq and Afghanistan, in part because of the nature of the inflicted injuries (more explosive devices than bullets), the availability of body armor that leaves some parts of the body protected and others not, and the profound psychological impact facing soldiers and citizens. Accordingly, the major injuries are now disabling back pain, musculoskeletal disorders and psychological trauma. While not traditional combat injuries *per se*, these traumas take a true human toll, with acute and chronic challenges to individuals, families and societies. Something more to consider on Election Day tomorrow.

COI Features Prominently at the Annual Meeting of the AAMC

Issues and concerns regarding conflict of interest loomed high at the October 31-November 4th national meeting of the AAMC (Association for American Medical Colleges). The major focus was on academic-industry relations – a topic that was explored in numerous sessions. In fact, I participated in two panels on this topic – one for students and a second one that was a major focus session. In addition, Dr. Harry Greenberg, Senior Associate Dean for Research, also participated in a panel on COI for chief medical officers. It was clear from the presentations and discussions that the landscape regarding institutional policies and restrictions on industry funding in association with education, patient care activities and research (especially those involving human subjects) is changing rapidly. Earlier this year the AAMC announced recommendations regarding industry relations which it hopes all medical schools will be

compliant within the next year. Thankfully, Stanford is widely regarded as a leader in this area and our policies are viewed as among the most informed and important. This is a dynamically changing area and it is important that policies be applied prospectively and not retrospectively. Having discussed this topic with you on a number of occasions, I hope you are familiar with the Stanford Policies and Guidelines. If you need a refresher, please consult (<http://med.stanford.edu/coi/>).

University and Biodesign Collaborate on Bike Safety

In the October 20th issue of the Dean's Newsletter (see: <http://deansnewsletter.stanford.edu/#8>) I commented on my continuing concerns over bike safety on campus. While this remains a concern I am pleased to note how seriously members of our community are taking it. Most notably, the Biodesign Program and the Parking & Transportation group have joined forces with the Stanford Entrepreneurship Network for the 2008 Invention Challenge – which will be focused on bike safety (see <http://bikechallenge.stanford.edu/>). In this challenge students will be asked to “invent a device, method, process or technique that will have a positive effect on the prevention or mitigation of bicycle injury. This is great news.

In addition, I am informed by Ariadne Delon Scott, the Bicycle Program Coordinator at Stanford, that another education safety program was held this past week – this one at the Clark Center. Over 200 individuals visited the event, 82% of whom took – and passed – the bike safety quiz, for which they received a free bike bell. Bike helmets were sold at the event and bikes were registered and riders informed about basic principles of safety. I am extremely appreciative to all who participate in these programs and to those who are working diligently to foster a greater sense of safety for bikers and for the Stanford community.

Nominations Sought for 2009 Dean's Medal

You may recall that last spring, as part of the School's Centennial Celebration, we initiated a new School of Medicine tradition by making an annual award of the Dean's Medal one of the highest honors bestowed by the School. The Medal is an expression of recognition and appreciation by the School of Medicine community for individuals whose life work has resulted in outstanding contributions to one or more of our missions in education, research and patient care. The 2008 recipients of Dean's Medal were John and Jill Freidenrich, Stanford alumni and longtime supporters of the medical school, and Paul Berg, PhD, the Vivian K. Cahill Professor of Cancer Research, emeritus (see <http://med.stanford.edu/mcr/2008/dean-medal-0402.html> for the full story).

I now invite you to submit nominations for the 2009 Dean's Medals. Recipients may be educators, research scientists or scholars, healthcare practitioners, humanitarians, philanthropists or civic leaders. Among the qualifications we will be seeking are:

- Stanford alumni whose achievements and service have brought honor and distinction to their alma mater;

- Senior or emeritus faculty members whose work has greatly contributed to the advancement of their field and/or the School of Medicine;
- Educators, scientific or healthcare leaders, or advocates whose record of leadership has substantively advanced the causes of health, medicine, and knowledge;
- Volunteers and/or philanthropists whose sustained support and leadership has substantively advanced the School of Medicine and/or other community or global causes related to health, medicine and science.

Each year we will honor up to three Dean's Medal recipients. Please submit your nomination and a brief explanation of why you believe your nominee merits a Dean's Medal to Mira Engel, Executive Assistant to the Dean, at mengel@stanford.edu by December 1. Please note that elected officials are not eligible for the Dean's Medal while in office.

Awards and Honors

- **Dr. Tom Krummel**, Emile Holman Professor and Chair of the Department of Surgery and Susan B. Ford Surgeon-in-Chief at LPCH, has been elected Vice President and President Elect of the Halsted Society. Congratulations to Dr. Krummel
- The School of Medicine and the Office of Diversity and Leadership are pleased to announce the recipients of the 2008 McCormick Faculty Awards. The McCormick Funds were established to provide research/project funding to junior faculty women pursuing advancement, or to junior faculty men or women who support the advancement of women in medicine and/or medical research. This year 32 applications were submitted and the three award winners are:
 - **Dr. Kari Christine Nadeau, Assistant Professor of Pediatrics (Allergy & Clinical Immunology)**. Her project is entitled *"The Role of Diesel Exhaust Particles in the Modulation of the Immune System in the Development of Atopy"*
 - **Dr. Iris Schrijver, Assistant Professor of Pathology (Pediatrics)**. Her project is: *"Identification and characterization of CFTR mutations among African Americans with cystic fibrosis to improve the clinical sensitivity of neonatal screening and diagnostic testing"*.
 - **Dr. Jane Tan, Assistant Professor of Medicine (Nephrology)** for her project entitled *"Sensitization to Y chromosome encoded minor histocompatibility antigens H-Y affects clinical outcomes in kidney transplantation and is manifested by newly detectable antibodies"*.
- The Gates Foundation announced 104 winners of its most recent Grand Challenges Awards in Global Health (see: <http://www.gcgh.org/explorations/Pages/GrantsAwarded.aspx>) which included three Stanford proposals:
 - **Christina Smolke**, Assistant Professor of Bioengineering: *Genetically-Encoded Technologies that Support the Design of Molecular Sensing-Regulatory Systems for Targeted Disease Treatment Strategies*

- **Andy Fire**, Professor of Pathology and of Genetics: *Identification of Small RNA Molecules Capable of Eliciting Cellular Immunity During RNA Virus Infection*
- **Mark Davis**, Burt and Marion Avery Family Professor: *Multiplex Tetramer Analysis of Vaccine Responses*
- **Dr. Lisa Chamberlain**, Assistant Professor of Pediatrics at LPCH, has been selected to receive the Physician Advocacy Merit Award from the Institute on Medicine as a Profession (IMAP). She will attend the IMAP Award Ceremony at their annual meeting in New York and present the specifics of her work.
- **Dr. David Stevenson**, Vice Dean and Senior Assoc Dean for Academic Affairs, the Harold K. Faber Professor of Pediatrics and Professor, by courtesy, of Obstetrics and Gynecology, will be the recipient of the Joseph W. St. Geme, Jr. Education Award for 2009. The award is conferred biannually by the Western Society for Pediatric Research in recognition of outstanding achievement in pediatric education.
- **Dr. Geoffrey D. Rubin**, Professor of Radiology, has been selected to present the annual Charles T. Dotter Memorial Lecture at the 2008 Scientific Sessions of the American Heart Association on Nov 11 in New Orleans. His presentation, "More Surprises from the Healthy Donut," explores the evolving role of computed tomography in the diagnosis and management of cardiovascular diseases.
- **Dr. Keith Humphreys**, Professor of Psychiatry and Behavioral Sciences, has won the American Psychological Association award for Distinguished Contributions to Psychology in the Public Interest. Dr. Humphreys was honored for his work on expanding mental health services for U.S. veterans as well as for his work in Iraq on restoring that nation's health care system.

Congratulations to all who have been honored and have received awards.

Appointments and Promotions

Christina Anderson has been reappointed to Clinical Assistant Professor (Affiliated) of Pediatrics (Neonatology), effective 09/01/2008.

Katherine A. Blenko has been reappointed to Clinical Associate Professor (Affiliated) of Obstetrics and Gynecology, effective 09/01/2008.

Sarah Eitzman has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics (Ambulatory Pediatrics), effective 09/01/2008.

Julieta Gabiola has been reappointed to Clinical Assistant Professor of Medicine (General Internal Medicine), effective 09/01/2008.

Norman Gross has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine (Hematology), effective 09/01/2008.

Kimberly S. Harney has been reappointed to Clinical Assistant Professor of Obstetrics and Gynecology, effective 11/01/2008.

Rona Hu has been appointed to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 11/01/2008.

John Jernick has been reappointed to Clinical Associate Professor of Medicine (Family and Community Medicine), effective 11/01/2008.

Ronald Jimenez has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics (Ambulatory Pediatrics), effective 09/01/2008.

Carolyn Cruz Kerr has been reappointed to Clinical Instructor (Affiliated) of Obstetrics and Gynecology, effective 10/10/2008.

Joseph Kim has been promoted to Clinical Assistant Professor of Pediatrics (General Pediatrics), effective 11/01/2008.

Robert Lieberman has been appointed to Clinical Assistant Professor of Neurosurgery, effective 11/01/2008.

Michael G. Lyon has been promoted to Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 09/01/2008.

Daryl A. Oaks has been promoted to Clinical Assistant Professor of Anesthesia (Cardiac Anesthesia), effective 11/01/2008.

John McKeller has been reappointed to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 11/01/2008.

Phuong Nguyen has been reappointed to Clinical Associate Professor (Affiliated) of Obstetrics and Gynecology, effective 09/01/2008.

Lynn Peng has been appointed to Clinical Assistant Professor of Pediatrics (Cardiology), effective 12/15/2008.

Roger Spencer has been reappointed to Clinical Associate Professor (Affiliated) of Obstetrics and Gynecology, effective 09/01/2008.

Jennifer Tong has been promoted to Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 10/01/2008.

Roland Torres has been promoted to Clinical Associate Professor of Neurosurgery, effective 12/01/2008.

Edward S. Yee has been appointed to Clinical Assistant Professor of Cardiothoracic Surgery, effective 06/01/2008.

Dean's Newsletter

November 17, 2008

The Transition

This is not a political statement. But it is an affirmation of hope. Despite the seemingly never-ending onslaught of dismal economic and related news, the national elections on November 4th injected a sense of hopefulness, perhaps especially given the harsh realities we face as a nation, a community – and individually. The prospect of moving forward with a national agenda that respects and values science, innovation and technology; that seeks input from thought-leaders across the many domains impacting our global communities; and that gives voice to new citizens and leaders who were silenced for all too many years speaks to a deep spirit of justice, dormant for too long, that has been reborn and that everyone can be proud to be part of regardless of their “politics” – and that everyone can celebrate. Of course, these moments of pride and ebullience will surely – and soon - give rise to the shattering realities that are affecting all of us – but they also make clear that there is much we can overcome when we stay focused and aligned. In recent Newsletters I have addressed how these issues are impacting our university and medical center (see: <http://deansnewsletter.stanford.edu/#1> and http://deansnewsletter.stanford.edu/archive/10_06_08.html#1). And while those issues remain as true today as when I wrote these articles – or even more so, it is hard not to be more hopeful in light of recent events.

Although of much lower significance, I have been quite taken aback by how many people have mentioned to me that they assumed that I might be leaving for Washington. While none of us can predict the future, I do want to say that I have made it very clear to anyone who has asked that I am totally committed to the work we have begun together at Stanford and have every intention of continuing to do all I can to serve you and our community in the years ahead.

The NIH and Economic Stimulus

In recent issues of the Dean's Newsletter I have highlighted the impact of the current economic downturn on the university and on academic medical centers (see: <http://deansnewsletter.stanford.edu/#1> and http://deansnewsletter.stanford.edu/archive/10_06_08.html#1). Among the issues most important to our future success is funding from the National Institutes of Health – which, as you well know, has been flat for five years and which now has 20% less purchasing power than it did in 2003. The future of the NIH will be an important issue for the new Administration, and we are all aware that President-Elect Obama forecast a doubling of the NIH budget over 10 years if he were elected president. Of course we also recognize that all such promises will be assessed in light of the major economic downturn. And we

also believe that sustainable and predictable funding is most important – ideally keeping pace with inflation or above.

So it is highly important to question how the NIH might fare in the new Administration and under the new economic realities. We had considerable discussion about this on November 12th at the Board of Directors meeting of the Foundation for the NIH (of which I am a member); we underscored that the best argument for increasing the support for the NIH is its importance as part of a stimulus package. Indeed, this argument was made to a hearing before the House Energy and Commerce Subcommittee on Health on November 13th. One of the important arguments is that NIH funding supports approximately 300,000 jobs in the USA (approximately seven per grant) and stimulates a number of other industries – especially the pharmaceutical and biotechnology industries. Thus, a very cogent case can be made for increasing funding of the NIH as part of an economic stimulus package – something that the Obama team will address as a way of stimulating economic recovery. Indeed, this argument applies to science and technology writ large, as discussed in a Special Report in the November 13th issue of *Nature* entitled “Science in the Meltdown” (see: <http://www.nature.com/news/2008/081112/full/456155a.html>). Since we are all involved in advocacy efforts to sustain and improve funding for science, medicine and technology, these arguments are particularly germane and important to share with your colleagues and professional organizations.

Celebrating Our Colleagues

The dedication and commitment of our outstanding staff colleagues who form the backbone of Stanford Medicine are among our greatest assets. While our students and faculty receive most of the acclaim for the work that they carry out, none of their efforts would be possible without the remarkable staff who support their missions in education, research and patient care – and who provide the intellect and human resources that support and enrich our broad and deep infrastructures in finance and administration. What is equally remarkable is the loyalty of our outstanding staff and how much they enjoy and appreciate being part of the Stanford community. It is that satisfaction that allows many to continue to work with us for decades – and that creates a community of true excellence. Each year we take a few moments to thank our School of Medicine colleagues who have been members of our staff for five or more years. On Thursday, November 6th we celebrated their contributions at our Staff Recognition Banquet. This event is an opportunity to say thank you to each of these valued employees. It is also a wonderful time for me to meet personally those who play such an important role in the life of the school and university.

In addition to thanking the 343 individuals who have worked for 5 or more years (which is 19.7% of our overall staff), I was also pleased to honor the three individuals who were named by their peers and colleagues the 2008 recipients of the SPIRIT Award (<http://news-service.stanford.edu/news/2008/november12/med-spirit-111208.html>). These three outstanding employees are:

- ***Libuse Jerabek***, Lab Manager, Stanford Institute for Stem Cell Biology and Regenerative Medicine (who was also acknowledged for her many years of service to Stanford)
- ***Kendra Baldwin***, Leadership Search Coordinator, Office of Institutional Planning
- ***Gretchen Shawver***, Clerkship Coordinator, Department of Pediatrics (who was joined at the banquet by her 5 month old baby)

Please join me in congratulating each of these truly outstanding employees

I am also very pleased to list below those individuals who have served for 20 or more years – which, as you will note, includes one individual who has been part of the Stanford Medicine community for four decades. Again, please join me in offering thanks and appreciation to each of these individuals.

40 Years of Service

Libuse Jerabek

Institute for Stem Cell Biology & Regenerative Medicine

35 Years of Service

Miguel Alvarez

Department of Comparative Medicine

Karen Carpenter

Department of Genetics

Ronald Garcia

Department of Medicine

Jerry Halpern

Department of Health Research & Policy

Houck Fae

Department of Psychiatry

Anne Klause

Human Resources Group

Norma Malimban

Department of Biochemistry

Sheryl Pask

Department of Pathology (Blood Center)

Susan Smith

Human Resources Group

30 Years of Service

Claudia Benike

Department of Pathology

Kristina Blouch

Department of Medicine (Nephrology)

Mary Buttner

Lane Library

Rebecca Green

Department of Psychiatry

Irene Renee Grys

Department of Anesthesia

Cheryl Joo

Department of Neurology

Debbie Leong-Childs

Research Management Group

Lisa Ma

Department of Pathology

Susan Mitchell

Cancer Center (and until recently Microbiology & Immunology)

Lynda Raby

Department of Medicine (Cardiovascular Medicine)

25 Years of Service

Bonita Baker

Department of Pediatrics (Endocrinology)

Susan Gonzalez

Department of Orthopaedics

Carol Kersten
Tim Knaak
Eileen Maisen
Dick Miller
Punaotala Opeta
David Profitt
Belinda Rosales-Webb
Robert Schneeveis
Cariel Taylor-Edwards

Phuo Vo

Birgit Walker

Office of Medical Development
 Department of Genetics
 Department of Pathology
 Lane Library
 Department of Pathology (Blood Center)
 Molecular and Cellular Physiology
 Department of Pediatrics (Critical Care)
 Department of Neurobiology
 Department of Medicine (Immunology & Rheumatology)
 Department of Medicine (Gastroenterology & Hepatology)
 Facilities Planning & Management

20 Years of Service

Debra Ambrosini

Nanette Beacham
Bruce Bingham
Cori Bossenberry
Daychin Campbell

Angelina Das
Stephen Dunatov
Heida Earnest
Leah Friedman
Nona Gamel

Humberto Garcia
Ometa Herman
Philip Huie
Pamela Hyde
Shu-Chen Lyu
Peter Malloy
Venancio Mariano
Joachim Matlack
Isabel Parada-Riquelme
Glenn Peacock
Laura Pierce
Lusijah Rott

David Silberman
Margaret Simons
Carlos Sosa
Susan Swope
Kathleen Thompson
Jenny Van-Blaricom

Department of Medicine (Immunology & Rheumatology)
 Department of Microbiology & Immunology
 Office of Medical Development
 Human Resources Group
 Post Graduate Medical Education
 Department of Pathology (Blood Center)
 Department of Pediatrics
 Lane Library
 Department of Psychiatry
 Department of Psychiatry
 (Psychopharmacology)
 Department of Psychiatry (Sleep Center)
 Department of Genetics
 Department of Ophthalmology
 Department of Psychiatry (Sleep Center)
 Department of Pediatrics (Pulmonary Medicine)
 Department of Medicine (Endocrinology)
 Department of Comparative Medicine
 Department of Pathology (Blood Center)
 Department of Neurology
 Information Resources and Technology
 Department of Radiology
 Department of Medicine (Gastroenterology & Hepatology)
 Health & Safety
 Department of Pediatrics (General Pediatrics)
 Department of Comparative Medicine
 Department of Pediatrics (Infectious Diseases)
 Research Management Group
 Department of Anesthesia

Ben Varasteh
Sylvia Villareal
Nancy Winningham
Vincent Yalon
Ruth Yamawaki

General Clinical Rsch Cntr
Department of Neurosurgery
Office of Finance & Administration
Department of Pathology (Blood Center)
Department of Comparative Medicine

Again, thanks to each of these individuals, for those who have achieved the 5, 10 and 15-year marks and for those who are still in the early phase of their Stanford journey.

Provost's Survey on Faculty Quality of Life Survey

On Friday, November 7, you should have received an email message from Provost John Etchemendy requesting your participation in the second university-wide Stanford Faculty Quality of Life Survey. This follows the first Stanford Faculty Quality of Life Survey, which was conducted in 2003 by the Provost's Advisory Committee on the Status of Women Faculty and which provided important observations (see: <http://facultydevelopment.stanford.edu/reports>).

If you have already completed the November 7th survey, thank you very much. If you haven't done so as yet, I strongly encourage you to do so. Hopefully, the results will help us to both understand the experiences and perspectives of our faculty and make Stanford an even better place to pursue their academic careers. If you have problems finding the message from Provost Etchemendy or opening or completing the survey, please contact Jill Crowley at jcrowley@stanford.edu. Again, thank you very much.

Gender and Satisfaction in Academic Medicine

In the January 28, 2008 issue of the Dean's Newsletter (see: http://deansnewsletter.stanford.edu/archive/01_28_08.html#2) I summarized some of the results of a pilot study in which Stanford participated regarding faculty job satisfaction. This project has been sponsored by the Association of American Medical Colleges (AAMC) in partnership with the Collaborative on Academic Careers in Higher Education (COACHE). Ten institutions participated in the survey, which was conducted in the summer of 2007. We have had some discussions about the results of the survey, and we recently revisited the topic at the November 7th Executive Committee in anticipation of a school-wide survey about how our faculty assess their career development at Stanford. These data will serve as a foundation for the 2009 Leadership Retreat, which will focus on this topic and on how we might enhance our efforts in this area.

Because the numbers of Stanford respondents in the 2007 COACHE survey were relatively small (296 of 775) definitive conclusions were not forthcoming. However, we did note a number of areas where Stanford Medical School faculty were more satisfied with their careers than faculty at the two peer institutions to which we were compared. We also noted some gender related trends suggesting that women were, overall, less satisfied than men with the support they felt for both enhancing their career development and maintaining a balance of work and family life.

These observations have been affirmed on a larger scale in data recently presented by the AAMC (*"Differences in US Medical School Faculty Job Satisfaction by Gender"* AAMC Analysis in Brief, Volume 8 (Number 7), November 2008) that assessed responses of 3208 faculty from ten medical schools on questions identical to those posed to Stanford faculty. While 65% of men and women were satisfied with being part of an academic medical faculty, significantly fewer women than men found their workplace to be supportive to their career development. Sadly, these data are also consistent with the discussions that Dr. Hannah Valentine, Senior Associate Dean for Diversity and Leadership, and I have had with junior women faculty during the past months, and they underscore the fact that we need to do even more to make our workplace as supportive as possible. Career development is one of our most important issues, and, as noted above, it will be the focus of our upcoming Leadership Retreat. It remains my hope (and expectation) that we can develop new and better ways of enhancing the career development of all of our faculty – and of women in particular. More on this to follow.

Update from the Department of Radiation Oncology

Dr. Richard Hoppe, the Henry S. Kaplan-Harry Lebeson Professor and Chair of the Department of Radiation Oncology, gave an update about his department to the Executive Committee on Friday November 7th. He prepared the following summary of his remarks for the Newsletter:

"The Department of Radiation Oncology includes three Divisions: Radiation Therapy, Radiation Physics, and Radiation and Cancer Biology. The research and education programs of the three Divisions overlap extensively. In addition, the Radiation Therapy and Radiation Physics Divisions are heavily committed to patient care.

Patient care services are provided at SHC in the Stanford Cancer Center and Blake Wilbur Building. Patients from the Lucille Packard Children's Hospital and Palo Alto Veteran's Administration Hospital are treated at SHC. In addition, clinical services are provided at the Emanuel Hospital, in Turlock, California, as part of a joint venture between SHC and Emanuel, the "Stanford-Emanuel Radiation Oncology Center". An outreach radiation physics service provides those services to several community hospitals in northern California.

The Department provides comprehensive and expert radiation therapy services. The faculty includes national experts in the broad range of cancer diagnoses. The faculty work closely with other specialists in the Departments of Cardiothoracic Surgery, Dermatology, Medicine, Neurology, Neurosurgery, Obstetrics and Gynecology, Ophthalmology, Orthopaedics, Otolaryngology-Head&Neck Surgery, Pathology, Pediatrics, Radiology, Surgery, and Urology to provide the highest level of interdisciplinary care available anywhere in the world. Key items of equipment include six multi-purpose linear accelerators with on-line portal imaging, two Cyberknife linear accelerators, a PET-CT simulator, a CT simulator, two conventional simulators, a high dose afterloading brachytherapy unit, and numerous accessories. High technology services available to patients include 3-D conformal radiation therapy, intensity

modulated radiotherapy (IMRT), 4-D radiation therapy with respiratory gating, image-guided radiotherapy (IGRT), radiosurgery, and both high-dose rate and low-dose rate brachytherapy. The number of patients treated annually has increased at a steady pace, increasing from ~1450 to ~2950 patients between FY 2000 and FY 2008. In 2003, the Radiation Therapy staff was awarded the Malinda S. Mitchell Quality Award from SHC for service excellence.

The Department supports a diverse portfolio of research programs. The major themes in the Radiation and Cancer Biology program include investigation of the role of hypoxia on tumor growth and response to therapy, the development of pharmacologic and biologic agents to combine with chemotherapy and radiation therapy to improve local control and reduce metastatic spread, and the identification of genetic determinants that influence tumor response to irradiation or chemotherapy. Major themes for the Radiation Physics program include the use of molecular imaging to assist in radiation therapy treatment planning and assessment of response to therapy, the development of criteria for defining "biologically conformal" radiation therapy, defining techniques of 4-D intensity modulated radiotherapy, development of small animal conformal radiation therapy, and refinement of techniques for image-guided radiotherapy. Research in the Radiation Therapy program includes clinical trials (both institutional and co-operative group), late effects studies, the development of novel techniques of irradiation, image-guided radiotherapy, stereotactic radiosurgery (both cranial and body), radiation immunosuppression, radioimmunotherapy, and identification of prognostic/predictive factors. The Department has maintained excellent funding for its research program, with total research dollars increasing from ~\$4.7 million in FY 2001 to just over \$9 million in the most recent academic year. More than \$7.5 million of that is federal sponsored research.

The Department has educational programs at all levels. It supports 11 graduate and 29 post-doctoral students. It has one of a very few residency programs nationally in radiation physics, which can lead to certification by the American Board of Radiology. The four-year residency program in radiation oncology is among the most popular in the nation, and was recently awarded a full five years of accreditation by the ACGME. It receives 125-150 applications the three spots available in the program each year. Sixteen of the last 25 graduates of the program have entered into an academic career following their graduation.

Radiation oncology is a high technology field. The new horizon of research and treatment is related to proton therapy. Protons have intrinsic advantages over photons (x-rays) or electrons for cancer therapy, but the expense of proton therapy utilizing existing technology is extraordinary. The Department is exploring a relationship with SLAC to develop new concepts in proton therapy that may help it to maintain its reputation as a world-class department."

Kick-Off Meeting for Green Teams

As announced in the August 25, 2008 Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/08_25_08.html), the School has a new initiative around sustainability, which is guided by our Sustainability Steering Committee. The Committee has planned a kickoff meeting for Green Teams, which will

encourage a grass-roots effort to engage faculty, staff and students at all levels throughout the School to make sustainability a part of their everyday life and decision-making. The meeting is being held in the Clark Auditorium on Wednesday, December 3rd at 2 pm, and will include information, resources, and support for those who want to help the School of Medicine start changing our culture to one in which sustainability is deeply valued and acted upon daily. Every department should send at least one representative, and I encourage anyone interested in sustainability to go and make a commitment to start your own Green Team. Questions can go to Julia Tussing, Chair of the Sustainability Steering Committee, at tussing1@stanford.edu.

Appointments and Promotions

- **Amin M. Al-Ahmad** has been reappointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 11/01/08.
- **Raffi S. Avedian** has been appointed to Assistant Professor of Orthopaedic Surgery at the Stanford University Medical Center, effective 11/01/08.
- **Valerie L. Baker** has been appointed to Assistant Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective 11/01/08.
- **John Barry** has been promoted to Professor of Psychiatry and Behavioral Sciences and, by courtesy, of Neurology and Neurological Sciences at the Stanford University Medical Center, effective 11/01/08.
- **Howard Chang** has been promoted to Associate Professor of Dermatology, effective 11/01/08.
- **Jason L. Dragoo** has been reappointed to Assistant Professor of Orthopaedic Surgery at the Stanford University Medical Center, effective 11/01/08.
- **Michael Federle** has been appointed to Professor of Radiology at the Stanford University Medical Center, effective 11/01/08.
- **David F. Fiorentino** has been reappointed to Assistant Professor of Dermatology and, by courtesy, of Medicine, at the Stanford University Medical Center, effective 11/01/08.
- **Tracy George** has been reappointed to Assistant Professor of Pathology at the Stanford University Medical Center, effective 11/01/08.
- **Sabine Girod** has been promoted to Associate Professor of Surgery and, by courtesy, of Otolaryngology – Head and Neck Surgery, at the Stanford University Medical Center, effective 11/01/08.
- **Alice E. Guardino** has been reappointed to Assistant Professor of Medicine (Oncology) at the Stanford University Medical Center, effective 11/01/08.
- **Norman Lacayo** has been reappointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 11/01/08.
- **Ginna LaPort** has been promoted to Associate Professor of Medicine (Blood and Marrow Transplantation) at the Stanford University Medical Center, effective 11/01/08.
- **John P.W.M. Lavelle** has been appointed to Associate Professor of Urology at the Veterans Affairs Palo Alto Health Care System, effective 11/01/08.

- **John T. Leppert** has been appointed to Assistant Professor of Urology at the Veterans Affairs Palo Alto Health Care System, effective 11/01/08.
- **Teri Longacre** has been promoted to Professor of Pathology at the Stanford University Medical Center, effective 11/01/08.
- **Tracey L. McLaughlin** has been reappointed to Associate Professor of Medicine at the Stanford University Medical Center, effective 11/01/08.
- **Claudia M. Mueller**, has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 11/01/08.
- **Manu Prakash** has been appointed to Assistant Professor of Bioengineering, effective 11/01/08.
- **Pilar Ruiz-Lozano** has been appointed to Associate Professor (Research) of Pediatrics, effective 11/01/08.
- **Marc R. Safran** has been appointed to Professor of Orthopaedic Surgery at the Stanford University Medical Center, effective 11/01/08.
- **Iris Schrijver** has been promoted to Associate Professor of Pathology and, by courtesy, of Pediatrics, at the Stanford University Medical Center, effective 11/01/08.
- **Joseph B. Shrager** has been appointed to Professor of Cardiothoracic Surgery at the Stanford University Medical Center, effective 11/01/08.
- **Eric R. Sokol** has been reappointed to Assistant Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective 11/01/08.
- **Robert West**, has been reappointed to Assistant Professor of Pathology at the Veterans Affairs Palo Alto Health Care System and at the Stanford University Medical Center, effective 11/01/08.
- **Jeffrey Yao** has been reappointed to Assistant Professor of Orthopaedic Surgery at the Stanford University Medical Center, effective 11/01/08.

Dean's Newsletter

December 1, 2008

On Professionalism and Patient-Centricity

We are all too aware of the multiplicity of factors and forces that have eroded the public trust in medicine as a profession: the fact that many patients lack a personal connection with their primary healthcare provider; the lack of time that most physicians have to spend with their patients; the imbalance between primary care physicians and specialists; the mismatch between the location of physicians and many who need their care; the highly technological environment that, while it defines modern healthcare, is not often accompanied by the personal touch and connection of doctors and their patients; the market forces that have both driven medicine to become more of a business than a profession and contributed to the rising costs of healthcare; and the huge, and growing, number of citizens who lack insurance as well as the fact that the USA is not seen as a world leader in health outcomes – at least on a population basis. These and other changes are not new, but they have converged in a fashion, and at a time, that lead many to the

conclusion that medicine has lost its anchor of professionalism. And, sadly, there is truth to this assertion.

While it is true that many individuals profess confidence in their own doctor, most are dissatisfied with the healthcare system as we know it today in the USA. And surveys continue to demonstrate that most physicians who practice medicine are increasingly dissatisfied with their own careers in medicine. A problem, however, is that while the vast majority of Americans believe that significant change in healthcare is needed, there is no unifying consensus about what those changes should be. And while a focus on healthcare reform was a clarion call during the past two years of the presidential primaries, it has given way to the dramatically deteriorating global economic meltdown that has so dominated our lives during the past months. While some say that the financial crisis will make healthcare reform a lesser immediate priority, there are others who believe that the importance of healthcare reform is critical to our ultimate economic recovery and thus should be a priority. I hope the latter is true.

Regardless of the pace of healthcare reform, we can exercise leadership in regaining the public trust in our daily work at Stanford. For our clinical care systems this means establishing a much more focused patient-centric environment. We do not really have that now. Many patients enter our hospitals not really knowing who is providing or coordinating their care. Our highly specialized services do not communicate as proactively as they should in the coordination of a patient's evaluation and treatment. And patient-friendly services, at nearly every level, could benefit from attention and improvement. It is all too easy to assume that these challenges are someone else's responsibility. The reality is that they are the responsibility of each of us – and it is only when we each own our own responsibility that we can make progress.

Put simply, a major goal for our clinical programs and leaders is to make Stanford Medicine as excellent as possible in the delivery of patient-centric care. This does not mean abandoning our great strengths in innovation and discovery – but it does mean implementing them, along with excellent clinical care, in a setting that focuses much more on the experience of patients as individuals – and of their families. To use a cliché, it means delivering care in the manner in which we would like a member of our own family to receive it. Accomplishing this will require some fundamental restructuring in the way we carry out our daily activities. But I would argue that this is not an option if Stanford Medicine is to remain successful.

The rapid consolidation of health care systems currently underway in the Bay Area prompts us to think critically about what differentiates Stanford Medicine and makes it a value-added health care provider in our community. There is no question that our contributions to creating knowledge and our ability to translate discoveries into new diagnostic or treatment regimens are key components of what defines Stanford Medicine. But these cannot be our only defining features. When patients (as consumers) or potential referring physicians have a choice, they will consider not only whether the care we offer is unique but also whether it is delivered with compassion, sensitivity and professionalism.

With that in mind, I was gratified that the leaders of the Stanford Medical Student Association (SMSA) made a presentation to the November 19th Medical School Faculty Senate on “Professionalism in the MD Curriculum: The Student Perspective.” Of particular importance was the willingness of SMSA to take ownership and responsibility for fostering professionalism among their fellow students and to seek guidance and support about how professionalism can be fostered at all levels of training and in all interactions. SMSA, led by its President, Tiffany Castillo (SMSIII), had a range of recommendations from issues like attire, timeliness and communications to fostering mechanisms by which feedback about student professionalism would be made available in real time discussions with faculty and supervisors. The SMSA volunteered to take responsibility for overseeing student violations of professionalism, but they also proposed an open dialogue about how we can strengthen a culture of “professionalism” at Stanford. This student-led initiative is enormously welcome, albeit a bit ironic. Indeed, while we should have as a primary focus teaching our students about professionalism, it is also clear that we have much to learn from them as well.

I would add that promoting a culture that fosters professionalism and a patient-centric focus requires the active participation of all of us – faculty, residents, fellows, students, nurses, administrators and all health providers and professionals. This is not an option. I do want to acknowledge the students who have joined with Tiffany Castillo in this effort – including: Sarah Pickard, SMSII, Jon Kleinman, SMSII, James Torchia, SMSIII, Aabed Meer, SMSIII, Mariko Howe, SMSIII, Christine Chang, SMSII, and Malavika Prahbu, SMSII.

I end by noting that the School of Medicine has a Statement on Professionalism in its MD Handbook that is adapted from similar statements promulgated by the American Boards of Internal Medicine and of Pediatrics. Students are expected to meet the standards set forth in this Statement in order to qualify for the conferral of the MD degree from the Stanford University School of Medicine. In reviewing the Statement (which I copy below) it would seem that meeting these standards should be an expectation for all of us at Stanford.

School of Medicine Statement on Professionalism

Professionalism comprises those attributes and behaviors that serve to maintain patient interests above physician self-interest. Professionalism extends beyond interactions with patients and their families, however. Professionalism also involves relationships and interactions between all those involved in medical education and the delivery of patient care including physicians, students, administrators, and allied health professionals. It has implications for research activities and interactions with for-profit companies, governmental agencies, and other outside entities. Professionalism should pervade all of our activities in medicine and should include:

- ***A commitment to the highest standards of excellence in the practice of medicine and in the generation and dissemination of knowledge.***
- ***A commitment to sustain the interests and welfare of patients.***

- *A commitment to be responsive to the health needs of society.*

The elements of professionalism include altruism, accountability, responsibility, excellence, duty, honesty, integrity, and respect for others. Physicians, students of medicine, and all staff participating in medical student education and patient care at Stanford University School of Medicine are expected to aspire to these ideals, further defined as:

- ***Altruism** is the unselfish regard for and devotion to the welfare of others and is a key element of professionalism. Self-interest or the interests of other parties should not interfere with the care of one's patients and their families.*
- ***Accountability and responsibility** are required at many levels – individual patients, society and the profession. First, there must be accountability to one's patients and to their families. There must also be accountability to society for addressing the health needs of the public and to ensure that the public's needs are addressed. One must also be accountable to the profession to ensure that the ethical precepts of practice are upheld. Inherent in responsibility is reliability in completing assigned duties or fulfilling commitments. There must also be a willingness to accept responsibility for errors.*
- ***Excellence** entails a conscientious effort to exceed ordinary expectations and to make a commitment to life-long learning. Commitment to excellence is an acknowledged goal for all physicians and students of medicine. A key to excellence is the pursuit of and commitment to providing the highest quality of health care through lifelong learning, education, and reflection. One must seek to learn from errors and aspire to excellence through self-evaluation and acceptance of the critiques of others.*
- ***Duty** is the free acceptance of a commitment to service. This commitment entails being available and responsive when "on call," accepting inconvenience to meet the needs of one's patients, enduring unavoidable risks to oneself when a patient's welfare is at stake, advocating the best possible care regardless of ability to pay, seeking active roles in professional organizations, and volunteering one's skills and expertise for the welfare of the community.*
- ***Honesty and integrity** are the consistent regard for the highest standards of behavior and the refusal to violate one's personal and professional codes. Honesty and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being forthright in interactions with patients, peers, and in all professional work, whether through documentation, personal communication, presentations, research, or other aspects of interaction. They require awareness of situations that may result in conflict of interest or that result in personal gain at the expense of the best interest of the patient.*
- ***Respect for others** is the essence of humanism, and humanism is central to professionalism. This respect extends to all spheres of contact, including but not limited to patients, families, other physicians, and professional colleagues, including nurses, residents, fellows, and medical students. One must treat all persons with respect and regard for their individual worth and dignity. One must listen attentively and respond humanely to the concerns of patients and family*

members. Appropriate empathy for and relief of pain, discomfort, and anxiety should be part of the daily practice of medicine. One must be fair and nondiscriminatory and be aware of emotional, personal, family, and cultural influences on patient well-being and patients' rights and choices of medical care. It is also a professional obligation to respect appropriate patient confidentiality.

Medical Students and Leadership

Over the past several years a number of leadership training programs have developed throughout the School of Medicine and Medical Center. For example, the Office of Leadership and Diversity, led by Dr. Hannah Valantine, has initiated a number of programs for faculty, including the Faculty Fellows Program, the Physician-Faculty Leadership Program (done jointly with LPCH), Skills Building Workshops and the Women's Faculty Network, among others. Both SHC and LPCH have also instituted important leadership development programs; taken together, they offer a number of opportunities for our faculty to acquire new skills and to explore new career pathways.

We also seek to promote leadership development for our students through courses and programs that foster their personal and professional growth and success. Thus, I was particularly pleased to note that two of our students (Tiffany Castillo, SMS III and Matt Goldstein, SMS IV, the current and past presidents of the Stanford Medical Student Association [SMSA]) have collaborated with UCSF Surgery Resident Dr. Bernard Palmer, who is pursuing a Master's in Education at Stanford focused on leadership training, to develop a student-led course on leadership. They and 12 fellow-students participated in weekly presentations and discussions by invited leaders throughout the Medical Center, who shared their personal journeys and lessons learned about leadership. They focused on topics such as defining leadership, how to provide influence, the value of teams, communication and emotional intelligence, diversity, and conflict management, among others. From this they distilled some very different styles of leadership as well as some common themes – including the importance of vision, a passion for change, the ability to learn from mistakes and the value of approaching one's career with integrity and honesty – as guideposts for leadership.

There is often a debate as to whether leaders are born or whether they can be educated for the roles they assume. Like most issues, it seems evident that certain personality characteristics and experiences are more successful than others for the rigors of leadership. But it is also clear that effective leaders do learn – from their experiences, from others, and from mentorship – about the best approaches to leadership. It is likely that effective leaders are suited for some roles but not others. For example, the measures of success in medicine or academic life are likely different from those in business or government. But there are no absolutes, and one domain and discipline can inform others.

What is also clear is that our students are eager to become leaders and that they are finding ways of acquiring the skills to become more successful and effective. This is quite exciting and gratifying, and it gives us all hope for the future.

Transitions in Graduate Medical Education

A critically important bridge between undergraduate medical education and the assumption of a career as a junior faculty member or practicing physician or scientist is the interlude known as graduate medical education, postdoctoral and/or fellowship training. If the time to attain an MD or PhD degree approximates 4-5 years, the time in post-degree training can range from 3 to more than 10 additional years. For MD graduates, this is the period of differentiation and the time when the course of a career as a physician or physician-scientists/scholar is defined.

The continuity and coordination between undergraduate medical education and graduate/postgraduate training is often limited – which is one of the reasons I created the Office of Graduate Medical Education and Continuing Medical Education, which has been led by Dr. Myriam Curet, Professor of Surgery. Dr. Curet developed a number of integrating programs during the past three years, and I am grateful to her for those achievements. However, she has recently informed me that she has decided to take an administrative leave to pursue special interests in surgical education and training. Please join me in thanking Dr. Curet for her wonderful contributions to education – in surgery, for medical students and residents, and nationally in a number of professional organizations. She is a highly respected medical educator, and I appreciate all that she has done for Stanford and beyond – we look forward to welcoming her back in the not too distant future.

Given these changes, I have decided to reorganize the functions of Dr. Curet's office to provide even greater continuity between undergraduate and graduate medical education. Accordingly, Dr. Charles Prober, current Senior Associate Dean for Medical Student Education, will assume oversight over graduate medical education programs. In doing so he will work closely with Dr. Larry Shuer, Professor of Neurosurgery and Associate Dean for Graduate Medical Education. He will also be working with clinical department chairs, program directors and others to foster opportunities for career development of Residents and Clinical Fellows. These will be modeled on the themes of our Scholarly Concentrations and will take the form of networking programs for residents interested in a wide range of career options. These new opportunities will also bring together residents and clinical fellows from various medical, pediatric, diagnostic and surgical specialties who share common interests in medicine, science, health policy, etc.

As you also know, we are undergoing a number of changes in Continuing Medical Education (CME), which is now being led by Dr. Rob Jackler, Edward C. and Amy H. Sewall Professor and Chair of Otolaryngology/Head & Neck Surgery and Associate Dean for CME. During these transitions, Dr. Jackler's team will report to me and will work closely with Dr. Harry Greenberg, Senior Associate Dean for Research, and Dr. Kathy Gillam, Senior Advisor to the Dean.

Environmental Venture Project Funding Opportunity

The Wood Institute for the Environment invites all Stanford faculty to submit letters of intent for the 2009 Woods Environmental Venture Projects (EVP) grant program. EVP grants provide seed funding for interdisciplinary research projects that lead to practical solutions promoting an environmentally sustainable world. The EVP research committee will consider projects with budgets up to \$100,000 per year for up to two years. Proposals from all disciplines are encouraged, and the Lead PI must be a member of the Academic Council. Letters can be submitted online by January 9, 2009, at <http://woods.stanford.edu/research/evp.html>. Please contact Paula Wetzel at pwetzel@stanford.edu with any questions.

Awards and Honors

- **Dr. Irv Weissman**, Virginia & D.K. Ludwig Professor in Pathology and in Developmental Biology and Director of the Stanford Center for Stem Cell Biology and Regenerative Medicine, has been named the 2008 recipient of the Robert Koch Award. The Koch Foundation awards an annual prize for leadership in the biomedical sciences, especially in microbiology and immunology. This year the Foundation's Scientific Advisory Board recommended that the awards be focused on stem cell research – noting that they were doing so in a political climate that had taken stands on this research. In doing so the committee noted, “Research must remain free and therefore has to be protected from non-scientific influences such as ‘Creationism,’ ‘Fundamentalism,’ ‘Intelligent Design,’ or other non-scientific ideas or religious convictions.” The Foundation's specific comments about Dr. Weissman not only praised his fundamental scientific discoveries but also highlighted “his very substantial personal commitment to improving the political environment with regard to stem cell research.” Please join me in congratulating Dr. Weissman for another prestigious award for his scientific prowess and his role as an ambassador for the integrity of science and discovery.
- **Dr. Michael McConnell**, Associate Professor in the department of Medicine (Cardiovascular Medicine) received a Fulbright Scholar Award to study “Real-time Magnetic Resonance Imaging- Guided High Intensity Focused Ultrasound of the Heart”. Congratulations to Mike McConnell.
- The Stanford University Postdoctoral Association (SUPA) has announced the two winners of the inaugural ***Stanford Postdoctoral Mentoring Award***. The two winners are:
 - *Professor Andrea Goldsmith* (Electrical Engineering)
 - *Professor James Gross* (Psychology)In addition to congratulating the two winners I also want to thank the SUPA for creating this important award, which underscores and honors faculty who have contributed to the successful mentoring of postdoctoral fellows.

Appointments and Promotions

- **Jayanta Bhattacharya** has been promoted to Associate Professor of Medicine (Primary Care and Outcomes Research), effective 11/01/08.
- **Rebecca Fahrig** has been promoted to Associate Professor (Research) of Radiology, effective 11/01/08.
- **Jeremy Goldhaber-Fiebert** has been appointed to Assistant Professor of Medicine (Primary Care and Outcomes Research), effective 11/01/08.
- **Grant N. Miller** has been reappointed to Assistant Professor of Medicine (Primary Care and Outcomes Research), effective 12/01/08.
- **Nihar R. Nayak** has been reappointed to Assistant Professor of Obstetrics and Gynecology, effective 10/01/08.
- **Gary M. Shaw** has been appointed to Professor (Research) of Pediatrics , effective 11/01/08.
- **Alejandro Sweet-Cordero** has been reappointed to Assistant Professor of Pediatrics, effective 12/01/08.
- **Lu Tian** has been appointed to Assistant Professor of Health Research and Policy, effective 11/01/08.
- **David C. Yeomans** has been promoted to Associate Professor of Anesthesia, effective 11/01/08.

Dean's Newsletter December 15, 2008

Taking Stock: The Traditional Ending and New Beginning

This is often the time of the year when we take stock of where we are as individuals, as organizations, as nations and as a global community. It is most often a time for holiday festivities, celebrating traditions (whether secular or religious), gathering with family and friends, and taking some time for reflection and anticipation about the year ahead. And while all of these activities will surely occur, the uncertainty and anxiety that have characterized the 90 days since September 15th will surely cast a shadow over them. While we are now told that the recession currently swirling around us officially began at the end of 2007, the cyclone that has virtually blown away the global finance system as we had previously understood it has left us all stunned – and seeking safety or at least solace. The pace of both the seemingly endless bad news and the worsening economic conditions has correspondingly increased the pace of change at universities, medical schools, as well as large and small businesses – most often with job freezes, layoffs, programmatic reductions and dramatically altered expectations. We are certainly not immune to these changes and, as you well know, we have also implemented hiring freezes and numerous other policies in the past months – and there will be more to come as we seek to close the unexpected gap in this year's budget and begin budget planning for FY10. We also recognize that those plans will be significantly affected (in terms of the degrees of needed program change) by whether the continuing economic slide continues, stabilizes or improves.

While most of us look at the stock market as an indicator of the state of our economy, it is actually the credit crisis that is more important – especially since it has been worse than at virtually any time in USA history and, at least so far, has proven unresponsive to the various rescue and relief measures underway at national and global levels. Most experts view the current credit conditions as rivaling those of 1931 and 1826. And while some prominent economists believe that a rebound is imminent (or at least foreseeable) – once the credits freeze thaws – it is hard to espouse optimism until there is evidence that such a rebound is actually occurring. I am sure that you are also trying to understand the current conditions, including how we got here and, more importantly, how we will move from crisis to stability. I found the article by George Soros entitled “*The Crisis and What to Do About It*” in the December 4th issue of the New York Review of Books (see: <http://www.nybooks.com/articles/22113>) to be informative. And more recently, Paul Krugman, New York Times correspondent and 2008 Nobel Prize winner in Economics, wrote an interesting article in the December 18th issue of the New York Review of Books called “*What to Do*” (see <http://www.nybooks.com/articles/22151>).

As we look forward to the first hundred days following the January 20th Inauguration of Barak Obama, it seems increasingly likely to most experts that his impressive and far-ranging panel of advisors and leaders will, among other things, initiate a significant two year stimulus package – which seems likely to include science, technology and medicine. In addition, it appears increasingly likely that his team will also put healthcare reform high on the agenda, which makes sense given the magnitude of the healthcare sector, the impact that rising health care costs have on the general economy and the unsustainability of the current “system” in the USA.

This leads me to offer some optimism at year’s end – and as we stand at the beginning of the new era that lies ahead. First, regardless of the economic conditions, as a medical center and university we are carrying out valuable and socially redeeming work. Creating new knowledge, seeking to translate discoveries to improve human health and well being, and being willing to serve as advocates for science, technology and medicine – and the ways in which they can improve the human condition – afford us an opportunity to be part of the solution to our current global woes rather than part of the problem. Even so, we recognize that the ultimate solutions will require significant personal change, compromise, coordination and a re-calibration of expectations. Nonetheless there is reason to be hopeful.

We have the ability to make new and major fundamental discoveries. In addition, we recognize that a shift of focus away from disease *per se* and toward one that promotes personal wellness – a value already promoted at Stanford – is likely to be an important area of interest of the new Administration. I am hopeful as well that part of the stimulus package will restore funding to research in the biosciences – and, at a minimum, make that support more sustainable. There is also clear evidence that science will be valued in the new Administration, as evidenced by the appointment of Dr. Steve Chu as the Secretary of Energy and by the record and commitment of former Senator Tom Daschle, who is being proposed for Secretary of Health & Human Services. These appointments, along with the many others we have learned about in the past weeks, provide hope for

significant change that can redirect our national and global endeavors to more meaningful and valued goals.

On a more local level, our faculty continue to compete well for the decreased pool of grants, and they continue to receive awards and honors that reflect their distinction and value. Our students are terrific and our staff excellent and highly committed. We have much to be thankful for – and I am deeply grateful for your efforts and contributions.

Around us, we also see many changes pointing to opportunities that will transcend the current economic downturn. The Li Ka Shing Center for Learning and Knowledge is now being cloaked in the characteristic Stanford sandstone, and the Lorry Lokey Stem Cell Research Building is rising from the ground – its steel structure will be completed by February or March 2009. Over the past couple of days, I visited the Stanford Medicine Outpatient Center in Redwood City, which Stanford Hospital & Clinics will open on February 17th. It will house Orthopaedics & Sports Medicine, a Hand Therapy Center, a Pain Center, a Surgery Center, an Imaging Center and the Sleep Center. The facilities are outstanding and will provide comfort, care and dignity to the patients who receive care there – and the faculty and staff who will provide that care. And plans continue to develop for future research facilities, the New Stanford Hospital and the expansion of the Lucile Packard Children's Hospital. While these facilities, like our programs, will need to accommodate to the changing economic conditions, they are both individually and collectively important. They symbolize our future and our commitment to transforming the future and improving the lives and health of our communities.

So, even with the many challenges we all recognize and about which we feel anxiety and even fear, it is also important to look forward with optimism and with a spirit that allows us to stay focused and do good things, so that the years ahead will be bright – and so that we will help to make them so. In that spirit I wish each of your families a very happy holiday – and of course, hope for the year(s) ahead.

Generating Ideas About How to Fund Future Research During a Time of Constraints

One of the action items of our Strategic Planning Leadership Retreat in January 2008 grew out of the recognition that we needed to focus on new ways of generating support for our research missions given the continued declines in federal support for research. These concerns have been rising for years and significantly antedate the current financial crisis. But they are certainly amplified and made even timelier by world economic events. With that in mind, at the December 5th Executive Committee meeting, Marcia Cohen, Senior Associate Dean for Finance and Administration, along with Dr. Harry Greenberg, Senior Associate Dean for Research, discussed the results of a one-day retreat on research funding that was held on October 25th and that sought ideas about how to diversify our research funding portfolio and make it more sustainable. Over 20 faculty, representing the basic and clinical science disciplines across the School, participated. They reviewed past trends and began to think broadly about how we might change our practices and approaches to enhance our success.

The group brainstormed ideas in five categories and then voted on the top ideas in each category. Over 100 ideas were generated. To give you the flavor of the discussion, here are the categories and top three ideas in each (The full list may be obtained from Kathy Gillam at k.gillam@stanford.edu):

- ***Increasing diversification of funding sources***
 - Improve department-based faculty access to philanthropy
 - Team-up with School of Engineering programs: better coordination with all Stanford schools
 - Better response to RFAs
- ***Sustaining existing programs***
 - Create collaboration incentives
 - Improve clinical trials approval process and infrastructure
 - More investments to promote clinical and populations-based research
- ***Enhancing faculty and institutional competitiveness***
 - Enhance competitiveness of MCL for research (recruitment, time, resources)
 - Loosen restrictions on PI status
 - Pre-submission peer review of proposals
- ***Creating incentives for collaborative or interdisciplinary research***
 - Incentives for brainstorming at early stages
 - Improve access to consultation resources (biostatistics, etc.)
 - Improve focus of institutes
- ***Using research funding and space more efficiently and cost effectively***
 - Identify options to outsource core services
 - Rethink hotel space
 - Off-site storage space (freezers, biospecimens, etc.)

These are, of course, preliminary ideas, and each, along with the many others that were generated, will require much more vetting and development before being implemented. Nevertheless, they represent an important start, and I look forward to seeing their further development in the months ahead. I welcome your thoughts as well, both about these ideas and about others you might have, and hope you will communicate any ideas or suggestions to me (ppizzo@stanford.edu), Marcia Cohen (marcia.cohen@stanford.edu), Dr. Harry Greenberg (harry.greenberg@stanford.edu) or Dr. Daria Mochly-Rosen (mochly@stanford.edu).

Important New Rules on Privacy and Data Security: Be Aware

It is extremely important that you are aware that two new patient privacy laws taking effect in California on January 1, 2009 can impact you personally and professionally.

Indeed these new laws increase patient privacy protections but also add new requirements, fines and penalties – which can affect you directly and individually. I have been asked by our Compliance Officers to make you aware of these two new laws:

1. ***Senate Bill 541*** authorizes the California Department of Public Health (CDPH) to investigate unlawful or unauthorized access to, or viewing, use or disclosure of, patient information. This bill requires the hospital to report any such unauthorized access, viewing, use or disclosure of patient information within five days of its detection to CDPH and to the patient. Hospital fines for failing to prevent unauthorized access are up to \$25,000 per patient whose medical information was breached, maximum \$250,000 per reported breach.
2. ***Assembly Bill 211*** authorizes a new California state office, the Office of Health Information Integrity (OHII), to investigate and enforce existing medical privacy laws and to investigate individuals and assess penalties against individuals for unauthorized access to or viewing, use or disclosure of patient information. The fines to individuals range from \$2,500 to \$250,000 for violations. No defense or indemnity coverage is provided by the hospital's insurance policies for fines that are incurred by individuals due to violations. The fines are the personal responsibility of the individual. SB 541 requires the hospital to report individuals who violate patient privacy laws. Additionally, this new law authorizes OHII to report such violations to an individual's licensing board for disciplinary action through the licensing board, and the licensing board is required to investigate such referrals.

Please note that AB 211 places the financial burden directly on the individual (doctor, nurse, trainee, etc) and that it becomes the responsibility of the individual to pay the fines – which can be quite significant. SB541 mandates that hospitals monitor and report any unauthorized activity. Accordingly, beginning January 1, 2009, the SHC/LPCH Compliance and Privacy Department will be conducting increased monitoring activities of our electronic patient systems to determine compliance with these two new laws and will be submitting mandatory reports to state enforcement agencies regarding individuals who made inappropriate and unauthorized access to patient information systems.

It is important that you remember to only access patient information that you need to perform your job functions for the hospital and that you do not access patient information for any other reason. I have referred to this in prior communications and want to underscore that this means that you cannot and should not access information on anyone other than patients for whom you have a direct care responsibility. Moreover, if you suspect inappropriate or unauthorized access by any individual to SHC/LPCH patient systems, you must report such to the Compliance and Privacy Department by emailing to PrivacyOfficer@stanfordmed.org, calling the department at 724-2572, or you may make an anonymous call to the compliance and privacy hotline at 1-800-216-1784. SHC/LPCH will not retaliate against any individual who reports in good faith potential violations of laws or hospital policy.

A joint LPCH/SHC/University/School of Medicine steering committee is currently working on implementation of the new requirements under these two new laws and will provide additional information in the near future.

For additional information, please contact the SHC/LPCH Chief Compliance and Privacy Officer, Diane Meyer, at 724-2572 or PrivacyOfficer@stanfordmed.org.

Updating Policies on Stanford Industry Relations

The revelations regarding conflicts of interest and related infractions rival economic disclosures and politics as front-page items in prominent newspapers. On December 12th, the New York Times ran a story about how major pharmaceutical companies have hired “ghost writers” to prepare manuscripts for academic physicians (see: <http://www.nytimes.com/2008/12/12/business/13wyeth.html?scp=1&sq=ghost%20writing&st=cse>). Such a practice is clearly at odds with academic scholarship and has no place in academic medicine. And yet industry and medical school faculty have clearly engaged in it. I hope this activity has not occurred at Stanford, since it would seem to violate a fundamental standard of scholarship and academic integrity. Moreover, we banned ghost writing in our Stanford Industry Interactions Policy (SIIP) in October 2006 (see: <http://med.stanford.edu/coi/siip/>). Thankfully, Stanford School of Medicine, in conjunction with Stanford Hospital & Clinics (SHC) and Lucile Packard Children’s Hospital (LPCH), was among the first institutions in the nation to embrace such policies. It is now clear that the actions we took are rapidly becoming the standard of practice across the nation.

To remind you, among the provisions of the 2006 SIIP are:

- Highly restricted access by sales and marketing representatives to the Medical Center campus
- A ban on the acceptance of personal gifts from industry representatives anywhere at the Medical Center
- The separation of industry support from educational decisions (for example, the choice of recipients of industry-funded fellowships; the choice of topic, speaker or content in industry-supported lectures, etc.)
- A prohibition against ghost-written articles (i.e., articles written by company employees but with a Stanford faculty member as author)

After two years’ experience with the policy, we realized that it needed to be updated. For instance, the original SIIP policy relied on the national CME accreditation organization’s Standards for Commercial Support to govern industry interactions in this area. We now know these standards are inadequate, and in August 2008 we implemented a new CME commercial support policy (http://cme.stanford.edu/commercial_support.html), which needed to be incorporated into the parent policy. In addition, greater clarity was needed concerning participation in meetings or conferences supported by industry to make explicit, among other things, that participation in so-called speakers bureaus is contrary to the policy. Finally, changes in the Stanford Hospital and Clinics governance structure,

particularly as it relates to the medical staff, resulted in the need to clarify to whom various provisions of the policy apply. Other minor updates were also in order.

A small working group in the Dean's Office consisting of Dr. Kathy Gillam, Senior Advisor to the Dean; Dr. Harry Greenberg, Senior Associate Dean for Research; and Barbara Flynn, Manager of the Conflict of Interest Review Program, has been reviewing and updating the policy. They have been coordinating their efforts with Dr. Kevin Tabb, Vice President for Medical Affairs at SHC, and Dr. Christy Sandborg, Chief of Staff at LPCH. Once the revised policy is approved (hopefully early in 2009), it, along with updated FAQs, will be posted on the SIIP web site.

SIIP continues to be the defining document for our interactions with industry in the clinical care and educational areas. Given the prominence of these issues in the public domain and the changing landscape of conflict of interest, it is important that we maintain the currency of the policy and that all of us assure that our own interactions with industry comply with the provisions of SIIP.

Pediatric Mentoring and Faculty Development

On December 1st, I was pleased to attend a meeting of the Pediatric Mentoring Program. This program was launched in October 2007, thanks to the leadership of Dr. Christy Sandborg, Professor of Pediatrics and Chief-of-Staff at LPCH. It is designed to promote the career development of junior investigators in pediatrics and recognizes the value and importance of mentoring. The Program, which currently includes 8 mentors and 30 mentees, is one of several programs in the Medical Center that focus on mentoring and leadership training. Collectively they offer a truly important resource for junior faculty, for whom career development is such a critical issue. Thanks to Dr. Sandborg and the team of pediatric mentors for their efforts and commitment to foster the careers of their junior colleagues.

Developmental Biology – Then, Now and in the Future

At the December 5th Executive Committee, Dr. Roel Nusse, Professor and Chair of the Department of Developmental Biology (DB) gave an update on the department. A brief summary of his comments follows:

Founded in 1989, the Dept. of Developmental Biology has steadily grown to a present size of 11 primary UTL faculty members, out of a total of 19 when secondary and other appointments are included. Of the UTL faculty, 8 are at the full professor level, reflecting the current maturity of the department. The faculty distinguishes itself in being recognized by memberships of the National Academy of Sciences (5) and support from the Howard Hughes Medical Institute (5). The mission of the department is to promote innovative research in many aspects of developmental biology, including the principals and molecular mechanisms that guide embryonic development, the differentiation of adult cell types, stem cells, regeneration, and aging. This work is related to a number of human diseases, including cancer, diabetes and various degenerative diseases. The department is very active in teaching and has recently initiated courses for graduate and

undergraduate students in stem cell biology, computational biology, and aging. DB is also actively involved in teaching fundamental aspects of cell biology in the Human Biology program on the main campus, covering part of the core curriculum. In the School of Medicine, the department is responsible for the first year course DB201, Development and Disease Mechanism. The department is housed in the Beckman Center (third floor).

Over the past three years, the department has recruited several outstanding scientists. Phil Beachy, a renowned developmental biologist being one of the leaders in the Hedgehog signaling field; and Gill Bejerano, a computational biologist chemist who has developed new methods for analyzing whole genomes and finding conserved regulatory sequences. Dr. Bejerano has a joint appointment in the department of computer science, reflecting the integration of DB in other academic departments, even outside of the School of Medicine. Moreover, DB now includes Joanna Wysocka as a secondary appointee, together with the Dept. of Chemical and Systems Biology. She investigates the epigenetic regulation of gene expression.

These newly and previously appointed faculty are listed on the departmental website (see: <http://devbio.stanford.edu/>).

Graduate student training is funded in part by training grants but our graduate students and postdocs have received numerous prestigious fellowships and awards. While the current funding climate poses difficulties for the continuation of some research efforts, DB faculty have done remarkably well in securing grant support and there is an optimistic outlook for the future.

Awards and Honors

- **Dr. Steven Chang, MD** was named the first incumbent of the Robert C and Jeannette Powell Neurosciences Professorship at a celebration held on December 3rd. Congratulations to Dr. Chang.
- **Dr. David Magnus, PhD**, Associate Professor (Teaching) of Pediatrics (Medical Genetics) and, by courtesy, of Medicine, was recently elected Vice President (and President Elect) of the Association of Bioethics Program Directors. Congratulations to Dr. Magnus.
- **Dr. Emmanuel Mignot, MD, PhD** was officially announced as the first incumbent of the Craig Reynolds Professorship at a wonderful event held on December 1st. Congratulations to Dr. Mignot.
- **Geoffrey D. Rubin, MD**, Professor of Radiology, Associate Dean for Clinical Affairs and Vice Chief of Staff, has been awarded the 2008 "Minnie" as the "Most Effective Radiology Educator" from AuntMinnie.com, the world's largest and most comprehensive online medical imaging community. They recognize two outstanding imaging scientists or physicians annually with individual Minnies. Congratulations to Dr. Rubin.

Appointments and Promotions

- **Niaz Banaei** has been appointed to Assistant Professor of Pathology and of Medicine at the Stanford University Medical Center, effective 12/01/08.
- **Steven Binder** has been promoted to Clinical Assistant Professor of Ophthalmology, effective 10/01/08.
- **Brian Blackburn** has been reappointed as Clinical Assistant Professor of Medicine (Infectious Diseases), effective 9/01/08.
- **Richard Bland** has been reappointed to Professor (Research) of Pediatrics effective 12/01/08.
- **M. Gail Boltz** has been appointed Clinical Professor of Anesthesia, effective 12/01/08.
- **Anna Bruckner** has been reappointed to Assistant Professor of Dermatology at the Stanford University Medical Center and of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 12/01/08.
- **James Byrne** has been reappointed as Clinical Associate Professor (Affiliated) of Obstetrics and Gynecology, effective 9/01/08.
- **Ann M. Chen** has been appointed as Clinical Assistant Professor of Medicine (Gastroenterology and Hepatology), effective 1/01/09.
- **Ivan Cheng** has been reappointed to Assistant Professor of Orthopaedic Surgery at the Stanford University Medical Center, effective 12/01/08.
- **Justin Choi** has been promoted to Clinical Assistant Professor (Affiliated) of Surgery (General Surgery), effective 9/01/08.
- **Jennifer Cochran** has been reappointed to Assistant Professor of Bioengineering, effective 1/01/09.
- **Sallie G. DeGolia** has been promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences (Adult Psychiatry), effective 2/01/09.
- **Karl Deisseroth** has been promoted to Associate Professor of Bioengineering and of Psychiatry and Behavioral Sciences, effective 1/01/08.
- **Amr L. Dessouki** has been appointed as Clinical Assistant Professor (Affiliated) of Ophthalmology, effective 9/01/08.
- **Archana Dubey** has been reappointed as Clinical Assistant Professor of Medicine (Family and Community Medicine), effective 9/01/08.

- ***Ruth M. Fanning*** has been promoted to Clinical Assistant Professor of Anesthesia, effective 12/01/08.
- ***Kim Gray Hazard Florette*** has been appointed to Assistant Professor of Pathology and of Pediatrics at the Stanford University Medical Center, effective 12/01/08.
- ***Sara L. Gandy*** has been appointed as Clinical Associate Professor of Psychiatry and Behavioral Sciences (Adult Psychiatry – Geriatrics), effective 1/05/09.
- ***Gerald Goresky*** has been appointed as Clinical Associate Professor of Anesthesia, effective 1/05/09..
- ***Antonio Y. Hardan*** has been promoted to Associate Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 12/01/08.
- ***Joseph Hopkins*** has been reappointed as Clinical Professor of Medicine (Family and Community Medicine), effective 9/01/08.
- ***Yi-Chao Huang*** has been promoted to Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 12/01/08.
- ***Audrey Kuang*** has been promoted to Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 12/01/08.
- ***Swaminatha V. Mahadevan*** has been promoted to Associate Professor of Surgery at the Stanford University Medical Center, effective 12/01/08.
- ***Artis Montague*** has been reappointed as Clinical Assistant Professor of Ophthalmology, effective 8/01/08..
- ***Faisal Mirza*** has been reappointed as Clinical Assistant Professor of Orthopaedic Surgery, effective 12/01/08.
- ***Lynn K. Ngo*** has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 9/01/08..
- ***Patrick O’Callahan*** has been appointed as Clinical Assistant Professor of Medicine (General Internal Medicine), effective 12/16/08.
- ***William Davidson Ogden*** has been appointed as Clinical Associate Professor of Cardiothoracic Surgery (Adult Cardiac Surgery), effective 12/01/08.

- **Tom Ormiston** has been promoted to Clinical Associate Professor (Affiliated) of Medicine (General Internal Medicine), effective 12/01/08.
- **John B. Pollard** has been reappointed to Associate Professor of Anesthesia at the Veterans Affairs Palo Alto Health Care System, effective 12/01/08.
- **Keith Polsey** has been reappointed as Clinical Assistant Professor of Medicine (General Internal Medicine), effective 9/01/08.
- **Andrew Quon** has been reappointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective 12/01/08.
- **Kim F. Rhoads** has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 12/01/08.
- **Beth E. Robie** has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 1/01/09.
- **Erika Rubesova** has been reappointed as Clinical Assistant Professor of Radiology (Diagnostic Radiology), effective 8/01/08.
- **Andrew A. Shelton** has been appointed as Clinical Associate Professor of Surgery (General Surgery), effective 2/10/09.
- **John M. Stevenson** has been reappointed as Clinical Assistant Professor (Affiliated) of Surgery (General Surgery), effective 9/01/08.
- **Norman H. Silverman** has been appointed Clinical Professor of Pediatrics (Pediatric Cardiology), effective 12/01/08.
- **Matthew W. Smuck** has been appointed to Assistant Professor of Orthopaedic Surgery at the Stanford University Medical Center effective 12/15/08.
- **Brent Tan** has been promoted to Clinical Assistant Professor of Pathology, effective 12/01/08.
- **Jean Y. Tang** has been appointed to Assistant Professor of Dermatology at the Stanford University Medical Center, effective 1/01/09.
- **Pedro P. Tanaka** has been appointed Clinical Associate Professor of Anesthesia, effective 1/01/09.
- **Clare J. Twist** has been promoted to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 11/01/08.

- **Thomas J. Wandless** has been appointed to Associate Professor of Chemical and Systems Biology, effective 12/01/08.
- **Marius Wernig** has been appointed to Assistant Professor of Pathology, effective 12/01/08.
- **Nora Woiwode** has been promoted to Clinical Assistant Professor of Medicine (Primary Care – Adult Urgent Care), effective 10/01/08.

Dean's Newsletter January 19, 2009

Thinking About the Year(s) Ahead

Although the publication date for this first Newsletter of 2009 is January 19th, it is being posted and distributed on January 20th since the 19th was the national holiday in honor of Dr. Martin Luther King, Jr. As you well know, this year there is a historic connection and alignment of the 19th and 20th of January - the inauguration of Barack Obama will have taken place today by the time you receive this, almost 41 years after the assassination of Dr. King. While we have all been reeling in response to the dramatic economic changes that have transfigured our nation and much of the world, today we celebrate not only a realization of the “American dream” but also an extraordinary time of hope and promise with the election of Barack Obama as our 44th President.

It is of course enormously important to be optimistic about our individual and collective futures – as a community and as a nation. But it is equally important to be realistic about the current world order and to anticipate and plan for future challenges that can transform our institution in ways we can control – or not control. Thankfully, we began our institutional planning nearly eight years ago, when we developed our strategic plan, ***Translating Discoveries***. Indeed, during this time, due to the important contributions from many of you, we have been transforming Stanford Medicine across its missions and landscape. Because we are bombarded by so much bad news, it may be helpful to remind you of some of the things we have accomplished together in the past several years:

1. *In Education*

- a. The New Stanford Medical Education Curriculum
- b. Improved support for graduate student tuition and education
- c. The Masters in Medicine Program for PhD students
- d. The Advanced Residency at Stanford Program for clinical fellows

2. *In Research*

- a. Supporting faculty and opportunities for basic science research – including support for recruitment and related resources
- b. Success in achieving an NIH Clinical and Translational Science Award
- c. Success in becoming an NCI-Designated Center

- d. Provision of seed grants through the Institutes and other institutional programs that foster innovative and collaborative research

3. *In Patient Care*

- a. Coordinated strategic and programmatic planning with both Stanford Hospital & Clinics (SHC) and Lucile Packard Children's Hospital (LPCH)
- b. In collaboration with SHC and LPCH, dramatic improvements in the financial performance of both institutions
- c. Improvement in the financial support for clinical faculty through the "Funds Flow" methodology (now in its third year SHC and pending with LPCH)
- d. In collaboration with LPCH and SHC, significant improvements in quality performance
- e. Recruitment of clinical faculty and program leaders (including division directors and chairs)

4. *Interdisciplinary and Programmatic Initiatives*

- a. Formation of the Stanford Institutes of Medicine and Strategic Centers
- b. Founding and development of the Joint School of Medicine- School of Engineering Department of Bioengineering – a first at Stanford.

5. *Academic Development and the Workplace*

- a. Significant improvements in promoting a respectful workplace
- b. Creation of the Office of Diversity and Leadership
 - i. The Faculty Fellows Program
 - ii. Coordination with SHC and LPCH in their Leadership/Mentoring Programs
- c. Development of an electronic system for managing the faculty appointments and promotions processes
- d. Reclassification of academic appointments and tracks and progress in delineating the role and expectations for faculty engaged in our missions of research, education, patient care as well as institutional and community service

6. *Integrated Institutional and Facilities Planning*

- a. Delineation of the School of Medicine Master Facilities Plan – which extends over the next 10-15 years – and which will bring physical harmony and organization to the School and Medical Center
 - i. Phase I for the School of Medicine consists of the construction projects now underway, which represent a \$350 million investment. They include the connectivity projects (loading dock and tunnels that will provide underground infrastructure and delivery to the medical school campus), the Li Ka Shing Learning and Knowledge Center, which will be completed in the Spring of 2010, and the Lorry Lokey Stem Cell Research Building/Stanford Institutes of Medicine I – to be completed in the summer of 2010.
- b. Coordination of programmatic and capital planning throughout the Medical Center
- c. Coordination with SHC on the move to the Stanford Medicine Outpatient Center that opens in Redwood City this February.

- d. Major planning for off-site facilities for administrative staff in Menlo Park (and in the future the North Campus) as well as new leased facilities for research in Palo Alto (California Avenue and an expansion at Arastradero Avenue) – that have become available in 2008 and will continue to open over the next year.
- 7. *Improved Interactions Among Faculty Within the Medical School and With the University – the Basis for Cultural Transformation***
- a. The divide between basic and clinical science leaders that was so dominant when I first arrived has been bridged – although there is always going to be work to do in bringing our diverse community into alignment.
 - b. The negative relations with the greater university that existed during and following the merger and de-merger (and almost certainly prior to that) have been very significantly reversed and improved.
- 8. *Improvements in Communications Within and Outside of Stanford***
- a. A decade ago Stanford Medicine was portrayed quite negatively in the press, which tended to focus on its negative and hostile workplace and only in a limited way on the role that Stanford Medicine played in transforming health and science. That pattern of communication has been reversed – both because of the improvements in our work place and the contributions of our faculty and through the efforts of our Office of Communication and Public Affairs.
- 9. *Leadership in Public Policy and Related Initiatives***
- a. Stanford has played a leadership role in advocacy and support for research – including funding at both the State and National levels – and in efforts to reverse the anti-science views that have been so dominant during the past eight years.
 - b. Stanford has played a leadership role in addressing issues of conflict of interest in education, research and patient care.
- 10. *Success in Fundraising***
- a. During the last several years Stanford Medicine’s success in fundraising has been among the best compared with medical schools in the nation. Even though the years ahead will be challenging, we have made major progress in this area (although, as noted below, we will need to search for a new Director of the Office of Medical Development)

While it is helpful to look backward – at least to reflect briefly on where we have been – it is more important to be looking forward. Needless to say, the current economic landscape makes progress more challenging (as I have outlined in Newsletters during the last months of 2008 – see: http://deansnewsletter.stanford.edu/archive/11_03_08.html, http://deansnewsletter.stanford.edu/archive/11_17_08.html, http://deansnewsletter.stanford.edu/archive/12_15_08.html). Our task now is to re-calibrate our priorities, anchor them against our bigger dreams and aspirations, and continue moving forward.

Interestingly, I spent this past weekend at the annual Retreat for the Board of the Association of Academic Health Centers, where I serve as a Board Member and Chair-

Elect. Not surprisingly, an important focus of discussion was the rapidly changing landscape we have been discussing – but framed at a national level. Each of the eleven board members represent different facets of American academic health centers, which include public and private institutions, those with a single professional school and those with multiple schools, those with large regional systems and those that are more narrowly defined, and those that are more research intensive than others, as well as institutions located in the Northeast, South, Central and South Central as well as the West. The issues and concerns among different institutional leaders varied, but there were a number of common themes.

First, each center has been impacted significantly economically– by loss of state support (or its pending loss), loss of endowment income, concerns about cash flow and the influence of further job loss as well as increases or decreases in state and federal entitlement programs. We shared in common our concerns about support for education and research – although the focus and areas of concentration varied considerably among the institutions and leaders. But all shared the perspective that business as usual was certainly changing and that the solutions of the past years and decades will have less, or even little, relevance going forward. Notable were concerns about growth and especially debt – which was more commonly attributed to the clinical than the basic science arms of the programs. We all expressed concerns about how health care reform will both benefit and potentially challenge academic medical centers. We noted in particular that the health care plans recently outlined by Secretary of HHS Tom Daschle (***Critical: What We Can Do About the Health Care Crisis***) and by Zeke Emmanuel (***Healthcare Guaranteed: A Simple, Secure Solution for America***), recently named as Senior Advisor to the White House Office of Management and Budget for Health Policy, are silent in reference to academic centers, education and research.

We are all anticipating the proposals the Obama Administration and the leaders in the Congress will put forward to address the multifaceted and inter-digitating issues that impact a wide array of domestic and international issues. Some glimpses are becoming available with the release of the “American Recovery and Reinvestment” proposal by the House, which proposes major investments, as follows: 1) Create Jobs with Clean, Efficient, American Energy; 2) Transforming Our Economy with Science and Technology; 3) Modernize Roads, Bridges, Transit and Waterways; 4) Education for the 21st Century; 5) Lower Healthcare Costs; 6) Help Workers Hurt by the Economy; 7) Save Public Sector and Protect Vital Services; 8) Other Important Policy Provision – focusing on Medicare and Medicaid. Each section has considerable detail, and major expenditures are proposed to “stimulate” the economy. There will surely be debate and compromise about these and related proposals, but there seems little doubt that something significant will come forth, likely by mid-February. What is – and is not – included in the stimulus package will certainly affect our academic medical centers as well as science and medicine more broadly.

There are additional details in the American Recovery and Reinvestment proposal that are more closely connected to our specific concerns in science and medicine. I detail a few of them here, while recognizing that they are all subject to debate and change. But

this is the starting point. For instance in the section on Transforming our Economy with Science and Technology, some specific details are given that are of interest:

- National Science Foundation (NSF): \$3 billion, including \$2 billion for expanding employment opportunities in fundamental science and engineering to meet environmental challenges and to improve global economic competitiveness, \$400 million to build major research facilities that perform cutting edge science, \$300 million for major research equipment shared by institutions of higher education and other scientists, \$200 million to repair and modernize science and engineering research facilities at the nation's institutions of higher education and other science labs; \$100 million is also included to improve instruction in science, math and engineering.
- NIH: \$2 billion, including \$1.5 billion for expanding good jobs in biomedical research to study diseases such as Alzheimer's, Parkinson's, cancer and heart disease, and \$500 million to implement the repair and improvement strategic plan developed by the NIH for its campuses.
- University Research Facilities: \$1.5 billion for NIH to renovate university research facilities and help them compete for biomedical research grants.
- Center for Disease Control (CDC): \$462 million to enable CDC to complete its Building and Facilities Master Plan as well as renovations and construction needs of the National Institute for Occupational Safety and Health
- Biomedical Advanced Research and Development, Pandemic Flu and Cyber Security: \$900 million to prepare for a pandemic influenza, support advanced development countermeasures for chemical, biological, radiological and nuclear threats and for cyber security protections at HHS
- In addition, significant support is proposed for the Department of Energy, NASA, National Oceanic and Atmospheric Administration, National Institutes of Standards and Technology, Agricultural Research Service and the US Geological Survey.

The section entitled "Lower Healthcare Costs" contains a number of relevant provisions, including:

- Health Information Technology: \$20 billion to jumpstart efforts to computerize health records to cut costs and reduce medical errors
- Prevention and Wellness Fund: \$3 billion to fight preventable chronic diseases.
- Healthcare Effectiveness Research: \$1.1 billion for Healthcare Research and Quality programs to compare effectiveness of different medical treatments funded by Medicare, Medicaid, and SCHIP.
- Community Health Centers: \$1.5 billion, including \$500 million to increase the number of Americans who receive quality health care and \$1 billion to renovate clinics and make health care technology improvements.
- Training Primary Care Providers: \$600 million to address shortages and prepare for universal healthcare by training primary healthcare providers including doctors, dentists, nurses as well as helping pay medical expenses for students who

agree to practice in underserved communities through the National Health Service Corps.

- Indian Health Service Facilities: \$550 million to modernize aging hospitals and health clinics and make healthcare technology upgrades to improve health care for underserved rural populations.

The specifics of these proposals will surely undergo further debate, but I share them with you to offer some notion of where the Administration and the Congress will be focusing their efforts in the next weeks. Of course, these proposals are only partially related to the larger effort of major healthcare reform, which is still said to be very high on the agenda of the White House and Congress. You might wish to look at two articles in the January 15th issue of the New England Journal of Medicine that offer some additional perspective on this topic: JK Inglehart “*Visions for Change in US Health Care – The Players and the Possibilities*” (see: <http://content.nejm.org/cgi/content/full/360/3/205>) and VR Fuchs “*Health Care Reform – Why So Much Talk and So Little Action*” (see: <http://content.nejm.org/cgi/content/full/360/3/208>).

Within this context – and keeping in mind the path we have been traveling with our Strategic Plan, “*Translating Discoveries*” – we have much to think about and consider for the years ahead. Clearly one important factor is to have a plan and, while ours is hardly perfect in all regards, it has helped us to sustain some focus on our key missions and to benchmark our progress. But we also need to be flexible and prepared for major shifts that will require re-calibration while staying true to our mission and avoiding formulaic or generic change that would result in a loss of our uniqueness and identity. Achieving this balance is predicated on assuring that we have the resources we need to move forward, including financial, capital and, most importantly, the human capital – our faculty, students and staff – that truly differentiates Stanford from other medical schools.

In addition to continuing our focus on the ten mission and support areas noted above, I would like to highlight several related goals and objectives that will require increased attention over this and future years. They include:

- ***Fostering Career Development and Satisfaction.*** As noted above, our most important asset is the quality of each of you - our faculty, students and staff. Far more than our facilities and other resources, it is your intelligence, creativity, vision and hard work that make Stanford the unique institution it is today. That said, we are comprised of groups who have very different roles – in research, patient care and education, including those who are teachers and learners and those who help make our missions successful. Whether one’s primary focus is research or patient care, each member of our community faces significant pressures – many of which have been exacerbated in recent years. I am also well aware of how easy it is for one group within a complex environment to feel more or less valued than others, due to longstanding cultural issues, perceived and real priorities and a series of internal and external forces. With that in mind, one of my major themes this year will be to seek ways of fostering faculty career development and satisfaction across our missions. Indeed, this will be the major

topic of our Strategic Leadership Retreat on February 6-7th, and I anticipate having a number of concrete recommendations to share with you in the months ahead.

- ***Stewarding Our Resources and Investing in the Future.*** I won't review all of these issues again, having covered many in recent Newsletters. But clearly, given the dramatic economic changes that have occurred – and continue to occur, we must be realistic about what we can afford to do and what needs to be deferred. Here our Strategic Plan helps provide a compass, but we must also be mindful of new opportunities based on what unfolds from the federal stimulus package, the negative impact of the State economy or the forces that may guide healthcare reform. Of particular note is that we want to continue to invest in outstanding people who propose exciting programs. And we want to do all we can to provide bridge support for faculty who may experience transient downturns in funding.

Of course this means that we need to be sure that we have secure reserves and that we do not become over leveraged on debt or expectations. Thankfully, the debt burden for the School of Medicine is relatively low, and it is important that we keep it low given the uncertainties of cash sources and flows in the immediate future. Also, while we have had to put a hold on basic science recruitments this year, we surely want to find ways to selectively invest in key recruitments in the not too distant future, since that is the best way of assuring our future success in research excellence. In addition, we also need to recruit outstanding clinicians-educators and clinician-scholars to key areas of need and opportunity. This includes primary care as well as our cancer programs along with other important clinical programs.

- ***Making Our Systems Work Better.*** We are all aware that the increased emphasis on compliance and regulatory issues has stifled some of our efforts – or at least it is being felt that way. It is important that we continuously examine our systems and do all we can to reduce unnecessary or unneeded bureaucracy – and do all we can to make things work better and more effectively. This is a very high priority for our Finance and Administration leaders.
- ***Make Our Healthcare Programs at SHC and LPCH More Patient Centric and Better Address the Sustainability and Enhancement of Excellence of Stanford Medicine.*** In recent years we have focused considerable effort on improving the quality of patient care programs for the hospital and the physicians. We have made progress, although much work remains. But we have not focused enough on the value of professionalism and patient centric care – a topic I addressed in my December 1st Dean's Newsletter (see: http://deansnewsletter.stanford.edu/archive/12_01_08.html#1). This must be a high priority for all of us – which if we do not address, will surely undermine and erode our value to patients and providers. In tandem with this, we must also recognize that the healthcare market in northern California is consolidating with two major systems, Kaiser and Sutter, dominating the Bay Area. Accordingly we

need to develop new programs and systems that permit us to relate to our community physician colleagues and to train and develop physicians (both in primary care and specialty areas) who will join regional communities in continued partnership with Stanford.

- ***Be Leaders in Communication, Policy and Advocacy:*** Clearly as the world rapidly changes, we need to do all we can to have a seat at the table in the policy debates and discussions that will impact science funding and support as well as the future of healthcare reform. We can do this both through Stanford and in partnership with regional and national professional groups and societies. I am currently doing what I can in my Board and leadership roles at the Institute of Medicine, the AAMC, the Association of Academic Health Centers, the California Healthcare Institute, the California Institute for Regenerative Medicine and the Foundation for the NIH. Many of you hold important leadership roles in state and national organizations and societies and can play an important role in your advocacy for science and medicine during this time of dramatic change.
- ***Digging Deeper Wells:*** At times of resource constraint we need to open new wells and resources by getting our message out more broadly, developing new relationships and providing insights and opportunities about why investment in Stanford Medicine is valuable – and worth doing. And then we need to re-think about how to use investments to better support students and faculty at different stages of their career development. For decades medical schools have been highly leveraged on federal support and while that conduit needs to be sustained, we also need to find new and more diversified support pipelines and to distribute resources in a manner that makes the whole greater than the sum of our parts.

Clearly there is much to think about – and while there are many areas of concern – we need to keep our eyes on the areas of opportunity where we can play an important role both for Stanford and for our broader community. As I complete these words on Martin Luther King, Jr. Day, I end with his words – which are still highly relevant and deeply moving: *"...tomorrow is today. We are confronted with the fierce urgency of now...Now let us begin. Now let us rededicate ourselves to the long and bitter, but beautiful, struggle for a new world...to transform the jangling discords of our world into a beautiful symphony of brotherhood."*

Thanks and Best Wishes to Doug Stewart

Doug Stewart, our Associate Vice President for Medical Development, has decided to leave Stanford for a consulting practice at Marts & Lundy – a change he has been considering for some time. I want to begin by thanking Doug for the exceptional leadership he has provided to the School of Medicine Office of Medical Development. When Doug arrived at Stanford in 2004, OMD needed a major rejuvenation and Doug did just that. In his first two years he and his colleagues recruited over three dozen excellent leaders, he reorganized the program and activities, participated in the development of a strategic plan to improve our fund-raising activity and led the OMD to

achieve the highest recorded fundraising successes in its history over the past 2-3 years. This included meeting or exceeding the fundraising targets for both the Li Ka Shing Center for Learning and Knowledge and the Lorry Lokey Stem Cell Research Building/Stanford Institutes of Medicine 1 – both of which are now under construction. Importantly, he and the OMD staff collaborated with chairs and faculty throughout the School to raise funds for new professorships, programmatic initiatives, seed grants and incredible support from foundations and individuals. It has been a remarkable journey.

Of course we all recognize that the current economic downturn has taken the wind out of the fundraising sails. But Doug and OMD have positioned us well for continued stewardship and for future fundraising success when the economic situation improves in the (hopefully near) future.

We will be recruiting Doug's successor, while acknowledging that he will be hard to replace. We will miss him and wish him well during the next exciting phase of his career.

2008 Faculty Fellows Celebrate Graduation on January 13th

Recognizing that career development and the training of future leaders are among the most important goals for Stanford Medicine, I was once again honored to attend the graduation ceremony for the 2008 Faculty Fellows. This program was launched three years ago by Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership, and it has proven to be a wonderful success. Among the measures of its success is the degree to which the faculty selected to participate in this program gain confidence and skills for leadership, become better aligned with their Department Chair and cognizant department and begin to feel that they are part of the greater Medical School and Medical Center community. At each graduation event we have the opportunity to hear the perspective of the senior faculty member (or department chair) who nominated the faculty member to participate in the program, as well as the reflections of the participating Faculty Fellows. These further affirm the value of this program and how much it is appreciated. The success of the program is also a reflection of the tremendous efforts and commitment of Dr. Valantine as well as Julie Moseley, Director of Organizational Effectiveness, along with Jennifer Scanlin, Program Director, and Lydia Espinosa, Administrative Associate.

Special thanks also go to the senior faculty mentors who meet regularly with assigned groups of Fellows and provide guidance, education, mentoring and a sense of community. This years Mentors included: Linda Boxer, Professor of Medicine, Al Lane, Professor and Chair of Dermatology and Oscar Salvatierra, Professor of Surgery Emeritus.

One of the wonderful things about this program is that a mentoring community emerges among physicians and scientists with very diverse backgrounds and interests. The view that basic or clinical science faculty can only be effectively mentored by someone who shares similar experiences or disciplines is proved fallacious – since in the program basic or clinical faculty learn about career developments across and beyond traditional

discipline-based boundaries. This further affirms how much we can share and learn from each other as a Stanford Medicine community.

The 2008 Faculty Fellows who completed their program on January 13th included:

- ***Ranjana Advani***, Associate Professor of Medicine
- ***Howard Chang***, Associate Professor of Dermatology
- ***Sanjeev Dutta***, Assistant Professor of Surgery (Pediatric Surgery)
- ***Rebecca Fahrig***, Associate Professor of Radiology
- ***Julietta Gabiola***, Clinical Assistant Professor of Medicine
- ***Jill Helms***, Associate Professor of Surgery (Plastic Surgery)
- ***Paul Keall***, Associate Professor of Radiation Oncology (Radiation Physics)
- ***Christina Kong***, Associate Professor of Pathology
- ***Joseph Liao***, Assistant Professor of Urology
- ***Swaminatha Mahadevan***, Associate Professor of Surgery (Emergency Medicine)
- ***Bruno Medeiros***, Assistant Professor of Medicine
- ***Carlos Milla***, Associate Professor of Pediatrics
- ***Tirin Moore***, Assistant Professor of Neurobiology
- ***Upinder Singh***, Assistant Professor of Medicine
- ***Roland Torres***, Clinical Associate Professor of Neurosurgery
- ***Daya Upadhyay***, Assistant Professor of Medicine

Congratulations to this year's Faculty Fellows. We will be eager to benefit from their newly acquired leadership skills as new opportunities and challenges occur across the medical school and medical center.

Students Pursue University-Wide Smoking Ban

Promoting health is an important aspect of our mission. Lifestyle choices can impact the health of individuals and communities; as a consequence, wellness is an important facet of Stanford's mission (e.g., the Be-Well initiative) as well as a key component of the health care reform plans of local as well as national communities. Attention to diet and nutrition and exercise are vital parts of wellness. So too is avoiding exposure to drugs, toxins and products that can negatively impact health. Among these one of the most notable has been tobacco – leading us to ban smoking anywhere on the School of Medicine campus beginning September 2007 (see: http://deansnewsletter.stanford.edu/archive/07_30_07.html#c). More recently Stanford Hospital & Clinics and the Lucile Packard Children's Hospital have limited the areas available for smoking and, while this is a step in the right direction, it would be an important initiative for the entire Medical Center – and indeed the University – to be completely smoke-free. Thus it is gratifying to note that a group of undergraduate Stanford students are currently working on a university-wide ban on smoking and are gathering signatures from faculty, students and staff to accomplish that important goal.

Under the banner of Stanford Colleges Against Smoking, these students are carrying out a grassroots effort to encourage Stanford to become a smoke-free campus. If you wish to read – and sign – the petition they are circulating, you can do so at: <http://www.petitiononline.com/smokefre/petition.html>. Thanks.

Update on the Department of Pathology

On Friday January 16th, Dr Stephen J. Galli, MD, the Mary Hewitt Loveless, M.D Professor of Pathology and of Microbiology and Immunology, and Chair of the Department of Pathology, gave an update about his department to the Executive Committee. In addition to outlining the current state of the department, Dr. Galli described the changes in the department since his last such report in 2004, and outlined its current challenges and opportunities. I report the summary that he provided to me about his presentation:

Dr. Galli emphasized that, at Stanford, pathology is defined broadly as the branch of medicine concerned with the study of the nature of disease and its causes, processes, development, and consequences, as well as with the diagnosis of disease. As a result, the department includes many scientists who pursue basic or translational research projects related to disease pathogenesis; some of these are MDs trained in pathology but many others are not. The department also includes many world-renowned experts in various areas of pathology practice within anatomic and clinical pathology, as reflected, for example, in the fact that over 40% of the specimens examined in surgical pathology or hematopathology are referred to experts at Stanford from physicians outside of SUMC.

The mission of the department is: "To improve the diagnosis, treatment and basic understanding of human disease by clinical service, education and research." The department is committed to excellence in all of its mission areas, and believes that achieving such excellence requires that it also place a high value on diversity and inclusiveness. The last 5 years have been exciting ones in each of the department's mission areas. There have been many recognitions of the faculty's research contributions, including: The 2006 Nobel Prize in Physiology or Medicine (with Craig Mello) to Andy Fire (professor of pathology and genetics), the 2006 Thomas Laureate in Chemistry (with Stuart Schreiber) to Jerry Crabtree (professor of pathology and developmental biology), both the 2008 Koch Prize (with Shinya Yamanaka and Hans Scholer) and the 2009 Rosenstiel Brandeis Prize (with Shinya Yamanaka and John Gurdon) to Irv Weissman (professor of biology and developmental biology and Director of the SISCBRM), and the 2006 American Society of Investigative Pathology - Amgen Award for a young investigator in the broad field of pathology to Jon Pollack (associate professor of pathology).

In its educational mission, the strong performance of faculty in both medical and graduate education has been recognized by Kaiser Awards in Preclinical Teaching to Andy Connolly and Hannes Vogel, by Awards for Graduate Student Teaching to Joe Lipsick and Arend Sidow, and by an Immunology Program Faculty Mentor Award to Sara Michie. The department continues its strong focus on the quality of its postgraduate

training programs; in a survey of all 26 residency and clinical fellowship programs at SUMC, pathology was one of 3 programs rated by >70% of the residents as "excellent" and was the only program in which >70% of all residents and clinical fellows judged the programs to be "excellent".

In the area of Clinical Services, the department and School of Medicine, working with leaders of SHC and LPCH, reorganized the governance structure of the clinical service, as well as the leadership structure within the service, so that the chair of pathology and the Chief Operating Officers of SHC and LPCH constitute the Laboratory Governance Council (LGC), and the Medical Director of the SHC Clinical Laboratory and Anatomic Pathology Services, Dan Arber, has administrative authority, as well as clinical and administrative responsibility, for the clinical activities of the service, under the direction of the chair/service chief. The LGC recommended to the SHC Board the sale of SHC's basic laboratory outreach testing program, which provided testing services to clients outside of SUMC, but decided to retain and emphasize outreach services in areas in which we excel, such as surgical pathology, hematopathology, neuropathology and certain areas of esoteric testing. To enhance further services provided to LPCH, the department hired Kim Hazard, assistant professor of pathology and pediatrics, as Director of Pediatric Surgical Pathology, and Amy Heerema McKenney, clinical assistant professor of pathology, as Director of Perinatal Pathology; together with Sharon Geaghan, Co-Medical Director of the SHC Clinical Laboratory for Pediatrics, and Hannes Vogel, Director of Neuropathology, this brings to four the number of faculty with postgraduate training in Pediatric Pathology. The Stanford Blood Center continues to provide most of the blood products used at SHC and LPCH, and volumes of products provided have increased substantially over the last 5 years. However, the costs related to the operation of the Blood Center also have increased substantially.

The presentation ended with a discussion of progress in the area of personalized medicine and molecular genetic/genomic pathology, including the establishment, jointly with the Department of Genetics, of a research program to advance the methodology, basic and translational research uses, and clinical applications of ultra-high throughput sequencing (of normal or disease specimens, such as tumors). This program, which was initiated by Arend Sidow (associate professor of pathology and genetics), now includes many faculty and trainees in both departments. One of the objectives of this program is to position Stanford investigators favorably when the cost of re-sequencing an entire human genome drops to the range of \$1000. In addition, Iris Schrijver (associate professor of pathology) established in 2003 one of the first clinical fellowships in molecular genetic pathology in the USA. Steve recounted a number of key areas in the development of the field of molecular pathology in which Stanford has been first, and argued that we now have an outstanding opportunity to build on our historic and current strengths in this area, and to partner with the large group of faculty with interests in this area who are located in many departments and schools at Stanford, to make Stanford one of the leaders, if not "the" leader, in the field of molecular genetic/genomic medicine.

At the Executive Committee I also noted that in his presentation Dr. Galli had not mentioned any of his own scientific accomplishments – which have been notable in their own right – especially when coupled with his significant responsibilities as department

chair. I further noted that in my meetings with faculty, the Department of Pathology is frequently highlighted as one in which the career development and mentoring of junior faculty is given a very high priority and that the role of Dr. Galli in making this an important commitment is frequently observed. Thus, I want to thank Dr. Galli for important and effective leadership of the Department of Pathology and for his contributions as both a scholar and leader.

Emeritus Lecture Series

The School of Medicine Emeritus Lecture Series, which will be hosted by Dr. Ben Barres, Professor of Neurobiology and of Developmental Biology and of Neurology and Neurological Sciences, will take place on Thursday, January 22, from 4:15 – 5 pm, in the Clark Auditorium. U.J. McMahan, Professor of Neurobiology and of Structural Biology Emeritus, will give his farewell lecture on “A Life in the Shadows: What Electron Microscopy has Taught me About Synaptic Physiology”.

Awards and Honors

Four School of Medicine faculty members were recently named fellows of the American Association for the Advancement of Science (AAAS), an honor bestowed upon members of the association by their peers. They include:

- ***Dr. Peter Jackson***, associate professor of pathology, was elected for providing new insights into regulation of the cell cycle, the function of cyclins, protein degradation, and for the discovery of novel signaling mechanisms in the primary cilium.
- ***Dr. Theodore Jardetzky***, professor of structural biology, was elected for his research revealing the mechanisms of viral-host membrane fusion and important structural features of membrane receptors in the immune system.
- ***Dr. Robert Malenka***, the Nancy Friend Pritzker Professor in Psychiatry and Behavioral Sciences, and co-director of the Stanford Institute for Neuroinnovation and Translational Neurosciences (SINTN) was elected for his research on the cellular and molecular mechanisms underlying synaptic transmission, neuroplasticity, and drug actions, and their implications for normal and abnormal behavior.
- ***Dr. Irving Weissman***, professor of pathology and of developmental biology and the Virginia & D. K. Ludwig Professor and Director of the Stanford Institute for Stem Cell Biology and Regenerative Medicine, was elected for his contributions to developmental biology focusing on cells that make up the blood forming and immune systems, and for the isolation and evolution of stem cells.

Appointments and Promotions

- **Thomas Clandinin** has been promoted to Associate Professor of Neurobiology, effective 1/01/09.
- **David A. Clark** has been promoted to Professor of Anesthesia at the Veterans Affairs Palo Alto Health Care System, effective 1/01/09.
- **Geoffrey C. Gurtner** has been promoted to Professor of Surgery at the Stanford University Medical Center, effective 1/01/09.
- **Neeraja Kambham** has been promoted to Associate Professor of Pathology at the Stanford University Medical Center, effective 1/01/09.
- **Carolyn Russo** has been appointed to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 1/01/09.
- **Minnie Sarwal** has been promoted to Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 1/01/09.
- **Karl G. Sylvester** has been promoted to Associate Professor of Surgery at the Stanford University Medical Center and of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 1/01/09.
- **Daniel Y. Sze** has been reappointed to Associate Professor of Radiology at the Stanford University Medical Center, effective 1/01/09.
- **Heather A. Wakelee** has been reappointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 1/01/09.

Dean's Newsletter

February 2, 2009

From the Budget Depths to Leading Matters

The Provost presented an update on the university budget at the January 22nd meeting of the University Faculty Senate. He provided an assessment of the impact of the global economic crisis on Stanford University overall – but also pointed out how these changes were affecting the different Schools. He began by reporting that the projected 2009 investment returns on the endowment are the worst in 45 years. The final results are of course not in for 2009, but currently the investment returns on Stanford's endowment are about negative 27%. This is of course a startling figure, albeit consistent with what is being seen at other universities and foundations. For reference, the worst prior year of investment returns was in 1974 at negative 8%.

For the University as a whole, investment income from endowment comprises 29% of our consolidated revenue. Other sources of revenue include grants and contracts (28%), tuition (16%), healthcare (11%), expendable gifts (7%) and other miscellaneous sources (9%). The relative distribution of these sources differs from school to school; this accounts, in part, for the variations across the university in how the downturn is being experienced and how decisions are being made to accommodate to reductions in revenue.

It should also be noted that the investment income from endowment is adjusted by a rolling three-year "smoothing formula." In practice this means that the endowment

income for FY09 (the current fiscal year) was fixed by the prior three-year smoothing; as a result, the impact of the downturn is minimal for this year. However, for FY10 the endowment income will be a negative 7.2% (assuming that the University endowment drops by the 25%). It could be worse or better in FY11 and beyond, depending on what happens to the American and global economies. For subsequent years, the investment returns will depend on whether the economic crisis improves or worsens. Of course, that means that our resources could decline even further.

It is also important to remember that investment income – which affects the University's General Fund Budget – is just one source of revenue and that all other sources are also being affected. That said, some of these negative projections could improve, depending on how well the stimulus package, recently approved in the US House of Representatives and now being considered in the Senate, works in reversing the economic downturn that continues through this writing. Increased federal support for science and technology should help, and it is encouraging that this is in the stimulus package. Other programs may also have an impact – but not all will be positive. And as I have pointed out in recent Newsletters, although our clinical income remains robust, this is also subject to change as job loss continues to increase, states cut back on entitlement programs (like Medi-Cal), and health care reform moves forward.

As you have likely heard, the Provost is taking steps to counter the projected significant reductions in the general funds budget. Most notably this includes a 15% reduction in allocated general funds over the next two years. This is an area that distinguishes the rest of the University from the School of Medicine. Since we are a “formula school,” general funds comprise far less of our overall revenue than most other Stanford schools – about 7%. We are much more dependent on sponsored research and clinical income. In addition, income from endowment comprises about 11% of our consolidated revenues – which is also far less than other schools. While we are thus less affected by reductions in general funds and endowment payout, the reductions we are witnessing are still very significant and have already resulted in a number of changes and policies that have been put into place since last Fall – with others to come in the weeks and months ahead.

That said, it is important to recognize that other schools at Stanford are already experiencing or projecting more dramatic declines in revenue than we are in the School of Medicine. Thus, if you read or hear about staff or programmatic reductions in one school at Stanford (as recently announced for the Graduate School of Business), you should not assume that the same approaches will be taken for the medical school – since our economic profile is quite different. However, it is safe to conclude that additional and significant cost cutting will be needed throughout the School of Medicine – especially if the global economic crisis continues unabated. Of course we all hope that the stimulus package will put the breaks on the economic downturn – and hopefully reverse the course.

Needless to say, all the grim news we have been receiving over the past many months (although now somewhat attenuated by the more positive results coming out of Washington during the past two weeks) can sometimes lead us to wonder if anything is

going in the right direction. That question was partially addressed for me by my participation in the Stanford “Leading Matters” program in Los Angeles on Saturday January 24th. I joined approximately 30 Stanford faculty for a very special event that attracted some 1500 alumni and guests for a program of lectures, seminars and discussion groups on a wide array of topics ranging from science to the arts to the environment, public policy and more. I was fortunate to facilitate a Frontiers of the Future dialogue on “Understanding Our Brain and Behavior” led by Carla Shatz, Professor of Biological Sciences and Neurobiology and Director of the BioX Program and Brain Wandell, the Isaac and Madeline Stein Family Professor and Chair of the Department of Psychology. We had the opportunity to give two sessions to standing-room-only crowds that engendered considerable interest and discussion. While I didn’t get to other sessions, I am sure they also presented compelling issues and evoked considerable interest. These academic sessions were accompanied by presentations from students in dialogue and in quite inspirational media productions.

In different but converging ways, the LA Leading Matters event reaffirmed for me why we do what we do. The optimism and talent of our students – across the University – together with the important initiatives being pursued by our faculty are more important than ever. Indeed, even though most of our days are now filled with concern and anxiety, the impact of Stanford’s programs in education, research and patient care – and the future leaders we produce – give hope despite the immediate challenges. And they reaffirm why we need to think and act boldly and ambitiously – to match the needs of the next generation and to use our talents to reshape our world.

It was helpful to go from discussion on budget to Leading Matters, which focused on what we are doing to improve the world we are living in – now and in the future.

Stem Cell Research Funding and CIRM

It is ironic. Over the past two years, as research funding from the NIH has declined, the California Institute of Regenerative Medicine (CIRM) has filled a vital and important niche. Not only has it been the major source of funding for stem cell research in the USA, it has also helped to provide important research funding at a time when NIH funding has fallen. Equally important, once CIRM overcame the legal challenges to its existence, in 2006, it has been a beacon of hope for stem cell research for the nation– training future leaders, moving the field forward and setting the foundations for the translational research programs that are anticipated over the next couple of years. The current momentum has been terrific – and Stanford faculty have played a key role, receiving more peer-reviewed competitive funding than any institution in California and creating a community of excellence that now extends across the university campus as well as to collaborators across the state, nation and world. There has been much to be optimistic and proud about.

How ironic then to witness a very serious potential setback to CIRM’s efforts. At the January 29-30th meeting of the Independent Citizen’s Oversight Committee (ICOC) – the Board that oversees CIRM and on which I have served since its inception in December

2004 – we learned that the \$40 billion budget deficit in California, along with the national economic crisis, has resulted in an inability to sell state bonds. In fact there is a very large number of unsold bonds – which include those already authorized for CIRM. Current projections are that this situation is unlikely to be resolved until the end of 2010. This has a number of consequences. As of January, 2009 CIRM has \$158 million in cash from past bond sales. Through June 2009, ongoing grant commitments and other expenditures will reduce this to \$39.2 million. But that is only part of the picture. With other ongoing grant commitments – some of which extend over multiple years – as well as operational costs, the minimal deficit at the end of December 2010 is projected to be \$133.6 million, assuming no further projects were approved, no new RFA's issued and a number of administrative cost containment actions were put into place.

The ICOC spent considerable time and debate in considering options. While the first priority must be to honor past, current and future approved commitments, an important question was whether to simply stop approving future awards and to not solicit new proposals. The ICOC was very cognizant of its fiduciary responsibility but also of the critical importance of CIRM in fostering stem cell research and in serving various constituencies – the public who voted for Proposition 71, the patients and families who are anticipating scientific and clinical progress through stem cell research; the students and trainees who will comprise the future research workforce; the faculty, scientists and research universities and institutions engaged in stem cell research and whose programs will be adversely impacted by a slow down or pause in funding; the biotechnology industry in California, which anticipates discovery and translational advances in stem cell research; government leaders in California and indeed across the nation; and our global scientific community. Even given the realities of the fiscal crisis in California in particular – as well as the events transpiring around the world – we still elected to do our best to find creative ways to move forward.

Given the problems in the current bond sale efforts, CIRM and the ICOC will pursue an alternative through “private placement.” This is an ambitious task with lots of challenges – but it is worth a serious effort. The basic mantra of the ICOC is that we have faced adversity before (which I can affirm is absolutely true) and that we have found ways to overcome major external challenges. We are committed to doing that again. With that spirit, we approved the Bridges to Stem Cell Research Proposals as well as the Training Grants II that had been reviewed and recommended by the Scientific and Medical Research Funding Working Group. We felt that the recommended proposals were highly worthy, and I am pleased to say that the Training Grant II proposal for Stanford scored highest in its category. However, because of the uncertainty about funding these grants are not being recommended for funding at this time – but that decision will be revisited in upcoming ICOC meetings when we hope that the budget situation in California will be clearer. We also elected to approve the RFA for the Disease Planning Awards with the same spirit of not wishing to lose momentum. Of course investigators applying for these grants will be informed of the current fiscal situation of the CIRM.

Clearly this news is disappointing – but we need to also acknowledge what we have accomplished to date in stem cell research, particularly through CIRM. Stanford remains

the top funded institution in California with just over \$100 million in grants, training awards and major facility support – including the Lorry Lokey Stem Cell Research Building/SIM1 that is now under construction. So, while there may be some setbacks, if history is any guide to the future, we will find a way to get back on track and continue this record of success.

Stanford Medicine North

On Friday, January 23rd Stanford Hospital & Clinics (SHC) hosted a reception in honor of the February opening of the Stanford Medicine Outpatient Clinics in Redwood City. It was an impressive event, largely because of the truly wonderful clinical facility that has been developed by SHC in Redwood City. As you likely know, this will be the clinical home for the Departments of Orthopaedics and Dermatology. It will also house the Pain and Sleep Programs as well as an Imaging Center and Ambulatory Surgery Center. In the future it will provide a home for a GI Endoscopy Center as well. The clinical facilities are outstanding and wonderfully appointed to give comfort to patients and to provide a highly functional and attractive facility for our faculty and staff. The major renovation of this facility has also been an excellent partnership between the leaders of SHC and School of Medicine – especially the cognizant department chairs and their faculty leaders, although the costs have been born by SHC.

It is notable that 50 years ago, Stanford Medical School and Medical Center became co-located on the Stanford campus – a geographic partnership that has shaped Stanford Medicine in remarkable ways. Now, fifty years later, we are reaching out to our neighboring communities to forge new relations that will support the needs of patients in the Bay Area and beyond. Another exciting chapter in the history of Stanford Medicine unfolds.

Connections Launched

On Thursday, January 22nd the Office of Academic Affairs launched a new program for newly appointed Assistant Professors and Clinical Assistant Professors called *Connections*. Led by Dr. Lucy Tompkins, Lucy Becker Professor of Medicine and of Microbiology and Immunology and also Associate Dean for Academic Affairs, the *Connections* program is designed to help junior faculty meet and network with other Stanford colleagues across departments and disciplines and to learn more about the medical school and the resources available to support career development at the departmental, school and university level. This will be accomplished by assigning groups of faculty to meet in small groups facilitated by a senior faculty member and designed to foster communication and mentoring. It is modeled in part on the highly successful Faculty Fellows Program led by Senior Associate Dean Hannah Valantine. *Connections* is being initiated to provide a resource for junior faculty to help foster and facilitate career development and satisfaction at Stanford. It is currently a pilot program but I certainly hope that it will prove successful and become another important feature of our efforts to improve the experience for junior faculty at Stanford.

UPDATE ON LANE LIBRARY

At the January 30th Executive Committee meeting, Heidi Heilemann, Associate Dean for Knowledge Management and Director, Lane Medical Library & Knowledge Management Center, provided an update on the progress on Lane's current strategic initiatives. These include:

- Developing a transparent *digital library* of knowledge sources and services available anytime, anywhere
- Creating *smart interfaces* and search tools that put knowledge in context at the point of care, research or learning
- Developing a *learning hub* that facilitates navigation and manipulation of knowledge content
- Designing flexible *library spaces* for students, trainees and instructors to collaborate, reflect, retreat
- Developing an *approach to research* innovative knowledge management tools and services

Her report on these initiatives follows:

Building a digital library

We now have over 98% of our current journals available electronically and 2844 of these titles are available online back to volume 1. Considering that the first electronic journal was not made available until 1995, this represents a significant effort of licensing with hundreds of publishers and providers in order to provide the Stanford University Medical Center seamless access to these important knowledge resources in biomedicine. Lane also provides access to over 5,800 eBook titles (up from 1 in 1996).

Considering the breadth of trusted content available together with steady traffic of over 3,000 visits to the LaneConnex website per day, one could make the argument that the Lane Digital Library is built and delivering valuable knowledge resources anytime, anywhere. The full potential of the digital library is just beginning to be tapped, however. The message I'd like to convey to all of our library users is: "begin to incorporate current knowledge management tool capabilities to improve your medical work ... we will work with you to make the tools more useful to your work." Think of Lane as your partner in not just locating knowledge resources, but putting them to work in ways that support and further your work.

Create smart interfaces

Building a digital library is not just about licensing lots of content. Once the content is acquired, libraries need to do what they've been doing for hundreds of years -- organize, maintain, preserve, and expose to targeted audiences. These targeted audiences are you and you are our co-developers.

In a climate of information overload, it is necessary to provide knowledge management support and smart integrated access to content through specialty portals and content experts. One of the outcomes of developing a generic clinical portal, for example, was the phenomenon of drinking from a fire hose of clinical information. To address this, Lane has developed a query mapping tool to connect users with the top three clinical

resources and has been partnering with our users to develop specialty portals to better integrate the knowledge resources at the point of need. One example of this is the inclusion of LaneConnex links in Epic and Cerner, Electronic Health Record systems for SHC and LPCH.

The LaneConnex Metasearch has been a tool for exposing other kinds of content as well, such as the recently released Bassett Collection of anatomical images. In honor of the School of Medicine's Centennial, a history portal was developed to highlight the school's history as well as Lane's rich historical collections.

Create a learning hub

Important feedback we heard during strategic planning focus sessions in 2004 was that there was no central place to discover learning, training, and workshop opportunities. A quick glance at our quarterly workshops schedule will show that we have been able to provide a dynamic and varied selection of workshop training and support. By partnering with OPA, SPCTRM, ODL, and others we have been able to cosponsor a number of training opportunities and provide access to content from these, including FAQs and multimedia training snippets that can be accessed 24/7 on LaneConnex. Lane liaisons and informationists provide a majority of the in person instruction, reaching 2300 participants each year. They are also available to do tailored sessions for departments and provide information literacy skills training in the medical school curriculum and residency training programs. Liaisons have also made themselves available to assist authors with compliance to the NIH Open Access Policy, which has provided an opportunity for further dialogue on important scholarly communications trends such as open access.

Re-envision the library as place

As print collections are moving out, Lane has been able to reclaim stack space for people. Working with the Student Advisory Committee, we have done a number of prototyping projects for optimal study spaces and will be a furniture test site for the Li Ka Shing Center for Learning and Knowledge in February.

Develop an approach to research for knowledge management

In transforming ourselves to a largely digital library, Lane has become a laboratory for knowledge management. A number of projects focused on saving our users time have centered on the overarching theme of connecting individuals with what they need when and where they need it. Highlights of these projects include the LaneConnex metasearch, the development of specialty portals, and a query mapping tool to connect users with the top 3 clinical resources. As we embark on our next wave of strategic planning, we are eager to evaluate these tools and build on new and existing partnerships with our users to develop additional knowledge management tools that will address needs of information literacy skills, personalization, data mining, and integrating knowledge resources into your workflow.

Thanks to Heidi Heilemann and all of her staff for the significant progress they have made in advancing their strategic initiatives. For more information about Lane, visit <http://lane.stanford.edu>.

Leadership Training in the Biosciences

In past Newsletters I have described a number of the Leadership programs that have been initiated in the School of Medicine and Medical Center (see: <http://deansnewsletter.stanford.edu/#3>) including one recently initiated by the medical student leadership (see: http://deansnewsletter.stanford.edu/archive/12_01_08.html#2). I am now pleased to report that this important trend in leadership training and development includes graduate students in the Biosciences. Of note, this past spring two Biosciences graduate students (Jessica Allen and Amy Radermacher, both Ph.D students in the Immunology Program and Executive Officers in BioMASS) initiated a course that offered the opportunity for Ph.D. students to build skills in leadership and effective communication that would be valuable in any career path. Twenty students were selected for this program through an application process. The selected students participated in weekly presentations and interactive discussions with invited experts from the Law School, the School of Medicine, the Center for Teaching and Learning, the Office of the Ombudsman, and the Center for Mediation and Communication. They focused on topics such as negotiation, mediation, how to handle difficult conversations and resolve conflicts, and how to effectively communicate science to scientific, lay, and media audiences.

This course complements the rigorous scientific training students get at Stanford and allows them to focus on specifically developing the leadership and interpersonal skills crucial in the diverse career paths that Stanford Ph.D. students choose after graduation. The pilot course proved to be very successful, and students reported clear improvements in their leadership skills at the end of the course. The course will be offered again this year with Dina Finan, a Ph.D. student in the Biochemistry Department, joining Amy and Jessica as course directors. Students who are interested in taking the course this year can find more information on the course website (<http://immunol240.stanford.edu/>).

I want to thank Amy Radermacher and Jessica Allen for their tremendous leadership in initiating this program – and also to welcome Dina Finan to this important initiative.

Continued Stellar Outcomes by Renal Transplant Team

Once again the Stanford Adult Kidney Transplant Team is leading the way. The clinical care program is led by Drs. John Scandling, Professor of Medicine, and Stephan Busque, Associate Professor of Surgery, who recently reported the results of the Scientific Registry of Transplant Recipients in which “Stanford is the only center in the nation to achieve statistically higher than expected results in both patient and graft survival at both one and three years after transplantation.” Such results reflect not only leadership but also enormous and dedicated contributions of doctors, trainees, nurses and all the members of the multidisciplinary staff. They also reflect the contributions of the diagnostic laboratories that evaluate and monitor these complex patients – including the

Histocompatibility, Immunogenetics and Disease Profiling Laboratory led by Dr. Dolly Tyan, Professor of Pathology, and her staff. I want to thank the clinical, administrative and support services that have achieved these results. Of course, the true beneficiaries are the patients who come to Stanford for their renal transplants. I also hope that these results serve as a clarion to other clinical services to seek and achieve comparable levels of quality and excellence.

Update from Health Research and Policy

At the January 30th Executive Committee, Dr. Phil Lavori, Professor and Chair of the department of Health and Research Policy, provided an update on HRP. I am pleased to provide Dr. Lavori's summary below:

The Department of Health Research and Policy is the union of 3 divisions, Epidemiology (6 primary UTL, 2 CE, 2 secondary UTL), Health Services Research (3 UTL), and Biostatistics (7 primary UTL, 4 secondary). Numerous courtesy appointments and shared enterprises with other departments demonstrate the collaborative stance of the department, as do its projections outside the University, to the Northern California Cancer Center (NCCC), Kaiser Division of Research, the Palo Alto VA, and the Palo Alto Medical Foundation Research Institute.

Research in the department ranges widely. Recently, Alice Whittemore, and Dee West (of the Epidemiology division), and their NCCC colleagues demonstrated an increased prevalence of BRCA1 mutation among US Hispanic breast cancer patients (particularly the 185delAG frameshift), possibly reflecting the Jewish Diaspora in Spain, and the genetic contribution of Spanish conquistadors of Ashkenazi Jewish ancestry to today's US Hispanics. This finding is relevant to cultural history, but also to diagnostic screening practices.

In HSR, Laurence Baker and his colleagues described the way that health care capacity influences utilization (especially in advanced imaging), often with little regard for effectiveness. Mark Hlatky has recently started a collaboration with Kaiser to develop a high-quality database of treatments and outcomes in heart disease, to investigate the effectiveness of interventions, develop methods for extracting such critical information from medical records, and (not least) better understand the strengths and limitations of such non-experimental research. As the US begins to confront the limits of its ability to deploy resources for health care, these and other initiatives may help guide decisions of momentous consequence.

In Biostatistics, Bradley Efron has developed a new method for dealing with the flood of data from modern high-throughput technologies, such as microarrays, whole genome scans, and proteomics, in which a few true positive findings are buried among false positive findings created from the play of chance on thousands of measurements. The 'local false discovery rate' estimates the proportion of observed findings that are true positives, as one dials up the threshold of strength of evidence, so that an investigator can pick the 'interesting' features for further test. Rob Tibshirani, Trevor Hastie, Efron, and colleagues in Statistics have developed a unified approach to the fundamental problem of regularization, by which an investigator with a classification problem based on a large number of features (and a paucity of data) can find the optimal balance between

overfitting and underfitting. These methods are basic to pharmacogenomics, gene-gene and gene-environment interactions in onset of disease, as well as response to medication, and modern diagnostic methods using '-omics' of all kinds. Mei-Chiung Shih and her colleagues (especially Tze L. Lai of Statistics) have developed new methods of clinical trial design that optimally re-evaluate how often to monitor for early stopping, as results accrue.

HRP plays a major role in medical school and post-graduate education of clinical researchers, especially by participating in the POM and by offering two masters degrees (in Epidemiology, with 26 current students, and Health Services Research, with 14). The Biostatistics faculty teaches and supervises students in the Statistics Department in H&S, which has one of the world's top-ranked programs, with over half the students interested in a Biostatistics specialization. HRP also contributes to several major SoM efforts, including programs and cores of the Cancer Center, the Clinical and Translational Sciences Award (Spectrum), and many PPGs, training grants, and career development awards in other departments. More than 1/3 of total HRP faculty salary comes from grants and projects administered by other departments, involving 92 non-HRP principal investigators in 44 divisions, departments, or institutes. The department also houses a small Data Coordinating Center (founded by Richard Olshen and led by Balasubramanian Narasimhan), which develops special purpose databases that are oriented to useful output, with particular attention to built-in tools for statistical analysis (the Biostatistics Console), and integration of clinical and basic science data. The DCC currently serves the Lymphoma Program Project, the Blood and Marrow Transplant Program Project, the Immune Tolerance Institute, and the Cancer Center, as well as several other programs.

The department has recently recruited 4 Assistant and one Associate Professor, rejuvenating our demographics, and building a sound base for the future. The disciplines we represent continue to be relevant to the goals of the School, and to the advancement of biomedical science worldwide.

Appointments and Promotions

- Juergen Willman has been appointed to Assistant Professor of Radiology, effective 2/01/09.
- Dolores Gallagher-Thompson has been reappointed to Professor (Research) of Psychiatry and Behavioral Sciences, effective 2/01/09.

Dean's Newsletter

February 17, 2009

The 2009 Strategic Planning Leadership Retreat

On February 6-7th nearly 100 leaders representing our faculty, staff, students and trainees, affiliated hospitals and university gathered for the Eight Annual Strategic Planning Leadership Retreat. This year we focused on the important issues of faculty development and career success. We decided to anchor the discussion at the department and division level since this is the site where faculty development begins and can be nurtured and sustained. We also elected to make this retreat more of a “bottom up” effort by engaging the attendees in an interactive process that identified key challenges and issues and then developed the first phase of planning activities that will be taken back to departments and divisions for further development and implementation in the months ahead. Major goals of the retreat were to build community interactions, foster cross-disciplinary dialogue, solicit creative and innovative ideas and recommendations and empower faculty, divisions and departments to engage in what we hope will be an ongoing cultural transformation.

To set the stage for the retreat and to place the issues we are facing into an historical as well as organizational context, I gave a presentation on “Creating a Culture That Fosters Faculty Development and Success.” My goal was to offer a context for addressing the issues we face today that takes into account our unique institutional culture. I am taking the liberty of providing an approximation of my remarks in the section that follows. Since the presentation was approximately an hour long, I must warn you in advance that the text is *long* (it may be easier to read on the web version – see:

<http://deansnewsletter.stanford.edu/>). But I think it offers details and observations that are important to consider. I recognize that these are filtered through my personal lens – but I think they provide a starting point for discussion.

Dean's Opening Presentation: Creating a Culture That Fosters Faculty Development and Success

Introduction

In January 2002, we came together at the Carmel Valley Ranch for our first Strategic Leadership Retreat. We accomplished two important goals at that event. First, we built on the work of developing our strategic plan, “Translating Discoveries,” that had begun prior to the retreat. Second, and perhaps even more important, we had the opportunity to better understand the different but important roles we play as leaders in basic science, clinical science and patient care. What was then a somewhat divided leadership left the retreat more aligned and united – something we have strived to build on in the ensuing years.

In the subsequent seven years we have made major strides in a number of mission critical areas. But we also face significant challenges –driven in part by the dramatic changes that have occurred in our nation's and the global economy as well as by the diminished level of support for science and technology that has characterized the past 8 years. We

also face many uncertainties as we go forward – which makes it ever more important for our community to be aligned and unified in our commitment to the future. Whatever the changes in funding for research, or the consequences of health care reform, or the changing economic forces at Stanford and in the Bay Area may be, we need to chart our course and define our future destiny. That is our responsibility as the current stewards and leaders of Stanford Medicine

But we are a diverse community comprised of a wide range of individuals with quite different needs and expectations. These are not always aligned, and this misalignment creates additional tensions and underscores the importance of defining our mission in as inclusive a way as possible. Specifically, our community includes (many of whom are represented at this retreat):

- MD and PhD students
- Residents
- Postdocs
- Clinical fellows
- Junior, mid-career and senior faculty
- Basic science faculty (UTL, NTL)
- Clinical research faculty (UTL, NTL and MCL)
- Clinical care faculty (CE)
- Medical School faculty administrators – division chiefs, department chairs, deans
- University faculty and administrative leaders – deans, provost, president
- Board of Trustee members
- Administrative and support staff
- Hospital administrative leaders
- Hospital Board members

Members of each of these groups have different goals and expectations, both for their own careers and for how their needs and expectations intersect with others, positively and negatively. The reality is that the current composition of an academic medical center, coupled with its internal pressures and culture and the multiplicity of external forces acting on it, fosters tensions and pulls, which are felt at the individual level and which, when unaddressed or unacknowledged, can lead to significant anxiety and negative career satisfaction – at all levels and stages of career development.

We are also a decentralized organization, and much of the responsibility and accountability for career development resides at the department or division level. The department is also the place where transformation can occur– including the cultural transformation necessary to make Stanford the best institution it can be for the 21st century. That said, cultural change also occurs – and indeed must occur – at the individual level, and as noted earlier, we are comprised of individuals with significantly variegated goals and objectives.

This year we want to focus our efforts at this retreat on career development and the degree of satisfaction our faculty experience in pursuing their careers at Stanford. Of course all faculty members have individual stories and sets of circumstances– regardless

of whether they are new or long-term members of the community and irrespective of career stage. Each has needs and expectations that are the result of who they are, the nature of their work, the culture of our institution and a panoply of external and internal forces. We can learn how our faculty are doing by sampling them at a point in time. But we can also learn by being cognizant of the institutional culture that has evolved at Stanford and the role it plays in setting expectations for success and in delineating who wishes to be part of our community.

This retreat is faculty-focused, but the culture that we will be considering involves everyone, and we welcome everyone's active participation.

For this retreat we will follow a different format than we have in past gatherings. We will be working with Co-Vision, a company led by Lenny Lind. Co-Vision has pioneered "fast feedback" technology. Since 1991 they have supported over 3800 conferences, including the General Session of the 2005 World Economic Forum in Davos and the Clinton Global Initiative Meetings, among many others. I also want to thank **Julie Moseley, Hannah Valantine, Kathy Gillam, Christopher Gerlach and David O'Brien** for the work they have put into organizing this retreat. In addition, I want to thank our several chairs who played an important role in helping to gather insights from our faculty: **Jim Ferrell, Steve Galli, Ralph Horwitz, Karla Kirkegaard and Al Lane**. And I want to thank **Kristin Goldthorpe and Mira Engel** for their work in supporting the Retreat.

We will provide a document at the end of the retreat that contains the outcomes of our discussions. These will take the form of nine specific action plans designed to address specific issues of departmental culture having to do with faculty development and career satisfaction. Most importantly, we will ask those of you who are department chairs to take these plans back to your departments and, in coordination with your division chiefs, review them with your faculty. Each department or division will choose one of these plans to develop further and implement. Over the course of the year each of you will present the results of your efforts to the Executive Committee. Thus, this retreat will set the stage for the important work that will happen at the division and department level over the next year and beyond. When we conclude tomorrow it will just be the end of the beginning.

To set the stage for the work we will do together this afternoon and tomorrow morning, I want to provide some summary comments from our colleagues about how they view their career development in the medical school. Of course, their reflections (both positive and negative) represent their personal perspectives, which are individual and highly varied. But they also reflect some common themes. Many of these themes emerged decades ago and have endured to the present moment. They are shaped by our institutional culture and how it has responded to both internal and external forces over the years. In many ways our history has predicted our current environment. But at this crucial moment our future depends on how – or whether – we change our culture – both as individuals and as an institution to adapt to our rapidly changing world.

What We Know About How Our Current Faculty Feel About Their Career Development and Satisfaction.

We have used several sources of information to assess what our faculty think, including:

- In anticipation of this retreat, we conducted a survey that attempted to assess perceptions and feelings about career support, satisfaction and success at Stanford. This survey had a response rate of 47%, or 559 respondents, who included UTL, NTL, MCL, and CE faculty. While this response rate is less than desired, it is still more substantial than many other surveys.
- The AAMC/COACHE Survey that was conducted in 2007 (I have written about this survey in previous Dean's Newsletters http://deansnewsletter.stanford.edu/archive/01_28_08.html#2). In this survey we served as a pilot institution, and our faculty were compared to faculty at nine other medical schools, three of which (UCSF, Penn, UCSD), served as peer comparators. Since this survey had a response rate of just 38%, we want to be cautious about interpreting the results. It is best to look at them as trend data.
- During the summer of 2008 Hannah Valentine and I met with virtually all junior women faculty. We did so in groups of 4-6 individuals and engaged in a candid dialogue about the institutional culture and forces that either promote or impede individual career development and job satisfaction. Dr. Valentine and I are now meeting in small groups with all junior men faculty.

These three approaches were independent of each other, but their outcomes revealed some common themes that we might use to consider ways we might improve the future success and satisfaction for our faculty.

Pre-Retreat Survey

Some important messages emerge from these data. For instance, overall, **85%** of respondents indicated that they would like to sustain their career at Stanford University. **75%** indicated that they were satisfied with their career and 8% were neutral – leaving **16%** who were dissatisfied. On the surface, then, most of our faculty appear to be satisfied – but since we want to foster the career development and, ideally, the job satisfaction of each member of our community, it is important to drill further into these data.

An important set of questions concerns how faculty members perceive the value their departments and divisions place on the research, teaching and clinical care missions, the clarity of the expectations around these missions, and the congruence of their own expectations with those of their departments/divisions. For instance, we commonly refer to Stanford as a research university and to our school as a research-intensive school of medicine. There is little doubt about this in the minds of our faculty, for whom **82-89%** recognize that their departments/divisions place a high value on research. In addition, **79%** of respondents (excluding Clinician Educators, whose response was lower) feel their departments/divisions' expectations regarding research are clear.

The results were similar for the clinical care mission; **82%** responded that their departments/divisions place a high value on this mission, and **85%** feel that the expectations for clinical care are clear. The teaching mission showed a similar alignment of value and expectations; however, teaching is less articulated as a value, and the expectations are less clear: only **65%** responded that their departments/divisions place a high value on teaching, while **71%** feel that the expectations regarding teaching are clear. Overall, **68%** of respondents said that the expectations of their department/divisions for their performance were congruent with their own.

At the same time many faculty do not feel well supported in their work. In fact, only **51%** of the respondents see their department as supportive, and less than half (**48%**) receives what they feel to be valuable career advice from their chair or chief. That said, **60-70%** feel that they can go to their chair or chief for career advice. **61%** feel that they will get feedback from their chair or chief, and **70%** believe their chair/chief would inform them if they were having problems. Interestingly, more than **90%** of the respondents attribute their success to their own personal drive and talent. About **75%** believe that colleagues at Stanford or elsewhere have been helpful to career development. But **less than 50%** have mentors at Stanford or elsewhere.

About 63% of the respondents feel that the demands of their career impact negatively on their personal life. Moreover, only **46%** feel that they can discuss these concerns with their chair or chief. Overall, basic science faculty are more satisfied than clinical faculty and feel that they are more supported and more aligned to the missions of the school and their department than their clinical colleagues. Moreover, overall, women are less satisfied than men. They feel less aligned to the expectations of the department and appear less likely to have a defined career plan. Women feel less supported by their chair or chief, feel they get less feedback and are less likely to seek guidance from their chief. Women also feel more connected to the clinical missions and less to the research mission than men.

Clinician Educators (who are over-represented by women) appear to be the most disenfranchised group of faculty at this time. They are less clear about the expectations of their department than other faculty groups and are less likely to have clearly defined career plan. They also feel less clear about support from their department, chair or chief.

Finally, it is interesting to note what respondents identified as their sources for greatest joy in being at Stanford (in alphabetical order). They include:

- Collaboration – including interdisciplinary and cross campus opportunities
- Colleagues
- Culture and environment of one's department
- Patient care and clinical excellence
- Research
- Students and teaching
- The Stanford reputation

Similarly, respondents were asked to identify areas of frustration in their Stanford career. The responses included:

- Lack of support from school and department leaders
- Perceived inequities between different categories of fellows and faculty – clinical versus basic, men versus women
- Lack of resources to support career development –different reasons for basic and clinical faculty
- The pressures and expectations surrounding clinical care, including the support that comes from the two teaching hospitals - along with the perception that too little value is place on clinical excellence.

AAMC/COACHE Survey Data

It is important to add both some comparative texture as well as individual granularity to these data. While the COACHE survey had a lower response rate (38%), it is interesting to compare those elements in which our Stanford faculty felt more – or less – satisfied than their peers at Penn, UCSF and UCSD. These include the following:

Stanford Faculty rated 25 items significantly *higher* than faculty at peer institutions:

- ***Satisfaction with:***
 - Incentive compensation, such as bonuses
 - Housing benefits
 - Tuition benefits for dependents
 - Spousal/partner hiring assistance
 - Parental leave policies
 - Availability of childcare offered by the medical school
 - Quality of childcare offered by the medical school
 - Institutional assistance in finding offsite childcare
 - Communication from the Dean’s Office to faculty about the medical school
 - The Dean’s priorities for the medical school
 - The pace of decision-making in the Dean’s Office
 - Opportunities for faculty participation in governance of one’s department
 - Communication from one’s Department Chair to the faculty about the department
 - The Department Chair’s priorities for the department
 - How well the location of one’s clinical practice functions overall
 - The medical school as a place to work
- ***Agreement that:***
 - One’s work is appreciated by one’s patients
 - One’s work is appreciated by the Dean’s Office
 - The workplace culture of the medical school cultivates interdisciplinary work
 - The workplace culture of the medical school cultivates entrepreneurialism
 - The workplace culture of the medical school cultivates excellence

- The medical school is successful in retaining high quality faculty members.
- One's department does a good job explaining its overall financial situation to the faculty
- One's department does a good job explaining departmental finances to the faculty.

In contrast Stanford faculty rated 12 items significantly *lower* than faculty at peer institutions:

- *Agreement that:*
 - One's work is appreciated by one's immediate supervisor
 - The requirements for teaching/education are clear
 - The requirements of institutional service are clear
 - The requirements for institutional service are reasonable
 - The criteria for promotion are consistently applied to faculty across comparable positions.

Ethnographic Observations

It is also informative to reflect on the individual stories and concerns Dr. Valantine and I have heard directly from faculty – both in our meetings with junior faculty and more broadly. Without being simplistic, success and satisfaction ultimately comes down to the individual's expectations, career track choices, the level of support received in the division or department and the support received from faculty colleagues and institutional leaders. Of course personal pressures and challenges can dramatically alter the equation; these may include personal resources, spousal and partner relations, age and well being of children, impact of eldercare and the multiplicity of other factors that impact the lives of individuals at different stages of their career.

While it is important to focus on the concerns that are raised and reported, it is even more important that we do not approach our work by simply highlighting the negatives or complaints. Every job has stresses – and those in medicine and science are hardly exceptions. But I think we are better served by taking note of what does work and then thinking about ways of making those successful ventures the focus of our institutional culture.

In sum, these data affirm that, while we are all part of a common culture with widely recognized norms and expectations, we are also comprised of a variety of constituencies that have varying degrees of satisfaction, clarity, perceived support, and degree of connection to the school's missions. Some of these differences are related to individual perceptions, but many emanate from the Stanford culture – or the “Stanford Way” – that has evolved over the past decades. It is notable, for instance, that some of the areas of dissatisfaction are also congruent with our history and with the culture that has developed at Stanford Medicine over the past 50 years – especially the tensions between the value placed on research versus teaching and patient care.

How Our Unique History and Culture Have Shaped Who We Are Today

Evolution of the “Stanford Way”

To a great degree the perceptions and views of our faculty colleagues today are products of our history and of the Stanford culture – sometimes referred to as the Stanford Way – that has evolved over the past 50 years, since the School of Medicine moved to the Palo Alto campus. Taking a moment to look back to the re-founding of Stanford Medical School in 1959 and to reflect on the forces that have shaped the school as a whole and the individuals who have been part of its community affords an opportunity to better understand some of its current and future challenges and opportunities.

The move of the medical school in 1959 was the fulfillment of the vision of key institutional leaders at Stanford who believed that the second half of the 20th century would offer opportunities in science and medicine that would benefit from the location of the medical school with the rest of the university. Most notable were President Wallace Sterling and Provost Fred Terman. Several key medical school faculty members also played a critical role, including Drs. Robert Alway (Dean during the transition), Henry Kaplan (who helped found the field of radiation oncology and whose research still stands as a paradigm of interdisciplinary investigation and innovation), and Avrum Goldstein (in pharmacology), among others.

These university and medical school leaders and others created a unique environment that continues to define us to the present moment. Its key elements included:

- A physical continuity between the basic and clinical sciences
- A co-location of the medical school to its major teaching hospitals
- A close proximity of the medical school to the university and especially to engineering and the biological and physical sciences.
- An entrepreneurial spirit that is committed to innovation and discovery
- A willingness to engage in interdisciplinary and multidisciplinary research

These factors and of course the individuals who came to Stanford as faculty, students and staff shaped the medical school agenda with a unique focus that has a number of characteristics, such as:

- Research, along with a commitment to scholarship, has been the defining value throughout these 50 years, and it continues to permeate the culture of both the medical school and rest of the university
- The focus has been on the accomplishments of individuals
- Recruitment of faculty is through national searches and an emphasis on recruiting individuals from outside Stanford (especially in the basic sciences)
- Placing a high value on being small and outstanding – this has defined the size of the faculty across the university, and it has had notable implications for the medical school, especially in limiting the size of the faculty through a billet cap

In the area of medical education, the initial focus was on training individuals who would pursue careers in science and academic medicine. The Five Year Plan was

initiated as part of the relocation to Palo Alto. It evolved over the years to a “flexible curriculum” – which nearly became a non-curriculum. The next major reform did not occur until 2003, when the current “New Stanford Curriculum” was launched.

The commitment to clinical medicine has an uneven history. Initially the hospital was divided into a “community hospital” and a “university hospital.” Faculty cared for less than a third of the patients admitted to Stanford Hospital, in line with the initial understanding that community physicians would provide general medical care and faculty would focus on patient care in relation to their teaching and research missions.

For the first three decades following the move, all faculty were in two different lines, the University Tenure Line or the Non-tenure Line (Research, Teaching or Clinical). Recognition of the importance of a separate faculty line for individuals involved primarily in patient care did not occur until 1989, when the Medical Center Line (MCL) was created. The size of this line was driven largely by “business plans.” It grew significantly through the 1990’s, in contrast to the number of faculty in the other lines throughout the university, and was uncapped until 2004. In the School of Medicine there are now more MCL than UTL faculty (there are a very small number of Non-tenure- Line faculty in the School).

From its inception MCL faculty have been considered members of the University’s professoriate, (with various perceptions about what this meant), but they are not members of the “Academic Council,” which consists of Tenure Line and Non-Tenure-Line faculty. As a result, they were initially not eligible to serve on a regular basis as Principal Investigators (PIs), a role generally restricted to Academic Council members. In 2003, University policy was revised to include MCL as PI-eligible faculty. Nevertheless, for much of the first 15 years of the existence of the MCL, faculty in this line have felt second class – something which has improved, but which, unfortunately, has not disappeared.

In 2002 the School initiated the Clinician-Educator (CE) Line. Initial appointments to this line were of individuals already at Stanford as Staff Physicians. Our goal was to redefine the staff physician role by, among other things, laying out a career track for individuals whose focus was on providing the highest quality clinical care in an academic medical environment. At the same time we revised the titles and roles of the community physicians serving as Adjunct Clinical Faculty.

Our hope in establishing the CE Line was that individuals serving in these ranks would become valued members of the medical school community and would provide important knowledge and skills. However, many of our CE faculty feel that they are “second class” – that they are not valued in their departments or in the school and university. In many ways, these perceptions reflect a wider view about how clinical medicine is valued at Stanford University. While there is no question about the value of research, there is wide variation in the value that has been placed on clinical care – and on being an outstanding clinician. While this attitude has evolved over the years and has clearly been changing

over the past decade, the perception that clinical care is valued less than research is still widely shared, and it does have a basis in fact.

This disparity in value is the counterpoint to what makes Stanford so strong as a research university. The culture and values of the university are in scholarship and discovery. While excellence in clinical care is valued, many in the university see this as part of being a good doctor – and they do not see the relevance of excellence in this domain to being a scholar or innovator *per se*. Moreover, the appointments and promotions process is largely oriented to scholarship and until recently has not put a premium on excellence in patient care (or even education). Department chairs and faculty themselves value the role of Clinician Educator differentially across the school. All of these factors inevitably have a negative and disheartening impact on how CEs perceive their value and role. Our goal is to give equal value to all faculty lines and all the roles they play – they are all equally critical to our success.

External Factors Impacting Academic Medicine During the Past Five Decades

In Clinical Care

A number of external factors have also shaped the evolution and development of Stanford Medical Center during the past 50 years. For instance, 1959, the year the medical school moved to the Stanford campus, was a time of national prosperity. Unfortunately, development of a national health program had not been addressed as a part of the New Deal in the 1940s, and attempts to accomplish such a program had failed during the Truman administration – largely because of lobbying by the AMA. Medicare and Medicaid were established in 1965 and resulted in the expansion of academic medical centers across the nation. In fact academic centers have grown from less than 20,000 full-time faculty in the early 1970's to approximately 125,000 in 2007. This represents a four-fold increase in basic science faculty and a fourteen-fold increment in clinical faculty. Further, the social upheaval that occurred during the 1960s and 1970s changed the medical student culture and shifted the focus (to varying degrees) from the research focus of the Five Year Plan to more flexibility and an orientation to primary care medicine.

The conversion of traditional fee for service to managed care began in the late 1980s and early 1990s and had notable consequences, first in the Bay Area and then across the nation. In California and especially the Bay Area, a number of HMO and non-academic medical systems began a process of consolidation. Most notable among these were Kaiser and Sutter. Capitated health care began in the 1990's and while academic centers, including Stanford, were initially engaged, this did not play to their strengths. Also in the 1990's a number of academic centers, including Stanford, became increasingly competitive with community physicians or community hospitals. Several approaches were taken to address this – primarily by forming regional networks and systems. However, Stanford elected not to foster a relationship with a regional physician group – the Palo Alto Medical Foundation (PAMF). At that time PAMF, which was in need of cash for facilities, was eager to be assimilated into Stanford. When that failed, PAMF joined Sutter. This has had enduring consequences.

As competition increased in the 1990's and the tensions between payers (largely insurance companies but also Medicare) and providers became more acute, academic medical centers took several approaches— some of which succeeded and many of which failed. One was to develop regional networks by purchasing community physician practices and/or community hospitals to create systems that would impact negotiations with payers. The University of Pennsylvania drove this model – and nearly collapsed as a consequence. Stanford (particularly SHC) bought a few practices, but they were not successfully managed and were divested in 2001.

At about this time mergers among academic medical centers began; these have had varying successes and failures. The most notable success is Partners Healthcare in Boston – in part because it was never a merger – but also because it created incredible market clout in Massachusetts (although this is now being challenged by the state government). The most notable failure was UCSF-Stanford, partly because of how it was conceived, managed and executed, but also because of the significant cultural differences between the two member institutions and the lack of buy-in by clinical leaders. When these mergers or consolidations worked they have had significant financial benefits. In California, Kaiser and Sutter (with PAMF) continue to succeed. In Massachusetts, Partners has been a major institutional success. On the other hand, when they have failed, there have been major negative financial impacts. The Mt Sinai-NYU attempted merger was a major loss. Similarly, the merger between Brown and Tufts failed significantly. The CareGroup merger, which is now succeeding, nearly led to the collapse of two premier hospitals. The Stanford-UCSF merger had major negative financial consequences for both institutions – and also for individuals.

In Research

Just as clinical programs expanded and grew in academic medical center following the initiation of Medicare and Medicaid, so did research – largely because of its support from the National Institutes of Health. From the 1950's through 2003, basic and clinical research increased in academic medical centers. That said, successful funding and academic program development were concentrated in “research intensive” schools. Still, most medical schools were able to continue to expand research programs and facilities through this period in tandem with funding support from the NIH and key foundations. Even though the competition for research has had periods where funding has become extremely competitive, until 2003-2004 it had mostly kept pace with biomedical research inflation.

The period of 1998-2003 was the doubling of the NIH budget from \$13 to \$26 billion. Many medical centers assumed that this funding would continue indefinitely and expanded research faculty and new facilities. Stanford was not among these. Since 2003 the NIH budget has been essentially flat – which means that it has lost 13% of its purchasing power compared to 2003. The flat budget was initially the consequence of limitations of discretionary federal dollars along with a loss of confidence in the NIH from the Congress and a broader anti-science movement in Washington DC and beyond. The duration of this NIH budgetary decline is unprecedented and is now putting enormous pressure on faculty (as well as students) who are competing for shrinking pie

of dollars. At the same time, a portion of the NIH budget has been redirected to translational and clinical research as well as to “big science.” As a result, reductions in support for graduate students and for RO1 research (which has been Stanford’s forte) have taken place during the past 5 years.

The Present Moment: Impact of the Present Economic Downturn

The major forces now shaping medicine and science at both the institutional and individual levels are economic. These took a distinct turn for the worse in December 2007 and, as is well known to everyone, the global events and worsening recession of the past year have had unprecedented negative impacts. Many factors are involved – some of which have already affected our situation and many others of which are likely to unfold. These are challenging the fundamental organizational model of academic medical centers and universities and include the impact of the downturn on endowment and financial reserves. The University and the Medical School (as well as the hospitals) have already lost about 25% of the value of endowment investments. The downturn has also impacted not-for-profit foundations that provide support for research, in some cases at an even higher percentage loss than Stanford’s, which means that funding for research from foundations has and will continue to decline. When coupled with the loss of research dollars from the NIH, NSF and other federal programs, this additional loss of research support is serious, and the situation is still deteriorating. Overall Stanford had a decline in research support in 2008 – although the level of NIH support is up in the first quarter of 2009.

An exception to this trend is funding from the California Institute for Regenerative Medicine (CIRM). Stanford has competed very successfully for both programmatic and capital funding from this organization. But given the state of both the California economy and the bond market, it is uncertain how this program will be affected over the next years. (And the funding could potentially run out in 2014 unless the citizens of California vote in a new bond.) Gifts, which traditionally support research, education, faculty and facilities, are also now challenged with the global economic downturn. Clinical revenues are still meeting budget, but these are also threatened. As the economy worsens, discretionary care will be postponed, which will affect some clinical services more than others. In addition, as citizens lose jobs and, as a result, medical insurance, or as small businesses reduce their insurance coverage for employees, individuals will seek less medical care. At some point the numbers of uninsured patients will increase.

The entitlement programs are also challenged. The Medicare Trust Fund needs attention (it goes bankrupt in 2017), and there will be a great deal of pressure to address this program, which on a national level covers more than 40% of medical care costs – although this is closer to 25% at Stanford. But Graduate Medical Education (GME) support is embedded in Medicare, and, when reform occurs, it is likely that GME will be affected – which will have enormous consequences for all academic medical centers, including Stanford. Medicaid (in California this is Medi-Cal) is already a very poor payer, especially for physician services. Our state has the second lowest Medicaid (Medi-Cal) reimbursement in the nation. The major impact of this rate is on pediatric care, and

the most serious consequence of the economic downturn for us is an increase in the percentage of Medi-Cal patients seeking care.

Overall, then, there are a number of serious risks to the current integrity of the university, medical school (as a formula school) and major affiliated hospitals. Within this context, the next months and year will witness a number of new policies and programs designed to address past and current problems – some of these can and will help our community and the nation, while others will pose new challenges. Prominent among these is the Obama stimulus package, which may provide some relief for research programs. It seems clearest that this will be the case for research in energy and the environment. But a compelling case is being made for biomedical research, which might at least allow the NIH budget to keep pace with inflation, hopefully after an adjustment that makes up for the serious losses of the past several years. *(In fact, in the days following the retreat, the approved “Stimulus Plan” ended up with \$10 billion of incremental funding to the NIH, thanks largely to the efforts of Senator Arlen Specter – which is great news, but which carries some additional challenges that I will discuss in a future Newsletter.)*

Some health care reform seems likely – which is good news. But the way this unfolds could affect support for academic medical centers. The likely focus will be on improved health management rather than disease management. The payment system will likely be focused on quality outcomes. There will probably be greater oversight over technology and how it is employed. There may be adjustments to the payment schedules for primary care versus specialty or procedure- based specialties. Addressing medical workforce issues will involve developing new roles for physicians and other health professionals and may change the current roles, especially for primary care providers. So, the stimulus package has the potential to either improve or potentially worsen the various elements of our institutional financial picture noted above (investment returns, fundraising, federal and state support, etc).

Demographic Contrasts Between 1959 and 2009

In addition to the significant institutional changes that have occurred over the past 50 years, there have been very significant individual shifts that affect career development and overall career satisfaction – and that also impact the culture of institutions, which, in turn, of course, are ultimately created by the individuals who work in them. For example, in 1959, when the medical school moved to the Stanford campus, women comprised a very small percentage of the medical school and graduate school classes. This has changed dramatically during the past several decades, with women now comprising more than 50% of incoming classes.

Career development, success and satisfaction appear to be different for women versus men, especially for clinical faculty. This is the result of multiple factors, including differences in the styles, expectations and culture of women versus men and the impact and timing of family. A high percentage of women (not only in medicine) begin their family in their 30s – at the time when the pressures for career development are most notable. Many more families are now dual career, with both spouses working full-time.

This is not only a consequence of a desire for career satisfaction. It has also been economically driven – something likely to continue or worsen in the years ahead.

Since 1959 longevity has increased, and the expectations of faculty to continue their careers into their 70's and beyond has increased. Based on a 2007 survey of all School of Medicine faculty age 50 and older, approximately a third of faculty over 50 years – and continuing for each age cohort thereafter – have done little to no financial planning and have little sense of what it would take to retire – or when to do so. This issue is likely to become even more serious with the current economic downturn, since virtually everyone has seen a significant decline in his or her investments, retirement plans and savings. However, faculty continue to work not only for financial reasons – but more so because of their commitment and interest in their research or professional life.

Since 1959 the professional life of faculty in academic medical centers has changed enormously due to external forces impacting medical schools, teaching hospitals and academic medical centers. For example, expectations for clinical performance for faculty have increased and are accompanied by metrics for volume, clinical activity, quality and service. These expectations create a nearly constant tension for clinical faculty regarding what they need to do to be clinically successful (and earn their salary) as well as academically successful. The lack of time is a constant pressure. In addition, the competition for grant support has increased – especially in recent years – and is impacting all research faculty, all of whom spend an increasing amount of time writing proposals in order to support their lab or research program.

This problem is further aggravated by the financial model of medical schools in the United States, which are based largely on “soft money” from clinical income and grants to support salary and programs. This puts the onus on the individual faculty member and makes it difficult for individuals to spend time doing things that do not generate revenue – such as teaching, mentoring, or reviewing the grant applications or publications of junior faculty and students. The tension extends to the expectations for clinical faculty by teaching hospitals and their administration balanced against the expectations of their department leaders, the promotion process, etc. The pressures on virtually everyone have increased.

Medical schools and universities still put the greatest focus on the individual and his or her success and place less value on the contributions of teams, and there is little inclination to encourage, or even permit, faculty (including clinical faculty) to work part-time or to job share. In contrast, over the past decades there has been a shift in the expectations and desires of individuals entering medical or graduate school in how they see their future and what is likely to provide career success and satisfaction. A higher premium is now placed on work-family balance (by men and women). For medical school graduates, career paths that allow for more work/life balance have become more desirable and competitive and attract the most talented individuals. The orientation has been away from primary care specialties (including general surgery) and more toward specialty areas – particularly dermatology, radiology, radiation oncology, anesthesia and surgical subspecialties. Some, but not all, of this is driven by student debt – which is a

real factor. Of note, Stanford has among the lowest levels of student debt for medical students in the nation.

The length of training has also increased and has become a limiting factor. Limits on the amount of time residents can work set different expectations than in previous generations of physicians. For those who go into clinical practice, the expectation now is that they will work in a group practice/HMO or staff model and receive a salary. They also expect that they will be able to job share and have time off for personal interests. These goals carry over to expectations for work-life balance in academic medicine. For graduate students, there is an increased interest in pursuing careers outside of academia. Currently at Stanford about 50% of PhDs pursue academic careers. But with the current economic conditions, opportunities in academia will decrease. Furthermore, a recent survey of PhD students in the University of California system found that a significant majority of this group does not envision careers in academic medicine as friendly to work-family balance. This, along with many other factors, means that we need to train PhDs for multiple career pathways and opportunities.

Some of Our Accomplishments During the Past Eight Years

Many institutions respond to these internal and external pressures in a reactive way. Others work proactively to establish their goals and expectations so that they can better chart their future directions based on internal planning as well as the ever-changing external forces.

During the past 8 years we have tried to take the latter approach by establishing an institutional agenda that permits us to chart our own desired direction rather than to simply reacting to a direction imposed by others. Obviously adjustments must sometimes be made in such planning activities due to unintended consequences to internal constituencies or in response to anticipated –or unanticipated – external forces. As you all know, the degree and severity of the current economic down turn was not predicted – nor can we predict how and when things will improve. This uncertainty makes current and future planning even more important since, in its absence, we could end up a very different institution at the end of this period than we wish or expect to be.

A number of the plans and strategic goals set by faculty, students and staff over the past 8 years have contributed to our institutional as well individual success. They have helped re-define the medical school, and they contribute to how we are viewed in the other schools at Stanford, across the nation and around the world. Among these are:

- ***Education***
 - The New Stanford Medical Education Curriculum
 - Improved support for graduate student tuition and education
 - The Masters in Medicine Program for PhD students
 - The Advanced Residency at Stanford Program for clinical fellows
- ***Research***

- Supporting faculty and opportunities for basic science research – including support for recruitment and related resources
- Success in achieving a CTSA
- Success in becoming an NCI-designated research center
- Provision of seed grants through the Institutes and other institutional programs that foster innovative and collaborative research
- ***Patient care***
 - Coordinated strategic and programmatic planning with both SHC and LPCH
 - Improvement in the financial support for clinical faculty (to date with SHC and pending with LPCH)
 - Significant improvements in quality performance through collaboration with LPCH and SHC
 - Recruitment of clinical faculty and program leaders (including division directors and chairs)
 - In collaboration with SHC and LPCH, dramatic improvements in the financial performance of both institutions
- ***Interdisciplinary and programmatic initiatives***
 - Formation of the Stanford Institutes of Medicine and Strategic Centers
 - Founding and development of the Joint School of Engineering-School of Medicine Department of Bioengineering
 - Programs in IT including the Center for Clinical Informatics
- ***Academic development and the workplace***
 - Significant improvements in promoting a respectful workplace
 - Creation of the Office of Diversity and Leadership
 - Faculty Fellows Program
 - Coordination with SHC and LPCH Leadership/Mentoring Program
 - Development of an electronic faculty appointments and promotions process
 - Reclassification of academic appointments and tracks
- ***Integrated institutional and facilities planning***
 - School of Medicine Master Plan
 - Coordination of programmatic and capital planning throughout the medical center
- ***Improved interactions within the medical school and with the university – the basis for cultural transformation***
 - The divide between basic and clinical science leaders that was so dominant at our first retreat has been successfully repaired.
 - The negative relations with the greater university that existed during and following the merger and de-merger (and prior to that) has been very significantly reversed and improved.
- ***Improvements in communications within and outside Stanford***
 - A decade ago Stanford Medicine was portrayed quite negatively in the press, which tended to focus on its negative and hostile workplace and only in a limited way on the role that Stanford Medicine played in transforming health and science. That pattern of communication has been

reversed, because of the improvements in our work place and the contributions of our faculty and also because of the efforts of our Office of Communications and Public Affairs.

- ***Leadership in public policy and related initiatives***
 - Stanford has played a leadership role in advocacy and support for research at both the state and national levels and in efforts to reverse the anti-science views that have been so dominant during the past 8 years.
 - Stanford has played a leadership role in addressing issues of conflict of interest in education, research and patient care.
- ***Success in fundraising***
 - During the last several years Stanford Medicine's success in fundraising has grown to become among the best among medical schools in the nation.

Within this context, the challenges facing us focus on what we need to do to make our institution as strong and successful as possible. To accomplish this mission we need to make the careers of faculty, students and staff as successful and fulfilling as possible. This will be particularly challenging given the forces now in play.

Present and Future Challenges and Opportunities

Taken together, our history and its evolving culture, our workforce and its evolving composition and the external and internal forces impacting academic medicine in general and Stanford in particular, converge to present us with significant challenges as well as important opportunities. We are fortunate in being an institution whose mission is well-defined and whose faculty both recognize and feel aligned to that mission. But we are also an institution comprised of different constituencies with different goals, expectations and perceived support and recognition. Going forward we must seek to make Stanford Medicine as outstanding as possible – and one whose whole is clearly greater than the sum of its parts.

Achieving this goal will require support and recognition for all members of our community – even though their individual goals and objectives may vary. Such support begins at the individual level and is best expressed at the unit, division and department level. It mandates the focused engagement of our chairs, chiefs and leaders. It will require valuing all members of the community and recognizing that we cannot be a great medical center just because we do world-class research. We also need to deliver world-class clinical care and do so with excellence in quality and service. We must make education a valued priority. And we must recognize and support the different needs of our basic science faculty, our clinical faculty, and our clinician-educator faculty, as well as women and men faculty. Finally, we need to recognize and accommodate the need to balance professional careers with personal and family balance and, more broadly, to shape a work force that is suited to the pressures and demands of the 21st Century.

Based on these findings and issues, we can begin to set some goals and priorities that should become the responsibility of our units, divisions, and departments and their leaders. Some initial suggestions for discussion and action include:

- Given the pressures for research funding resource limitations, how can our divisions and departments better assure that our graduate students, postdocs and research faculty will be successful in their research careers?
 - How can the division or department best guide junior faculty to do world-class research and also balance their lives?
- Given the demands and pressures on our clinical science faculty, what innovative things can the division and department do to improve the quality of their professional life as well as their work-life balance?
 - Examples might include development of part-time appointments or even a “job-share” program.
- Being a great academic medical center requires that each member of our community feel valued and that everyone embraces shared missions and goals. While there is alignment around the importance of research, there appears to be lesser value given to our patient care mission – and this is felt particularly by Clinician Educators.
 - At the unit, division, department level, what can be done to better value and engage clinician educators? How can we transform our culture to such that Clinician-Educators feel and more valued member of our Medical School/Medical Center community?
- Given the economic challenges that stand before us, how can divisions and departments better align the constituencies that support missions in research, education and patient care – recognizing the multiple pulls and expectations coming from the medical school, the teaching hospitals and the university?
- What kind of interdisciplinary community building groups can be put together to foster interaction among otherwise diverse members of our medical school, medical center and university?
- Career development and faculty satisfaction evolve over time and throughout the span of one’s career. What cultural changes are needed at the unit, division and department level to provide mentoring and guidance for faculty during the various stages of their career – junior faculty, mid-career and senior faculty? Even more fundamentally, what cultural transformations are necessary to make this a shared responsibility and accountability between faculty and department leaders?

As you can see, we have an ambitious agenda – which we will begin to address during the rest of this retreat. However, the retreat is only the first phase of what will be an ongoing set of initiatives at the department and division level that will indeed create a culture in our school that fosters faculty success.

How We Can Create a Culture That Fosters Career Development and Success

Following my address (see above) the retreat attendees first identified a long list of issues and topics related to career development. From this list they voted individually for their top choices, which were distilled to a “Top 9” list. The attendees then broke into nine work groups that each addressed one of these important issues and themes and developed suggested action plans. The nine topics were:

- Valuing clinical care
- Mentoring
- Valuing collaboration
- Increasing the value of teaching
- Leadership diversity
- Clinician Educators
- Faculty development in times of financial constraint
- How to change the paradigm of the ideal worker: Designing new ways of working differently
- Metrics of faculty success

During the next weeks we will be asking each division and department to decide on one of these issues/topics to develop further and implement. Later in the year we will plan presentations from the departments and divisions that have worked on common themes and issues to share best practices and to thus advance our efforts to transform our culture to better foster career development and satisfaction for our faculty at all stages of the career pathway.

Upcoming Event

Stanford Health Policy Forum: “AIDS: More Than A Virus”

Wednesday, March 11

11:00 am – 12:30 pm

Clark Center Auditorium

The second event in the inaugural year of the Stanford Health Policy Forum series will feature a conversation with Dr. Peter Piot, one of the world’s leading AIDS policy experts, Dr. Piot, who recently completed 13 years directing all United Nations AIDS programs, will address the necessity of tackling the political and economic factors that contribute to the epidemic’s continuing proliferation. In a candid discussion with Paul Costello, Director of Communications for the Stanford School of Medicine, Dr. Piot will address AIDS as “more than a virus” before dialoguing with the audience.

Space in the Clark Center Auditorium is limited, so if you are interested in attending, please RSVP online at <http://www.stanfordtickets.org/tickets/calendar/view.aspx?id=2443> or call the Stanford Ticket Office at 650-725-2787.

Awards and Honors

- **Dr. Ralph Horwitz**, the Arthur Bloomfield Professor and chair of the Department of Medicine, learned that the ACGME Residency Review Committee approved all of the residency and fellowship programs with high distinction. This is an honor that reflects well on the department, division chiefs, program directors, faculty, staff, residents and fellows. Congratulations to all.
- **Dr. Tom Krummel**, the Emile Holman Professor and chair of the Department of Surgery, has been selected to receive the 2009 Santa Clara County Medical Association “Outstanding Achievement in Medicine” Award. Congratulations to Dr. Krummel
- **Dr. Ron Levy**, the Robert and Helen Summy Professor and chief of the Division of Medical Oncology in the Department of Medicine, will receive the King Faisal Award in Medicine in March 2009. Congratulations to Dr. Levy.
- **Dr. Tirin Moore**, Assistant Professor in the Department of Neurobiology, is among the 18 individuals who have been honored with an award from the National Academy of Sciences (NAS). She has received a Troland Research Award for her fundamental and insightful contributions to our understanding of the neuronal mechanisms that control directed visual attention. This award is given annually to young investigators to recognize unusual achievement and to further their research within the broad spectrum of experimental psychology.

Appointments and Promotions

- **Jennifer M. Abidari** has been reappointed as Clinical Associate Professor of Urology (Pediatric Urology), effective 9/01/08.
- **Rodney Altman** has been reappointed as Clinical Assistant Professor of Surgery (Emergency Medicine), effective 12/01/08.
- **Kae Bendixen** has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 1/01/09.
- **Jonathan E. Benjamin** has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 2/01/09.

- **Cheryl Branson** has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 1/01/09.
- **Michael J. Bresler** has been reappointed as Clinical Professor of Surgery (Emergency Medicine), effective 9/01/08.
- **Robert Castro** has been appointed as Clinical Professor of Pediatrics (Neonatal and Developmental Medicine), effective 2/01/09.
- **Stephanie Chan** has been promoted to Clinical Associate Professor (Affiliated) of Medicine (General Internal Medicine), effective 12/01/08.
- **Jing Wang Chiang** has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 10/10/08.
- **Elizabeth G. Corrin** has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences (Child Psychiatry), effective 9/01/08.
- **Glenn DeSandre** has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics (Neonatal and Developmental Medicine), effective 2/01/09.
- **Frederick M. Dirbas**, has been promoted to Associate Professor of Surgery at the Stanford University Medical Center, effective 2/01/09.
- **Marthand Eswara** has been reappointed as Clinical Assistant Professor (Affiliated) of Pediatrics, effective 9/01/08.
- **Christophe Gimmler** has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 9/01/08.
- **Dita Gratzinger** has been appointed to Assistant Professor of Pathology at the Veterans Affairs Palo Alto Health Care System and at the Stanford University Medical Center, effective 2/01/09.
- **Rami Keisari** has been reappointed as reappointed as Clinical Assistant Professor (Affiliated) of Pediatrics (Pulmonology), effective 2/01/09.
- **Rohit Khosla** has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center and at the Lucile Salter Packard Children's Hospital, effective 2/01/09.
- **Edward Klofas** has been reappointed as Clinical Associate Professor of Surgery (Emergency Medicine), effective 9/01/08.
- **Sanjay Kurani** has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 12/01/08.

- ***Santhi Lingamneni*** has been promoted to Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 2/01/09.
- ***Mendy Boettcher Minjarez*** has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences (Child Psychiatry), effective 2/01/09.
- ***Miguel Moreno*** has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 2/01/09.
- ***Pravene A. Nath*** has been appointed as Clinical Assistant Professor of Surgery (Emergency Medicine), effective 1/01/09.
- ***Anna A. Penn*** has been reappointed to Assistant Professor of Pediatrics, effective 4/01/09.
- ***Kathleen L. Poston*** has been appointed to Assistant Professor of Neurology at the Stanford University Medical Center, effective 2/01/09.
- ***Daniel L. Rubin*** has been appointed to Assistant Professor of Radiology, effective 2/01/09.
- ***David Schneider*** has been promoted to Associate Professor of Microbiology and Immunology, effective 2/01/09.
- ***George Sternbach*** has been reappointed as Clinical Professor of Surgery (Emergency Medicine), effective 9/01/08.
- ***Clifford Wang*** has been promoted to Clinical Associate Professor (Affiliated) of Medicine (General Internal Medicine), effective 9/01/08.
- ***Lei Xing*** has been promoted to Professor of Radiation Oncology, effective 2/01/09.

Dean's Newsletter Special Edition February 23, 2009

Important and Evolving Events Related to the NIH and Biomedical Research

I am sending this special newsletter to update you on some of the changes unfolding at the NIH as a result of President Barack Obama's signing the American Recovery and

Reinvestment Act of 2009 (ARRA) into law on February 17, 2009. I know you have heard much about the economic stimulus over the past days and weeks, but there are notable impacts on the NIH that I want to call to your attention. The information we have at this point is still sketchy and over the next weeks I will amplify it as plans become codified in Bethesda.

As you also know the NIH budget has been flat (and below inflation) for the past six years, since the NIH doubling was completed in 2003. During the past several years we and many others have been working diligently to restore the NIH budget – one of our nation’s most important investments. And while the news has been mostly gloomy, that has changed dramatically in the past week. As a result of the ARRA the NIH will receive \$10.4 billion – that must be spent by September 2010. The magnitude of the NIH investment is a result of the incredible advocacy and support of Senator Arlen Specter (R-PA) who has been an extraordinary proponent of biomedical research. Senator Specter teamed with Senator Tom Harkin (D-IO) to achieve this level of funding. We are also grateful to the enduring support of Congresswomen Nancy Pelosi (D-CA) and Anna Eshoo (D-CA). While we all recognize that this is an enormous investment and although we might have wished that it could be spent over several years rather than over the next 19 months, it is clear that the Congress sees biomedical research as an area that could help spark the economic recovery through the preservation and creation of new jobs, as well as the impact of science and technology on improving health and innovation at the local and national level.

Of course the immediate question is how this money will be allocated and spent so as to assure that the investment is wise and successful. This has been a topic of intense discussion during the past days and I want to give you an update on what we have learned to date. My information comes from a meeting this past week with the Administrative Board of the Council of Deans of the Association of American Medical Colleges (AAMC) in DC and a conference call led by Dr. Raynard Kington, Acting Director of the NIH. Here’s what we have learned to date:

General Issues

- The \$10.4 billion for the NIH must be spent by September 2010. This must be viewed as part of the economic stimulus and there should be no expectation that this will reset the base budget of the NIH. Simply put, for FY11 the NIH allocation may be at the same level it is now. That said, it is certainly plausible that if the use of these funds is successful and wisely spent, that continued support for the NIH will be in the offing – but this is not guaranteed.
- This funding cannot be viewed as “business as usual.” Because funding (except for construction) cannot be carried over beyond September 2010, the NIH will only award it to projects that can be completed during this very tight timeline. And they will focus particularly on whether the funding will preserve or create jobs.
- There will be intense reporting requirements – unlike anything we have had to do to date. Specifically, it is likely that recipients of ARRA funding (whether institutions or individuals) will be required to provide on line updates to a

publicly searchable website – Recovery.gov, as well as to the NIH. We were told that this will be at the level of the investigator and that an exquisite level of transparency is expected. Obviously, failure to spend the funds on the proscribed timelines will be a source of embarrassment (at least) for the individual and the institution.

- Accordingly, Dr. Kington was clear that individual and institutions should only apply for funding if they are sure that they will spend it.
- Continued efforts to support new investigators will continue and there may be support for post-doctoral fellows in recognition of the tight job market at this time. However it is not currently expected that training grants will be a priority.

Current allocations and expectations for spending the \$10.4 billion.

Dr. Kington was clear that the information he was sharing was subject to final approval by the Executive Branch – but that this was roughly how things are lining up.

- ***Support for construction and infrastructure***
 - **\$1 billion** is allocated for renovation, alternation and construction in the extramural program. As you know, there have been few to no construction dollars in recent years, so this is a major investment in the aging laboratories and facilities at universities, institutes and academic centers.
 - Of note is that construction funds can be spent over 5 years – which is the only exception to the completion of spending by September 2010
 - **\$500 million** is allocated for NIH facility renovation, repair and construction (in Bethesda or other NIH sites)
 - **\$300 million** is for shared instrumentation and other capital equipment. This will be done through NCRR.
 - One important note is that the NIH and NCRR will likely suspend the usual rules for “institutional matching” for shared instrumentation – which is additional good news in light of the negative economic impact on most every university and research institution.
- ***Support for science and research***
 - **\$8.2 billion** is for science and research of which \$7.4 billion will go to the Institutes, Centers and Common Fund on a percentage formula and \$800 million will go the Office of the Director (in addition to the Common Fund noted above) to further support research activities that can be completed in two years and that create alignment to further foster the goals of ARRA.
 - According to Dr. Kington, Institutes and Centers will set their own priorities on how this money is spent – but each will be responsible for assuring that it is high priority science that can be completed prior to September 2010.

- In addition, \$400 million will be transferred from the Agency for Healthcare Research and Quality (AHRQ) to fund research in health quality, effectiveness and outcomes. This will complement separate allocations to AHRQ and to the Office of the Secretary of HHS for health quality and outcomes research. Clearly the magnitude of this funding is way beyond what has occurred historically and is evidence of the Administration's intent to further impact health care reform through research on quality and effectiveness.
- ***Mechanisms for funding.*** At this point several mechanisms are planned and others will unfold
 - Funding of “recently peer reviewed, highly meritorious R01 and similar mechanisms capable of making significant advances in two years.”
 - NIH will also consider funding new R01 applications that have a reasonable expectation of making progress in two years.
 - Dr. Kington was specific in noting that certain types of research would not likely fulfill these criteria – specifically clinical trials that ordinarily require much longer time-lines for completion.
 - Targeted supplements to current grants will also be pursued (which can include equipment and infrastructure support) as well as “competitive supplements” where a new direction is proposed to an existing grant – as long as the project can be completed in two years and is deemed a high priority.
 - *The NIH Challenge Grant Program.* The details are being worked out and will likely have Institute/Center specificity and are expected to support novel projects that advance science and health and that are deemed a high priority and can be completed in the two-year time frame. Currently it is anticipated that these will be \$1 million (over two years) and that NIH may allocate between \$100-200 million to this new challenge grant program.

What We Are Doing to Prepare for the ARRA and Increased NIH Support

Clearly the first priority is to make sure you are informed about what is going on since it is clear that decisions will be made very rapidly. With that in mind, I am putting together a School-wide planning effort that engages our Institutes and Centers and related programs that map to NIH Institutes and Centers. Each area will have a planning group and we will use our Office of Institutional Planning to help create alignments and communication mechanisms to faculty. I am also exploring ways to delegate support from our Office of Medical Development, Communications and Planning so that we can assist faculty with proposals for science and infrastructure support. I will have more to say about this in coming days and weeks. I did want to share the information we have now and to underscore that this is a unique and special opportunity and we certainly want to do all we can to benefit our school, community and the nation.

It also bears underscoring that we will need to coordinate efforts – especially around submissions for equipment and infrastructure support. And we will need to be creative in

fostering new public-private partnerships to further support our efforts – especially beyond the two years of NIH support. This is a unique time in so many ways – and we are now faced with a remarkable opportunity. We will do all we can to help make this opportunity as successful as can be – but ultimately that success rests on our faculty, whose efforts we want to support as best we can.

Dean's Newsletter

March 2, 2009

Healthcare Reform, Wellness and Society

A potential silver lining to the ongoing economic meltdown affecting our local and global community is the prospect for serious healthcare reform in the United States. We remain the only developed country without a defined and equitable healthcare system despite the fact that we spend twice as much on medical care than any other developed nation – and with no clear metric(s) of success. I have highlighted this problem in previous issues of the Dean's Newsletter and won't recount all the issues here. But I do want to add another issue that should factor into the debate: individual choice and societal benefit(s).

The dipole of individual versus society is relevant when personal choice incurs community costs and risks. These dynamics are also impacted by the plethora of factors influencing the healthcare debate: the broad medical industrial complex, which includes the insurance and pharmaceutical industries; the interests of hospitals, physicians and other health care providers; the views of employers and unions; the perspective of local, state and federal governments (including elected officials and, of course, lobbyists); and the attitudes, views and support of individuals. Part of our heritage – and culture – is the expectation for personal choice. However, sometimes those choices conflict with what is best for both the individual and society – and often they incur real costs.

A well-described personal versus societal choice is tobacco use. Even though the consequences of smoking are well known – for the individual and society – we have not, as a nation, held the individual culpable for poor personal health choices. More recently, healthcare wellness programs have offered benefits to individuals who do not smoke. In fact, some organizations (including at least one healthcare provider) have decided not to employ individuals who choose to use tobacco. But medical treatment is not denied – nor is the cost for care differentially shared for those who develop smoking related illnesses. But to what degree should personal choice be taken into account when serious and potentially preventable disease can be avoided? Without question this is a “slippery slope” issue that raises a number of questions and conundrums for the individual and society.

This debate is the topic of the current issue of *Stanford Medicine* (see: <http://stanmed.stanford.edu/2009spring/article1.html>) – wherein the factors influencing the personal versus societal decisions regarding immunization are presented and discussed. I think the debate needs to be taken a step further. There is no question that the

vaccines discovered and introduced during the second half of the 20th century and beginning of the 21st century have transformed global health. The elimination of smallpox and the near eradication of polio, along with numerous other childhood diseases, have been stunning. As just one example, I well remember caring for a child with *Haemophilus influenza* type B meningitis on my first day as an intern at the Children's Hospital, Boston and watching the devastating neurological consequences unfold in this 8 month-old infant. Importantly, at that very same time a group of investigators were working at that very institution to develop a vaccine against this serious childhood illness. Ultimately their pioneering work led to the HiB vaccine. I also well remember happily noting, when I returned two decades later, that H. flu meningitis had been essentially eliminated at this same hospital because of the effectiveness of the HiB vaccine. That also has been the story with numerous other viral and bacterial infections– thanks to effective immunization(s).

While these research accomplishments and their impact on society are cause for celebration, it is a sad testament that recent years have witnessed an increasing number of parents opting out of immunizing their children. The factors behind this are described in a series of articles and interviews in *Stanford Medicine* (see: <http://stanmed.stanford.edu/2009spring/article1.html>). Left unresolved is the question of how we determine and adjudicate the responsibility of individuals – whether parents, physicians or scientists – and society, when personal choices impact individuals and also have consequences for communities. Of course, no one of us would deny care to a child who develops a serious disease that might have been prevented by a vaccine when the choice was made by a parent or healthcare provider not to immunize him or her. But how should we react to a serious infection in a child that might have been prevented – or to a community that becomes subject to the outbreak of an infection that could have been avoided by immunization? The choice by an individual parent or care-provider not to immunize a child has broader health consequences. Sadly, this is becoming a matter of significance across the US as well as the world. Health care choice has been viewed as a right– but when does personal choice conflict with the health of children and communities? Such conflicts are not new, but they are occurring on a broader scale and with higher risks for individuals and societies.

We seem poised to renew a commitment to healthcare reform, and an important aspect of the dialogue is a focus on wellness and disease prevention. This discussion will need to include a recommitment to using the fruits of the science that has led to a plethora of viral and bacterial immunizations that prevent serious disease. But that will pit personal choice against societal as well as personal health. Once again the editorial board of *Stanford Medicine* and our Office of Communications and Public Affairs have done a terrific job of bringing the issues surrounding immunization to our attention – and hopefully to that of the greater community concerned about the health of individuals and society.

Appointment of Dr. Sherril Green as Chair of Comparative Medicine

I am very pleased to announce the appointment of Dr. Sherril Green as the next chair of the Department of Comparative Medicine. Dr. Green, who is currently Professor of

Comparative Medicine, will succeed Dr Linda Cork on September 1, 2009. Dr. Green holds a DVM from LSU and a PhD (neurobiology) from UC-Davis and has been a distinguished member of the department since 1995. I look forward to working with her and her colleagues to advance the scientific and educational agendas of the Department and provide outstanding veterinary care and services at Stanford.

I also want to thank Dr. Cork for her exemplary service as chair of Comparative Medicine since May 1994. Dr. Cork is a distinguished neuroscientist who has played an crucial role in shaping the department of Comparative Medicine, recruiting and supporting outstanding clinical and research faculty and assuring that Stanford met, with excellence, the ever increasing number of regulatory requirements and guidelines for research veterinary services. We are indebted to Dr. Cork for her longstanding leadership and advocacy for our faculty and for comparative medicine and appreciate her continued service through the end of August.

The Emergence and Evolution of Academic Medical Centers: Old and New Lessons

Next year, 2010, will be the 100th anniversary of the Flexner Report. This report, published by Abraham Flexner as the “Carnegie Foundation Bulletin Number Four,” was instrumental in shaping medical education and the formation and evolution of academic medical centers during the 20th century. Many of the characteristics of what we know in this country as academic medical centers can be traced, at least to some degree, to the Flexner Report. That said, while it is well recognized that there is considerable variance in the organization, governance, function and effectiveness of the nearly 130 academic health centers in the US, it is less appreciated that these confederations of medical schools together with other professional schools (e.g., dental, nursing, public health, pharmacy) and teaching hospitals and clinics are relatively distinct to the US.

Overall, academic medical centers comprise less than 5% of our nation’s hospital systems. They are composed of what will soon be 130 schools of medicine (and related professional schools) and approximately 600 teaching hospitals, approximately a third of which have major affiliation and alignment to these professional schools. Their importance comes from the fact that they provide medical care and services for nearly 20% of the most complex patients in the nation, carrying out procedures and interventions that are not available (or done as well) in community hospital settings. Most importantly, they serve as the wellspring of discovery and innovation, and they educate and train the physicians and health care professionals for the future. Many also provide a “safety net” for individuals who would otherwise lack access to medical care. Thus they have become an important component of the fabric of American medicine, and they bring value to our communities and excellence in health care education and innovation to our nation.

In recent years countries in Europe and Asia have been assessing whether to reorganize their own medical education, research and patient care activities into coordinated and integrated entities analogous to our academic health centers. As they do so, they uncover and highlight a number of the challenges and tensions that we have almost come to be

taken for granted. Importantly, they also have an opportunity to learn what has worked or not worked in the US and, where possible, to do things differently.

I have had the opportunity to share our Stanford experience and organizational model with leaders in the United Kingdom, Canada, South America and Asia. In fact, this past week I met with leaders from throughout Asia in a summit organized by the Association of Academic Health Centers (AAHC) (I serve on the Board of Directors of the AAHC, and I am Chair-Elect). This meeting, which was held in Singapore, brought together academic medical leaders from throughout Asia and Australia for a clear-minded dialogue on the experiences in developing academic health centers in these nations. One common and traditional challenge these nations face is that their medical schools and universities come under their “Ministry of Education” whereas the state, or the Ministry of Health, runs their teaching hospitals. Accordingly, integrating these medical schools and teaching hospitals into “academic medical centers” requires legislative and governmental changes as well as shifts in financial support and organization. Such changes in policy are not easy to achieve – although progress is being made in the UK, Singapore and parts of China.

It is also notable that most Asian and European medical schools educate practicing doctors. Those who seek to become a physician scientist require additional training and invariably pursue a PhD degree. However, working as a physician-scientist is a still nascent career and is confounded by the pushes and pulls between the forces of academic research and expectations for patient care. It was with that in mind that I was asked to deliver a plenary lecture entitled “*Protecting the Academic Mission in the Face of Increasing Clinical Demands.*” In comparing the factors that threaten the academic mission at Stanford – or other programs in the US – to those that exist in Asia, I observed common themes, even when the reason for the stressors are different.

The commonly articulated tension is the need and demand for the physicians who are employed by medical schools and universities to care for increasingly larger numbers of patients with little time or support for protecting or even providing time for academic development and enrichment. This is made worse when the hospitals and medical schools are loosely connected and especially when the hospitals and medical school/universities are separately governed. The situation is somewhat better when the hospitals and schools are more fully integrated, but even then, the same tensions around time, protection of the academic and teaching mission and clinical care demands are still expressed and deeply felt. Moreover, there was general recognition that these tensions will likely worsen with the economic downturn and the increased financial pressures that will be placed on state and national governments and on the private and public sectors. Thus there was considerable interest in trying to learn from the US experience.

In honesty, however, the experiences of American academic medical centers reflect these same tensions and liabilities. Even when the medical school and its related hospitals are more closely integrated, the expectations of success from a hospital perspective are not often or always consonant with an academic role. And while the distinguishing features of teaching hospitals are the contributions of faculty physicians in discovery, innovation,

education and training, providing time for these activities is invariably a challenge – and one that is getting worse. Clinical faculty who have responsibilities (and desires) to participate in all three of the core missions of patient care, teaching and research are essential to the future success of academic medicine – but this is the group most vulnerable to polarizing forces, expectations and demands. Seeing more patients, accruing the requisite RVUs, providing patient care with quality and patient-centricity and educating students, residents, fellows and colleagues are essential to the clinical mission and success of a teaching hospital. Carrying out these activities takes considerable time, and the pressures to provide them not infrequently take precedence over individual academic goals and expectations. A challenge arises when these same clinician-scholars are evaluated on their accomplishments in all three areas – patient care, teaching and research – at the time of appointment, reappointment and promotion.

It is not surprising that many of these faculty feel caught between two masters and very much squeezed in a vice of limited time and multiple responsibilities. Of note, these feelings were expressed by our colleagues throughout Asia, and they are certainly also experienced by faculty in academic centers through out the US. This tension was very much part of the theme and dialogue of the 2009 Leadership Retreat that I reported on in the February 17th issue of the Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/02_17_09.html#1). Moreover, based on recent surveys and informal dialogues, it is an important element of faculty satisfaction – or dissatisfaction. And, as stated already, the stresses now being experienced are likely to become even worse as business and academia react to declining financial resources and, as a result, have less ability to provide support for faculty development *per se*.

These issues make it imperative for leaders in Asia and elsewhere to critically assess their visions, goals and objectives. The mantra of the 20th century and until recently has been that growth, especially on the clinical side of the equation, is essential to secure financial success and provide depth and excellence across a wide array of services. But that comes with a price tag, not the least of which is the widening gulf between expectations, on one hand, and day-to-day demands on physicians and faculty on the other. We often acknowledge that being strong in research does not mean that we should not also be strong in patient care – and that we should value them as equally important and, of course, inextricably interrelated. But how big those respective missions and domains become and how one places pressure on the other to fulfill its mission will ultimately define the success of the overall enterprise.

At last year's Strategic Leadership Retreat we addressed the theme of quality and balance across our missions in education, research and patient care (http://deansnewsletter.stanford.edu/archive/02_11_08.html#b). Because of the limitations on faculty growth at Stanford, we are compelled to assess critically and carefully how we prioritize our activities. We can't be all things to all people. That said, it simply requires more people to provide in-depth and high-quality patient care than it does to conduct a specific research program, and so choices become necessary. And as we make those choices, we need to be attentive to institutional values and the very culture we seek to preserve and enhance. That may mean not growing in some areas and putting

even greater emphasis on preserving our ability to discover and to innovate while, at the same time, being clear that we will provide outstanding patient care but perhaps on different scale that might have been forecast in prior times.

Obviously these are issues requiring frequent reexamination, especially at times when we are called upon to deploy more resources to support them, whether capital or programmatic. And of course we cannot do this in isolation, since many external forces and events are rapidly unfolding (from the consolidation of health care services in the Bay Area, to the changing financial landscape and the emerging prospects of significant health care reform). Hence, it becomes ever more important to shape our own destiny than to be reformulated by the expectations or demands of others who are likely to be less attentive to what Stanford Medicine should be in the years and decades ahead.

Not surprisingly, while the original purpose of my travel to Singapore was to share the experiences we have had in the evolution of academic medical centers in the US, I returned with more questions and thoughts about what we need to do to further define and reshape our own programs and institutions, including Stanford Medicine.

Update on the Stanford Cancer Center

On Friday, February 20th Dr. Bev Mitchell, Director of the Stanford Cancer Center and the George E. Becker Professor in the Department of Medicine gave an update on the progress in achieving NCI designation for our Cancer Center. A summary of her report follows:

"Since its designation by the National Cancer Institute in 2007, the Cancer Center has continued to expand its activities in the integration of basic science, clinical research, and population science with the objective of improving cancer prevention, early detection, and treatment. The membership has grown from 260 at the time of the core grant submission to 320 as we enter our next competitive submission in May 2009. Its objective is to build on the talents of these members to promote and foster collaborative research in the broad effort to reduce cancer mortality.

Stanford has long been regarded as having excellent basic science cancer research. What has not been as evident to those outside the institution is its expertise in clinical and translational research and building in those areas, especially in the solid tumors, has been a major focus of cancer center activity. The untimely death of Steve Leibel in February 2008 left a large void in the clinical leadership. In January 2009, Brandy Sikic took up the mantle of Associate Director for Clinical Research. With his background in cancer clinical trials, laboratory-based research, and running the GCRC, Brandy brings broad expertise to this position. The position of Medical Director of the Clinical Cancer Center has not yet been filled. Over the past 21/2 years, Stanford as an institution has succeeded in recruiting a total of 46 individuals in 13 Departments with cancer-relevant clinical and research interests. Of these, 28 have interests in solid tumors and 9 have combined M.D./PhD. degrees. The Cancer Center partnered with Departments to assist in 18 of these recruitments and 5 individuals have been recruited as a direct result of cancer center/stem cell institute-initiated searches. This is a record that was only made possible

by the concerted efforts of many Departments and, given the relatively small size of the institution, shows a genuine commitment to enhancing our cancer research efforts and the care of our cancer patients.

The Cancer Center has been supported by a relatively small NCI core grant of \$1 million per year, as well as the truly generous gift of John and Jill Freidenrich to support our translational research recruitments and efforts. Stanford Hospital and Clinics has helped to support our clinical trials infrastructures, as has Lucille Packard Children's Hospital. The Ludwig Center for Cancer Stem Cell Research under the leadership of Irv Weissman has enabled the Center to support seed grants and basic science core service infrastructure, while President John Hennessey's gift has enabled a large number of seed grants to be funded that have helped to promote collaboration. Last, but certainly not least, the School of Medicine's commitment has enabled the Cancer Center to become a reality in a remarkably short period of time. The Center is particularly proud of the increasing collaborations with the Northern California Cancer Center, an institution that offers the expertise of many excellent epidemiologists and a well-developed outreach program. NCCC also offers a wealth of data on cancer incidence, prevalence and outcomes in the Bay Area that can be mined by researchers at both institutions. Incorporating population-based studies into ongoing efforts in genomics, imaging, and other initiatives is one of the Center's major objectives and opportunities exist to use these data sources in the Comparative Effectiveness initiative that is part of the Administration's stimulus package.

Another very important function of the Center is to support shared resources that support cancer research through the NCI core grant. The Center will help to fund 11 of these facilities, including the immune monitoring core, an expanded genomics facility to include high throughput sequencing, and the high throughput bioscience center, during its next funding period. Questions about shared resources can be addressed on the cancer center website (<http://cancer.stanford.edu/>).

The contributions of cancer center members to advancing cancer research are numerous and of high impact. Of special note, are the unique and innovative imaging program under the leadership of Sam Gambhir and Chris Contag and the contributions of the Canary Foundation and the Department of Radiology to our efforts in the area of early detection of cancer. The potential for Stanford investigators and their collaborators to make a profound impact on the cancer field in the years ahead is extraordinarily high."

Reducing Risk to Research Samples

On February 5th the School of Medicine joined the University in an exercise meant to test our emergency plans in the event of a major disaster—in this case, an earthquake measuring 6.7 on the Richter scale. It became clear during the exercise that because emergency power would need to be focused on sustaining research animals and other life-support needs, and supplies of diesel fuel to power our emergency generators would be diverted to more critical needs, such as hospitals, refrigeration for research samples stored in the School's more than 600 freezers would be compromised within 24 to 36 hours-- a catastrophic loss for research.

With this in mind, we are continuing to pursue technologies and processes to limit research losses under disaster scenarios. We have already piloted dry storage technology; the Stanford Sustainability office recently purchased room temperature storage technology to allow several laboratories in the Medical School to test room temperature storage. The technology enables room temperature storage of biological samples including purified DNA, RNA, and plasmids housed in E.coli traditionally stored at -80, -20 and -4 degrees Celsius. In the pilot, twelve laboratories transferred over sixty thousand DNA or RNA samples out of the freezer to non-frozen storage technology, and fourteen additional labs provided sample collection data. The study found nearly a million candidate DNA and RNA samples for room temperature storage within the freezers of the 12 pilot labs. Initial estimates from the study project the collective savings for campus could be over 800 tons of CO₂, and nearly \$1.2 million in costs annually—while eliminating the risk to samples associated with loss of power. There will be more information forthcoming in a future newsletter.

Another avenue we are pursuing is a preferred vendor contract with an out-of-state freezer storage facility that can safely store valuable samples. We have a final proposal from a company in the Midwest, and will be sending information on how to use this service to the departments soon.

We will continue to update you on these efforts. It is critically important that all our researchers inventory the samples stored in their freezers and plan alternative storage media or sites to ensure preservation of the samples in the event of a lengthy power outage or earthquake. Many thanks to the people and departments who participated in the pilot and who have already taken steps to understand and mitigate risks to our research samples.

Continued Progress in Reducing Trips

Julia Tussing, Associate Dean for Educational Programs and Services, who leads the School's trip reduction effort, has let me know that the School of Medicine had excellent participation on the annual Parking & Transportation survey this past Fall (58%, up from 52% in Spring of 2007). We also continued to improve in self-reported trip reduction.

Since the survey began the School has effected consistent reductions in our drive-alone ratios, and we are now doing better than the University average, with 32% and 28% rates for the morning and evening commutes, respectively. In the Spring of 2006, SOM had a "drive alone" ratio of 45% for the morning commute, much higher than the University average of 39%. We improved to 35% in the Spring of 2007 and 32% in the Fall of 2007, holding steady at 32% for this past Fall. Meanwhile, the University has also improved, but not at the same rate, and we are now at a point below the University average. The afternoon trips during the same time periods for the School have followed a similar curve, starting at 39% in the Spring 2006 and ending at 28% this past fall; for the evening commute, we are now two points lower than the University as a whole. Congratulations on doing your part to reduce pollution and traffic congestion and keep us in compliance with the county's General Use Permit!

Upcoming Event

Stanford Health Policy Forum: “AIDS: More Than a Virus”

Wednesday, March 11

11:00 am – 12:30 pm

Clark Center Auditorium

The second event in the inaugural year of the Stanford Health Policy Forum series will feature a conversation with Dr. Peter Piot, one of the world’s leading AIDS policy experts, Dr. Piot, who recently completed 13 years directing all United Nations AIDS programs, will address the necessity of tackling the political and economic factors that contribute to the epidemic’s continuing proliferation. In a candid discussion with Paul Costello, Director of Communications for the Stanford School of Medicine, Dr. Piot will address AIDS as “more than a virus” before dialoguing with the audience.

Space in the Clark Center Auditorium is limited, so if you are interested in attending, please RSVP online at <http://www.stanfordtickets.org/tickets/calendar/view.aspx?id=2443> or call the Stanford Ticket Office at 650-725-2787.

Awards and Honors

- **Dr. Steven Artandi**, Associate Professor of Medicine (Hematology) and **Dr. Howard Chang**, Associate Professor of Dermatology, have been elected 2009 Members of the American Society for Clinical Investigation (ASCI). Founded in 1908, the ASCI is an honor society that recognizes physician-scientists – including those involved in translating discoveries from the laboratory to the patient. Drs. Artandi and Chang will be officially inducted at the ASCI annual meeting in late April. Please join me in congratulating them for this significant recognition of their respective academic accomplishments.
- **Dr. Maxence Nachury**, Assistant Professor of Molecular and Cellular Physiology, is among 118 early-career scientists, mathematicians and economists selected for a Sloan Research Fellowship awarded by the Alfred P. Sloan Foundation. The Sloan Research Fellowships have been given out since 1955 and are designed to help promising scholars pursue their research interests. Contratulations, Dr. Nachury.
- **Dr. Marius Wernig**, Assistant Professor of Pathology, and his colleagues have received the Cozzarelli Prize from the Proceedings of the National Academy of Sciences (PNAS) Editorial Board. This award recognizes the most outstanding contributions in each of the scientific disciplines represented by the National Academy of Sciences. Congratulations, Dr. Wernig.

- **Dr. Marin Grainger-Monsen**, Director, Filmmaker-in-Residence in the Program in Bioethics and Film, along with Co-Producer Megan Mylan, won the 2009 Academy Award for Best Short Documentary for their film *Smile Pinki*, about a free cleft lip surgery program in India.

Appointments and Promotions

- **Gregory Botz** has been promoted to Adjunct Clinical Associate Professor of Anesthesia, effective 3/01/09.
- **Isabella Graef** has been reappointed to Assistant Professor of Pathology, effective 2/01/09.
- **Lynn Gretkowski** has been promoted to Adjunct Clinical Assistant Professor of Obstetrics and Gynecology effective 3/01/09.
- **Michael Henehan** has been promoted to Adjunct Clinical Professor of Medicine, Center for Education in Family and Community Medicine effective 11/01/08.
- **Scott D. Oesterling** has been promoted to Adjunct Clinical Associate Professor of Obstetrics and Gynecology effective 1/01/09.

Dean's Newsletter March 16, 2009

A Major Vote of Confidence for Science

The March 9th Executive Order signed by President Obama that overturned the moratorium on embryonic stem cell research has been heralded and echoed around the world. It is exciting that this Order will permit scientists and physicians across the US to engage in embryonic stem cell research in a manner similar to what has transpired in California thanks to the California Institute for Regenerative Medicine (CIRM). But the President's historic action has even broader implications. Together with the inclusion of the NIH and NSF in the American Recovery and Reinvestment Act (ARRA) of 2009, these decisions signal a dramatically more positive level of support for science and technology than has been the case for nearly six years. This bodes well for fostering a spirit of optimism, respect and hope across the entire scientific community – well beyond the impact on stem cell biology and regenerative medicine *per se*.

I hope that each faculty member throughout the School is paying attention to the announcements on ARRA funding and that each of you is included in the informal networks of communication that we have established through our Institutes, Centers and

related organizing bodies. If you do not feel you are included please contact David O'Brien, Director of Institutional Planning (dob@stanford.edu) and he will be happy to assist you.

In addition to the outstanding updates you are receiving from Jeanne Heschele about ARRA and other funding opportunities and those that come to you from our informal advisory network, the HHS is also posting weekly updates on ARRA that you might wish to bookmark: <http://www.hhs.gov/recovery/2009/03/10/weekly/index.html>. These include updates on NIH and other opportunities. In addition, the NIH has also posted a helpful FAQ on the Challenge Grants that were recently shared with you at: http://grants.nih.gov/recovery/faqs_challenge.html. Finally, if you learn anything about funding opportunities that you would like to share more broadly, please send this information to me (ppizzo@stanford.edu), Daria Mochly-Rosen (mochly@stanford.edu) or David O'Brien (dob@stanford.edu).

Some Facts on Biomedical Research and Development

When the American Recovery and Reinvestment Act (ARRA) of 2009 was announced a few weeks ago, many questions arose about how investments in science and technology would help stimulate the economy. The California Healthcare Institute released some helpful facts that may be of interest to you.

Currently California is the home to more than 2000 companies and over 100 universities and non-profit research institutions that are involved in biomedical research. California also leads the nation in grants received from NIH and is the sole recipient of awards through the California Institute for Regenerative Medicine (CIRM). Given that California already receives 15% of NIH funding, it is likely that it will benefit in a relatively proportional fashion to awards made through the ARRA. This will have an impact on universities and by extension on the biotechnology industry. In fact, the biotechnology sector is second only to computer and electronic products in employing people in California.

Investment in biomedical science engages companies, the venture community and the broad public and private sectors. It is estimated that there are approximately 900 medical products in the pipeline in California with 51% in clinical trials. Further investment in science should continue to prime this pump and create new research discoveries, products – and jobs. All of these are good for the economy and further justify the investments in science and technology that are part of the American Recovery and Reinvestment Act of 2009.

The Continuing Financial and Economic Challenge: Impact for 2010

In the coming weeks we will be announcing the principles and factors guiding our budget planning for FY10. It will not come as a surprise that the economic downturn well known to all of us will have a significant impact on our plans and expectations over the next year(s). In planning for our future in this economic environment we want to preserve

what makes Stanford Medicine so outstanding – our excellence in education, research, patient care and our service to our community locally and globally. Naturally this will require some hard choices, and there is no question that we will need to achieve program reductions – almost certainly at around the 10% level – although this will be differentially applied to our various missions. Work on this is already underway in the broader administrative units within the Dean's Office as well as in our Institutes and Centers. We are also planning budget principles for our basic and clinical departments – some of which we will review at the School's Executive Committee on Friday, March 20th.

I do want to let you know that we have decided that the School of Medicine will join with the rest of the University in not having salary increases for FY10 for faculty and staff. I do want to add that salary adjustments for promotions or where market adjustments are clearly justified will be entertained. We are a complex community that includes, among other constituencies, basic and clinical scientists and physicians whose compensation schedules are quite different and clearly we need to take that into account.

Obviously further details will be forthcoming in the near future.

Biosciences Programs Interview Prospective Students for 2009 Incoming Class

Stanford can boast having among the most outstanding graduate education programs in the biosciences in the nation – a testament to our outstanding faculty, resources and most importantly, the quality of our PhD students. This year we received 1422 applicants to our 13 Bioscience programs (some shared with H&S). On March 5-7th departments and interdisciplinary programs hosted 264 of these applicants for on-campus interviews and the opportunity to meet with faculty and students (eight who couldn't attend interviewed at other times). Based on these applicants' records, interviews and other relevant factors, offers have now been extended to approximately 164 of these applicants – with final decisions expected from the accepted students by April 15th. Without question, among our most important investments are our students, and I know that the entire basic science community is deeply committed to attracting the best and brightest students to Stanford – including attracting as diverse a student body as possible. I heard from many faculty leaders how pleased and impressed they were by the outstanding quality of this year's applicants, and we all look forward to welcoming our incoming class of PhD students in this September. I also want to thank the Biosciences staff, the administrators of the individual graduate programs, and our current students for their enormous efforts in making this year's prospective students campus interview program such a success.

Annual Appreciation Celebration for Medical Education Donors

One of the most joyous and meaningful events I have the privilege to attend each year is the Annual Medical Education Donor Appreciation Dinner, which honors donors and friends who have contributed scholarships and support for medical education over the past year. This year's event was held on Wednesday, March 4th in the Arrillaga Alumni Center. Because of the generosity of these individuals and that of countless others over the years who have made donations to support medical education, Stanford Medical

School has the lowest level of medical student indebtedness in the nation. This important issue was discussed in the December 18, 2008 issue of the *New England Journal of Medicine* (<http://content.nejm.org/cgi/reprint/359/25/2629.pdf>), in which it was reported that “the median amounts, including premedical debts, were \$145,000 for students at public medical schools and \$180,000 for those at private medical schools.” Of note, this report, written by Robert Steinbrook, observed that the lowest medical student debt at public medical schools (for 2006) was \$79, 562 at the University of California, San Diego – and that it was \$70,235 at Stanford, the lowest in the nation. While this is still a significant amount of student debt, the donors we honored enable our students to pursue careers in science and medicine that are less burdened and influenced by overwhelming debt. Like many others I understand this on a very personal level. While I did not attend Stanford Medical School, I was the beneficiary of scholarships for my own education. Without that support there would have been no likelihood of my attending college, much less medical school. I feel indebted to those who made that possible – and in that spirit I feel deeply appreciative to the wonderful individuals who make similar opportunities available to our Stanford medical students.

One of the most meaningful aspects of the Medical Education Donor Appreciation Dinner is that it brings together medical students receiving scholarship and financial aid with the donors who provided those contributions. This permits both students and donors to get to know each other on a more personal level, to share their experiences and dreams and to mutually appreciate their interconnectedness. As I had the opportunity to visit with each of the guests attending this event, it was abundantly clear how deeply moving this experience was for both donors and students. Another highlight of the evening was a panel discussion led by Dr. Charles Prober, Senior Associate Dean of Medical Student Education, with six students who shared personal stories about how their life experiences shape their current dreams and aspirations and how those are facilitated by the support they receive at Stanford. The panelists were: Kierann Smith (SMS1), Morgan Theis (SMS1), Joslyn Woodard (SMS1), Joaquin Camara-Quintana (SMS2), Tiffany Castillo (SMS3), and Matt Goldstein (SMS4). It is worth noting that every one of our outstanding students could provide equally compelling perspectives. I want to thank each of our student panelists – and once again, the families and friends who help support their education and careers.

Medical School Reviews Programs and Facilities with University Senate

On Thursday, March 5th we had the opportunity to provide an update to the University Faculty Senate on the status of Phase I planning of our medical school facilities development. This includes the construction of the Li Ka Shing Center for Learning and Knowledge and the Lorry Lokey Stem Cell Research Building/Stanford Institutes of Medicine I. This presentation provided a follow-up to the visit that the School of Medicine hosted for the Academic Council in 2007, which forecast these and other future developments. I underscored in this presentation that new facilities are, of course, essential to renew and help facilitate our missions in education and research – but that what makes Stanford a truly distinguished university is quality of the work carried out by our faculty, students and staff. To help illustrate the work of the Institute, Professor Irv

Weissman, Director of the Stanford Institute for Stem Cell Biology and Regenerative Medicine, provided an update on our broad programs in stem cell biology and how these will be further enhanced when the Lorry Lokey Stem Cell Research Building is completed in the summer of 2010. Dr. Renee Reijo Pera, Professor of Obstetrics and Gynecology and Director of the Center for Human Embryonic Stem Cell Research and Education, gave an outstanding update on the work she and her colleagues are doing to develop and characterize human embryonic stem cells and to elucidate what makes them unique.

In case you haven't seen updates of the Li Ka Shing Center or the Lorry Lokey Stem Cell Research Building, here are recent photos shown side-by-side with the architectural renderings of these buildings:



Three Neuroscience Professorships Are Celebrated

On March 6th we had the special opportunity to host an Investiture Celebration for three neuroscience professorships. These professorships make it possible to recruit and acknowledge faculty of remarkable talent who bring distinction to our broader neuroscience community. The professorship holders are:

Graham H Creasey, MD, FRCSEd, the second incumbent of the Paralyzed Veterans of America Professor of Spinal Cord Injury Medicine. Dr. Creasy recently joined the Department of Neurosurgery and the Palo Alto VA Health Care System to lead a program on spinal cord injury – a major initiative of the department, the VA and the Stanford Institute of Neuro-Innovation and Translational Neurosciences.

Lawrence Steinman, MD, the first incumbent of the George A. Zimmermann Professorship. Dr. Steinman has been a distinguished member of the Department of Neurology since 1980 and is a world recognized authority in neuroscience. He has a particular focus on multiple sclerosis.

Thomas C Sudhof, MD, the first incumbent of the Avrum Goldstein Professorship, which was established to honor Dr. Goldstein, one of Stanford's most valued and renowned faculty members. Dr. Sudhof recently joined Stanford from the University of Texas-Southwestern Medical School and is a highly distinguished member of the neuroscience community and the Department of Molecular and Cellular Physiology. He is also a Member of the Howard Hughes Medical Institute.

Please join me in congratulating Drs. Creasey, Steinman and Sudhof.

Awards and Honors

- **Evalene Jones**, Clinical Associate Professor of Medicine, has been named one of the “2009 Women of Influence in Silicon Valley” by the San Jose Business Journal. She will be honored in San Jose on March 18th.
- **Jerome A. Yesavage**, Professor of Psychiatry and Behavioral Sciences, has been awarded the AAGP Distinguished Scientist Award from the American Association of Geriatric Psychiatry. Each year, the Association chooses a member for his or her original scientific contributions to the field of geriatric psychiatry and mentorship of the careers of successful contributing junior researchers in the field, and invites the Distinguished Scientist to present a session as part of the AAGP Annual Meeting. Congratulations, Dr. Yesavage.

Appointments and Promotions

- **Seth Ammerman** has been promoted to Clinical Professor of Pediatrics (Adolescent Medicine), effective 3/01/09.
- **Sangeeta Chona** has been reappointed as Clinical Assistant Professor of Surgery (Emergency Medicine), effective 9/01/08.
- **Patrick Clyne** has been reappointed as Clinical Assistant Professor (Affiliated) of Pediatrics, effective 1/01/09.

- ***Neena Berry Duggal*** has been promoted to Clinical Professor (Affiliated) of Obstetrics and Gynecology, effective 9/01/08.
- ***Brendan O. Duterte*** has been reappointed as Clinical Assistant Professor (Affiliated) of Pediatrics, effective 1/01/09.
- ***Francis B. Garrett*** has been appointed as Clinical Associate Professor (Affiliated) of Surgery (Emergency Medicine), effective 3/01/09.
- ***Thomas Hafkenschiel*** has been appointed as Clinical Associate Professor (Affiliated) of Surgery (Emergency Medicine), effective 3/01/09.
- ***Magdy Ismail*** has been reappointed as Clinical Associate Professor of Pediatrics (Neonatal and Developmental Medicine), effective 1/01/09.
- ***Dennis Israelski*** has been reappointed as Clinical Professor (Affiliated) of Medicine (Infectious Diseases), effective 9/01/08.
- ***Rashmi Kirpekar*** has been reappointed as Clinical Assistant Professor (Affiliated) of Pediatrics (Nephrology), effective 1/01/09.
- ***Amy Kostishack*** has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 2/01/09.
- ***Leslie H. Lee*** has been appointed as Clinical Assistant Professor of Neurology, effective 7/01/09.
- ***Michael S. Leong*** has been appointed as Clinical Assistant Professor of Anesthesia (Pain Management), effective 3/01/09.
- ***Andrew Nevins*** has been reappointed as Clinical Assistant Professor of Medicine (Infectious Diseases), effective 3/01/09.
- ***Joseph P. O'Hara*** has been reappointed as Clinical Assistant Professor (Affiliated) of Pathology, effective 2/01/09.
- ***Inger Olson*** has been promoted to Clinical Associate Professor of Pediatrics (Pediatric Cardiology), effective 3/01/09.
- ***Thomas Rando*** has been promoted to Professor of Neurology and Neurological Sciences, effective 3/01/08.
- ***Daniel I. Rosenstein*** has been promoted to Clinical Assistant Professor (Affiliated) of Urology, effective 3/01/09.

- ***Katherine S. Sanborn*** has been reappointed as Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 10/01/08.
- ***Mark Sanders*** has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 9/01/08.
- ***Rajesh Shinghal*** has been promoted to Clinical Assistant Professor (Affiliated) of Urology, effective 9/01/09.
- ***Eric L. Weiss*** has been promoted to Clinical Associate Professor of Surgery (Emergency Medicine), effective 7/01/08.
- ***Hong Yu*** has been appointed as Clinical Assistant Professor of Neurosurgery, effective 8/01/09.

Dean's Newsletter

March 30, 2009

Dr. Mike Snyder Will Join Stanford as Chair of Genetics

I am extremely pleased to announce that Dr. Mike Snyder, Professor of Biology and Director of the Yale Center for Genomics and Proteomics, has accepted our offer to join Stanford as Chair of the Department of Genetics. Dr. Snyder was selected through a national search led by Dr. Lucy Shapiro, Ludwig Professor of Developmental Biology and Director of the Beckman Center.

Dr. Snyder received his PhD from the California Institute of Technology and did a postdoctoral fellowship at Stanford with Dr. Ron Davis in the Department of Biochemistry. He joined the Yale faculty in 1986 where he also served as Chair of the Department of Molecular, Cellular and Developmental Biology (1998-2004). He has had a highly distinguished career and is the recipient of numerous awards and honors. He is the author of over 240 publications and is highly recognized for his leadership in genomics and genetics. In addition to serving as Chair of the Department of Genetics, Dr. Snyder will lead a new Center of Genomics and Personalized Medicine, which will provide a broad umbrella for school and university efforts in genomics and their application to diagnosing and managing human disease. Stanford is fortunate in having outstanding faculty in genomics and proteomics and we hope that this new Center will create opportunities for interdisciplinary research and education.

I have received enormous support and enthusiasm for Mike Snyder's recruitment to Stanford from faculty across the university as well as throughout the country. I feel confident that he will bring enormous energy, important skills and a strong commitment to foster the careers of students, post docs and junior faculty. Mike plans to join Stanford in early July and will "hit the ground running." Please join me in welcoming Mike and

also in thanking Dr. John Pringle, who has served as the Interim Chair of Genetics since the departure of Rick Myers (in addition to carrying out his responsibilities as Senior Associate Dean for Graduate Education and Postdoctoral Affairs).

2009 National Advisory Council Annual Review

The National Advisory Council (NAC), which advises the President and Provost on the strategic and related initiatives of the School of Medicine, met on Monday, March 16th for its 2008-2009 review. The chair of the NAC is Dr. Ed Benz, President of the Dana Farber Cancer Institute, Harvard Medical School, and its members include: Elizabeth Blackburn (UCSF), Tom Boat (Cincinnati Children's Hospital), Mariann Byerwalter (Stanford Trustee), Ying-Ying Goh (Stanford Trustee), Jennifer Rubin Grandis (University of Pittsburgh), Daniel Lowenstein (UCSF), Mary Cranston (Stanford Trustee), Trudy Mackay (North Carolina State University), James Madera (University of Chicago), David Nichols (Johns Hopkins), Arthur Rubenstein (University of Pennsylvania), William Stead (Vanderbilt) and Michael Zinner (Brigham & Women's Hospital, Harvard Medical School).

I provided the NAC with a comprehensive overview of the School of Medicine's current efforts in education, research and patient care and how these are being affected by known and anticipated internal and external forces. I focused on the impact of the global economic downturn on medical school and university resources and how these will continue to be impacted by changes occurring at the national, state and community level. More specifically, I addressed the likely effect of the American Recovery and Reinvestment Act (ARRA) on Stanford's research funding and our efforts to communicate with and assist faculty applying for research, equipment and facilities support. I also proffered my views about how changes in healthcare might impact funding for patient care and education, especially through the entitlement programs of Medicare and Medicaid. In addition, I reviewed the impact of state funding for healthcare (MediCal) and particularly for stem cell research, in light of the \$42 million California deficit and its impact on bond sales to support the California Institute of Regenerative Medicine (CIRM).

I also commented on how our local communities are affecting important decisions about the future of Stanford Medicine, especially the renewal projects of Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. The future of these projects has important implications for the clinical care, education and research programs of the School of Medicine, and they appear to be highly valued by Palo Alto residents, based on various opinion polls. However, a number of the City of Palo Alto Council members appear to be out of touch with the community and express views that are antithetical to the incredible value that the medical center brings to this community. Sadly, if their views prevail they might jeopardize clinical care programs of enormous importance to current and future generations of Palo Alto and our surrounding communities.

In addition to outlining the various challenges we face, I shared with the NAC the numerous steps we have taken and will continue to take in response to the economic,

programmatic and political forces that are unfolding. Some of these are detailed below; they are consonant with the dramatic shifts occurring at universities and medical centers across the United States. The NAC was interested in how further – and continuing – changes in the economy would impact the medical school and medical center and how we would accommodate to those changes – which would truly threaten significant programmatic investments.

In addition to a focus on the state of the school and medical center, the NAC heard an update on the school's efforts in career planning as well as our efforts in fostering leadership and diversity. Presentations were given by Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership; Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs; and Dr. Gary Schoolnik, Associate Dean for Senior Faculty Transitions. Dr. Valantine shared the progress that has been made in the last four years in retention and career development as follows:

Increases in women faculty Stanford compared to national data: comparing 2003-04 to 2008-09 data, the increase in women faculty (50%; 118) exceeded the relative increase in men faculty (20%; 122). For the three faculty ranks combined the proportion of women faculty at Stanford increased 4.6%: Assistant 5.6% (37.9% to 43.5%); Associate 2.6% (31.5% to 34.1%); Professor 4.6% (16% to 20.6%). These increases in women faculty at Stanford were considerably higher than nationally reported data from the 126 US accredited medical schools during the same time period: Assistant 2.1% (38.3% to 40.4%); Associate 1.5% (27.5% to 29.0%); Professor 1.9% (15.5% to 17.4%). These data indicate that at Stanford, the percentage of women faculty at each rank is currently higher than nationally, particularly at the rank of full professor, suggesting that our interventions have been effective in expanding gender diversity in the Stanford faculty.

Increases in underrepresented minority and Asian faculty: Comparing 2003-04 and 2008-09 data, underrepresented minority faculty (Black, Hispanic, and Native American) increased by 56% (19; 34 to 53); Asian faculty by 111% (110; 99 to 209); and White faculty by 36% (204; 567 to 771). Overall, the Stanford School of Medicine faculty increased 54%, however the relative increase was greater for women compared to men: 103% versus 38% respectively. The percent increases for underrepresented minority groups (Black 55%; and Hispanic 57%) slightly exceeded the % increase in the faculty as a whole, and was greater than the increases reported nationally for each minority group.

To further support faculty retention, Dr. Valantine has taken two distinct yet complementary approaches: skills building workshops that provide faculty with the necessary skills for academic career advancement; and mentoring and building a sense of community through leadership programs. Dr. Valantine discussed the progress that has been made in the Faculty Fellows Program (46 faculty have now completed this program), and Dr. David Stevenson described the new Connections Program – also designed to help support and guide the careers of

faculty new to Stanford (see:
http://deansnewsletter.stanford.edu/archive/11_03_08.html#3).

The NAC also seemed to be pleased and impressed with the efforts on senior faculty transitions led by Dr. Gary Schoolnik. I have previously highlighted the work and recommendations of the Transitions Task Force (see:
http://deansnewsletter.stanford.edu/archive/08_25_08.html#4). Affirmation of the impact of this effort was shared with the NAC during a working lunch discussion with several Task Force members including Drs. Harry Greenberg, John Boothroyd, Michael Levitt, James Mark, Linda Cork and Stan Shrier. The website delineating programs and resources to assist senior faculty will be available within the next month or so.

The National Advisory Council also heard updates on three school-wide initiatives: the Stanford Institute for Stem Cell Biology and Regenerative Medicine, the NCI-Designated Stanford Cancer Center and the Stanford Institute for Immunity, Transplantation and Infection. These presentations included updates on the recruitment, programmatic initiatives and capital programs for each of the Institutes.

- **Dr. Michael Longaker**, Professor of Surgery and Director of the Program in Regenerative Medicine, led the presentation about the broad initiatives of stem cell institute and was joined by Dr. Michael Clarke, Karel H. and Avic N. Beekhuis Professor in Cancer Biology; Associate Director, Institute for Stem Cell Biology and Regenerative Medicine, who reviewed Stanford program in cancer-stem cell biology, Dr. Renee Reijo Pera, Professor, Institute for Stem Cell Biology & Regenerative Medicine and Department of Obstetrics & Gynecology Director, Center for Human Embryonic Stem Cell Research and Education, on the development and characterization of embryonic stem cells and Dr. Marius Wernig, Assistant Professor of Assistant Professor, Institute for Stem Cell Biology & Regenerative Medicine and Department of Pathology, on induced pluripotent stem cells (iPS). In addition to the many scientific contributions being made by faculty in the Stem Cell Institute, they have had impressive success in competing for funding from CIRM – Stanford ranks #1, having received 33 research grants and 2 major facility grants (totaling \$101,245, 022) during the past two years (which is 21% more than any other institution). With the change in national policy for stem cell research recently announced by President Obama (<http://deansnewsletter.stanford.edu/#1>) Stanford is poised for major future success – including and importantly in translating fundamental knowledge into clinical and translational research programs.
- **Dr. Bev Mitchell**, Professor of Medicine and Director of the Stanford Cancer, gave an update on recent progress in cancer research, education and patient care. I summarized some of the accomplishments she reviewed in a recent Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/03_02_09.html). Dr. Mitchell and her colleagues are preparing for the submission of their grant to the NCI this May and we are hopeful (and optimistic) that we will receive a full renewal. As one illustration of the innovative work being conducted by members

of the Sanford Cancer Center, Dr. Sam Ghambir, Professor of Radiology and, by courtesy, of Bioengineering and Director of the Molecular Imaging Program at Stanford (MIPS), gave an exciting overview of the work he and his colleagues are conducting on early diagnosis and detection of cancer using an array of molecular, bioengineering and imaging technologies.

- **Dr. Mark Davis**, Avery Professor of Immunology and Director of the Institute for Immunity, Transplantation, Infection, along with Associate Directors Carlos Esquivel, Professor of Surgery, and Gary Schoolnik, Professor of Medicine, gave an update on the significant progress the institute has made in fostering interactive interdisciplinary research communities, in developing an outstanding volunteer leadership council and as a result generating impressive philanthropic support, and in developing the Immune Monitoring Center, which is generating an ever increasing number of collaborations with faculty across the medical school.

While it certainly appeared that the NAC enjoyed the program, presentations and interactions, their official report will be delivered to the President and Provost. It is incredibly important to receive outside critiques about what we are doing well and where improvements are in order. So, I look forward to receiving the report of the NAC after it has been reviewed by the President and Provost – and will be happy to share whatever news I can with you.

AAMC Faculty Forward Program Begins

As you know, faculty success and vitality has long been a priority at Stanford. The cumulative effects of faculty dissatisfaction are costly and can have significant impacts on institutional performance and culture in reduced morale.

To support more in-depth study about medical school faculty job satisfaction, the AAMC is launching a new initiative called *Faculty Forward* that will examine and attempt to improve upon faculty satisfaction, retention, and vitality. A centerpiece of this initiative will be a faculty satisfaction survey developed by the AAMC and the Collaborative on Academic Careers in Higher Education (COACHE) at the Harvard Graduate School of Education. The survey will provide an objective and standardized method to measure satisfaction levels among our faculty and will allow for comparisons and benchmarking with faculty satisfaction at other medical schools. The 3-year Faculty Forward initiative has an initial cohort of 24 U.S. medical schools. I am pleased to report that we are one of those first 24 schools.

Participation in the initiative will allow us to assess what drives faculty satisfaction at our institution, benchmark that information with peer institutions, and provide training and learning opportunities that will enhance our institution's ability to implement changes and improvements to make our school an even more vibrant place for faculty to do their work. Since Stanford participated in the pilot survey administered in 2007, we will also be able to assess changes over time.

In early April, the survey will open at our institution to all **assistant, associate and full**

professors in all lines (UTL; MCL; NTL; CE). Faculty will receive a notification via electronic mail with a link to complete the survey, which will take 15 minutes to complete. Although we have asked faculty members to complete several other surveys in recent months, I encourage you to view this one as a special opportunity to share your opinions and insights about how we can make Stanford the best place for you to accomplish your best work. Responses are confidential and only de-identified aggregate data are included in data reports. Through the survey process, we hope to refine our understanding of what drives job satisfaction among our faculty so that we can target our improvement efforts most effectively. Thank you for taking the time to complete the survey.

Further Updates on School of Medicine Financial Planning

On Friday, March 20th, Marcia Cohen, Senior Associate Dean for Finance and Administration, provided the latest in our series of updates on how the economic downturn is affecting the School of Medicine. I know this is a topic that is on everyone's mind, particularly with my announcement in the last issue of the Dean's Newsletter ([url](#)) that compensation will be frozen for faculty and staff in FY10 (which begins September 1, 2009). I want to underscore that we are doing all that we can to preserve programs and positions, and I am very aware that there is considerable anxiety about whether there will be layoffs in the medical school. Of course our primary goal is to minimize layoffs as much as possible, and to reduce expenses first that do not impact employment, but some layoffs will be necessary to bring our expenditures into balance with our resources.

The reality is that we are experiencing the worst economic downturn in more than 50 years. Not only is the endowment now down more than 30%, but also the impact of its rapid decrease will be experienced for a decade. That is, unless the conditions change (i.e., further voluntary reductions in the endowment payout are made now to preserve its principal or a dramatic economic recovery takes place, which seems implausible), the annual endowment payout to the School will be less than in 2008 until approximately 2018. Looked at this way it is clear that the current economic downturn is having not only an immediate impact but one that will endure for nearly a decade. And even that scenario is contingent on some economic recovery by 2010. Should that fail to happen - or if conditions worsen - then even these serious projections will worsen still.

And while these scenarios are very distressing, I want to point out again that compared to other schools at Stanford, the medical school is less dependent on income from endowment - since a much greater proportion of our revenues comes from sponsored research and clinical income. Accordingly, the programmatic reductions or changes we will be making are less immediate than what is happening across the rest of the Stanford campus. That said, it is imperative that we plan carefully and responsibly - and that we anticipate that the situation we are in can worsen (even while we hope that it improves).

Let me give you some sense of the immediate impact on our current and projected financial status based on the presentation that Marcia Cohen gave to our Executive Committee. For FY09 (the current budget year) the consolidated income for the School of Medicine, from all sources, was \$1.12 billion. For budgeting and planning purposes we

generally compartmentalize the school into three groupings: the central activities sponsored by the Dean's Office (e.g., student services, research management, information technology, facilities management, development, etc.), the basic science departments and the clinical science departments. For perspective, the Dean's Office's revenues in FY09 are \$272 million - or about 25% of the school's income. Based on changes already in play, we now project that we will experience a \$22.2 million reduction in Dean's Office revenue for this current fiscal year (which we are now half way through), and there will be an additional revenue shortfall of \$14 million for FY10 - and an even larger impact on the Dean's Office programs because of the combination of lost revenue and increased expenses. In fact, for FY10 we now are forecasting a \$28 million negative impact on the Dean's Office operations.

As you know from prior reports, we have already instituted a number of budget savings measures, but they will not be enough given the continued negative impact we are experiencing. Accordingly, we will be putting into place a number of other cost reductions and programmatic changes - a number of which will be spread through the school. These will include some simple things, such as the frequency of mail delivery, housekeeping, landscaping, etc as well as reduction of services (e.g., library hours) or events (even though we have already been careful with events and fully recognize that it is important to hold some for morale, community building, fundraising, etc.). One important thing we can all contribute to is energy savings. For example, simply being more conscious of switching off lights and computers, swapping out old for newer freezers, etc, could have a significant impact - and is good for the environment in any event.

We are working hard to sustain commitments that we have made to faculty, chairs, departments and programs - but we will need to lengthen the time during which they are paid out. We will also need to delay a number of capital projects and be particularly mindful of reducing or minimizing debt funding. We are currently planning reductions in the operating dollars we distribute to departments, institutes, centers and programs - likely by around 7%. We also discussed with the Executive Committee the fact that the Dean's Office will not be able to cover some of the faculty housing benefits it has historically borne and that these will be shifted to the responsible departments. We project that the impact of these changes on our academic departments will be a negative \$3.7 million in FY09 and \$10 million in FY10.

As a result, we have asked our administrative units, Institutes and Centers to accelerate the budget preparation process for FY10 and to propose further budget reductions, including potential reductions in workforce. We will not have the final decisions and budget approvals from the University until late May. However, I want to inform you of the seriousness of the possibilities related to these budget reductions and the significant impact of the economic downturn on the School of Medicine. We are mindful that any decisions to reduce staff through layoffs will have a profound impact, and we want to be thoughtful and fair in considering such decisions. The School is most fortunate to have a very hard-working, talented and dedicated staff. We will not make decisions to reduce the workforce lightly, and I recognize that we are asking much from faculty and staff who

are already working diligently to contribute to our missions. As we eliminate some positions, we are equally aware of the effect of layoffs on the morale and engagement of the staff who remain and the need to support remaining staff. That said, administrative layoffs due to budgetary constraints will be informally communicated to all affected individuals at the very end of May with formal notification on June 1st. For those individuals receiving layoff notice, the last workday of paid notice will be August 31st. The University has enhanced the layoff benefits for all Stanford employees laid off during this notice period and that will provide some additional support to these employees.

What is not yet clear is how increased funding from the NIH stimulus will affect our budget forecasts. Knowing the total amount of NIH dollars that will be allocated to research (\$8.2 billion) and the historical share of NIH dollars that Stanford has received, we have done some projections of the levels of funding that might be anticipated. There is no doubt that this funding will be of enormous support to faculty and to the school in the short run - through 2010. But it would be unwise and imprudent to forecast a significant increase in sponsored research beyond 2010. More importantly, we need to anticipate – at least for planning purposes - that our funding will decline after that time. Should that change, we can reforecast – but it is much wiser to be fiscally conservative in our forecasts at this point, given all that has transpired in the past six months and that could remain the same or even continue to decline over the next year or more.

The bottom line is that we continue to experience unprecedented fiscal challenges. To date I think we have dealt with them thoughtfully and responsibly - and we have done our best to support our faculty, students and staff first and foremost. At the same time, we need to be vigilant and prepared to make additional and even unwelcome choices. Further, we need to stay focused on preserving and sustaining our missions so that we can preserve the great things about Stanford for future generations.

Responding to the Stimulus

I recognize that you have been receiving lots of communications about the funding opportunities being announced virtually daily by the NIH as part of the American Recovery and Reinvestment Act (ARRA) of 2009. While the sheer volume of these announcements is certainly daunting, we are doing the best we can to make you aware of opportunities, their timelines and ways that we might assist you. This past week Mario Garcia and Jeanne Heschle from the Research Management Group put together what I think is an incredibly helpful resource. They summarized all of the offerings by NIH Institute that are part of ARRA and provided links to the NIH website to help facilitate, organize and simplify your access to critical information. This spreadsheet was distributed broadly in the past several days, and it is available at <http://med.stanford.edu/rmg/funding/>. Importantly, Jeanne informs me that it will be updated regularly as new information becomes available.

Given all that is going on, I hope and anticipate that a large number of our faculty will be successful in one or more of these opportunities. But with success will come an unprecedented level of accountability – in this case to the public, the NIH and the White

House as part of the reporting required through <http://www.recovery.gov>. The website notes that federal agencies will be reporting their competitive grants and contracts on May 20, 2009 and that recipients of federal funding will begin reporting on their use of funds starting July 15, 2009.

While the actual information required will be established by each agency (in this case the NIH or NSF), there will be certain basic requirements. Based on information from the Office of Management and Budget (see: http://www.whitehouse.gov/omb/assets/memoranda_fy2009/m09-10.pdf), we understand that quarterly reports containing the following data elements, as prescribed by the Recovery Act, will be required:

- The project and Principal Investigator
- Evaluation of the completion status of the project (NB – this has not been further defined as of yet)
- Estimate of the number of jobs created and the number of jobs retained by the project
- Reports of any subcontracts

We are told that the quarterly reports will be quite detailed, but the complete content has not yet been made public. That said, one of the most important features will be the number of jobs created or retained, as noted above. Because our success as a national scientific community in utilizing the ARRA support – and how this impacts on the economy in new or retained jobs – will almost surely affect future funding from NIH, it is imperative that we do the best job possible with the reports as well as with the scientific achievements.

Public Transparency on Industry Relations

I have had numerous communications with you regarding academic-industry relationships and the steps we have taken to create transparency and integrity, for individuals as well as institutions. Stanford has been in the forefront in developing policies that address academia-industry relations in education, research and patient care (see: <http://med.stanford.edu/coi/>). In addition to doing all we can to assure the integrity of our programs in these areas, we have tried to foster and renew public trust in Stanford Medicine. Transparency is a key feature of ensuring the trust of our community – including our students, fellow colleagues and all whom we serve. The importance of transparency was evidenced by the recent events at Harvard Medical School (see <http://www.nytimes.com/2009/03/03/business/03medschool.html?scp=1&sq=harvard%20medical%20school&st=cse>), where students became concerned about whether the content of faculty presentations were free of bias due to undisclosed industry relationships.

Our faculty are required to disclose all financial relations with industry on an annual and transactional basis. Recently a number of pharmaceutical and device companies have announced that they will voluntarily post all payments to doctors for speaking, consulting and related activities on publicly accessible websites. This has been legislated in some

states (e.g., Minnesota and Vermont), and Senator Charles Grassley (R-IA) is sponsoring legislation (the Physician Sunshine Act) that would require the pharmaceutical and device industries to disclose all payments to doctors. This has been driven, in part, by allegations and evidence that some physicians have either failed to disclose or have incompletely disclosed their financial ties with industry – an issue that has been widely reported in the media.

In December 2008 the Cleveland Clinics took the additional step of indicating that it would disclose the financial ties of its 1800 doctors and scientists on its web site (www.clevelandclinic.org). This was widely covered in the press, including the December 2nd New York Times (see: http://www.nytimes.com/2008/12/03/business/03clinic.html?_r=1&scp=2&sq=cleveland%20clinic%20and%20conflict%20of%20interest&st=cse). This was a bold step, and it prompted Dr. Harry Greenberg, Senior Associate Dean for Research and me to assess the value and utility of this approach. This involved discussions with Dr. Guy Chisolm, Chair of the Conflict of Interest Committee at Cleveland Clinics, and others about the feasibility of adopting a similar level of transparency at Stanford.

At Stanford, thanks to the Community Academic Profile (CAP) web-based system developed by Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, and his colleagues (see: <http://med.stanford.edu/irt/web/cap.html>), the academic and clinical profiles of our faculty (and now post-doctoral fellows) are publicly searchable through the School of Medicine as well as Google search. For example, my profile is: http://med.stanford.edu/profiles/Philip_Pizzo/. If you are in the School of Medicine your profile can also easily be found. The CAP system has been a great resource for the university community and the public to find areas of research and clinical interest and expertise. It also serves faculty by automatically searching the literature for new publications and updating their bibliographies.

Since our annual faculty reporting of conflict of interest disclosures is also a web-based system, we determined that it would be possible to import disclosed industry relations from this system to each individual's CAP profile. This would permit the School of Medicine to make publicly transparent all of the disclosed industry relations of its faculty. As noted, this can be done automatically from the annual disclosure each faculty member is already required to make. The proposal to publicly disclose all faculty financial ties with industry or other entities related to their professional activities that are greater than \$5000 using the CAP profile was presented to the Executive Committee on March 20th and received strong endorsement. We will now proceed to implement this public disclosure process, and I wanted to make you aware that this will happen in the next several months. Faculty will shortly be asked to file their required annual disclosure – which will include all relations with industry, including membership on an advisory board or service on a board of directors, consulting (including medical legal/expert witness, investment companies), executive or employee positions and payments by industry to a spouse or domestic partner. This information will serve as the source for information included in the faculty CAP.

We are finalizing the format for how this information will appear in CAP. Currently we anticipate that there will be a boilerplate statement (see below) followed by the specific disclosure information. While not yet final, the likely language for the boilerplate will be something like:

Stanford physicians and scientists may interact with the pharmaceutical, biotech, or medical device industries to help develop new medical drugs, devices or diagnostics or to provide medical education about health care related topics of mutual interest. These interactions are reviewed annually as part of Stanford University School of Medicine policy. It is our policy to disclose payments to physicians and scientists employed by Stanford University for speaking, consulting, and other interactions of \$5,000 or more, and any equity, royalty or Board of Director relationships with companies or other commercial entities with which they interact as part of their professional activities. In providing this information, Stanford wants to be as informative and transparent as possible concerning its faculty's interactions with industry. The following relationships have been reported with the companies listed below during the calendar year 2008. To learn more about Stanford's policies on collaborations with industry go to <http://med.stanford.edu/coi/>

This will be followed by faculty specific disclosures in the following categories

Consulting: *Dr. ____ receives fees of \$5,000 or more per year as a paid consultant or speaker for the following companies:*

Royalty Payments: *Dr. ____ has the right to receive royalty payments for inventions or discoveries related to the companies shown below:*

Equity: *Dr. ____ owns stock or stock options in the following companies for activities as a founder, inventor, or consultant:*

Board of Director Role: *Dr. ____ serves in a fiduciary capacity, such as an officer or director, for the following companies or other entities:*

It is our hope that in addition to engaging the public trust, this proactive public disclosure practice will permit faculty to avoid false perceptions or allegations – as recently discussed by the editors of JAMA (see:http://jama.ama-assn.org/misc/jed90012pap_E1_E3.pdf) or that led students at Harvard Medical School to speculate about the integrity of their teachers and educators. Since the information we will be posting is comparable to what faculty would disclose for an educational program or for a journal publication, it is appropriate to make it publicly available and accessible. In my opinion, this is the right thing to do – a position that is shared by our School leadership.

The 2009 Match

On Thursday, March 19th some 29,890 applicants to the National Resident Matching Program (including 83 from Stanford) learned where they will begin their internship and residency this summer. This was the largest “match” in history, and the applicants included 15, 638 from US medical schools. The remaining applicants were from international medical schools (10,874), osteopathic schools (2,015) and physicians who previously graduated from medical school (1,222). Collectively these applicants applied for 22,427 first year residency positions available through the Match.

Of our 83 Stanford graduating students who took part in the Match, 30 will graduate in four years and 53 (64%) in five or more years. The residency choices of our students vary from year to year and reflect, in part, national trends. This year 16 students will begin their residency in internal medicine (including one in a combined medicine/emergency medicine program and one in a combined medicine/preventive medicine residency). Ten students selected diagnostic radiology, six chose pediatrics, six, emergency medicine (including the one in combined medicine/emergency medicine program); five chose ophthalmology, orthopaedic surgery or dermatology, and four chose otolaryngology or neurological surgery. Three each matched in radiation oncology, psychiatry or anesthesia and two each in obstetrics/gynecology, family medicine or pathology and one each in general surgery, physical medicine & rehabilitation or plastic surgery.

The choices of our students mirrored, in part, those of US graduates – of whom a fifth chose internal medicine through the Match. The “most competitive” specialties on a national basis were dermatology, neurological surgery, orthopaedic surgery and otolaryngology. How students make these choices is the topic of a new report from the Robert Graham Center, with support from the Josiah Macy Jr. Foundation, entitled *“Specialty and Geographic Distribution of the Physician Workforce: What Influences Medical Student and Resident Choices?”* (see: <http://tinyurl.com/cq28nv>). It seems hard to leave California and the Bay Area, as evidenced by the fact that 39 (47%) of our graduates will stay in the Golden State, including 21 in various Stanford programs. Eighteen students will move to New York (8), Massachusetts (7) or Maryland (3). Following is the list of students and the residencies they will be pursuing. I have listed in bold the final destination; for those who need to first do a preliminary or transitional year, which I’ve noted in italics.

I want to congratulate our 2009 graduating students. They have done superbly in the residency programs they have selected for the next phase of their training. In addition I also want to congratulate all of the Program Directors and Chairs of our Clinical Departments for the outstanding success they have achieved in their Match at Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital.

Stanford University School of Medicine 2009 Residency Match Results

<i>Achrol, Achal</i>	Stanford Univ Progs-CA	Neurological Surgery
<i>Agbo, Chioma Ada</i>	Brigham & Womens Hosp-MA	Emergency Medicine

<i>Andrews, James Scott</i>	UC San Francisco-CA	Internal Medicine
<i>Bababeygy, Simon Ronen</i>	Harbor-UCLA Med Ctr-CA	<i>Transitional</i>
	U Southern California-CA	Ophthalmology
<i>Bachiredy, Pavan</i>	Brigham & Womens Hosp-MA	Internal Medicine
<i>Badillo, Diana</i>	NYP Hosp-Columbia Univ Med Ctr-NY	Family Medicine
<i>Benedetti, Nancy</i>	Kaiser Perm-Santa Clara-CA	<i>Medicine-Preliminary</i>
	UC San Francisco-CA	Radiology-Diagnostic
<i>Blauwet, Cheri</i>	Brigham & Womens Hosp-MA	<i>Med-Prelim/Brig</i>
	Harvard/Spaulding-MA	Phys Medicine & Rehab
<i>Borges, Paula Marry</i>	Stanford Univ Progs-CA	Otolaryngology
<i>Briese, Beau Alan</i>	Stanford Univ Progs-CA	Emergency Medicine
<i>Cabral, Erik Stephen</i>	Santa Clara Valley MC-CA	<i>Transitional</i>
	Stanford Univ Progs-CA	Dermatology
<i>Chang, Emiley</i>	UC Davis Med Ctr-CA	Internal Medicine
<i>Chennupati, Sravana K</i>	Kaiser Permanente-SF-CA	<i>Medicine-Preliminary</i>
	Oregon Health & Science Univ	Radiation-Oncology
<i>Colbert, James</i>	Brigham & Womens Hosp-MA	Medicine-Primary/BWH
<i>Cortes, Rubi Delgadillo</i>	Kaiser Permanente-SF-CA	Internal Med/Preventive Med
<i>Cuellar, Jason Montgomery</i>	NYU School Of Medicine	Ortho Surg/Hosp Joint Disease
<i>Davies, Jason Michael</i>	UC San Francisco-CA	Neurological Surgery
<i>Dhatt, Harpreet Singh</i>	UC San Francisco-Fresno-CA	<i>Medicine-Preliminary</i>
	U Utah Affil Hospitals	Radiology-Diagnostic
<i>Downey, John Redmond</i>	Memorial Sloan-Kettering-NY	<i>Transitional</i>
	Stanford Univ Progs-CA	Radiology-Diagnostic
<i>Encarnacion, Betsy</i>	UC San Francisco-CA	Obstetrics-Gynecology
<i>Foltz, Cainan</i>	UC San Diego Med Ctr-CA	Internal Medicine
<i>Gabrovsky, Vanessa</i>	NYU School Of Medicine	Ortho Surg/Hosp Joint Disease
<i>Gipp, Melanie Sue</i>	Kaiser Perm-Santa Clara-CA	<i>Medicine-Preliminary</i>
	Stanford Univ Progs-CA	Anesthesiology
<i>Green, Eric M</i>	Brigham & Womens Hosp-MA	Internal Medicine
<i>Grunwell, Jocelyn Rebecca</i>	Emory Univ SOM-GA	Pediatrics

<i>Horak, Helena</i>	UCLA Medical Center-CA	Emergency Medicine
<i>Horoschak, Melissa</i>	Kaiser Perm-Santa Clara-CA	<i>Medicine-Preliminary</i>
	Univ of Chicago Med Ctr-IL	Radiation-Oncology
<i>Hsu, Andrew Ray</i>	Rush University Med Ctr-IL	Orthopaedic Surgery
<i>James, Jocelyn</i>	U Washington Affil Hosps	Medicine-Primary/Seattle
<i>Kalani, M. Yashar S.</i>	St Josephs Hospital-AZ	Neurological Surgery
<i>Knox, Kirstin Suzanne</i>	Hosp of the Univ of PA	Internal Medicine
<i>Krampitz, Geoffrey Wayne</i>	Stanford Univ Progs-CA	General Surgery
<i>Kwon, Gina P.</i>	U MD-Mercy Med Ctr	<i>Medicine-Preliminary</i>
	Johns Hopkins - Wilmer GBMC-MD	Ophthalmology
<i>LaBuz, Elizabeth</i>	Geisinger Health System-PA	<i>Medicine-Preliminary</i>
	Geisinger Health System-PA	Dermatology
<i>Lee, Bradford William</i>	University of Hawaii	<i>Transitional</i>
	U Miami/Bascom Palmer-FL	Ophthalmology
<i>Les, Jessica Tekla</i>	Sutter Medical Center of Santa Rosa	Family Medicine
<i>Levin, Yakir</i>	Emory Univ SOM-GA	<i>Transitional</i>
	Emory Univ SOM-GA	Dermatology
<i>Liu, Helen</i>	Santa Clara Valley MC-CA	<i>Transitional</i>
	Oregon Health & Science Univ	Dermatology
<i>Liu, Yueyi Irene</i>	Santa Clara Valley MC-CA	<i>Transitional</i>
	Stanford Univ Progs-CA	Radiology-Diagnostic
<i>MacLean, Jane</i>	Stanford Univ Progs-CA	<i>Pediatrics</i>
	Stanford Univ Progs-CA	Child Neurology
<i>Majure, Melanie Catherine</i>	Stanford Univ Progs-CA	Internal Medicine
<i>McGuire, Angela Raquel</i>	Stanford Univ Progs-CA	Pathology
<i>McGuire, Courtney Stritar</i>	Johns Hopkins Hosp-MD	Pediatrics
<i>Minta, Anna</i>	Johns Hopkins Hosp-MD	Pediatrics
<i>Morrell, Nathan Thomas</i>	U New Mexico SOM	Orthopaedic Surgery
<i>Nakao, Jolene</i>	St Lukes-Roosevelt-NY	Emergency Medicine
<i>Odegaard, Justin Iver</i>	Stanford Univ Progs-CA	Pathology
	NYP Hosp-Columbia Univ Med Ctr-NY	Surgery-Plastic Surgery
<i>Olorunnipa, Olushola Bidemi</i>		

<i>Oshinowo, Adeoti Efundademu</i>	U Michigan Hosps-Ann Arbor	Obstetrics-Gynecology
<i>Patel, Rena Chiman</i>	Stanford Univ Progs-CA	Internal Medicine
<i>Paterno, Josemaria</i>	Stanford Univ Progs-CA	<i>Medicine-Preliminary</i>
	Massachusetts Gen Hosp	Anesthesiology
<i>Pau, Candace Yoong-Fong</i>	Stanford Univ Progs-CA	Otolaryngology
<i>Paulus, Yannis Mantas</i>	Memorial Sloan-Kettering-NY	<i>Transitional</i>
	Stanford Univ Progs-CA	Ophthalmology
<i>Prakash, Saurabh</i>	Santa Clara Valley MC-CA	<i>Medicine-Preliminary</i>
	Barnes-Jewish Hosp-MO	Rad-Diag/Research
<i>Price, Robin Owen</i>	Carilion Clinic-VA	<i>Transitional</i>
	UC San Francisco-CA	Radiology-Diagnostic
<i>Rafii, Benjamin</i>	NYU School Of Medicine	Otolaryngology
<i>Ramachandra, Tara</i>	Vanderbilt Univ Med Ctr-TN	Otolaryngology
<i>Ramarajan, Naresh</i>	UCLA Medical Center-CA	Medicine-Emergency Med
<i>Riaz, Nadeem</i>	Stanford Univ Progs-CA	<i>Medicine-Preliminary</i>
	Memorial Sloan-Kettering-NY	Radiation-Oncology
<i>Riboh, Jonathan</i>	Duke Univ Med Ctr-NC	Orthopaedic Surgery
<i>Sherman, Seth</i>	Harvard Longwood Psych-MA	Psychiatry
<i>Teng, Margie Shi-Shr</i>	Stanford Univ Progs-CA	Emergency Medicine
<i>Tong, Ricky</i>	CA Pacific Med Center	<i>Medicine-Preliminary</i>
	UC San Francisco-CA	Radiology-Diagnostic
<i>Tran, Dung David N.</i>	Stanford Univ Progs-CA	<i>Surgery-Preliminary</i>
	UC San Francisco-CA	Radiology-Diagnostic
<i>Vargas, Mauricio Enrique</i>	White Mem Med Ctr-LA-CA	<i>Medicine-Preliminary</i>
	UCLA/Jules Stein/EyeSTAR-CA	Ophthalmology
<i>Vazquez, Luis Enrique</i>	Hosp Episcopal San Lucas-PR	<i>Transitional</i>
	U Southern California-CA	Ophthalmology
<i>Veeravagu, Anand</i>	Stanford Univ Progs-CA	Neurological Surgery
<i>Wang, Marie E-Jen</i>	Stanford Univ Progs-CA	Pediatrics
<i>Wilhelm-Leen, Emilee Ruth</i>	Stanford Univ Progs-CA	Internal Medicine
<i>Winestone, Lena</i>	Stanford Univ Progs-CA	Pediatrics

Upcoming Event: East-West Alliance Conference on Longevity

The East-West Alliance is a global network of ten institutions, including the Stanford University School of Medicine, that have been supported by the Li Ka Shing Foundation. The Alliance convenes annually at one of its member institutions to address significant scientific issues at a public conference. The School of Medicine is this year's host.

The focus for the 2009 conference is longevity across the life span. The Alliance, the Stanford Center on Longevity and the School of Medicine have brought together leading experts across a broad range of disciplines to address longevity-related topics in their fields. Session themes will include genetic considerations of longevity, stem cell connections to longevity, social correlates of longevity, longevity implications for the medical workforce, and economic correlates of longevity. Dr. Laura Carstensen, Professor of Psychology and Fairleigh S. Dickinson Jr. Professor in Public Policy; Director, Stanford Center on Longevity, will give a plenary address on "Longevity in the 21st Century." Session moderators will include Stanford faculty members Dr. Stuart Kim, Professor of Developmental Biology and of Genetics and, by courtesy, of Chemical and Systems Biology; Dr. Tom Rando, Professor of Neurology and Neurological Sciences, and Deputy Director, Stanford Center for Longevity; Dr. Paul Wise, Richard E. Behrman Professor in Child Health and Professor, by courtesy, of Health Research and Policy; Dr. Ralph Horwitz, The Arthur L. Bloomfield Professor of Medicine and Chair of the Department of Medicine; and Dr. John Shoven, the Charles Schwab Professor of Economics and Senior Fellow, by courtesy, at the Hoover Institution.

East-West Alliance 2009 Conference on Longevity**Wednesday, April 15**

1:30 pm – 4:30 pm

Clark Center Auditorium

Thursday, April 16

8:30 am – 11:30 am

1:00 pm – 5:00 pm

Clark Center Auditorium

Admission: Free. Open to the public**For more information** contact Mira Engel, mengel@stanford.edu**Stanford Postdoctoral Mentoring Award**

The Stanford University Postdoctoral Association is pleased to announce that nominations for the 2009 Stanford Postdoctoral Mentoring Award will be accepted until April 24, 2009. The award aims to raise awareness of the importance of quality mentoring and will recognize faculty or scientific staff who are excellent mentors. Please nominate any Stanford University faculty member or scientific staff who has provided

beneficial mentoring to you during your postdoctoral fellowship, they need not be your primary advisor.

More information: www.stanford.edu/group/supd/award

Nomination deadline: Friday, April 24, 2009

Award prize: Two prizes of \$2,500

Applications for the ARTS Program are Invited

Current Stanford residents and clinical fellows interested in combining clinical training with advanced research training are invited to apply to the Advanced Residency Training at Stanford (ARTS) Program (see: <http://med.stanford.edu/arts/> for more details).

The ARTS program offers the opportunity to obtain a PhD degree during or upon completion of residency or clinical fellowship. The program begins with approximately 12-48 months clinical training toward board certification in any area of interest, followed by research training in a graduate program in the Schools of Medicine, Engineering or Humanities and Sciences at Stanford University. The ARTS program will provide tuition, stipend and health benefits to successful applicants. Dr. Sam Gambhir, Professor of Radiology and Bioengineering, is the Program Director. The application deadline is October 5, 2009 for applicants who seek to begin their PhD coursework in the Fall of 2010.

If you are interested please contact Dr. Gambhir (sgambhir@stanford.edu) directly or the ARTS Program Office for more information. You can also call (650) 724-9139 or email: sofias@stanford.edu

Awards and Honors

- **Howard Hughes Medical Institute** has named three Stanford faculty as Early Career Scientists. This is a new award from HHMI for which 50 outstanding individuals were selected from more than 2000 applicants. The competition was enormously stiff and sought individuals who could develop their best ideas early in their careers with six years of funding from the HHMI. The three Stanford faculty selected for this highly prestigious award are:
 - **Howard Chang, MD, PhD**, Associate Professor, Department of Dermatology
 - **Karl Deisseroth, MD, PhD**, Associate Professor, Department of Bioengineering
 - **Tirin Moore, PhD**, Assistant Professor, Department of Neurobiology

That three of the 50 recipients of the HHMI Early Career Scientist Award are at Stanford is remarkable and reflects on the incredible talents of these individuals – and also on the wonderful environment that Stanford offers for innovative science. Details about each of their areas of research can be viewed at:

http://med.stanford.edu/news_releases/2009/march/hhmi.html. Please join me in congratulating Drs. Chang, Deisseroth and Moore.

- **Dr. Howard Chang, MD, PhD**, Associate Professor, Department of Dermatology, has also been awarded one of the first two Creative Promise Prizes by the Vilsek Foundation. This Prize recognizes talented foreign-born artists and scientists who have demonstrated significant creativity and originality in the early stages of their careers. Congratulations to Dr. Chang (again!).
- **The Stanford Digestive Disease Center**, a long standing NIH-funded (P30) research Center program based at Stanford University and the Palo Alto VA involves investigators from ten departments in the School of Medicine and one in Engineering. Under its PI/Director, Dr. Harry Greenberg, the Center has chosen its five new Pilot/Feasibility and Named Investigator Awardees for 2009-10, after a highly competitive selection process.

The Pilot awardees are:

1. **Chang-Zheng Chen, PhD** -- Assistant Professor, Microbiology & Immunology (*Project: The Role of miR-181 Family Genes in Inflammatory Bowel Disease*)
2. **Shirit Einav, MD** -- Postdoctoral Fellow, Medicine/Infectious Disease (*Project: Novel Antiviral Targets in Hepatitis C Virus NS4B Protein*)
3. **Eric Humke, PhD** -- Postdoctoral Fellow, Oncology & Developmental Biology (*Project: A Novel Paracrine Hedgehog Signaling Loop in Pancreatic Adenocarcinoma*)
4. **Maxence Nachury, PhD** - Assistant Professor, Molecular & Cellular Physiology (*Project: The Primary Cilium: A Tumor Suppressor Organelle for Pancreatic Ductal Adenocarcinoma*)
5. **Juergen Willmann, MD, PhD** -- Assistant Professor, Radiology (*Project: Non-invasive Molecular Ultrasound Imaging for Diagnosing and Monitoring Inflammatory Bowel Disease Using Molecularly Targeted Microbubbles*).

The New Named Investigator is:

Hanlee Ji, MD -- Assistant Professor, Medicine/Oncology

- **Chandler Robinson**, a 2nd year medical student, is one of 37 Americans to be named a Gates Scholar by the Gates Cambridge Scholarship Program, which provides funding for one to four years of graduate study.

Appointments and Promotions

- **Megan A. Albertelli** has been appointed to Assistant Professor of Comparative Medicine at the Veterinary Service Center, effective 3/01/09.
- **Valerie Berry** has been reappointed as Clinical Assistant Professor of Medicine, effective 7/01/08.
- **Ramin E. Beygui** has been appointed to Associate Professor of Cardiothoracic Surgery at the Stanford University Medical Center and at El Camino Hospital, effective 3/01/09.
- **Yair Blumfeld** has been appointed as Clinical Assistant Professor of Obstetrics and Gynecology, effective 7/01/09.
- **Walter Cannon** has been reappointed as Clinical Professor of Cardiothoracic Surgery, effective 10/08/08.
- **Chang-Zheng Chen** has been reappointed to Assistant Professor of Microbiology and Immunology, effective 6/01/09.
- **Eric I. Hsiao** has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 1/01/09.
- **Sermsak Lolak** has been appointed as Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 5/01/09.
- **Christopher A. Longhurst** has been reappointed as Clinical Assistant Professor of Pediatrics, effective 4/01/09.
- **Padma Mallipeddi** has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 4/01/09.
- **Nhat M. Pham** has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 11/01/08.
- **Jodie Trafton** has been reappointed as Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 4/01/09.
- **Brendan Visser** has been appointed to Assistant Professor of Surgery at the Veterans Affairs Palo Alto Health Care System, effective 3/01/09.
- **Paul Wang** has been reappointed to Professor of Medicine at the Stanford University Medical Center, effective 3/01/09.
- **Dhyanne Warner** has been appointed as Clinical Professor of Psychiatry and Behavioral Sciences, effective 4/01/09.

Dean's Newsletter

April 13, 2009

Prospects for Healthcare Reform in the US: Some Personal Observations and Reflections

In the midst of all the dire news about the current economic meltdown, commentaries and forecasts by the Obama administration and others have earmarked healthcare reform as critical to our ultimate economic recovery. There are many reasons to reform healthcare in the US, but the major one driving the Obama administration is that the rising costs are unsustainable. For example, in February the Centers for Medicare and Medicaid (CMS) released a 10-year projection that showed that healthcare expenditures would rise from 16.2% of the gross domestic product (GDP) in 2007 to 17.3% in 2009 and then to 20.3% by 2018. Some projections indicate that, if this pattern continues unchecked, healthcare would consume the entire GDP by 2050. Clearly controls and reductions in healthcare expenditures are critical.

Debates about healthcare reform have gone on for decades, and several attempts to create a functional healthcare system in the US have failed, largely because of the lobbying and political maneuvering of various special interest groups – including doctors, hospitals, the insurance industry, pharmaceutical and device manufactures, and the business community, among others. Two factors seem to be converging that forecast some reform in the next year or two: first, the continuing rise in health care costs as noted above, and second, in a related way, the impact that these escalating costs are having on large and small businesses throughout the nation – a matter made far worse by the global economic crisis.

In addition to following with great interest the information and commentaries about pending healthcare reform in print and visual media, I have witnessed some of the debate first hand over the past couple of weeks through the lens of several events I have participated in quite directly. These include a meeting on health care reform at the White House to which I was invited along with other leaders of medical institutions and professional organizations; a discussion at the Board of Directors meeting of the Association of Academic Health Centers and the 2009 international forum that it sponsored; a special retreat of the Council of Deans that focused on the changes that will likely ensue with significant healthcare reform as well as the current economic crisis; and a dialogue at the Council of the Institute of Medicine. Distilling and synthesizing some of the viewpoints, observations and facts discussed and presented at these events and at others during the past weeks lead to several general deductions – which I readily admit I will convey through my own personal lens. While each point can be discussed and debated in detail, I thought it reasonable to share just some high level assessments – since I think they best set the stage for some of the changes that may occur over the next months to years.

- It is important to begin with a qualifier. While many experts and pundits believe this is the moment in history for significant healthcare reform, it must be underscored that we have come up to the edge of reform in the past and backed away. Of course the current economic forecasts and chaos as well as what seems to be a greater willingness of the major and often opposing constituencies to at least come to the table seem to be harbingers for reform. But whether this will be marginal, incremental or transformative remains to be seen.
- At least as expressed at the White House meeting I participated in, the three driving areas of focus are cost containment, enhancing quality and improving access. Of course these are interrelated and intersecting. However, I would say that cost containment is the overarching and driving mandate.
- Controlling costs and reducing healthcare expenditures cannot be accomplished without major shifts in the provider-payer community, and these will affect every sector of the healthcare environment. The degree of impact will be influenced of course by the rate of change and the areas of primary focus. But it seems unassailable that every service, profession, and industry will be affected in some way – some more significantly than others.
- That said, it must be quite clear to everyone that significant change will not occur easily. Each sector and industry will have its own debates. Take the medical profession as an example. In principle everyone wants reform. But if cost containment means changes in physician compensation (which seems inevitable), there will be fierce debates about whose compensation goes up or down, since the total amount of healthcare dollars available for physician payment will almost surely decline. This was evidenced at the White House meeting I referred to above, at which specialty groups acknowledged that payments for primary care doctors were low and should increase – but not at the expense of payments for specialists. Clearly this math won't work.
- Several professional organizations have forecast a significant shortage in the physician workforce in the next decades, made worse by the aging of the population. This has led the AAMC to promote a 30% increase in the size of medical school classes in order to produce more doctors for the 21st Century. While there will surely be shortages in selected areas and disciplines, it is not clear to me that increasing medical school class size will change this projected shortages. Most notable is the relative shortage of primary care physicians, of which the US has a lower proportion than any other developed nation. In fact, as I have written about frequently, this trend is increasing over time for a complex variety of intersecting events.

Among these are the choices of medical school graduates, who more than ever are seeking careers that balance work and family. This has led many graduates, including the very best students, at least academically, to choose career paths like dermatology, radiology, anesthesia, and surgical subspecialties rather than

primary care. This trend is made worse by the cultural perception around primary care as the “lost leader” that does not command the respect or remuneration of other specialties. In fact, the lower compensation for primary care and cognitive specialties is a significant factor influencing medical school graduates – as well as the career satisfaction of physicians in practice. These choices are also influenced by the rising costs of medical school indebtedness (now over \$180,000 for private medical schools, although Stanford continues to have the lowest amount of indebtedness of either public or private medical schools), which affects the decision of whether to pursue a lower paying primary care career or a higher paying specialty pathway.

- Given that the choice of primary versus specialty care is influenced by multiple factors and that there are approximately twice the number of ACGME approved residency positions as there are graduates of the 130 allopathic medical schools, it is likely that simply increasing the number of medical school graduates will not necessarily change the career choice or the ultimate geographic workplace of medical school graduates. Simply put, just increasing medical school class size will not solve the primary care workforce. While some are talking about doing this by altering the distribution of CMS funded residency slots between primary and specialty care, it is unlikely that this will be successful unless compensation for primary care physicians is addressed.
- Further, it is not clear that doctors are the only or even the correct solution to the primary care challenge we face today. From my perspective, the primary care needs of the nation can only be solved if doctors join forces with other health professionals – especially with nurses who have advanced degrees (including nurse practitioners and the newly created Doctor of Nursing Practice). This will mean more cooperation among physician and nursing professionals (and their schools and organizations) as well as more team based education and practice.
- Health care providers will be increasingly judged and paid on quality metrics, a process already underway. This will include payments to doctors as well as hospitals. Increasingly, evaluations of physician performance will be made more publicly available, including on the web.
- Solving the access problem (especially for the 40 million American uninsured or underinsured) will require a number of changes. These include changes in public and private providers and almost certainly a requirement/mandate that everyone must have healthcare coverage. For those who can’t afford private insurance, a public system (analogous to Medicare) has been proposed. This is one of the more controversial and politically challenging areas for discussion. Because a large public payer will have the power to negotiate for lower prices and to offer coverage at a lower cost, it would seem inevitable that many individuals will migrate from private to public insurance. This has many concerned that the insurance industry as we know it today will become marginalized and the public system will grow – as is the case in most other nations.

Presently, Medicare (or public funding) accounts for about 50% of health care coverage. If a public system allowed this to increase to 75% or more over time, it would radically reshape the health care environment – moving it from an employer based model to a single payer system. I have previously registered my own support for a single payer system, even though I know it would pose a number of challenges to academic medical systems. In a small way, this was part of the debate around SCHIP during the Bush administration – and SCHIP has now been passed by the Obama administration. It is clear that, however it is accomplished, dealing with access is a key component of reform – but achieving this in a way that both sustains quality and achieves cost containment is also critical.

- Cost containment will focus attention on the perverse incentives that drive US medicine and healthcare. The fact that doctors and hospitals are paid more for procedures and technologies does just what you'd expect. It increases the use of technology, not a small amount of which is unproven, as well as high-end procedures and surgeries. There is ample data demonstrating that more medical care, including spending more on healthcare, is not associated with improved outcomes. In fact, in certain sectors there is an inverse relationship. But because market forces have driven medicine and healthcare, doctors, hospitals and health care systems have focused both on those services that provide higher reimbursements and on the payer mix of patients – which not infrequently means increasing the proportion of selected private insurance payers. The actual mix varies among and within states, but the guiding strategies are the same. They account for why community hospitals become competitive with larger tertiary facilities and may even include patient selection as part of the strategy. In many ways the current payment schedules have created the incentives that now drive healthcare costs. They need to be changed, but doing so will be accompanied by significant opposition and challenge.
- Part of the perverse incentives includes the cost of drugs, devices and technologies. There is no doubt that major advances in healthcare outcome are the result of new drugs, innovative medical devices and sophisticated technology, especially in imaging. But many of these new innovations are unproven and costly and are applied with as much of an eye toward profit as toward outcome. While we would like to think that clinical trials and the peer reviewed medical literature set a standard of excellence, it is quite clear that in many cases they do not. Even worse, in some egregious instances doctors and industry have promoted advances in care or diagnosis for personal or institutional profit. Even when bias has been unintended, the need for profit by industry as well as hospitals and doctors has resulted in some unfortunate examples of personal and institutional conflict of interest.
- A likely key part of the solution to controlling medical costs for new technologies and drugs will be a health oversight board – something also being discussed by

the Obama administration. In the absence of regulation, market forces and persuasion rather than data influence the introduction of new procedures, drugs, and devices. Significant improvements in the assessment of health outcomes and the benefits from a whole variety of interventions are viewed as another way of controlling costs. But it must be also acknowledged that gathering reliable health outcome and cost data is not as easy as it may sound. But such data are very much part of the potential remedy for health care.

- Another major remedy being discussed is the electronic healthcare record. It is amazing to note the low number of physicians and hospitals now using an EMR, and there is no doubt that a functional EMR will improve data access, quality monitoring and outcome, reduce errors, and improve portability of healthcare information. It also carries a number of risks regarding patient confidentiality and security and, we all recognize, it is expensive. There is a debate about whether an EMR will actually reduce healthcare costs as some in the Obama administration have forecast. But there can be no question that it is an essential part of a more functional healthcare system. I have been told by some of my colleagues that the EMR being used in the United Kingdom is highly effective – but it is important to note that this has been built on a reasonably functional (certainly as compared to the US) healthcare delivery system – which is what we do not have. In any event, significant dollars are being expended in the American Recovery and Reinvestment Act (ARRA) to foster development of an EMR, so it is likely that progress will be made in this domain.
- Unlike other nations, there are few if any constraints on healthcare tests and procedures for those with insurance. The debate about whether we can afford to spend so much of the health care dollar during the last 6-12 months of life will be an important one – with individual and societal ethical issues to be resolved. Indeed, discussion about the levels and extent of care provided at both ends of the life cycle seem inevitable, although I suspect that these will not be part of the initial dialogue about healthcare reform in the next couple of years. That said, this is an area where new technology may have a beneficial effect in moving the locus of care from institutions to home – and this could be an important area of focus for Stanford, given the close partnership that the Medical School has with the School of Engineering.
- Appropriately, the Obama administration has placed increased focus on health, wellness and prevention as remedies for controlling costs as well as for improving the quality of life. This is an important issue and it deserves attention. There are clear data showing that exercise can reduce morbidity and mortality from cardiovascular disease. And there is clear evidence that obesity in children, adolescents and adults, which is increasingly prevalent, increases the risk for a number of chronic medical conditions and so needs to be addressed. These and a plethora of other wellness strategies deserve attention, as we have been a nation and system more focused on disease management than health maintenance. That said, the data demonstrating that preventive health will have a major impact on

healthcare costs are unclear at this point. But wellness is worth our focus independent of costs.

- Each of the meetings I referred to and virtually every other discussion on healthcare I have participated in has also identified the need to better address the management of individuals with chronic disorders. The market-based health care system we have today does not align to the care of this important patient population. Because they take more time and resources, they are frequently triaged or avoided by many health care providers, which ultimately results in poorer care and greater costs.
- Except for research on health outcomes and cost, almost all of the discussions about healthcare reform are silent on the subject of biomedical research. Not surprisingly, the discussion at the Council of Deans last week made this connection quite clear and underscored the importance of basic and clinical research in improving future healthcare outcomes and in effecting cost containment. This is two-edged, since new discoveries can also increase costs if they are implemented and paid for before there is evidence that they are real advances in the healthcare armamentarium. But there can be no doubt that research in the basic biosciences and in clinical and translational science is a fundamental underpinning of a future healthcare system.

These are some of the observations, recommendations and issues that seem to be unfolding in the current healthcare reform debate. While it is difficult to determine which of these will emerge as leaders of the change process, it seems clear that the focus will be around cost containment. The obvious implication for all of healthcare, including academic medical centers like Stanford, is that the clinical revenue to physicians and hospitals will decline in the years ahead – at least proportional to the patterns that have been witnessed in the past decade. While these changes have been increasingly inevitable, they have been dramatically increased by the economic meltdown of the last year. This has made the call for change, and the likelihood that it will take place in the next couple of years, more likely than ever before.

Obviously our challenge is to do what we can to participate in the debate and discussion on healthcare reform as well as to prepare for its consequences. Sustaining flexibility, avoiding fixed overhead expenses, seeking the right balance of our missions, including the size and focus of our faculty and staff, will be critically important. That we have been engaged in proactive planning over the past years is a benefit –but we need to recognize that our prior planning will almost certainly require adjustment and accommodation as things unfold in the immediate future.

At the same time, we also need to do all we can to communicate what we bring to the nation's healthcare mission. Academic medical centers constitute only 2% of the healthcare providers, but they participate in the care of a significant percentage of the nation's sickest patients. They also train tomorrow's doctors and leaders as well as create the knowledge that can transform health outcomes. But in recent years we have lost some

of the public trust as academic medical centers have been caught up in allegations of financial avarice and in assertions that we have been inattentive to the real needs of the communities we serve. Clearly these issues also need to be addressed if we are to be players and future participants in healthcare reform and the future of medicine and science in the US.

Our Important Connections to the Santa Clara Valley Medical Center

The affiliation of Stanford and the Santa Clara Valley Medical Center (SCVMC) has a long and rich history grounded in a shared commitment to education (at both the undergraduate and graduate levels), patient care and research. SCVMC is presently a 574 bed facility with new and extensive ambulatory facilities whose history dates back to the latter part of the 19th century and whose affiliation with the Stanford School of Medicine began in 1959 – the year the medical school relocated to the Stanford campus. Since then it has developed important relationships with multiple residency programs at Stanford and has been an important and highly regarded site for medical student education

Over the years I have been at Stanford, Dr. Norm Rizk, the Berthold and Belle N. Guggenheimer Professor of Medicine and Senior Associate Dean for Clinical Affairs, and I have met at regular intervals with Dr. Alfonso Banuelos, Chief Medical Officer at SCVMC, and Dr. Dolly Goel, Medical Director there, to review shared programmatic initiatives in education, clinical programs and community initiatives. On Thursday April 2nd, thanks to an invitation from Dr. Clifford Wang, President of the SCVMC Medical Staff, Dr. Rizk and I had the opportunity to attend their medical staff meeting.. In addition to their reports, Ms. Kim Roberts, CEO, gave an update on the federal, state and community issues impacting SCVMC. While there are differences between the issues that Stanford is facing and those at SCVMC, there are some commonalities as well. Accordingly, I gave an overview of the impact of the current economic downturn on our missions in education, research and patient care, and I also discussed how we are addressing these issues in our efforts to stay focused on our overarching goals and strategic initiatives.

I am always impressed by the dedication of the physicians and faculty who work at SCVMC to the patients and community they serve. While the term “county hospital” can evoke many visual connotations, SCVMC is distinctive in having outstanding patient care facilities, including a new state-of-the-art ambulatory care center that opened in February and that we had the pleasure of touring. In addition, the SCVMC will soon break ground on a new in-patient bed tower that constitutes the next phase of their master facilities program. The impressive physical facilities convey to patients and their families that their community values them – which is precisely the right message, especially during these economically challenging times. Importantly, the excellence of these facilities is well matched by the commitment of the medical staff to patient care and to the very important and valued role they play in the education of our students and trainees. For this we must all be grateful and appreciative.

Introducing the Stanford Society of Physician Scholars

Virtually everyone who has gone through medical school and postgraduate education recognizes the lack of continuity and, in some cases, almost disconnectedness between clinical medicine and basic science – and between undergraduate and postgraduate medical education. We have made considerable efforts to address the connections between science and medicine in our New Stanford Curriculum, which commenced in the Fall of 2003 (see: <http://med.stanford.edu/md/>). Students begin learning the basic science and science of medicine from the start of medical school, and they continue that integrated learning throughout their undergraduate medical education. In the most simplistic manner, this fosters an understanding of the scientific underpinnings of clinical medicine – a goal espoused by Abraham Flexner when he issued his report on medical education nearly a century ago. We have also gone a step further with Stanford medical students by requiring that they each pursue a “scholarly concentration” that focuses them on scholarship and research and helps prepare them for lifetime learning.

But our efforts at integrating science and medicine are often lost with the start of residency and postgraduate education. The demands of patient care often leave little time to draw connections back to basic science. And most clinical faculty focus their teaching and interactions on patient management rather than discussions about the basis for disease at a fundamental level. Indeed, the pressures and demands on clinical faculty limit even their own ability to keep abreast of the scientific developments in their fields. While this might be a focus of “continuing medical education,” it too has been largely relegated to disease management and diagnostics and not to scientific integration.

As knowledge expands in science, and the demands of medical practice increase, the prospect that clinicians and scientists will draw even further apart in their shared learning is a real concern. At its extreme this could relegate clinical medicine to a “trade” rather than a science-based profession. Indeed the curtailed focus on basic science to shorten the time of training that has been proposed for some new medical schools could inadvertently widen this information divide.

For some years I have commented on the importance of drawing our programs and opportunities in undergraduate and medical education more closely together. And while we have made some progress, we have only barely achieved the kind of integration that would create new linkages for residents and fellows with medical and graduate students and the School of Medicine. On Friday, April 3rd, Dr. Charles Prober, Professor of Pediatrics and Senior Associate Dean for Medical Education, gave an update on a new program that can help foster better connections. It is modeled very loosely on a program at UCSF that Dr. Steve Galli, the Mary Hewitt Loveless Professor and Chair of the Department of Pathology, called to our attention. Building on that, Dr. Prober and his colleagues propose establishing the Stanford Society of Physician Scholars (SSPS), which would connect residents to medical school faculty, students and programs.

In this program, residents selected by their home department would participate in a seminar series that would provide guidance on career development, leadership and mentoring, research and funding strategies. The SSPS would provide mentors for the

resident as well as an expectation that residents would in turn provide mentorship for medical students. Drawing residents and students more closely together around scholarship, learning and teaching could foster important new synergies and opportunities. These could be connected to any of our Scholarly Concentrations (see http://med.stanford.edu/md/curriculum/scholarly_concentrations/) and thus create new alignments of undergraduate students and postgraduate trainees around areas of shared interest and opportunity. Importantly, it would also bring residents from different disciplines into a common forum and thus permit more interdisciplinary education and knowledge sharing.

The Stanford Society of Physician Scholars is still a concept but there is every intent to launch it this year and to further the process of better integrating our education programs across the continuum and hopefully, of improving the opportunities of postgraduate trainees to continue to link medicine and science.

Update from the Department of Radiology

On Friday, March 20th, Dr. Gary Glazer, the Emma Pfeiffer Merner Professor and Chair of the Department of Radiology gave an update on the department of Radiology to the Executive Committee. Over the past two decades Dr. Glazer and his colleagues have built what is unquestionably one of the most notable academic departments of radiology in the world. He provided the following summary of his presentation.

The Department of Radiology has created new clinical and research initiatives in medical imaging by investing heavily in people and resources to help solve major problems in health care and science. Deeply committed to patient care, Radiology faculty and staff provide service to Stanford University Hospital (SUH); Lucile Packard Children's Hospital (LPCH); the Palo Alto VA Hospital; and two new outpatient imaging centers: Stanford Medicine Imaging Center (SMIC or "Sherman"), Palo Alto, and Stanford Medicine Outpatient Center (SMOC), Redwood City.

As subspecialty experts, Stanford radiologists are very clinically active, performing nearly 1,000 examinations each day. Consequently, Radiology was the third largest producer of wRVUs in the School of Medicine (SOM) for fiscal year 2008. Dedicated to the growth of the SOM and the University, Radiology's combined revenues have grown by more than 580% since 1990 and over 50% since 2005. Radiology also provides very substantial revenues to our Hospitals through the technical fees for imaging.

In addition to its subspecialty clinical divisions, Stanford Radiology is divided into three major research sections: the Radiological Sciences Laboratory (RSL) headed by Gary Glover; the Molecular Imaging Program at Stanford (MIPS) headed by Sam Gambhir; and a new section called ISIS (Information Sciences in Imaging @ Stanford) co-directed by Sandy Napel and Sylvia Plevritis. Each of these sections is devoted to both basic and applied research. Norbert Pelc serves as the Associate Chair for Research and was a founding member of the RSL.

The Department has built bridges between the clinicians and scientists of Radiology as well as with other departments at Stanford. Today we collaborate with over 30

departments within the University. These collaborations have resulted in major advances, which have been rapidly translated into clinical medicine. Stanford is recognized internationally as a major epicenter for innovation in magnetic resonance imaging, fMRI, CT scanning, 3D image visualization, and in vivo cellular and molecular imaging. We are very pleased to house 3 major NIH funded Centers of Excellence: the National Center for Advanced Magnetic Resonance Technology; the In Vivo Cellular and Molecular Imaging Center at Stanford; and the Center for Cancer Nanotechnology and Excellence Focused on Therapy Response.

Radiology's research success is reflected in exceptionally strong NIH funding and its unique imaging infrastructure, which attracts trainees worldwide who come to study the latest imaging techniques at the Department's Richard M. Lucas Center for Imaging. As a result, the Department's educational programs have continued to expand, and the number of graduate students, postdoctoral scholars, residents, and clinical fellows has increased to over 150 in 2009.

Similarly, the Continuing Medical Education (CME) Program has grown to include more than 3,600 learners a year from 25 countries. Over the past few decades the Department has built strong partnerships with industry resulting in an imaging infrastructure that is world-class. For example, the multimodality small animal imaging lab, our high field MR equipment, the cyclotron and radiochemistry facility, and our leading edge CT scanners provide outstanding imaging resources to the Stanford community. We look forward in the years ahead to bringing breakthroughs in imaging and molecular medicine together to advance science and help in the earlier detection of disease and its personalized therapy.

Update from the Department of Pediatrics

Dr. Hugh O'Brodovich, the Arline and Pete Harman Professor of Pediatrics, became Chair of the department of Pediatrics on January 3rd, 2008. He presented an update of the department's demographics, vital statistics and strategic directions to the Executive Committee on Friday April 3rd. At the opening of his presentation he credited the significant growth in the department over the past decade to its past leadership and to the \$500 Million Children's Health Initiative (CHI). The CHI resulted from philanthropic donations from the David and Lucile Packard Foundation, Lucile Packard Foundation for Children's Health and the community. He provided the following brief summary of his comments.

The Department currently has 222 members. The changing demographics of the Department can be illustrated by several examples. First, the majority of the members are Clinician Educators (112), who are concentrated in the Divisions of General Pediatrics and Neonatology. The other members of the Department are 24 University Tenure Line, 57 Medical Center Line, 7 Non-tenure Line (Research), 2 Non-tenure Line (Teaching) and 20 Instructors.

Second, the faculty, overall, has 27% minority and 37% female members. However, the majority of Assistant Professors (60%) are female. The increase in the female:male gender ratio is beginning to be reflected in the leadership of the department: two of the

three recently appointed division chiefs and the majority of both the Pediatric Executive and Departmental Advisory Committees are women.

The CHI enabled the recruitment of a significant number of new faculty. This, in part, is responsible for the improvement in sponsored research projects, in which combined direct and indirect expenditures have risen from ~\$8 million in fiscal 1998 to \$27 million in fiscal 2008.

The department actively participates in undergraduate education; for example, 7 of our faculty members are directors/co-directors of scholarly concentration programs. The pediatric residency program has been recently expanded to 26 residents in each of the three years, and they carry out their training at the LPCH, Santa Clara Valley Medical Center, Kaiser and the community. Efforts are underway to expand the number of fellows from the current inadequate number (55) of fellows in the 14 pediatric subspecialties.

During the fall of 2007, prior to Dr. O'Brodovich's arrival, he completed a Strategic Planning process over 4 months in which the advice of department members was obtained through a consultative process carried out by department member teams assigned to each of the research, education, clinical care and administrative areas. The approach used a SWOT analysis and resulted in 6 Strategic Goals that the department is currently actively pursuing.

Stanford Students Promote Community and Public Service Initiatives

I was very pleased to participate, if only at the margin, in an undergraduate initiative entitled Vision Stanford 2020, which brought students, faculty and staff from across the university to share knowledge and experience about the community initiatives now taking place at Stanford and, more importantly, to probe the question of how to make community and public service a more seamless part of academic life. What was particularly gratifying, and even inspirational, was to witness the deep commitment of students from various disciplines and schools (including the medical school) to reaching out to serve our communities locally and globally in meaningful ways. This was not altruism *per se* (although some of that is not bad) but a serious effort to assure that public service is valued along with research and scholarship in the Stanford community. Given the inordinate focus in recent years on material gain and a mindset too often “me and not we” it was reassuring and impressive to witness the clear-minded and non-maudlin value placed on public service. Despite all the downturns we face today, this was a distinctly uplifting message, even with all of its challenges. Thankfully, it is notable how many community-based activities are already underway across campus. In addition to those at the Haas Center for Public Service, virtually every Stanford school sponsors student organizations and community offices and activities. Making these activities better known and more appropriately valued will be a big step forward – and one that the students and Vision Stanford 2020 are intent on doing. I certainly wish them every success in achieving their vision and goals.

Upcoming Events:

East-West Alliance Conference on Longevity

The East-West Alliance is a global network of ten institutions, including the Stanford University School of Medicine, that have been supported by the Li Ka Shing Foundation. The Alliance convenes annually at one of its member institutions to address significant scientific issues at a public conference. The School of Medicine is this year's host.

The focus for the 2009 conference is longevity across the life span. The Alliance, the Stanford Center on Longevity and the School of Medicine have brought together leading experts across a broad range of disciplines to address longevity-related topics in their fields. Session themes will include genetic considerations of longevity, stem cell connections to longevity, social correlates of longevity, longevity implications for the medical workforce, and economic correlates of longevity. Dr. Laura Carstensen, Professor of Psychology and Fairleigh S. Dickinson Jr. Professor in Public Policy, will give a plenary address on "Longevity in the 21st Century." Session moderators will include Stanford faculty members Dr. Stuart Kim, Professor of Developmental Biology and of Genetics and, by courtesy, of Chemical and Systems Biology; Dr. Tom Rando, Professor of Neurology and Neurological Sciences and Deputy Director, Stanford Center on Longevity; Dr. Paul Wise, Richard E. Behrman Professor in Child Health and Professor, by courtesy, of Health Research and Policy; Dr. Ralph Horwitz, The Arthur L. Bloomfield Professor of Medicine and Chair of the Department of Medicine; and Dr. John Shoven, The Wallace R. Hawley Director, SIEPR, Charles Schwab Professor of Economics and Senior Fellow, by courtesy, at the Hoover Institution

Date and Time:

Wednesday, April 15, 2009, 1:30 p.m. – 4:30 p.m.

Thursday, April 16, 2009, 8:30 a.m. – 12:00 p.m.; 1:15 p.m. – 5:00 p.m.

Location:

Clark Center Auditorium

Admission: Free. Open to the public

For more information: contact Mira Engel at mengel@stanford.edu

Medicine and the Muse

Dr. Audrey Shafer asked me to remind you about a terrific upcoming event, "Medicine and the Muse: An Arts, Humanities and Medicine Symposium," which will be held on Tuesday, April 28, 2009 at 5 pm in the Clark Center Auditorium. This year's event will feature Rob Kapilow (<http://www.robkapilow.com>) and the St. Lawrence String Quartet (<http://slsq.com/home/index.html>) – both of whom are truly wonderful. In addition, there will be music, presentations and art contributions by Stanford Medical Students. A reception and exhibit will follow in the Nexus Café in the Clark Center at 7 pm.

The Biomedical Ethics and Medical Humanities Scholarly Concentration; Arts, Humanities and Medicine Program; and the Stanford Center for Biomedical Ethics sponsor this terrific event. (<http://bioethics.stanford.edu/arts/>).

Medical Student Research Symposium

On Thursday, May 7th, the **26th Annual Medical Student Research Symposium** will be held in Hospital Atrium from 3:00-6:00pm. Close to 30 MD and MD/PhD students will present their original research presentations.

Students will be available at their posters for informal discussion from 3:00-5:30pm. At 5:45 pm following closing remarks the event will culminate with the announcement of student awards by the Stanford Medical Alumni Association.

Two student presentations from the Symposium on May 7th will be invited to give an oral presentation at Medicine Grand Rounds on Wednesday, June 3rd at 8:00am in Braun Auditorium in the Mudd Chemistry Building.

This promises to be a terrific event and we hope you will join our students for this year's Student Research and Population Health Symposium.

Awards and Honors

- **Dr. Paul Auerbach**, Professor of Surgery (Emergency Medicine) has been awarded the 2009 DAN/Rolex Diver of the Year Award. This award is given each year to an individual who has contributed significantly to dive safety or the DAN mission. Dr. Auerbach has written extensively on topics promoting dive safety, and has assisted with the development of the DN First Aid for Hazardous Marine Life training program. Congratulations, Dr. Auerbach!
- **Dr. Stanley Rockson**, the Allan and Tina Professor of Lymphatic Research, has been selected to be the inaugural recipient of the Pioneer Award from the Lymphatic Research Foundation (LRF). This award is presented to an individual who has been, and is, dedicated to the mission of the LRF. Congratulations, Dr. Rockson!
- **Dr. Irv Weissman**, Virginia & D.K. Ludwig Professor for Clinical Investigation in Cancer Research, Professor of Developmental Biology &, by courtesy, of Biology, has been selected to receive the 2009 Passano Award. This award recognizes the originality and importance of Dr. Weissman's work, and his groundbreaking contributions in the field of modern stem cell biology. Congratulations, Dr. Weissman!

Appointments and Promotions

- **Todd Alamin** has been promoted to Associate Professor of Orthopaedic Surgery at the Stanford University Medical Center, effective 4/01/09.
- **Jaime Lopez** has been reappointed to Associate Professor of Neurology & Neurological Sciences and, by courtesy, of Neurosurgery, at the Stanford University Medical Center, effective 4/01/09.

- **Anna H. Messner** has been promoted to Professor of Otolaryngology – Head and Neck Surgery and of Pediatrics at the Stanford University Medical Center, effective 4/01/09.
- **Terry E. Robinson** has been promoted to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 4/01/09.
- **Theresa A. Tacy** has been appointed to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 4/01/09.

Dean's Newsletter

April 27, 2009

Swine Flu Alert

As you undoubtedly know by now, the White House issued a public health emergency notification on Saturday (April 25th) to activate federal resources to deal with the H1N1 flu outbreak that has arisen in Mexico and that has created significant concerns about the possibility of potential pandemic. The strain of the isolate from Mexico is H1N1 (which is the same as that which caused the 1918 pandemic), but it is not yet clear what level of similarity the new strain has to others in terms of virulence (although a number of deaths have been recorded in Mexico, albeit not elsewhere to date). The Centers for Disease Control and Prevention is posting the latest information on the outbreak, and it will be updated as new information becomes available. You can access that website at: <http://www.cdc.gov/h1n1flu/>.

The general guidelines for control of influenza include a number of simple steps. Here are the ones advised by the CDC:

I recognize that our physicians and students are well aware of these guidelines but I mention them for all readers of this communication.

CDC Influenza Precautions

Influenza is thought to spread mainly person-to-person through coughing or sneezing of infected people. There are many things you can do preventing getting and spreading influenza:

There are everyday actions people can take to stay healthy.

Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.

Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.

Avoid touching your eyes, nose or mouth. Germs spread that way.

Try to avoid close contact with sick people.

Influenza is thought to spread mainly person-to-person through coughing or sneezing of infected people.

If you get sick, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

I should also add that the Emergency Preparedness Operations from the Medical School, Stanford Hospital & Clinics and the Lucile Packard Children's Hospital are already in communication, along with the University, and further advice and guidance will be issued as new information becomes available.

Honoring Student Clinicians and Resident Educators

On Thursday, April 16th we hosted the third annual Student Clinician's Ceremony to celebrate the students who will be entering their clinical rotations this summer. This ceremony recognizes the important transition that takes place when medical students complete their preclinical years and prepare for the journey into clinical medicine. In the past this transition has been thought of as the second phase of medical school. I prefer to consider it as part of a continuum, since the goal is to continue to link and unite the insights from the basic sciences to clinical medicine. That said, for our students this transition constitutes a departure from the world of books, PowerPoint presentations, journal articles and discussion groups to the life and death struggles of individuals facing the challenges of acute and chronic diseases. They are moving from discourse and discussions that are often team based to the personal connections that ultimately constitute the doctor-patient relationship. They will also now experience a different form of learning – anchored in individual patients but expanded from the evidenced-based data they have been focused on to the “art of medicine” taught by residents and more senior physicians as well as nurses and other professionals.

Becoming a student clinician brings with it new responsibilities and accountabilities – and the need to acquire and perfect the knowledge of clinical medicine as well as the humanism and professionalism of the compassionate physician. This transition is a major inflection point in becoming a doctor, and I am very pleased that we are able to acknowledge and celebrate this with our students who begin their clinical rotations this summer. I want to commend them for the completion of their preclinical years, wish them well in the USMLE Part 1 and share in the moment of their personal development in clinical medicine.

I also recognize that as our students enter the clinical world they will have special contact with both the patients in whose care they participate and the residents and fellows who

also play an important role in shaping their knowledge and professional lives. I well recall the transition from medical student to resident even though (amazingly) it was some decades ago. I also recall the incredibly important role that residents play as teachers – to students, to each other, to their patients and to the faculty, nurses and broad medical care team – as shown in a longitudinal study I did during my own internship (*Pediatrics* 1975; 56:239-45). It was most appropriate, therefore, that an important feature of the Student Clinician's Ceremony was the presentation of this year's Arnold P Gold Foundation Humanism and Excellence in Teaching Awards to six outstanding Stanford Residents. This year's awardees include:

- ***Dr. Megan Daly***, Resident in Radiation Oncology
- ***Dr. Stephanie Fisher***, Resident in Obstetrics and Gynecology
- ***Dr. Amy Gallo***, Resident in General Surgery
- ***Dr. Zach Koontz***, Resident in Internal Medicine
- ***Dr. Eleni Unos***, Resident in Dermatology
- ***Dr. Amy McCammond***, Resident in Pediatrics

I add my enthusiastic congratulations to each of these outstanding residents and commend the students who selected them as this year's awardees. The important role of Residents as Teachers has been fostered by many professional societies and has had strong leadership at Stanford, thanks particularly to the pioneering efforts of Dr. Kelly Skeff, the George DeForest Barnett Professor in the Department of Medicine. Dr. Skeff is also the co-director of the Stanford Faculty Development Center for Medical Teachers.

Best wishes to our students who will begin their clinical education – and the residents and faculty who will participate in their training and development as they grow in knowledge acquisition, professionalism and humanism.

Evaluating Student Clinicians

Traditions, especially when long-standing, can be an integral part of an institution's culture and can strongly influence individual expectations. When traditions come to seem like permanent fixtures they can sometimes get out of alignment to changing life and world events. The form and substance of traditions include values, events and cultural norms that are both stated and unstated and that may be adhered to strongly and sometimes unquestioningly. A long-standing and deeply held institutional tradition at Stanford Medical School has been avoiding formal evaluations that might create unwanted competition or negatively impact on the value of shared support among Stanford medical students. I value those assumptions and continue to support the avoidance of formal grades for preclinical studies. However, I have long felt that a more formal evaluation process for clinical students is needed at Stanford, and I have expressed this view in numerous settings over the years I have been here.

There are obvious differences between preclinical and clinical studies and their immediate impact and outcome (also see above). The freedom to explore topics of interest, to study and learn at one's own pace and time line, to work in groups or alone in

structured or unstructured ways: these work well for preclinical studies. And our students have a long history of mastering the preclinical sciences well and of demonstrating their acquired knowledge by outstanding performance on the USMLE Part 1. While I do not wish to suggest that the USMLE is the best metric of knowledge, it does provide a means for our students to be assessed in comparison to others taking this exam. While I recognize that there is a range of views about this, I do not see a need to recommending a change in the way preclinical students are evaluated.

However, the evaluation of clinical performance is another matter and, in my opinion, is closely linked to becoming the best physician possible. This is true for those studying to become doctors as well as for those who continue to study to remain excellent physicians. Today physicians are being evaluated for their performance, the outcome of which impacts their compensation as well as their reputation among their peers and the public. An outstanding doctor possesses knowledge that is constantly deepening and becoming more refined and informed by clinical experience as well as by awareness of the changing evidence-based disease literature and its relationship to the scientific underpinnings that define it. It also changes over time as a function of new data, research and clinical experience.

Knowledge in clinical medicine commences at the start of medical school but takes a new form when clinical rotations begin. The teachers of that knowledge include the patients the student encounters and the trainees and established (attending) physicians who participate in the care of the patient. It is informed by the medical and scientific literature as well as informal and formal interactions with residents, fellows, attending physicians, nurses and other health professionals. Assessing that knowledge can be objective (such as performance on knowledge based examinations) or impressionistic (based on interactions with one or more of the teachers noted above). Of course these are not mutually exclusive, and the best assessment of clinical knowledge (just like its acquisition) comes from objective measures as well as assessments by peers and supervisors.

A serious problem today is that the contact of a student with a team of residents and senior physicians is increasingly limited to short intervals because of work hour limitations and the more rapidly changing rotation schedules of attending physicians. In years past it was common for a team of medical students, residents and senior doctors to spend several weeks together in the care of patients and shared educational interactions. Today, such contacts are often for less than a week and are sometimes even shorter – making observed learning more limited and subjective. Moreover, this type of evaluation is potentially biased by favoring students whose personalities can lead to a style of presentation or interaction that implies more knowledge than might be actually be the case. Conversely, such interactions can undervalue students who are more reserved, but whose actual knowledge is in fact quite deep. I do not want to suggest that the interactions and assessments by residents and attending physicians are not valuable – they are – but that they need to be part of a composite and coordinated evaluation.

Accordingly, it is important to define more clearly the expectations of knowledge-based performance and how it is evaluated by each clinical rotation and to make certain that

students are informed of how they will be evaluated at the outset of each clinical experience. When this is not done, “shadow” evaluation systems emerge (as they have in fact done) that lack transparency and comparability

A part of the evaluation process includes defining the objective metrics of knowledge in specific clinical areas (e.g., the “shelf exam” prepared by the National Board of Medical Examiners – or other defined objective knowledge-based tools). I know there is some debate about the shelf exam and its merits. While no exam is perfect, the shelf exam is broadly used, and it is a tool our clerkship directors should evaluate further. If there is a more valid assessment of clinical knowledge it can be substituted for the shelf exam. But there should be an objective measure of clinical knowledge that is taken seriously by all. At the same time, it is important to couple this objective measure of knowledge with the interactive assessment of clinical knowledge and performance that is gleaned from observations by residents and attending physicians as noted above. However, those assessments need to be better defined and understood by the students and the evaluators.

Excellent knowledge in a clinical subject matter should be an expectation for all of our students, but it is not the complete portrait of what constitutes an exceptional physician. Skills in communication, assessment of physical findings and diagnostic tests, the ability to formulate a diagnostic and treatment plan, and interactions with members of the care team, including evidence of compassion and humanism, are all features of being an excellent physician. These skills can also be learned and should also be evaluated. Excellent knowledge without professionalism and compassion is not sufficient to be an outstanding clinician. Similarly, compassion without excellent clinical knowledge is also insufficient.

Assessments of physicians’ skills are increasingly becoming part of the fabric of medicine. As noted above, these include assessments of quality of care metrics and outcomes that are being increasingly linked to payment and that are becoming more publicly available and accessible. So too are objective measures of knowledge and, increasingly, service to patients. I recognize that physicians and medical institutions are paying attention to such metrics for a variety of reasons; in my view, one of the most important should be the desire to be the best possible doctor in every domain of medicine.

At Stanford, the evaluation of students doing clinical rotations has been loosely constructed. In some clinical rotations, faculty and students have taken assessments of clinical performance seriously and have sought ways to define excellence. Indeed, in some rotations a shadow evaluation system has emerged, although in a not very transparent way. However, in most rotations the process is more informal. There is an assumption by some that every student performs in an outstanding manner and thus no formal assessment is necessary. There is also a concern that a more formal assessment would create competition among students doing a clinical rotation, and thus negatively affect their collegiality or community or even change the culture at Stanford. There is a view that a lack of formal assessments is not a problem for students graduating from Stanford since they do well in the Residency Match. In this view, coming from Stanford

is a sufficient indicator of excellence and is one that is widely appreciated by residency training programs around the country. After all, Stanford is unique among its peers.

While I agree that Stanford is unique, I do not agree with the view that clinical performance is always excellent or that the way we have been evaluating our students is widely respected and valued by our community – either within Stanford or around the country. Nor do I believe that our current system of “pass”, “marginal pass” (and/or the so called “N” grade) or “fail” is appropriate, sufficient, transparent or meaningful. Further I do not believe that this system fosters the best education and training for students doing their clinical rotations at Stanford – or in communicating performance to those who will be entrusted with continuing their future education.

Based on these observations and conclusions, I have had a series of recent meetings and discussions that confirm the changes in the assessment of clinical performance by Stanford students during their clinical rotations that I will highlight below. This includes concurrence by the clinical clerkship directors, the deans for medical education, the faculty advisors and the chairs of our clinical departments. In defining the changes that will occur I want to add that this will be a work in progress. I shared these policy changes at a Town Hall Meeting of medical students on April 20th and received many thoughtful and important questions. As I indicated to the students who were able to attend that Town Hall Meeting, we are receptive to their thoughts, recommendations and suggestions about how to make our evaluation system better but with one important caveat. The evaluation system for clinical performance is going to be changed. With that, here are some of the outlines of that change:

- The clinical clerkship directors have been instructed to develop a new system of evaluating clinical performance to be implemented in the summer of 2010. This new evaluation system will apply to all students entering clinical rotations at that time --thus, it applies to our current first year students as well as to students who will be emerging from their research experiences to begin clinical rotations in the summer of 2010. I fully recognize that first year students and those in multi-year programs entered Stanford with a different expectation, but I view the changes as something that will help them become better physicians and that will enable them to receive feedback that is more meaningful to their career development.
- Because we want to take the next year to refine the new evaluation system, it will not apply to students who will be entering clinical rotations in the summer of 2009, with some important caveats that I will comment on below.
- The new evaluation system should assess knowledge and clinical performance based on objective measures (e.g., the shelf exam or its alternative) as well as evaluations by residents and attending physicians. Such assessments must include all domains of clinical performance -- from knowledge to professionalism and humanism. Further, those criteria need to be defined and shared with those doing the evaluations and ratings as well as with the students.
- The new evaluation system will apply to required rotations in 2010. In future years they will be extended to elective rotations (including sub-internships), although I would hope that the criteria would be applied to electives, etc by 2011.

- While the exact terms are yet to be defined, I instructed the clerkship directors to develop specific criteria for the following categories. I should quickly add that the actual terms can be changed -- these names are placeholders that are meant to capture the intent.
 - Exceptional performance
 - Satisfactory performance
 - Marginal performance
 - Unsatisfactory performance
- As noted, initially these criteria will apply to only the required courses. The factors and metrics that define each category should have both common features across all clinical disciplines and also specific ones that are relevant to individual clinical rotations. The criteria for evaluating students will be made explicit to all students and faculty and should be readily accessible. They should also be made available at the beginning of each clinical rotation so that students understand the expectations and criteria by which they will be assessed.
- There will be no preset curve or limit on the number or percentage of students who can receive an Exceptional Performance during a rotation or during a specific year. For example, if all the students on a specific rotation fulfill the criteria for Exceptional Performance, they will all receive that rating. If none fulfill the requirements then none will receive it. We will not predetermine how many students during any given year will receive an Exceptional Performance rating in any rotation. And we will work with faculty to guard against any tendency or bias to limit or "curve" student performance. In the end, the evaluations should follow the criteria that have been established.
- Exceptional Performance should reflect accomplishments in all domains -- knowledge, professionalism, quality and service. Excelling in knowledge alone or in professionalism alone will not merit an Exceptional Performance -- it must reflect achievements in all areas.
- As part of the new evaluation system, faculty and students will be counseled on expectations. This includes not only the criteria for performance but also the need for an evaluation discussion and feedback at the beginning, at mid-rotation and at the conclusion of each rotation. We will certainly pay attention to inter-rater reliability issues that apply to all evaluation systems. This is one of the reasons for using objective and defined criteria as well as knowledge metrics as part of the evaluation process
- The clinical performance will be a part of the overall student assessment. Other components include the preclinical experiences (including the USMLE Part 1), research and scholarship, participation in joint degree programs (where appropriate), assessment by faculty advisors and mentors, and narrative summaries of performance. All of this information will be shared with residency directors as part of the student performance evaluation (including in the "dean's letter"). In doing so, we will also make residency directors aware of the changes we are making in the evaluation system at Stanford, to whom those changes apply and the time lines that are being employed. More specifically, we will share the specific criteria used to determine exceptional and satisfactory performance. Once

we have this information, not sharing it would be dishonest and, in my opinion, inappropriate.

- As noted above, the new evaluation system will commence in the summer of 2010 for required clinical rotations and over the next year(s) will be rolled out to include electives and sub-internships. Students who are mid-way in their clinical rotations (that is, they began in 2009 or are returning to clinical rotations after an out-year) will have the same evaluation system in required rotations taken after summer 2010 as students beginning rotations for the first time in 2010. However, we will not share the rating of Exceptional Performance to residency programs for students who have already completed a year of clinical rotations. That information will be for internal use but could help shape the comments used in the students "dean's letter".

As I noted above, the clinical clerkship directors, led by Dr. Elizabeth Stuart, will be responsible for developing and recommending the criteria by which to assess each of the aforementioned performance domains over the next year. My plan is to make the criteria transparent and broadly shared by the early spring of 2010. That will also enable us to inform faculty and others who participate in the evaluation system about the expectations and criteria that will become effective in the summer of 2010. During that time there will be many opportunities for students to offer comments and suggestions for improving the system. What is clearly decided at this point is that we will be moving forward with these changes and with the time lines for implementation delineated above. That said, there are many details to be worked out, and we will be receptive to all constructive comments and suggestions. In closing, I want end where I began. My goal is to have systems in place that will help all of our students achieve their potential of becoming exceptional physicians.

The Stimulus Stimulates NIH Applications

No one in academic medicine is unaware of the looming impact of the ARRA (American Recovery and Reinvestment Act) on science and technology – and the NIH specifically. After six years of funding levels below inflation, ARRA has added \$10.4 billion to the NIH for research, equipment and construction (<http://deansnewsletter.stanford.edu/>), with the important caveat that it be spent before September 2010. Information about funding opportunities has been flowing fast and furious, and there is a lot of helpful information and updates about ARRA opportunities on the Research Management Group (RMG) website (see:

http://med.stanford.edu/rmg/funding/nih_recovery%20act_funding_opps.html). These are complemented by Jeanne Heschele's frequent updates about ARRA and other funding opportunities. Indeed, over the past weeks faculty have been busily writing grants and proposals for the first wave of submissions; these include Challenge Grants and Administrative Supplements, which are due Monday, April 27th. This is the first wave of submissions, with more to come in the months ahead. To prepare for the April 27th submission deadline RMG staff have been working late into the night during the past two weeks processing grants for submission. We are extremely appreciative of their

efforts and those of the other support teams who are working hard to help faculty compete for ARRA funding.

The actual number of grants that will be submitted continues to change day by day. As of Saturday, April 25th there were 207 Challenge Grants moving to the final process for submission – with more expected in the next days. In addition, RMG has already submitted 89 Administrative Supplements and 28 Shared Instrument Grants. And there will be more supplements, GO (grand opportunity) grants, major facility, faculty search and other grants forthcoming – in addition to the regular run of RO1 and related grants. This is truly an unprecedented time in every way – and certainly one that will achieve one of the major ARRA goals of preserving and creating jobs, as well as supporting science and technology – and hopefully ultimately advancing medical care and treatment.

I want to begin by thanking **Kathleen Thompson**, Director of RMG, and **Sonia Barragan**, Associate Director, for leading this effort and for helping to assemble and train a great group. **Jeanne Heshel** has done a great job in communicating all of the announcements from NIH and in helping to set up a very helpful website. I also want to thank all the RMG Staff and support staff who have been working so tirelessly to get grants ready for submission to NIH:

- **RMG Team Managers** - Amy Barelli, Luke Delong and Gabriela Valencia
- **Research Process Managers (RPM)** - Nadia Burke, Gayle Campbell, Josephine Dao, Linh Dinh, Karen Fisher, Candy Housholder, Javier Illueca, Gladys Morales, Karen Mulkey, Linda Murtagh, Natalie Muzzio, Dymphna Nagar, Elaine Nguyen, Mary Palmer, Tracy Reynolds, Randy Rodriguez, Andy Roybal, Bach-Hong Tran, and Anna Eredia (Temp).
- **RPM Associates**- Michael Canizares, Cecilia Fajardo, Martha Galvez, Teresa Hinkle, Valentin Salazar, Rolanda Smith.
- **CT Group** - Debbie Leong-Childs, Ruth Bondy, Diana Cook, Amanda Graves, Marta Krupa-Pionowska, Julie O'Neill, Elizabeth Sotelo, Karen Wong, Anne Anastasi.
- **Administrative Staff** - Laura Butler, Mila Dacorro, Mario Garcia, Colleen James, Karen Kellner, Tiffany Binderup

Staff in academic departments have also worked diligently to meet the NIH deadlines. These include Ophelia Zalamea, Susan Kopiwoda, Sue Elliott, Kathy Fisher, Tara Trim, Diane Bush, Hoa Nguyen and Manolia Margolis.

We also want to thank the many people who have worked hard and whose names we haven't mentioned. Again, special thanks to all – and best wishes to our faculty in winning new NIH awards.

Stanford Graduate Students Featured in Open Lab Visits

On Saturday, April 18th the Bioscience Programs held an “open lab event” showcasing the work done by Stanford graduate students. This event was originally championed by Dr. Andy Fire, Professor of Pathology and of Genetics, as a way of better educating the community about basic science research and the excellence of Stanford’s graduate student programs. With the assistance of Denise Ellestad, Senior Director of Development Programs, and members of the Office of Medical Development, an excellent program was configured that proved highly successful.

Approximately 35 guests from the community first heard a broad introduction to the Stanford Bioscience Program from Drs. Andy Fire, Ron Kopito (from the school of Humanities & Sciences), Steve Quake (Bioengineering) and Carla Shatz (BioX) and were then divided into nine groups. Each group toured a specific lab with a faculty guide, met with graduate students and postdocs in that lab and observed demonstrations of their work. These were hands-on visits, and from the reports I have already heard from some of our visitors, they were exciting and very well received. The lab visits were followed by an interactive lunch with the students and visitors – again very well received.

In addition to thanking our faculty and the Office of Medical Development, I want to particularly thank our graduate students for their spirited and inspirational presentations and discussions. They included the following:

- | | |
|----------------------------------|--|
| • Sherlock Lab (Genetics): | Dan Kvitek, Jared Wenger, Yuba Kobayashi |
| • Kay Lab (Pediatrics): | Neil Phillips |
| • Herschlag Lab (Biochemistry): | Sergey Solomatin, Max Greenfeld |
| • Straight Lab (Biochemistry): | Kirstin Milks, Ben Moree |
| • Kornberg Lab (Structural Bio): | Dave Bushnell, Dong Wang, Brian Gibbons |
| • Boothroyd Lab (Micro/Immuno): | Matt Anderson, Yi-Ching Ong |
| • Kopito Lab (Biology): | E Greenblatt, S Trevino, R Tyler, J Olzmann |
| • Utz Lab (Medicine): | Alvina Chu, Jordan Prize |
| • Spudich Lab (Biochemistry): | J Min Sung, P Chuan, S Sivaramakrishnan |
| • Steinman Lab (Neurology): | S. Bronwell, B deJong, M Han, B Axtell, P Ho |
| • Frydman Lab (Biology): | Steffanie Duttler, Bryan Chen |
| • Quake Lab (Bioengineering): | Aaron Streets, Paul Blainey, Angela Wu |
| • Luo Lab (Biology): | M Spletter, L Sweeney, J Wu, L Liang |
| • Nusse Lab (Developmental Bio): | Xinhong Lim |
| • Fire Lab (Pathology): | Eleanor Marshall, Poornima Parameswaran |

Thanks to all for a great event. The next similar event will be held on June 3rd.

Dr. Michele Barry Joins Stanford as Senior Associate Dean for Global Health

I am very pleased to announce that on May 1st Dr. Michele Barry will join Stanford as the Senior Associate Dean for Global Health and also the Director of Global Health Programs in the Department of Medicine. The Senior Associate Dean position is a newly

created post that reflects the School and Medical Center's commitment to the importance of education, research and patient care issues related to global health. While a number of our faculty are involved in research in global health and others conduct education and patient care activities in a wide variety of international settings, we have lacked a central or coordinating office or an individual identified to lead the School's efforts in this increasingly important area. Dr. Barry is an ideal choice for this role and we are fortunate and thrilled to have her joining Stanford.

Dr. Barry joins Stanford from Yale where she has been a Professor of Medicine and Global Health and Director of Yale's Office of International Health. At Yale she has also directed the Yale/Johnson and Johnson Physician Scholar Award program that has sent over a thousand physicians to work overseas to strengthen health infrastructure. Dr. Barry has enormous personal experience working, conducting research and teaching in international areas. In addition, she is an expert in tropical medicine and emerging infections as well as in the health problems of developing nations consequent to globalization. Importantly, she is highly regarded for her scholarship, research and leadership. She is a member of the Institute of Medicine of the National Academy of Sciences, where she has been chair of the IOM's Interest Group on Global Health, Infectious Diseases and Microbiology. She has served as the President of the American Society of Tropical Medicine and as the Executive Board Chairperson of the Professional Education and Training Committee at the International Society of Travel Medicine.

As she gets ready to begin her new role at Stanford, Dr. Barry has laid out some short and longer term objectives based on the many meetings and discussions she has had with faculty, students and staff throughout the Stanford community. A primary goal is to create the Office of Global Health, which will anchor the school's efforts and create synergies with the greater university and especially the Freeman-Spogli Institute for International Studies at Stanford. Part of this effort will be developing a global health web portal codifying faculty activities to make them accessible and engender collaborations and interactions. Dr. Barry also hopes to bring scholar award programs to Stanford that will permit resident trainees as well as faculty members to work in a number of international sites. She is also anticipating programs for medical students and this summer will be helping to facilitate the "Global Health Services Corps" at Stanford, which helps place college students in various sites around the world. Applications for this summer's program are now closed, but Dr. Barry will outline opportunities for future programs after she arrives.

Dr. Barry has informed me that she plans to initiate a seminar series in September that will focus on the broad aspects of global health – from medicine to engineering and environmental sciences as well as ethics, economics, policy and other important topics. This will be open to students, residents and faculty. Details will follow.

In addition to these immediate goals, Dr. Barry has begun to layout her longer-term objectives, which I know she will be eager to share in the months ahead. In the meantime I hope you will join me in welcoming Dr. Michele Barry to Stanford.

Rising in the Ranks in US News & World Reports

I admit to having a challenging relationship with the USNWR annual ranking of medical and graduate schools over the years. As I have discussed in prior Dean's Newsletters, a major concern has been the weight given to total NIH funding, which favors schools with large faculty numbers. Obviously this has a negative impact on smaller research-intensive medical schools like Stanford, whose faculty numbers are half to 10% of those at peer institutions. I was relieved a couple of years ago when the editors of USNWR changed the methodology to include NIH research grants per faculty member, where Stanford does extremely well. However, the relative blending of total NIH funding and funding per faculty member still favors size as a surrogate for quality.

Despite my concerns, it is (at least on a relative scale) good news that the Stanford School of Medicine rank rose to #6 in the 2009 USNWR listing that was published on April 23rd (in truth, we are "tied" for sixth with Duke, U. Washington and Yale). The major methodological factors used in the ranking include quality assessment (which is really a reputational score), research activity (which is really a 2:1 blending of total funding and funding per faculty member), student selectivity (which includes admitted students GPA, MCAT scores and acceptance rate) and faculty resources. Clearly some of the important measures are missing – like what happens to students who graduate and the degree of indebtedness incurred by students, among others.

Regardless of whether one likes the methodology used in these rankings, it is clear that the core factors reflect the success and accomplishments of our students and faculty and that is something very much worth valuing – above and beyond any score. I do very strongly believe that we have the best students and faculty and, in my opinion, on that score we are #1!

While the MD part of medical schools are ranked annually by USNWR, the PhD graduate programs are ranked less frequently. These rankings, when they are done, are based mostly on a reputational score. The last time the biosciences were ranked was in 2007. At that time Stanford was #1 overall with specialty rankings of #1 in biochemistry/biophysics/structural biology, genetics/genomics/bioinformatics; #2 in immunology/infectious disease and microbiology and in neuroscience/neurobiology; and #3 in cell biology and molecular biology.

So, despite all my misgivings, Stanford is doing quite well – thanks to our faculty and students.

Some Notable Events

- ***The 2009 Beckman Symposium*** led by Dr. Lucy Shapiro, Ludwig Professor of Developmental Biology and Director of the Beckman Center, was held on April 13th and addressed Global Health and Emerging Infectious Diseases. The symposium featured experts from academia, foundations and industry and addressed a wide range of topics, from the use of genomic approaches to

emerging infectious disease surveillance and discovery to major themes in global health challenges including tuberculosis, HIV, cholera, salmonella and vaccines. It was an outstanding symposium thanks to the leadership of Dr. Shapiro and the co-sponsorship of the Stanford Institute for Immunity, Transplantation and Infection.

- ***The East-West Alliance*** held its third annual meeting at Stanford from April 15-16 and focused on longevity and aging from the molecular and cellular determinants of aging to the social issues and disparities that impact longevity, the workforce challenges in addressing an aging population and the economic and societal factors the result from increasing longevity. This two day symposium was coordinated by the East West Alliance, a federation of institutions around the world that have received gifts or support from the Li Ka Shing Foundation – which, for Stanford, includes gifts for the Learning and Knowledge Center and a professorship currently held by Dr. Alan Yeung and past support for hepatitis research.
- ***Stanford Alumni Experience The Cutting Edge***. On Saturday, April 25th, nearly 200 alumni and family members participated in a unique hands-on experience hosted by the Alumni Association. Called The Cutting Edge, it enabled small groups of visiting alumni to participate in up to three interactive sessions that ran that gamut of Stanford Medicine. Sessions were led by Stanford faculty and included such wide ranging topics as “Biotechnology: Filling the Education Gap” to the use of a “Simulation-based Endovascular Curriculum on Trainee Performance and Clinical Outcomes in Vascular Surgery” to the use of “Small Interfering RNA as a Therapeutic Modality” or “Imaging Using Molecular Spies”, “The Biomechanics of Human Motion”, “Visual Anatomy: Past, Present and Future” or “Personalized Medicine”. It was a great program and I want to thank Dr. Ross Bright, the Alumni Association and the Office of Medical Development – which did an incredible job with all the complicated logistics. This was a great way to reacquaint alumni with each other and with the present and future of Stanford Medicine.

Honoring Stanford Alumni: The Sterling Awardees

The Stanford University Medical Center Alumni Association honored two prominent graduates of the School of Medicine with the JE Wallace Sterling “Muleshoe” Lifetime Alumni Achievement Award. This year’s awardees are:

- ***Paul M Ellwood, Jr, MD’53***, advisor to seven presidential administrations on health care, planner for the National Center for Health Services Research and Development (now known as AHRQ), founder of the Jackson Hole Group on health policy research, founding member of the National Association of Rehabilitation Centers and Clinical Professor of Pediatrics, Neurology and Physician Medicine and Rehabilitation at the University of Minnesota. Dr. Ellwood currently lives in Wyoming and is still actively engaged in health care

policy through his Health Leaders InterStudy (<http://home.healthleaders-interstudy.com/index.php>).

- **Robert Schimke, MD '58**, renowned scientist and Stanford faculty member who served as Chair of the Department of Pharmacology and, subsequently, of the Department of Biological Sciences. His research contributions have been recognized by numerous awards and honors, including the Sloan Prize, election to the Institute of Medicine and the National Academy of Sciences, and presidency of the American Society of Biochemistry and Molecular Biology.

Awards and Honors

Dr. Shreyas Vasanawala, Assistant Professor of Pediatric Radiology at the Stanford University School of Medicine and Co-Director of Pediatric MRI at Lucile Packard Children's Hospital, was awarded the Lauterbur Award by the Society of Computed Body Tomography & Magnetic Resonance for his scientific paper "Faster Pediatric MRI with Compressed Sensing". His collaborators included Marcus Alley, PhD; Gary E. Gold, MD; Robert J. Herfkens, MD; John Pauly, PhD; and Michael Lustig, PhD. The Lauterbur award is presented annually for the best original research in MRI, and this is the first time the Lauterbur award has recognized fundamental research performed by a faculty member at a children's hospital. Congratulations, Dr. Vasanawala.

2009 Paul & Daisy Soros Fellows

We have just learned that Stanford is again the recipient of four new Soros Fellowship "awards "designed to assist immigrants and their children prepare for opportunities for leadership in their various fields in the United States." This year's recipients include:

- **Ronald Wakim Alfa** - born in Santa Ana, CA (his parents from to the US from Lebanon), is currently an MD/PhD student at Stanford
- **Michael Chiu** - born in La Jolla, CA, (his parents came to the USA from Taiwan and Hong Kong) is studying medicine at Stanford
- **Edward Pham** - born in Ho Chi Minh City, Vietnam, is currently studying medicine at Stanford
- **Roberto Valladares** - born in Santa Monica, CA (his parents came from Guatamala) is currently studying medicine at Stanford

Please join me in congratulating these 2009 Soros Fellows. This year's Fellows were selected from 750 applicants. Of all the Soros Fellows from 1998 to the present who have studied medicine, 24% had or are attending Stanford Medical School.

Appointments and Promotions

- **Ravindra Majeti** has been appointed to Assistant Professor of Medicine, effective 5/01/09.

- **Rajat Rohatgi** has been appointed to Assistant Professor of Medicine, effective 5/01/09.
- **Anne M. Villeneuve** has been promoted to Professor of Developmental Biology and of Genetics, effective 5/01/09.

Dean's Newsletter

May 11, 2009

Twenty Days Following the First Report by the CDC of H1N1

On April 21st the Centers for Disease Control and Prevention (CDC), in a Morbidity and Mortality Weekly Report (MMWR) dispatch, reported two cases of swine flu infection in southern California, thus calling attention to a new influenza virus that was quickly linked to a large outbreak taking place in Mexico. Within days, public health systems in the USA and around the world became increasingly focused on the possibility of a pandemic influenza outbreak. Although many important questions remain to be resolved, an incredible amount of information and policy implementation occurred globally to contain the potential for a very serious global infection. Thankfully, the infection seems to be reasonably contained at this point – due in large part to the local, community, state, national and global responses that took place and that were generally well coordinated. The fact that the infection proved less virulent outside of Mexico also played a role in containing panic and spread of infection and its consequences.

As of Saturday, May 9th, the CDC reports 2254 laboratory-confirmed H1N1 (swine flu) cases in 44 states (see: <http://www.cdc.gov/h1n1flu/>). To date, two of these infections have led to death – both in Texas, one a child from Mexico and the second in a young woman reported to have other co-morbidities. The World Health Organization reports 2330 laboratory confirmed cases of H1N1 infection in 29 countries around the world (<http://www.who.int/en/>). While the pandemic is not over, the pace of new infections is ebbing, and some of the local and community isolation and control mechanisms and policies are being curtailed. But nearly every health department and center is analyzing what went well during the past 20 days – and what did not - for good reason. Even if the current infection declines (especially as we move out of the traditional flu season) there is every reason to be concerned that this H1N1 virus will re-emerge in the fall during the traditional flu season. After all, that is what happened in 1918 when an H1N1 infection emerged in the spring and caused relatively mild flu symptoms, only to return in the fall and winter with the devastating global infection that caused over 50 million deaths around the world. Needless to say, every effort must and will be made to prevent a similar occurrence this next fall or in the years ahead.

While the ultimate control of a pandemic depends on a united and coordinated global response, these efforts begin and are most critically affected by local events. In the last several days, leaders from throughout the Stanford Medical Center (including Stanford

Hospital and Clinics, the Lucile Packard Children's Hospital and the School of Medicine) have already begun serious "post-mortem" analyses that are being further coordinated with the University, the County and ultimately with broader constituencies. Thanks to the extensive planning that had been put in place in recent years to prepare for emergencies like pandemics, natural disasters and man-made events, the systems to respond to the H1N1 infection were well defined and were activated very early in the process at Stanford— by April 24th, well ahead of most other agencies. Importantly, the coordination within the medical center was excellent, especially by medical, nursing and administrative leaders, who met multiple times each day, coordinated policies and messages, created novel approaches (including a new geographically defined isolation/screening site to remove patient pressure from the Emergency Department and, importantly, to better contain potential infection).

Challenges about available personnel and other resources were delineated and are now being compiled into reviews that will become the action plans for next fall. At this point it is impossible to make any assumptions about whether the current H1N1 virus will re-emerge in its current form (which has been proven to be mild and sensitive to two antiviral agents) or whether it will more or less virulent. Thus plans for all contingencies will be needed.

Of course in addition to public health planning, considerations about preparing a vaccine that includes the current H1N1 virus are also underway. The observation that fewer individuals above 35 encountered infection suggests that prior immunity to other strains that bear some antigenic similarity to H1N1 afforded protection to older adults. This is an encouraging sign that a vaccine might prove helpful. Efforts are already commencing to prepare a vaccine that could be available in 4-5 months – hopefully in time for the traditional time frame for the 2009 flu season.

There are many resources that can be consulted as guides for the months and years ahead. The Institutes of Medicine of the National Academy of Sciences has released a number of policy recommendations that address:

- Communicating with and engaging the public
- Use of masks and personal protective equipment
- Use of antiviral drugs and vaccines
- Outbreak mitigation (e.g., social distancing, school closures)
- Surveillance, research, and evaluation during a pandemic

These and related reports can be accessed at <http://www.iom.edu/CMS/66154.aspx> - the IOM "Guide to Recent Institute of Medicine Studies and Workshops regarding Pandemic Influenza." For those interested in some of the historical connections regarding swine flu, Dr. Harvey Fineberg, President of the IOM, has made his book on the 1976 swine flu outbreak available on-line as a free PDF (see: <http://www.iom.edu/CMS/65954.aspx>). Entitled "*The Swine Flu Affair: Decision-Making on a Slippery Disease*," this book reviews the numerous controversies, administrative challenges, legal complications,

unforeseen side effects and more regarding the 1976 swine flu epidemic. It makes for interesting reading.

Knowing the past can help us forecast the future. I hope that we will learn from prior pandemics and events, including those of the past 20 days, so that we can be more prepared for the inevitable infections that will occur later this year.

The Institute of Medicine and Conflict of Interest: Catching Up to Stanford University

On April 28th the Institute of Medicine of the National Academy of Sciences released its report entitled “Conflict of Interest in Medical Research, Education and Practice” (see <http://www.iom.edu/CMS/3740/47464/65721.aspx>). As noted in the précis:

The committee’s report stresses the importance of preventing bias and mistrust rather than trying to remedy damage after it is discovered. It focuses specifically on financial conflicts of interest involving pharmaceutical, medical device, and biotechnology companies.

The committee recommends the implementation of policies and procedures that will reduce the risk of conflicts that can jeopardize the integrity of scientific investigations, the objectivity of medical education, the quality of patient care, and the public’s trust in medicine.

I had the opportunity to provide testimony to the IOM Committee preparing this report, and I also served as a reviewer prior to its publication. It codifies well the guidelines and recommendations that should be embraced by academic institutions in the broad continuum of industry- academic relationships.

While the IOM report establishes a national context, Stanford Medical School and Medical Center has been at the forefront of COI issues and reforms. As many of you know, we implemented the Stanford Industry Interactions Policy (SIIP) in October 2006. This policy governs interactions, largely in the clinical and educational arenas, with the pharmaceutical, biotech, medical device, and hospital and research equipment and supplies industries. It includes provisions regarding, among other issues, gifts from industry, access of sales and marketing representatives to our campus, and industry support of education.

In recent months the policy has been updated to include, among other changes, our CME Commercial Support Policy (http://cme.stanford.edu/commercial_support.html), which was introduced in 2008. Greater clarity concerning participation in meetings or conferences supported by industry has also been provided, including an explicit provision that participation by Stanford faculty in so-called speakers bureaus is contrary to the policy. The updated policy can be found at <http://med.stanford.edu/coi/siip/>.

SIIP continues to be the defining document for our interactions with industry in the clinical care and educational areas. Given the prominence of these issues in the

public domain and the changing landscape of conflict of interest, it is important that we maintain the currency of the policy and that all of us assure that our own interactions with industry comply with its provisions.

NIH Guidelines on Stem Cell Research

Following President Obama's March 9, 2009 Executive Order (#13505) on stem cell research, the National Institutes of Health has released guidelines on "Human Stem Cell Research" that are available for public comment (see:

<http://stemcells.nih.gov/policy/2009draft>). To date about 7000 responses have been submitted to the NIH – most from individuals and organizations opposed to stem cell research. While there are some limitations regarding the proposed NIH policy, especially around the unfortunate limitations regarding somatic cell nuclear transfer, the overall policy is a major step in the right direction. I would encourage you to review the policy and, if you agree, offer your support for what the NIH is proposing (with any caveats or recommendations you deem appropriate). It is important that the scientific community unite to support the important changes in the direction of science and research that the Obama Administration is bringing forth. In the case of the NIH stem cell guidelines, individual comments of support will be important – and can provide a counter to the voices of those who would prefer to once again bring down the curtain on this important area of research. So please add your voice before May 26th. Comments can be entered at: http://nihoerextra.nih.gov/stem_cells/add.htm.

Medical Student Admit Weekend

By May 15th students admitted to medical schools across the USA will need to finalize their selection. To help with that process, the Stanford School of Medicine hosted its Admit Weekend 2009 on May 8-9th. Each year 86 students form the medical school's incoming class. They are selected from an applicant pool of over 6000. The students who have received formal acceptances to Stanford were invited to campus for a weekend of information exchange, meetings and social interactions. Over 55 students elected to participate in this year's Admit Weekend (this is similar to past years). I had the privilege of meeting most of the students at different events, and I continue to be in awe of the talent that each individual brings. We are so fortunate to have such outstanding students at Stanford – and the class arriving in August will surely continue that great tradition.

The 26th Annual Medical Student Research Symposium

On Thursday, May 7th, thanks to support from the Stanford University Medical Center Alumni Association, the 26th Annual Medical Student Research Symposium was held. Students presented poster sessions of the work they have carried out through the Medical Scholars or the Scholarly Concentrations Programs in an amazingly wide variety of areas and topics. Just over 60 posters were presented, the abstracts for which can be viewed at http://med.stanford.edu/student_research/events.html#symposium. Special thanks go to the Symposium Committee, including Dr. Loren Baker, Director of the Scholarly Concentration Program, along with Dr. Patricia C. Cross, Associate Dean for Medical

Student Research & Scholarship Advising; Mara Violanti, Scholarly Concentrations Program Administrator; Chris Cueva, Medical Scholars Program Coordinator; and medical students Alana Frost, Matthew Goldstein, Gene Ma, Sarah Nelson, Wendy Pang, Sarah Pickard, and Judy Yeh.

One of the most important features of Stanford Medical School is the opportunity our students have to participate in research and scholarship. While it is always a challenge to reduce months to years of work to a single poster or publication, for each student this tangible outcome represents the results of the opportunity he or she took to create knowledge and contribute directly to improving our understanding of science, medicine, policy and the world we live in. While we all benefit from new insights, the student who has done the research – formulated the hypothesis or goals, done the experiments or gathered the data, analyzed the results and prepared them for presentation – benefits uniquely from the experience. In that vein, everyone also has the opportunity to benefit, through sharing and discussing the work. An additional tradition of the Research Symposium is to select the five most outstanding poster/abstracts – which can of course be a daunting task in and of itself. This year the faculty and student judges included: Marissa Aillaud, James Berbee, Tiffany Castillo, Patricia Foo, Dr. Neil Gesundheit, Joshua Goldner, Mariko Howe, Dr. Susan Knox, Andrew Lee, Aabed Meer, Laura Prolo, Jeremiah Ray, Dr. Oscar Salvatierra, Jessica Tsai, Anelea Venegas, and Jane Whitney. Additional thanks to each of this year's judges, who selected the following poster presentations as this year's top five (not listed in any priority order):

Student	Poster Title	Faculty Mentor
Steven Lin <i>SMS 3</i>	Stopping a Silent Killer in the Underserved Asian Community: A Novel Liver Cancer Prevention Clinic	Frank Trihn
Geoff Krampitz <i>SMS 5</i>	Adventitial VEGF Signaling is Critical for Restenosis After Vascular Injury	Ching-Pin Chang
Gavitt Woodward <i>SMS 3</i>	Altered Alcohol Metabolism Following Roux-En-Y Gastric Bypass	John Morton
Joshua Troke <i>SMS 2</i>	The Use of Metformin as a Cardioprotective Agent in Heart Transplantation Decreases Ischemia –Reperfusion Injury and Increases Graft Function and Survival	Michael Fischbein
Carlene Chun <i>SMS 2</i>	Longitudinal Investigation of Cancer Biomarker Expression Levels Pre- and Post-Chemotherapy Treatment Using Multiplexed Proximity Ligation Assays	Albert Koong

Congratulations to all of our students, their mentors and to those who made the Research Symposium a success.

The Department of Dermatology's Update to the Executive Committee

On Friday, May 1st, Dr. Al Lane, Professor of Dermatology and of Pediatrics and Chair of the Department of Dermatology, provided an update on the department – a brief summary of which follows:

The Department of Dermatology was created in 1959 when the Medical School moved from San Francisco to Palo Alto. Currently the Department of Dermatology consists of 20 full-time faculty who are active at SHC, LPCH, Santa Clara Valley Medical Center and the Palo Alto Veterans Hospital. We also have 4 part-time faculty, 62 VCF, 16 residents, 16 postdoctoral fellows and 13 graduate students. The Mission of the Department of Dermatology is: *Sustained leadership in scientific investigation, patient care, and in training future leaders of our specialty in an environment that fosters creativity and synergy.* The faculty and staff in dermatology have continued to accomplish that mission.

Scientific leadership can be documented by international leadership in the number of high impact scientific publications over the past seven years. In addition, we have consistently been ranked one of the top five programs in the USA for NIH funding. Our research has focused on translating discoveries in the area of skin cancer pathogenesis, skin aging and regeneration, skin inflammation and genetic skin disease correction. We have developed teams of researchers and clinicians in each of these areas.

Patient care excellence can be documented by the specialty clinics, which focus on Cosmetic Dermatology, Genital Dermatology, Immunobullous Diseases, Pigmented Lesions, Dermatology Surgery, Cutaneous Autoimmunity, Cutaneous Lymphoma, Melanoma, Epidermolysis Bullosa, Genetic Skin Diseases, and Vascular Anomalies. In addition, our adult dermatology clinical care opportunities have greatly expanded with the move to Redwood City in the Stanford Medicine Outpatient Center. Many of the specialty clinics are multidisciplinary in that they also include physicians from many medical disciplines so that the patient may receive a comprehensive evaluation at the same visit.

The Department of Dermatology focus on training future leaders has been successful over the past 15 years. During that time 32% of the graduated residents maintain faculty appointments at major medical schools. The graduate student and postdoctoral trainees are also in academic and industry leadership positions. The residency program is one of the most competitive and most successful in the country.

The Department of Dermatology currently is expanding clinical, research and educational opportunity by developing improved synergy and redundancy in areas of current success and expanding into new opportunities.

Notable Events:

- ***Honoring Major Contributors to the Li Ka Shing Center for Learning and Knowledge:*** On Thursday, April 30th, we held an event for donors who made exceptional contributions for the Li Ka Shing Center for Learning and Knowledge. They toured the facility and heard presentations about how this

wonderful facility will be such a transformative feature for the future education of our students and community. The LKSC will open for education functions in the late summer of 2010. Special thanks to Bruce Bingham and members of the Office of Medical Development for organizing this event.

- ***Fifty Years of Support from the Baxter Foundation to Stanford University:*** On Wednesday, May 6th we had the opportunity to honor the Baxter Foundation for its 50 years of support for Stanford Medicine. It has been an extraordinary relationship during which the Foundation has provided more than 10 million dollars that has supported over 140 Med Scholar students, more than 65 junior faculty, over a dozen graduate students, two full scholarships for medical students, an endowed professorship and laboratory and resources and equipment to support the school's missions. In addition to their monetary contributions, the active Foundation Board Members: Donald Haake, Martha and Richard Haake and Jane Haake Russell and James Russell, have been deeply involved in meeting with students and faculty over the years and have very much become part of the Stanford family. We are deeply appreciative to the Baxter Foundation, and I too have appreciated my relationship with Don, Martha, Dick, Jane and Jim and for all they have done for our students and faculty and for Stanford Medicine.
- ***Remembering Ralph Joshua Spiegl, MD.*** On Thursday, May 7th we remembered the life and contributions of Dr. Ralph Spiegl, MD'48 in a service at the Stanford Memorial Church. Dr. Spiegl was an extraordinary physician who embodied the attributes and values we can only hope to instill in our students today. He was also exceptional member of the Stanford University and Medical School community – honored by the Golden Spike Award and the Dean's Medal for his incredible dedication and contributions. He will be deeply missed.

Awards and Honors

- ***The Stanford Human Research Protection Program (HRPP)*** has been awarded continuing full "Accreditation" by the Association for the Accreditation of Human Research Protection Programs (<http://www.aahrpp.org>). This is a triennial process which, thanks to the leadership of Kathy McClelland, Ann Arvin and the faculty and staff involved in human subject research, Stanford passed with "flying colors." In fact the AAHRP reported that Stanford met five accreditation elements with distinction – an additional honor for the University and our institutional leaders.
- ***Dr Ann Arvin***, Vice Provost and Dean of Research, Lucile Salter Packard Professor of Pediatrics and Professor of Microbiology and Immunology, received the Pediatric Infectious Disease Society Distinguished Physician Award for 2009. This is a wonderful honor and is richly deserved by Dr. Arvin.
- ***Dr. Jonathan Berek***, Professor and Chair of the Department of Obstetrics and Gynecology, has been elected the President-Elect of the University Chairs of Obstetrics and Gynecology. A wonderful leadership accomplishment!

- **Dr. Shreyas Vasanawla**, Assistant Professor of Radiology, has won the Caffey Award for the Outstanding Basic Science Research Paper at the Society of Pediatric Radiology. This is a coveted award and we congratulate Dr. Vasanwala.
- **Dr. Sam So**, the Lui Hac Minh Professor in the Department of Surgery, will be honored on May 14th by the California Asian Pacific Islander Joint Legislative Caucus for his accomplishments, which include leading the Asian Liver Center and program at Stanford.
- **Yi-Rren Chen**, SMS 2, is the recipient of the Alpha Omega Alpha (AOA, a Medical Honor Society) Student Research Award – a wonderful honor.
- **Marlene Martin**, SMS 2, is the winner of the AMA Foundations Minority Scholars Award; this award is given to only ten students a year across the country to recognize their commitment to minority health.

Congratulations to all!

Appointments and Promotions

- **Michelle Barry** has been appointed to Professor of Medicine, effective 5/01/09.
- **Julie C. Baker** has been promoted to Associate Professor of Genetics, effective 5/01/09.
- **Todd Brinton** has been appointed as Clinical Assistant Professor of Medicine, effective 4/01/09.
- **Michael W. Brook** has been promoted to Clinical Assistant Professor of Anesthesia, effective 4/16/09.
- **Fidelia Yuan-Shin Butt** has been reappointed as Clinical Assistant Professor of Otolaryngology – Head and Neck Surgery, effective 7/01/09.
- **Cheryl Cho-Phan** has been reappointed as Clinical Assistant Professor of Medicine, effective 5/01/09.
- **LaVera Crawley** has been reappointed to Assistant Professor (Research) of Pediatrics, effective 6/01/09.
- **Mark Cullen** has been appointed to Professor of Medicine, effective 5/01/09.
- **Rhiju Das** has been appointed to Assistant Professor of Biochemistry, effective 5/01/09.
- **Manisha Desai** has been appointed as Clinical Associate Professor of Medicine, effective 7/01/09.

- **Brian Hargreaves** has been reappointed to Assistant Professor of Radiology, effective 5/01/09.
- **Michael Hsieh** has been appointed to Assistant Professor of Urology, effective 8/15/09.
- **Kai Ihnken** has been promoted to Clinical Associate Professor of Cardiothoracic Surgery, effective 5/01/09.
- **Robert Jack** has been reappointed as Clinical Associate Professor of Ophthalmology, effective 9/01/08.
- **Malcolm MacDonald** has been promoted to Clinical Associate Professor of Cardiothoracic Surgery, effective 10/01/08.
- **Samuel A. Mireles** has been appointed as Clinical Assistant Professor of Anesthesia, effective 8/01/09.
- **Rajorshi Mitra** has been promoted to Clinical Associate Professor of Orthopaedic Surgery, effective 5/01/09.
- **Garry P. Nolan** has been promoted to Professor of Microbiology and Immunology, effective 5/01/09.
- **Echo Rowe** has been appointed as Clinical Assistant Professor of Anesthesia, effective 8/01/09.
- **Debora L. Sawyer** has been reappointed as Clinical Assistant Professor of Obstetrics and Gynecology, effective 5/01/09.
- **Davud Sirjani** has been appointed as Clinical Assistant Professor of Otolaryngology – Head and Neck Surgery, effective 8/17/09.
- **Roy M. Soetikno** has been appointed as Clinical Professor of Medicine, effective 1/12/09.

Dean's Newsletter

May 26, 2009

Continuing Economic Challenges and Their Impact on the Medical School Community.

In my newsletter of March 30, 2009 (see: http://deansnewsletter.stanford.edu/archive/03_30_09.html#4), I outlined many of the significant financial actions we have taken to preserve the School's key programs and positions, while at the same time acknowledging the need to reduce our overall expenses. At that time, I indicated some layoffs within our administrative areas would be necessary to bring our expenditures into balance with our resources.

With that in mind, our administrative units, Institutes and Centers were asked to accelerate the budget preparation process for FY10 and to propose further budget reductions, including potential reductions in workforce. Those decisions have now been made - as difficult as they were - and budget decisions for those units have been finalized. As a result, we have had to make some very hard decisions to reduce our administrative workforce. A total of 40 staff will be affected either through layoff or reductions in time. This is approximately 7% of our administrative staff workforce in the Dean's Office units. These administrative layoffs, due to budgetary constraints, are being formally communicated to all affected individuals early this week and will become effective June 1st. Individuals whose positions have been eliminated will receive the University's enhanced layoff benefits, which will provide some additional support and resources during this challenging time.

I am saddened that we are in the midst of an economic situation that leads us to eliminating staff positions. Reducing staff through layoffs has a profound impact on all of us and these decisions were not made lightly. As I have underscored before, the School is most fortunate to have a very hard-working, talented and dedicated staff who have given many years of their career to supporting our missions. The elimination of these positions not only affects the individual employee and his/her family, but also deeply affects the morale and engagement of the staff who remain in their positions. Accordingly, I ask that all managers and supervisors work closely with those entrusted to your leadership, acknowledge the contributions made by all of your employees, make them feel heard and valued and encourage their continued efforts in support of our important missions.

As we continue to experience unprecedented fiscal challenges, we cannot guarantee that this marks the end of staff reductions, the need to place critical programs on hold or delays in some of our capital expansion plans. While we are doing our best to support our faculty, students and staff, financial challenges may cause us to make further unwelcome but necessary choices. In the meantime, every effort is being made to keep the school financially stable, identify new revenue streams and shore up our financial resources.

I appreciate your support and dedication, and I know that together we will weather this storm and continue as a world-class institution for years to come.

Updated Website on Stanford Industry Interactions Policy (SIIP)

I have communicated frequently about industry relations and conflict of interest. Over the last several years a number of organizations have proposed conflict of interest policies, the most recent and comprehensive being the Institute of Medicine of the National Academy of Sciences. While the IOM document that was released on April 28, 2009 is quite detailed (see: <http://www.iom.edu/CMS/3740/47464/65721.aspx>) a helpful synopsis is available in the May 21st *New England Journal of Medicine* (2009;360: 2160 – see: <http://content.nejm.org/cgi/content/full/360/21/2160>). While the IOM report and those from other organizations (including the Association of American Medical Colleges [AAMC]) chart a path toward regaining the public trust, Stanford has provided a number of directional signals over the past several years and has helped to stimulate a number of these important changes. To that regard, I want to bring to your attention the updated Stanford Industry Interactions Policy (SIIP), which has been posted on the School's web site at <http://med.stanford.edu/coi/siip/policy.html>.

As many of you know, we implemented this policy in October 2006. It governs interactions, largely in the clinical and educational arenas, with the pharmaceutical, biotech, medical device, and hospital and research equipment and supplies industries. The policy includes provisions regarding, among other issues, gifts from industry, access of sales and marketing representatives to our campus, and industry support of education.

In recent months, the policy has been updated to include, among other changes, our CME Commercial Support Policy (http://cme.stanford.edu/commercial_support.html), which was introduced in 2008. Greater clarity concerning participation in meetings or conferences supported by industry has also been provided, including an explicit provision that participation by Stanford faculty in so-called speakers bureaus is contrary to the policy.

SIIP continues to be the defining document for our interactions with industry in the clinical care and educational areas. Policies covering interactions with industry in the research area can be found at the School's Conflict of Interest web site (<http://med.stanford.edu/coi/overview.html>). Given the prominence of these issues in the public domain and the changing landscape of conflict of interest, it is important that we maintain the currency of these policies and that all of us assure that our own interactions with industry comply with their provisions. Thank you for your continuing attention to this important area.

Senior Transitions Website Goes Live

In previous Newsletters I have reported on the work of the Senior Faculty Transitions Task Force (http://deansnewsletter.stanford.edu/archive/07_09_07.html#7, http://deansnewsletter.stanford.edu/archive/08_25_08.html#4), which was chaired by Dr.

Gary Schoolnik, Professor of Medicine and now Associate Dean for Senior Faculty Transitions. This group developed recommendations about policies, procedures and resources through which advice and guidance could be provided to senior faculty about career and life planning. A key recommendation of the Task Force was the development of a web site to be a readily accessible, centralized information source related to senior faculty transitions. I am very pleased to report that the initial phase of this web site is launching today, at: <http://med.stanford.edu/academicaffairs/senior-faculty>

In addition to providing information about the work of the Task Force, including the results of a survey of all School of Medicine active and emeriti faculty age 50 and above, the site provides information about retirement as well as financial planning resources available at Stanford. Additional information will be added over the coming months. In the meantime, I hope you will find the information assembled on this web site to be helpful and informative. Special thanks to Kristin Goldthorpe, Project Manager in the Dean's Office, for her efforts in bringing the site to fruition.

Update on NIH Funding

On Tuesday, May 19th, Dr. Raynard Kington, Acting Director of the NIH, gave an update to the Board of Directors Meeting of the Foundation for the NIH (of which I am a member). He commented on the 1.4% (\$443M) increase in the NIH budget proposed by the Administration for FY10 as well as the status of the \$10.4 billion allocated to the NIH through the American Recovery and Reinvestment Act (ARRA) of 2009.

As proposed, the FY10 NIH budget would fund 9,849 new Research Project Grants (RPG) and would bring the total number of RPG's to 38,042. A success rate of 20 percent is currently projected. This is independent of the ARRA funding – of which \$8.2 billion is allocated for research. I previously commented on Stanford submissions for the NIH Challenge grants, which totaled over 200 in number (http://deansnewsletter.stanford.edu/archive/04_27_09.html#4). While that is impressive, Dr. Kington noted that NIH received over 22,000 applications for these Challenge Grants (of which 200 are to be awarded – although he noted that the number of these grants may be increased). Clearly this is an amazing response and while it makes the probability of achieving a successful application quite low, it underscores the vast wellspring of ideas that have been waiting to come forward and that have been “stimulated” by the renewed interest in science and technology from the Obama Administration.

Interdisciplinary Research Planning Activities

Over the past two weeks a number of faculty-initiated interdisciplinary planning activities have taken place to promote research interactions and opportunities. Three events have occurred (there are likely others I am not familiar with) that brought faculty from across the university together to share ideas and forge new collaborations. These kinds of activities are what make Stanford such a unique environment. They included:

- *A Panoramic Collaborative: Broad Look at Multidisciplinary Vision Science at Stanford* sponsored by the Stanford Center for Vision and the Prevention of

Blindness, the Department of Ophthalmology, and the Stanford Institute for Neuro-Innovation and Translational Neurosciences.

- ***The Stanford Clinical Genomics Retreat*** organized by Euan Ashley, Assistant Professor of Medicine (Cardiology) in conjunction with the Center for Genomics and Personalized Medicine, which will be led by Dr. Mike Snyder after he arrives this summer to lead the Department of Genetics. More than 50 faculty attended this Retreat and focused on issues ranging from technology development and deployment to informatics and opportunities for translational research at Stanford.
- ***The Global Health Symposium*** organized by Dr. Julie Parsonnet, George DeForest Barnett Professor in Medicine and Professor of Health Research and Policy (Epidemiology), which featured interactive sessions on ethics in global health research and on overcoming obstacles to healthcare implementation. The Symposium also introduced Dr. Michele Barry, who joined Stanford on May 1st as Senior Associate Dean for Global Health.

My thanks to the faculty who initiated these activities and to all who participated in them. I am confident that new insights, interactions and discoveries will ensue!

AAMC Faculty Forward Program Survey

Back in March, we announced Stanford's participation in the AAMC initiative, *Faculty Forward*. The centerpiece of this initiative is a faculty satisfaction survey developed by the AAMC and the Collaborative on Academic Careers in Higher Education (COACHE) at the Harvard Graduate School of Education. By now all faculty should have received one or more emails from AAMC/COACHE with a link to participate in the survey. Some of you may remember completing a similar survey in 2007 and might wonder what the advantage is of completing yet another survey on faculty satisfaction. We take the results from each survey very seriously and use them to make specific improvements that will positively impact all faculty.

For example, the 2007 survey alerted us to the need for a better process of providing faculty with career feedback. In response to this need, we are currently piloting a new feedback process through the Faculty Fellows program. After refining this process, we will implement it more widely around Stanford. In addition, results on the 2007 survey told us that many faculty feel that their teaching and clinical activities are not adequately recognized and rewarded. This led to a detailed discussion at the past Dean's leadership retreat on how to put in place reward systems that fully recognize the value of teaching and clinical activities. We developed a focused plan that will be implemented over the next year; in addition, we have worked with Faculty Affairs to revise the current criteria for advancement and promotions in order to place additional value on teaching and clinical activities. We plan to revise the criteria further in order to place greater value on interdisciplinary work.

As you can see, we use your feedback on our faculty satisfaction surveys to develop concrete strategies for creating a supportive culture for all faculty. However, your continued participation is essential in helping us achieve this goal. This is why I encourage your participation in the 2009 survey. As added thanks, we will give away ten \$50.00 gift certificates at random to faculty who complete the survey. The last day to complete the survey is June 30, 2009.

To complete the survey, look for an email in your inbox that originates from "Faculty Forward" <coache@gse.harvard.edu>. The subject line for this email is "AAMC-COACHE Medical School Faculty Job Satisfaction Survey."

Awards and Honors

- Dr. John Cooke, Professor of Cardiovascular Medicine, was awarded the designation of Master of the Society for Vascular Medicine in recognition of extraordinary service, selfless dedication and enlightened leadership to the SVM and the field of vascular medicine" on May 14, 2009. Congratulations, Dr. Cooke.
- Bikul Das, a postdoctoral scholar in the Department of Medicine, recently received a grant from the Bill and Melinda Gates Foundation to explore the role of stem cells in the management of tuberculosis. Congratulations, Dr. Das.
- Dr. Renee Reijo Pera, Professor of Obstetrics and Gynecology and Director of the Center for Human Embryonic Stem Cell Research and Education, received an honorary degree at the University of Wisconsin-Superior, her alma mater. She was recognized for her accomplishments involving the study of human development and reproduction, and her pursuit of knowledge that could make fertility treatments safer for women and prevent birth defects.

Appointments and Promotions

Rebecca Bernard has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences (Child Psychiatry), effective 6/01/09.

Darrell Brooks has been promoted to Clinical Assistant Professor (Affiliated) of Surgery (Plastic and Reconstructive Surgery), effective 6/01/09.

Michelle Brown has been promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences (Child Psychiatry), effective 3/01/09.

Michael Joshua Cisco has been appointed as Clinical Assistant Professor of Pediatrics (Pediatric Cardiology), effective 7/01/09.

Stephen D. Coleman has been appointed as Clinical Assistant Professor of Anesthesia (Pain Management), effective 7/01/09.

John Dani has been appointed as Clinical Assistant Professor (Affiliated) of Surgery (Emergency Medicine), effective 5/01/09.

Gail Gullickson has been reappointed as Clinical Associate Professor (Affiliated) of Medicine (General Internal Medicine), effective 9/01/08.

Dora Ho has been reappointed as Clinical Assistant Professor of Medicine (Infectious Diseases), effective 8/01/09.

Meghan Imrie has been appointed as Clinical Assistant Professor of Orthopaedic Surgery, effective 9/01/09.

Peter Henry Johannet has been reappointed as Clinical Assistant Professor (Affiliated) of Surgery (Plastic and Reconstructive Surgery), effective 6/01/09.

Kenneth K. Kim has been reappointed as Clinical Assistant Professor (Affiliated) of Surgery (Plastic and Reconstructive Surgery), effective 6/01/09.

Abha Barry Kumar has been reappointed Clinical Assistant Professor (Affiliated) of Ophthalmology, effective 4/01/09.

Robert M. Menard has been reappointed Clinical Assistant Professor (Affiliated) of Surgery (Plastic and Reconstructive Surgery), effective 6/01/09.

Kelly Murphy has been promoted to Clinical Associate Professor of Surgery (Emergency Medicine), effective 12/01/08.

Chad D. Pritts has been appointed as Clinical Assistant Professor of Anesthesia (Critical Care Medicine), effective 7/01/09.

Daryn Reicherter has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences (Child Psychiatry, Psychopharmacology and Mood Disorders), effective 6/01/09.

Monica Stemmler has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics (Ambulatory Pediatrics), effective 7/01/09.

Joyce Tenover has been appointed as Clinical Professor of Medicine (Gerontology and Geriatric Medicine), effective 1/20/09.

Arthur Traum has been reappointed as Clinical Associate Professor (Affiliated) of Medicine (General Internal Medicine), effective 9/01/08.

George Triadafilopoulos has been reappointed as Clinical Professor of Medicine (Gastroenterology and Hepatology), effective 9/01/08.

Mirjana Vustar has been appointed as Clinical Assistant Professor of Anesthesia (Pediatric Anesthesia), effective 7/01/09.

Katherine Warner has been reappointed as Clinical Assistant Professor of Ophthalmology, effective 4/10/09.

Justin Yeh has been appointed as Clinical Assistant Professor of Pediatrics (Pediatric Cardiology), effective 7/01/09.

Dean's Newsletter

June 8, 2009

Fifty Years for Stanford Medicine in Palo Alto

On Friday, May 29th the School of Medicine celebrated the Fifty Year Anniversary of its 1959 move from San Francisco to the Stanford Campus. We also had the opportunity to honor three remarkable individuals who helped shape the medical school and medical center during the past 50 years and whose contributions continue to influence its on-going transformation into the future. Comments about these three pioneering leaders, Dr. Robert Glazer, Dr. Larry Crowley and Mr. Lorry Lokey, are noted later in this Newsletter. In my introduction to the award ceremony I briefly reviewed some of the factors that led to the decision to move the medical school to the Stanford campus and the impact this had on Stanford Medicine. I also touched on some of the individuals and decisions from earlier in our history that set the stage for the bold step the School of Medicine and Stanford University took in 1959.

To a significant degree history is a reflection of the experiences of individuals and of the influence of external forces on individual goals at specific points in time and place. Individuals with vision shape institutions. A lack of vision in a changing environment results in passive and reactive responses rather than proactive decision-making and can thus passively impact institutions. To a degree Stanford Medicine as we know it today is the result of a conjunction of internal and external forces that began to emerge in the mid-1940s. At that time the School of Medicine, which had become part of Stanford University in 1908, was in need of restoration and renewal. Indeed, when Donald Tressider became President of Stanford in 1943, he learned of a plan to restore the Medical School campus in San Francisco through a major fundraising campaign (the "Endowment Campaign") that had been put together by his predecessor Ray Wilbur (who had served as Dean of the School of Medicine prior to becoming President of Stanford). Because the necessary funds had not been raised, Tressider (who like David Star Jordan and Ray Wilbur before him, held an MD degree) appointed a committee to assess the plans for the medical school.

In 1946 this committee, led by Dr. Harold Faber (a pediatrician) recommended that the Stanford Medical School in San Francisco be restored and renewed. There was much

support for this by the clinical faculty, whose practices were located in San Francisco. However, in the absence of funds, no progress was made, and in 1948 President Tressider put the medical school plans “on hold” for the next five years. Shortly thereafter, President Tressider and Loren “Yank” Chandler, who served as Dean of the Medical School from 1933-1953, became interested in integrating the medical school into the university, despite major objections from the clinical leaders and faculty. They toured a number of other medical centers, including Illinois, Cornell, Duke and Michigan, and, as a result, concluded that plans to move the medical school could not proceed until greater clinical opportunities for teaching and patient care activities were available in Palo Alto.

In 1948, Wallace Sterling succeeded Tressider as President of Stanford and soon thereafter the future of the medical school was raised once again. In 1951, the Board of Trustees affirmed the recommendation of the Faber Committee to renew and restore the medical school in San Francisco. A year later, in 1952, Sterling appointed yet another committee to evaluate the future of the medical school. It included a number of prominent faculty leaders, including Yank Chandler (Dean), Arthur Bloomfield (Professor of Medicine), Windsor Cutting (Professor of Pharmacology), William Greulich (Professor of Anatomy), Henry Kaplan (Professor of Radiology), William Northway (Professor of Medicine), Victor Richards (Professor of Surgery) and Lowell Rantz (Associate Professor of Medicine). The Sterling Committee once again surveyed the options and opportunities and once again affirmed prior decisions to keep the medical school in San Francisco.

But behind the scenes President Sterling and the Board of Trustees undertook a parallel process that resulted in the announcement, on July 15, 1953, of the decision to move the School of Medicine to the Stanford campus in Palo Alto. Clearly this was a visionary decision. But it came with a cost: the clinical faculty leaders in San Francisco reacted very negatively, and most would elect not to move to Palo Alto. And it was not met with a great degree of enthusiasm by clinical physicians practicing in Palo Alto, who viewed the coming of Stanford as a threat to their own futures. Nonetheless, the decision was made and the future of Stanford Medicine was defined – with the result that 50 years later, the School of Medicine is one of the leading research intensive medical schools in the world, a destiny that almost surely could not have been accomplished if the conventional wisdom of the time to leave the school in San Francisco had been followed.

With the decision to move the School to the Stanford campus made, many other important decisions followed. Among these were: the need to construct a new medical center on the Stanford campus; the development of a new curriculum for medical education; and further development of the full-time faculty program that had begun earlier in the century and that had been endorsed by the Flexner Report of 1910. In 1956 Edward Durrell Stone, an internationally recognized architect in the 1950s, received the commission to design the integrated medical school and hospital facilities (the latter done in conjunction with the City of Palo Alto). Work soon commenced on a major renewal project that cost \$22 million at the time of its completion in 1959. While there is considerable debate today about the utility and design of the ED Stone complex, at the

time it was viewed by many as “state-of-the-art,” with its attempts to provide a rustic setting that echoed, in part, the sandstone feeling of the main campus.

Acknowledging herewith that the design left many problems, it did accomplish one unique and critically important goal: it brought together the medical school and teaching hospital into an integrated whole, while locating them proximate to the university campus and especially the Schools of Engineering and Humanities and Sciences. Indeed, it was this unique co-location that gave Stanford its character. This type of integration is not typical for US medical schools and medical centers, but it has defined Stanford and helped create and foster opportunities for basic, clinical and translational research, often interdisciplinary, that would not otherwise have been possible or achievable.

While facilities are important in defining institutions, it is of course the quality of the individuals who occupy them that has the greatest impact. Here a challenge was replaced by an opportunity. With the decision of many of the Stanford faculty leaders to stay in San Francisco and the move of the school planned for 1959, the need to recruit new leaders became a major issue. A number of individuals played critical roles in this early recruitment process, most notably President Sterling, Provost Fred Terman (who played such a critical role in shaping Stanford’s role as an innovator and incubator), Robert Alway (who became Dean in 1957) and Henry Kaplan. Individually and together they helped attract the founding faculty leaders for the transition of the medical school – and quite a group this turned out to be, since its members not only shaped Stanford but also science and medicine around the world for decades to come.

They included Arthur Kornberg, who brought his whole department from Washington University to found a new Department of Biochemistry at Stanford. Shortly after his arrival, Dr. Kornberg won the Nobel Prize, creating immediate notoriety for Stanford. Dr. Joshua Lederberg was recruited from Wisconsin to found a new Department of Genetics. His decision to join Stanford was influenced, in part, by the fact that Kornberg had come to Stanford – and, since Lederberg had won a Nobel Prize in 1958, the newly “re-founded” school had two Nobel Laureates among its newly burgeoning faculty. Other important leaders who soon joined Stanford included Drs. Norm Kretchmer, who came from Cornell to lead Pediatrics, Hal Holman from Rockefeller University to lead Medicine, Robert Chase from Yale to lead Surgery and David Hamburg from the NIH to lead Psychiatry. Henry Kaplan and Avrum Goldstein, both of whom came from the San Francisco campus, along with a young surgeon, Norman Shumway, joined this remarkable group of leaders. Each of these individuals had remarkable careers in his own right, and both individually and collectively they helped shape the culture and fabric of Stanford Medicine as we know it today.

As is also well known, history runs in cycles and, not infrequently, issues seem to recur – sometimes more than once. Today, as we celebrate Fifty Years of Stanford Medicine in Palo Alto, controversy has again emerged around the plans to renew and expand the clinical facilities at Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital – both of which have evolved considerably during the past 50 years. While the community in Palo Alto and beyond recognizes the unique importance of these medical

facilities to their community and their own families, the Palo Alto City Council has seemed to do everything possible to derail the plans for moving forward with exciting new hospital facilities that would surely shape the future of medical care for decades to come. The current City Council of Palo Alto seems to be out of sync with the community and, worse, to have a need to layer the currently already extraordinarily expensive projects with requests that have little to do with the proposed plans. I won't go into all the details here except to say that, not unlike some of the voices of the past, were those of the City Council to prevail, the future of Stanford Medicine would be negatively impacted and the benefits that would otherwise accrue during the decades ahead could be lost or severely diminished. Amazingly, even suggestions that the hospitals should be relocated to another site have once again found their way to the agenda.

This brings me back to the beginning of this story and our 50 Year Celebration. It was the courage and vision of a small handful of leaders – especially President Wallace Sterling and members of the Board of Trustees – who despite opposing forces made what in retrospect was the extraordinary decision to co-locate the School of Medicine and Medical Center into an integrated complex housed on the University campus. That same courage and vision today will sustain what has made Stanford Medicine unique and successful and will provide a home for future innovation and discovery, the education and training of leaders in science and medicine, and the translation of knowledge from research to the benefit of adults and children locally and globally. Sustaining the core values that has brought us to this momentous juncture in history will assure that Stanford Medicine will continue to be a beacon of hope and excellence well into the 21st Century.

Tributes to the 2009 Dean's Medal Recipients

We were fortunate to have three distinguished members of the Stanford community introduce each of our 2009 Dean's Medal recipients. Stanford's President John Hennessy introduced Mr. Lorry Lokey; Professor of Biochemistry Emeritus Paul Berg introduced Dr. Robert Glaser; and Stanford President Emeritus and Professor of Biological Sciences Emeritus Donald Kennedy introduced Dr. Crowley. In their remarks they highlighted the many accomplishments of the awardees – which are also described below – but, more than that, they conveyed their deep respect, gratitude and abiding affection for these remarkable individuals.

- *Dr. Berg remarked of Dr. Glaser, "there is no more worthy a recipient [of a Dean's Medal] than Dr. Glaser." He went on to praise Dr. Glaser's negotiating skills, his ability to solve problems "with great skill, forbearance and persistence," his prolific scholarship, and his "lifetime of achievement to the University, to medicine and [to] the nation."*
- *President Kennedy described Dr. Crowley as a "peacemaker... a negotiator... an imaginative renovator of relationships...a resolver of new challenges... a family guy," and, finally, as "one of the earth's truly splendid people."*

- *President Hennessy highlighted Mr. Lokey's extraordinary generosity, not only to Stanford University and specifically the School of Medicine, but also to other institutions in other states. "Mr. Lokey is a visionary, he said, who understands key issues and whose farsightedness is a hallmark of his endeavors. He concluded by saying: "John F. Kennedy said, 'we need men who can dream of things that never were' – certainly Lorry Lokey is such a man.'"*

We are deeply appreciative of all that Mr. Lokey and Drs. Glaser and Crowley have done for the School of Medicine – and for the world.

The citations for the Dean's Medals Awardees follow:

Robert J. Glaser, MD

Robert J. Glaser, MD, professor emeritus of medicine, is presented the Dean's Medal in recognition of his many years of leadership and service to the School of Medicine, as well as his numerous achievements in medicine and longstanding commitment to medical education.

Dr. Glaser was born in St. Louis, Missouri, on September 11, 1918. He was inspired to begin a career in medicine after spending a significant portion of his childhood in and out of hospitals due to congenital health issues. He received his MD, magna cum laude, at the Harvard Medical School in 1943, and went on to train in Internal Medicine at Barnes Hospital in St. Louis and the Peter Bent Brigham Hospital in Boston, Massachusetts.

He began his career as a National Research Council Fellow in the Medical Sciences, Washington University, studying experimental Group A streptococcal infections and their link to rheumatic fever. Dr. Glaser's extensive research in this area built an important understanding for him of the link between the basic sciences and the possibility of groundbreaking medical discoveries. When he moved to the University of Colorado in 1957 as Vice President for Medical Affairs, Dean of the Medical School, and professor of medicine, he carried this belief with him, and was instrumental in raising the bar on the quality of the faculty in basic sciences and other areas, as well as securing the funding for a new teaching hospital. He continued his career in administration from 1963 to 1965 as President of the Affiliated Hospitals Center, a consortium of Harvard teaching hospitals, and Professor of Social Medicine, moving to Stanford in 1965 as Vice President for Medical Affairs and Dean of the School of Medicine.

While at Stanford, Dr. Glaser played an integral role in interfacing with the city of Palo Alto to purchase their owned shares in the hospital, thereby making possible the development of Stanford Hospital & Clinics as a key part of Stanford Medical Center. During his tenure, Dr. Glaser also completed a comprehensive master plan for the School of Medicine, as well as building and strengthening academic programs throughout the school.

Dr. Glaser has also had a great impact on philanthropy through his leadership efforts with three medically oriented foundations: the Commonwealth Fund, the Henry J. Kaiser

Family Foundation, and the Lucille P. Markey Charitable Trust. He has also served as a member of the Board of Trustees at the David and Lucile Packard foundation and the Packard Humanities Institute, and been a valued member of this community in many ways.

Lawrence G. Crowley, MD

Lawrence G. Crowley, MD, professor emeritus of surgery, is presented the Dean's Medal in recognition of his leadership contributions to Stanford University, the School of Medicine, and to the community as a whole.

Dr. Crowley was born in Newark, New Jersey in 1919, and received both his BA and MD from Yale University. He completed his residency in General Surgery at the Yale-New Haven Hospital, and had his first teaching position as an assistant professor of Surgery at Yale Medical School before moving on to spend ten years as a part-time assistant clinical professor of surgery at the University of Southern California School of Medicine (USC).

While at USC, Dr. Crowley managed to juggle his position at the university with a private practice in surgical oncology along with numerous community projects. His most notable community contribution was to Casa Colina, a former Polio rehabilitation facility. After polio was eradicated by the development of a vaccine by Jonas Salk in the early 1950s, Dr. Crowley worked with the board and persuaded them to broaden their services to care for patients of all ages with all kinds of physical injuries and disabilities.

Casa Colina has been recognized throughout the nation as the first to introduce many of the modalities that are implemented in rehabilitative care today, as well as the first rehab center to offer a complete range of care for those with brain injuries and other neurological trauma.

Dr. Crowley first came to Stanford as professor of surgery in 1964, and left to become dean of the University of Wisconsin School Of Medicine from 1974 to 1978. He returned to Stanford as acting dean of the medical school, and in 1979 was appointed vice president for medical affairs at Stanford. Of his many contributions to the medical center, his efforts as a champion of the new children's hospital are some of the most significant.

Dr. Crowley and Lucile Packard both felt that the time had come to replace the Stanford Convalescent Home with a more advanced facility for children's care, particularly since the types of diseases affecting children now required far more than rest and recuperation.

Dr. Crowley also argued strongly to attach the children's hospital to the existing Stanford University Hospital, rather than rebuilding on the original site of the convalescent home. During the last decade, the Lucile Packard Children's Hospital has grown to become one of the leading centers of excellence in pediatric medicine and surgery, and Dr. Crowley's foresight was instrumental in the success of this important partnership.

Dr. Crowley's other honors include the Certificate of Merit from the American Cancer Society and a Stanford University Distinguished Service Award, and the Lawrence

Crowley, MD Endowed Professorship in Child Health was named in recognition of his contributions to Stanford.

Lorry I Lokey, '49

Lorry I. Lokey, '49 is presented the Dean's Medal in recognition of his humanitarian, philanthropic and leadership contributions to Stanford University, the School of Medicine, and the community at large.

Lokey, a native of Portland, Oregon, graduated from Stanford in 1949 with a degree in journalism and credits the university with jumpstarting his career. As a student, he started as a cub reporter for the Stanford Daily and eventually went on to become the editor, sparking a lifelong passion for reporting.

After graduation Lokey went to work at United Press (which later became United Press International), one of the country's major wire services. After a series of jobs in newspapers and public relations, he got the idea to start a new kind of wire service where, instead of going out and getting the news, the news would come to him.

He launched Business Wire in San Francisco in 1961 with \$2,000 of his own money. It quickly grew to become a news industry powerhouse, now distributing an average of 17,000 corporate and academic press releases a month. When Lokey sold the business in 2006 to Berkshire Hathaway, a company controlled by investor Warren Buffett, it was valued at roughly \$500 million.

A dedicated supporter of teaching and science, Lokey has donated roughly \$300 million to various educational institutions, including Stanford, the University of Oregon, Mills College in Oakland, the Technion-Israel Institute of Technology in Israel and his elementary school in Oregon.

He has recently made significant investments in science and biotechnology, believing they may offer the tools to put an end to major human ailments, such as heart disease and cancer. After the Bush administration limited federal funding for stem cell research in 2001, discouraging the study of these potentially powerful cells, Lokey turned his attention to this cutting-edge field.

Lokey's contribution to the School of Medicine—its largest single gift to date from an individual—has launched construction of the Lorry I. Lokey Stem Cell Research Building, a new stem cell laboratory facility on campus where scientists will probe the power of these elusive cells in treating conditions as diverse as cancer, stroke and diabetes. His generosity and commitment to this project speak to his personal conviction that stem cell research is incredibly important and that he wants to do all he can to help support its development—at both a basic and an applied level.

Five Years for the Stanford Cancer Center

On June 4th Martha Marsh, CEO of Stanford Hospital & Clinics, and I hosted a reception to celebrate the five -year anniversary of the opening of the Stanford Cancer Center. This event provided an opportunity to thank the many members of our community, both faculty and staff, who have contributed to the success of the Cancer Center. As a facility

it provides state- of- the-art patient care in a compassionate, comforting and caring environment. But we also acknowledged that the treatments offered at the Center are – and will continue to be – shaped by the innovations and discoveries that our faculty make in understanding cancer and in developing new approaches to its diagnosis, treatment and prevention. This is where we excel. We also acknowledged the important milestone the Cancer Center achieved three years ago in becoming an NCI-Designated Cancer Center as well as the recent submission of our reapplication for this designation by our Cancer Center Director, Dr. Beverly Mitchell, the George E. Becker Professor in Medicine.

I want to acknowledge and express my appreciation for the important partnership the School of Medicine has had with the Stanford Hospital and Clinics at the Stanford Cancer Center and also to thank the wonderful contributions of our faculty and staff for the work they do to create knowledge and help patients facing the challenge of cancer.

Dr. Linda Clever Named Associate Dean for Alumni Affairs

I am very pleased to announce that Dr. Linda Clever will become Associate Dean for Alumni Affairs in September 2009. She will succeed Dr. Ross Bright, who has served admirably for more than 17 years. I would like to thank Dr. Bright for his extraordinary service to the School and Medical Center. During his tenure, the Alumni Association has become more inclusive– it now includes graduates of the MD, Masters, PhD and post-doctoral programs along with graduates of our training programs at Stanford Hospital and Clinics and the Lucile Packard Children’s Hospital (see:

<http://med.stanford.edu/alumni/>). Dr. Bright also championed and led the development of a publication for alumni – *Bench & Bedside* – that has already generated a positive response and considerable interest from our alums. I am deeply appreciative of his many efforts and know they will shape the Alumni Association for many years into the future.

Dr. Linda Clever is well poised to succeed Dr. Bright as Associate Dean for Alumni Affairs. She has been an active and enthusiastic member of the Board of Governors and has a long history of highly productive interactions with the School as well as its students and faculty. Dr. Clever is a graduate of Stanford University and the Medical School and is Board Certified in Internal Medicine and Occupational Medicine. She has served prominently in the American College of Physicians, including service as Chair of the Board of Governors and Regent. She has been elected to the Institute of Medicine of the National Academy of Sciences and has served on numerous boards including the Stanford University Trustees. In addition to her many professional and personal activities, Dr. Clever’s special interests include personal and organizational renewal, health care and the occupational health of women and health care workers. She brings considerable and notable skills as a leader in medicine and health care along with a deep commitment to Stanford, and I am pleased to welcome her as our Associate Dean for Alumni Affairs.

Another Warning About Protecting Patient Confidentiality

On May 15th the LA Times reported that the Kaiser Bellflower Hospital was fined \$250,000 for failing to keep employees from accessing the medical records of the mother who gave birth to octuplets in January (see: <http://www.latimes.com/news/local/la-me-privacy15-2009may15.0,2916906.story>). This is related to the two new laws aimed at protecting patient privacy and data security that I alerted you to in the December 15th Dean's Newsletter (see: http://deansnewsletter.stanford.edu/archive/12_15_08.html#3). Failure to comply with these laws can result in individual as well as institutional fines ranging between \$25,000 and \$250,000. Based on some recent observations I fear I need to call this your attention again, and I cannot underscore more strongly how important it is to heed these regulations.

Specifically, privacy of patient information is central to the care that we provide at Stanford. You cannot access any patient record unless you have treatment responsibilities for the patient or you have another permissible need to know (such as supervision of your residents or quality-of-care reviews). ***This applies whether the individual is a friend, a colleague or even a family member; it is mandatory that you have either specific documented permission or a treatment related need to know before you access the record.***

Both LPH and SHC have increased their monitoring of access to patient records as a result of new federal and state mandates. As you know from my prior reports, under the new state law, if the Hospitals detect impermissible access to patient information, they are required to report it immediately to the State and to the affected patient(s), even if the person who accessed the record does not tell anyone else but viewed the record without a permissible reason. New federal law extends these reporting requirements to the School of Medicine (and any other part of the "HIPAA Covered Entity"); accordingly, privacy and security breaches will also need to be reported to the U.S. Department of Health and Human Services and to the affected patient(s). These laws are designed to increase the transparency of the practices of both institutions and individual health care providers, and, when a breach affects numerous patients, we will be required to report it to the media.

As I have noted, both federal and state authorities have new enforcement powers and can impose substantial penalties on both institutions and individuals, and state law permits patients to sue directly for a privacy breach – as is being done to the Kaiser Bellflower Hospital. Indeed, the State Department of Public Health is enforcing this authority, and in May, it imposed a fine of \$250,000 (the maximum) for failing to prevent inappropriate access to a patient's records. It also referred the matter to the state privacy office (California Office of Health Information Integrity) to determine if penalties will be imposed on the individuals involved.

If you have any questions about permissible access to patient information, please review the HIPAA privacy policies (found at http://hipaa.stanford.edu/policy_manual_university.html) or contact Dr. Todd Ferris, School of Medicine Privacy Officer (tferris@stanford.edu).

Professional Development Programs for Clinician/Educators

Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, has let me know that the Clinician-Educator Professional Development Leave Program becomes available for use on July 1, 2009. A Clinician-Educator is eligible to participate in the program if he/ she is appointed as a Clinical Assistant Professor, Clinical Associate Professor or Clinical Professor and his/her percent time of appointment (also referred to as full time effort "FTE") is 50 percent or more and his/her term of appointment is for six months or longer. Further information about the program and the relevant documents for its use are posted on the Office of Academic Affairs' web site at http://med.stanford.edu/academicaffairs/C~E_Benefits.html.

In addition to the Professional Development Leave Program, benefits-eligible Clinician-Educators (i.e., those with appointments of fifty percent time or more and with terms of appointment of six months or longer) are also eligible to take five working days per year of paid conference leave. Information about this leave can also be found at the Office of Academic Affairs web site, http://med.stanford.edu/academicaffairs/CEs/CE_benefitsSummary.pdf.

If you have questions concerning these programs, please contact Jane Volk-Brew in the Office of Academic Affairs, volkbrew@stanford.edu or (650) 862-3971. Questions regarding reimbursement for the Professional Development Leave should be directed to Sue Kingston in Faculty Compensation, skingston@stanford.edu or (650) 736-8544.

I encourage Clinician-Educators to inform themselves of these opportunities and to take advantage of them. Clinician-Educators are a key faculty group in advancing the mission of the School of Medicine, and their professional development is an important priority for the School - and for me.

The Department of Biochemistry's Update to the Executive Committee

On Friday, June 5th, Dr. Mark Krasnow, Professor and Chair of Biochemistry, provided an update on the department – a brief summary of which follows:

Fifty years ago this month, Arthur Kornberg, Paul Berg, Dave Hogness, Dale Kaiser, Bob Lehman, Mel Cohen and other members of the Medical Microbiology Department at Washington University moved here along with Buzz Baldwin from the University of Wisconsin to establish the Stanford Biochemistry Department. One of the key factors contributing to the success of the Department is the collegiality and friendship, and the remarkable stability of the faculty. With the exception of Mel Cohen who left early to found the Salk Institute, the founding faculty have remained together for their entire careers until Arthur's passing two years ago at age 89. And, in the entire 50 year history of the Department, only five of our 22 faculty have left. There are currently 10 full time faculty and five active Emeritus faculty, with \$21M grants (direct costs). We also have six

affiliated faculty who greatly enrich our intellectual environment and teaching: Gil Chu, Jim Ferrell, K.C Huang, Chaitan Khosla, Sharon Long, and Raj Rohatgi. There are 65 graduate students and 45 postdoctoral scholars in the Department, plus the Stanford Genome Technology Center, Stanford Microarray Database, and Stanford Functional Genomics Facility.

Six months after he arrived to Chair the new Department, Kornberg, at age 40, received the 1959 Nobel Prize in Physiology or Medicine for his pioneering work on the biological synthesis of DNA (shared with Severo Ochoa for RNA synthesis). The arrival of Arthur and new Department helped recruit Josh Lederberg, who had won the same Nobel the previous year, to found the Genetics Department. This thrust the new Departments and Stanford Medical School into national prominence, setting the stage for a remarkable 50 years of progress that transformed the Department, School and all of biomedical research. In addition to two Nobel Prizes, two Lasker Awards, and two National Medals of Science, nine of the 10 members of the Department age 55 and older have been elected to the National Academy of Sciences, an unparalleled record.

Each decade has been highlighted by a different research theme, alternating between basic discovery and technology. The 1960's were dominated by nucleic acid enzymology, culminating in 1967 in the enzymatic synthesis in vitro of an infectious phage by the Kornberg lab, which newspapers hailed as "creation of life in a test tube." That same year the Lehman lab reported the discovery of an enzyme that could link DNA chains by phosphodiester bonds. Availability of DNA ligase and other nucleic acid enzymes set the stage for the recombinant DNA revolution of the next decade.

The recombinant DNA revolution was launched by two papers by the Berg and Kaiser groups in 1972 and 1973 that reported the first recombinant DNA methods and molecules. The development of many other methods of recombinant DNA technology followed including isolating genes by screening genomic libraries and mapping genes on chromosomes (Hogness lab), expressing recombinant gene products (Berg lab), and Northern blots for RNA and Western blots for proteins (Stark lab). At the end of the decade, Ron Davis and collaborators including David Botstein (who would later join Stanford as Chair of Genetics) described a method for construction of a genetic linkage map in humans using restriction length polymorphisms, laying the conceptual foundation for mapping and identification of human disease genes and current Genome Wide Association Studies. At the end of the decade, Paul Berg received the Nobel Prize in Chemistry for his studies of the biochemistry of nucleic acids, with particular regard to recombinant DNA (shared with Wally Gilbert and Fred Sanger for DNA sequencing). Although the 1970's were dominated by technology development, there were also many crucial basic biochemical discoveries including the isolation of the recombination enzyme RecA by the Lehman lab and identification of protein folding intermediates by the Baldwin lab that helped launch the DNA recombination and protein folding fields.

The 1980's saw the application of recombinant technology to biochemistry, genetics and virtually all biomedical fields, transforming basic biomedical science departments and blurring the boundaries between them. The Hogness lab opened the molecular biology of development and molecular biology of human color vision, the Kaiser lab pioneered the molecular biology of microbial motility and development, and the Brutlag lab pushed

into bioinformatics. Hogness obtained a Markey grant to found the Department of Developmental Biology, and Berg lead the vision and fundraising for the Beckman Center for Molecular and Genetic Medicine. Although many in the Department veered far from Kornberg's love of enzymes and original vision for the Department, Jim Rothman, Suzanne Pfeffer, and their colleagues started the enzymology of vesicular trafficking and intracellular protein transport that transformed the field of cell biology.

The 1990's were highlighted by two technological revolutions. One was the application of laser traps and optical tweezers to biomolecules such as the myosin molecular motor by Jim Spudich and Steve Chu (Applied Physics Department) and their colleagues. This opened the field of single molecule biochemistry, and lead them to found and initially lead the Clark Center and Bio-X program, which bridged the medical school and rest of the campus. The other revolution was the invention of DNA microarrays by Pat Brown and colleagues, and their application to study gene expression with Ron Davis and colleagues. This activated the field of functional genomics and systems biology, and lead Ron to found the Stanford Genome Technology Center with its 75 scientists and \$7M budget, and Pat Brown and collaborators to establish the Stanford Functional Genomics Facility and Stanford Microarray Database to store and distribute the technology and hordes of data that derive from such studies.

This decade has seen the application of the new technologies to many fields including microarrays and cancer and microbiology (Brown lab and collaborators), development (Krasnow, Davis and collaborators), and RNA binding proteins (Brown and Herschlag labs), and single molecule studies of RNA catalysis and folding (Herschlag lab and collaborators). It also saw a move of the Department into new and ever more complex areas of biochemistry and biology, including centromere/kinetochore assembly and chromosome segregation (Straight lab), the biophysics of cell movement and cell shape (Theriot lab), and the program of lung development (Krasnow lab). This pull of the Department into these challenging new areas far from classical biochemistry concerned Arthur, and several in the Department have also been concerned of the longer term consequences of students losing sight and interest in these classical approaches at a time when those approaches and level of analysis would soon become paramount again.

That time appears to be now. Genome-Wide Association Studies (GWAS) throughout the country and world in the past two years have initiated a revolution in human disease gene mapping. Over 250 new disease susceptibility genes have been identified. Studies to date have identified only a small portion (typically 5-10%) of the genes involved in the specific diseases studied, with many of the others likely to come in the near future by larger and more detailed studies including full genome sequencing, and many more to come from diseases not yet studied in this way.

Some of the identified genes were previously implicated in the disease. However, most of the identified genes were not previously implicated. Some immediately suggest new hypotheses for disease pathogenesis and targets, but in many cases the identified genes have no known function. How are we going to set out understanding disease gene products that have no known function? That will involve a Back to the Future return to basics including classical enzymology to understand and characterize their biochemical functions and cellular and physiological functions. This revolution in human disease gene

mapping will break down the final barriers between the basic and clinical sciences, just as recombinant DNA revolution broke down the barriers within the basic sciences during the past three decades. Basic scientists and clinicians will depend on each other during the next decades like never before.

The newly identified genes will provide new insights into the pathogenesis of human disease and new ways to diagnose and classify diseases and identify individuals at risk. They also provide new targets for drug therapies to treat the disease. These new targets come at a critical time for the pharmaceutical industry because despite the huge increasing investment in drug discovery, which exceeded \$25B in 2002, there has paradoxically been a continuously decreasing number of new molecular entities approved (excluding the "me-too" drugs, minor modifications of existing drugs): less than 20 in 2002. Drug company chemical libraries are composed of hundreds of thousands of compounds, which depending on the assay can take days, weeks, or even years to screen to identify a compound of interest. But these libraries typically don't have enough diversity for the discovery of compounds with the target affinity and specificity necessary for an effective drug.

What is needed is a library many orders of magnitude bigger and more chemically diverse than existing libraries, any many orders of magnitude faster ways to find the rare compound with the desired properties. Pehr Harbury and colleagues have come up with an ingenious way to do so, one that can be carried out by individual labs and scientists. It is based on the "DNA display" technology they described in 2004 in which chemical compounds are synthesized on DNA molecules that carry the information for the synthesis of the linked compound. This enables a rare molecule selected from the library to be amplified for chemical characterization or for additional rounds of selection.

Their current library has 2×10 billion compounds, five orders of magnitude larger than pharmaceutical libraries. This library can be rapidly screened for molecules that bind a particular target protein, or even a particular variant of the target, an important step towards personalized medicine. This technology is poised to transform the pharmaceutical industry, and could be the dominant technology of the next decade. Another important technology is being developed by our newest faculty member, Rhiju Das, and colleagues. They are using high throughput analytical approaches combined with computation to discover how sequence encodes the 3D structure of proteins, RNAs, and heteropolymers; such high throughput approaches may someday reveal the 3D structure of all RNAs and proteins encoded by the human genome.

A special aspect of our Department and important factor in our Department's success is the sharing of space, equipment, reagents, and especially ideas and technologies. Lab space is shared equally among all labs, and trainees are interspersed in lab rooms, facilitating social and scientific interactions and providing great opportunities for collaboration and synergy. Interactions are also encouraged through our annual retreat at which all faculty and trainees present their research to the rest of the Department, a bimonthly journal club with a student and faculty presenter, a regular seminar series of outside speakers, and a weekly meeting of the faculty to share recent research results and ideas. There is also a dominant spirit of sharing beyond the Department, such as the unfettered sharing of methods including recombinant methods and microarray

technologies, and the establishment of the Public Library of Science journals by Pat Brown with Mike Eisen and Harold Varmus to facilitate rapid sharing of discoveries and data.

Teaching and training is a major interest and effort of the Department. We teach several required core classes for both first year medical students and first and second year graduate students, and many more specialized elective classes and some classes for undergraduates. There are many outstanding teachers including Kaiser Teaching Award winners Paul Berg, Gil Chu, Dale Kaiser, and Julie Theriot.

Three innovations for this year are: (i) a plan to incorporate a teaching lab including personal genotyping of first year medical students to help prepare for the upcoming revolution in personal genomics; (ii) a Biochemistry Consulting Service (like the Apple store "genius bar") in which students are presented with requests for advice from Stanford faculty and students encountering experimental and analytical problems in their research, and then work with biochemistry faculty to propose solutions; (iii) a week long "boot camp" for incoming graduate students to teach them methods in biochemistry, cell biology, and mathematics. Our most important teaching is the in-lab teaching of graduate students and postdoctoral fellows. We have been fortunate to have attracted an outstanding group of students and postdocs over the past fifty years, and are extremely proud of the success they have achieved in the Department and in their illustrious careers beyond. Many returned last fall to celebrate our 50th Anniversary Symposium, chaired by Suzanne Pfeffer and capped by a dinner at Frost Amphitheater attended by nearly 500, with entertainment by Jim Ferrell's band.

We are committed to increasing diversity in our Department and beyond. This year, under the leadership of Suzanne Pfeffer, we established the Stanford Biochemistry Founders' Award for Doctoral Excellence. The annual Award recognizes outstanding achievement by doctoral scholars as part of our commitment to advancing gender diversity in biochemistry and molecular biosciences. The annual Award also honors the contributions of our Department's founders. The four recipients (Jan Pawlicki, Shana Topp, Brooke Rosenzweig, and Lani Keller) were selected from a nationwide solicitation on the basis of quality, originality, and significance of their work, and hosted here for a symposium and celebration on May 22, where we got to know them and introduced them to our Department and Stanford. We plan to mentor them and hopefully recruit some to Stanford later in their careers.

Update on the Palo Alto VA

At a recent Executive Committee meeting, Dr. Larry Leung, Maureen Lyles D'Ambrogio Professor and Chief of Staff at the Palo Alto Veteran's Administration Hospital, provided the following brief update that I hope will be of interest to you.

Last year, the VA Palo Alto Health Care System (VAPAHCS) cared for more than 55,000 veterans -- from ages 19 to 104. Young amputees from Iraq and Afghanistan, Vietnam Veterans and POWs from World War II walked through the health care system's doors and were treated by Stanford affiliated doctors, residents and fellows. Research conducted at VAPAHCS and at Stanford University has helped these men and women in ways that only a few decades ago would have seemed impossible.

In addition to the 300-bed, acute care hospital at Palo Alto, the health care system also has inpatient divisions at Livermore and Menlo Park and six (soon to be seven) community based outpatient clinics from Monterey to Sonora. Only a handful of hospitals in the world provide the level and variety of specialty care that is available to veterans including a Polytrauma Rehabilitation Center, traumatic brain injury program, two residential post traumatic stress disorder (PTSD) programs, a 41-bed spinal cord injury unit, the Western Blind Rehabilitation Center, a national teleradiology center, a War Related Illness and Injury Center and numerous others.

Other facts about VAPAHCS:

- *Approximately 90 UTL/MCL/Research faculty members, most full-time, are based at VAPAHCS with representation from virtually all Stanford clinical departments (except pediatrics). Several hold division chief or significant administrative appointments at Stanford in addition to their VA appointments. Joint recruitments of faculty have included appointments in biostatistics, medicine, neurosurgery, orthopedics, pathology, psychiatry, surgery and urology.*
- *VAPAHCS hosts a robust and diverse research program, which last year received more than \$51 million to support research centers in geriatrics, mental health, health services (treatment effectiveness and clinical decision making), rehabilitation (Bone and Joint Center) and a Cooperative Studies Program Coordinating Center (management of VA multicenter clinical trials).*
- *There are two NIH Director's Pioneer awardees based at VAPAHCS, Dr. Thomas Rando (Neurology), and Dr. David Relman (Medicine), and one Crafoord Award winner, Dr. Eugene Butcher (Pathology).*
- *VAPAHCS shares residency and fellowship training programs with Stanford and funded 140 resident slots last year.*
- *VAPAHCS has more than \$1.4 billion in the pipeline for major construction projects. New buildings on the Palo Alto campus alone include an acute care psychiatric facility (2010), an ambulatory care center (2012), a Polytrauma and blind rehabilitation center (2012) and a basic science research facility (2013).*

VAPAHCS is rated as one of the most complex and best performing VA facilities in the nation and is universally recognized as a flagship hospital for our veterans. Stanford University plays a big part in that and should be proud of its role in providing world-class medical care, research and mental health care to those men and women who deserve nothing less than the best.

2009 McCormick Faculty Awards Accepting Applications

The Office of Diversity and Leadership of the Stanford University School of Medicine invites applications for the 2009 McCormick Faculty Awards. The McCormick Funds were established to support the advancement of women in medicine and/or medical research directly, or by supporting the mentoring, training and encouragement of women

pursuing the study of medicine, in teaching medicine, and engaging in medical research. Awards are unrestricted and will be for \$30,000 per year for two years. The committee expects to make three awards each year. Proposals should be submitted electronically to Jennifer Scanlin in the Office of Diversity and Leadership at: jscanlin@stanford.edu by 5pm on August 31, 2009. Further information can be obtained at: http://med.stanford.edu/diversity/faculty/09mccormickcall_apps.html

Skills Building Workshops

Thursday, June 18, 2009

5:30 – 7:30 pm

Alway Building M112

The Office of Diversity and Leadership and the Office of Academic Affairs is pleased to offer a workshop on the “Reappointment and Promotion Process in the Clinician Educator Line.” The workshop will be offered on Thursday, June 18th, 2009, from 5:30 to 7:00pm in the Alway Building, M-112 <http://campus-map.stanford.edu/index.cfm?ID=07-307>. This workshop will present information and discussion about the reappointment and promotion review process. Topics to be covered include: Clinician Educator reappointment and promotion criteria, the A & P Process, the candidate’s evidentiary contributions to the recommendation file and the Clinician Educator professional development leave program. This workshop will be interactive, with panelists responding to questions from participating faculty. Attendance is limited to the first 60 individuals to register.

If you are able to attend, please register for this workshop at this link: <http://reggie.stanford.edu/signup.asp?2290>. For upcoming workshops please visit our website at <http://med.stanford.edu/diversity/>

Awards and Honors

- ***Dr. Stanley Falkow***, the Robert W. and Vivian K. Cahill Professor, added another honor to his long list of accomplishments on May 22nd when he was awarded an honorary degree from the University of British Columbia, Vancouver, Canada. Congratulations to Dr. Falkow!
- ***The Stanford School of Medicine’s Office of Communications & Public Affairs*** has won five medals in the national competition sponsored by the Council for the Advancement and Support of Education (CASE). These included a gold medal for the Office’s for the offices news releases along with four silver medals. This is a great tribute to the leadership of Paul Costello, Director and the excellent staff who comprise the Office of Communications and Public Affairs.
- ***Dr. Shreyas Vasanawala***, Assistant Professor of Radiology and Co-Director of Pediatric MRI at Lucile Parkard Children’s Hospital, and his collaborators, were

awarded the Caffey Award for Outstanding Basic Science Research Paper at the annual meeting of the Society for Pediatric Radiology in Carlsbad, California on April 24, 2009. His collaborators included Marcus Alley, PhD; Richard A. Barth, MD; Brian Hargreaves, PhD; John Pauly, PhD; and Michael Lustig, PhD.

- ***Dr. Thomas Krummel***, Emile Holman Professor and Chair of the Department of Surgery, Susan B. Ford Surgeon-in-Chief at LPCH, and Professor, by courtesy, of Cardiothoracic Surgery, has received the "Outstanding Achievement in Medicine Award" from the Santa Clara County Medical Association at an awards ceremony held on June 2nd at the Fairmont Hotel in San Jose, CA. This award is given to a physician member of the Association who, during his/her medical career, has made unique contributions to the betterment of patient care, for which he/she has achieved widespread recognition.

Congratulations to all!

Dean's Newsletter

June 15, 2009

Commencement and Awards Issue

Commencement 2008

On June 13th the School of Medicine held its Commencement Celebration, recognizing the accomplishments and successes of the 213 recipients of the Masters of Science (30 degrees conferred), Doctor of Philosophy (103 degrees conferred) and Doctor of Medicine (80 degrees conferred). Each of the recipients has worked long and hard for this day and we congratulate each one for their individual or joint degree(s). We also wish each one incredible success in the future and hope that their lives and careers bring them further personal and professional satisfaction.

We commemorated our Commencement Celebration by remarks from two students: Amy Radermacher, who received a PhD in the Immunology Program and Adeoti Oshinowo, who received a Doctor of Medicine degree. Their commencement remarks follow. I offer my thanks and congratulations to Dr. Radermacher, who will be leaving Stanford to join the McKinsey & Company in Minneapolis, Minnesota and to Dr. Oshinowo who soon begins her residency in Obstetrics & Gynecology at the University of Michigan. I have listed all of our stellar graduates below and congratulate each of them and their families and friends.

This year we had the privilege of benefiting from the Commencement Presentation by Dr. Helene Gayle, president and CEO of CARE USA, a leading humanitarian organization fighting global poverty. Dr. Gayle has been internationally recognized for her expertise on health, global development and humanitarian issues. After twenty years at the Centers

for Disease Control (CDC), where she focused on combating HIV/AIDS, Dr. Gayle joined the Bill and Melinda Gates Foundation to lead global programs on HIV, TB and Reproductive Health. At CARE she leads one of the world's premier international humanitarian organizations. Her accomplishments have won her many awards and accolades including being named as one of Newsweek's top 10 "Women in Leadership" in 2008 and one of the Wall Street Journal's "50 Women to Watch" in 2006.

We also had the opportunity to offer our appreciation and gratitude to faculty and students who received awards for teaching, advising and patient care. Their awards and names are listed below.

Graduate Student Speaker: Amy Radermacher, PhD candidate in Immunology

Colin Powel once said, "There are no secrets to success. It is the result of preparation, hard work, and learning from failure." As we have all discovered, graduate school is a long and arduous process with a good bit of failure mixed in. This simple fact begs the question of why we were willing to endure five, six, seven, or even more years (and why we've continually put up with the question of "have you graduated yet?"). I suspect that for many of us, our reasons for staying in graduate school are not the same as those we started with. For some, a Ph.D. is a necessary step towards professorship. For others, running a research group in industry also demands a Ph.D. Others used the Ph.D. to figure out where to go from here and gravitated towards becoming science writers, policy makers, consultants, and patent lawyers. For still others, the knowledge gained during the Masters will be invaluable in future endeavors.

In spite of what of it seemed like in lab at midnight when samples ran off the gel or cells refused to cooperate or one of the other countless things that could have gone wrong and inevitably did at one point or another, a Ph.D. is not without its upsides. There's the moment when you walk into your family reunion and are introduced as a doctor for the first time. Unfortunately, this means that you too will have to look at Uncle Jim's neck rash at Christmas. Remember, you worked 6 years for this! Masters graduates, congratulations on your escape!

The lessons we learned over the years made graduate school worth all the hard work. They'll stick with us long after we've graduated. Now, some of these lessons may be more important than others. For example, knowing how comfortable the couch is in the lounge or, in the case of Beckman, the bathroom, may not be very useful in your next job. But learning that a bottle of two-buck chuck really isn't all that bad could come in handy (especially on a postdoc's salary).

In all seriousness, one lesson we must remember is that with a primarily publically funded degree, whether through the National Institutes of Health or the National Science Foundation, comes a responsibility to society. Giving back by using your extensive scientific training to educate the public, even a little, will not only benefit them, but you as well. Maybe you'll choose to give a public talk about your research. Or lead experiments at your local high school. Or write newspaper articles and editorials

targeted at the public. Whatever you decide to do, increased public understanding of science will only positively impact scientific research.

Even in the face of the failure of experiments, the lack of results, and the glacial pace at which things always seemed to move, the tremendous importance of friends became very clear. Without them, we wouldn't have weathered the stress that was, by another name, graduate school. Everyone got a laugh from putting an eppendorf tube filled with dry ice under the new postdoc's chair and watching him jump when it popped. And figuring out how to make ice cream using liquid nitrogen produced some fun times. Throughout everything, we know our friends were what kept us sane.

These memories and relationships will support us throughout our lives, especially as we conquer our next Ph.D.-like challenge. Because there will definitely be a next challenge. If we've learned nothing else, it's that after graduate school, we can survive pretty much anything.

And yet, perhaps, the greatest reward we received in pursuit of such an ambiguous and extremely frustrating goal was a deeper understanding of ourselves. Pay attention. Think about what you have learned. For, if absorbed, these lessons will guide us through life, towards what will satisfy us, what will make us happy, and what we should strive toward, allowing us to create our own definitions of success instead of following another's path. Perhaps you discovered what area of science excites you most. Or what motivates you. Or where you want to go from here.

Take the time to realize what a huge accomplishment you've achieved today and think about what you'll bring with you as you move on to the next stage of your life. What will you take away?

Medical Student Speaker: Adeoti Oshinowo

Welcome friends, family, and colleagues! Before I start I just want to give a quick shout out to my mom and dad who did not know I'd be speaking today. Surprise!

Over the past weeks I have tried to wrap my head around what I would talk about in the 5 minutes given to me, and it finally came to me while I was packing for the big move and sifting through the seemingly endless piles of stuff I have accumulated in my 5 years here at Stanford, I came across a pair of white, bejeweled, 4 inch, platform flip flops! As I often do, I narrated thru my Bluetooth this new find of an old treasure to my brother. AND as long as I live, I will never forget his words of wisdom 'Turn the page, Ade! Turn the page.'

After a brief moment of silence for my once fabulous platforms, I put them in the Goodwill pile and thought about turning yet another page in life and how much has changed since the last page.

The word "Change" has almost become cliché, but So much has changed since we got here 4, 5, 6, 7, 8, 9, 10 years ago:

First of all, WE have changed.

*From taking a history in one hour to taking one in 10 minutes.
From being afraid to touch a standardized patient, to fluidly examining a patient from head to toe.*

Our list of possible diagnoses has increased from one to many.

*From freaking out in Dr. G's office about what scholarly concentration to pick, to
freaking out in Dr. G's office about what residency program to pick.*

From not knowing what we wanted to do with our lives, to defining a clear path for ourselves

And with the advent of shows like ER, Scrubs, Nip/Tuck, House, Grey's Anatomy, and Private Practice, becoming a doctor, though always admirable, has now become chic and "cool."

We get asked the inevitable questions like: Ok, girl, answer me this: have you met any McDreamy's, McSteamy's, or McHotty's?

To which I answer: No... but I've met some McNerdy's, McGeeky's and McNotty's. ALL of which are cute in their own right.

Sorry, where was I, right change:

I've got three words for you: Barack Hussein Obama--won't say too much (because you know I can)... but real quick: It is only recently that I woke up and thought, "Wow! My first lady is a tall... beautiful... woman... dare I say... like me?"

With changes in government doors have been open for innovations in research, healthcare policy, and international relations that were not open before.

BUT, as we turn the page... the more things change the more some things should stay the same; and seeing as tomorrow is Fathers Day, thought I'd quickly share four lessons from the Mama and Papa Oshinowo book of life that have gotten me through medical school thus far and that will definitely get me through residency and the rest of my life.

Lesson #1: You are a reflection of where you came from. In other words: You are representing more than just yourself. Once when I was in Nigeria, a man whom I had never met came to me and said, "The lives of many hang on your shoulders." As we go off to residency, we ARE the offspring of Stanford and should represent Stanford excellence in everything we do. Just like we represent our communities and our families.

Lesson #2: Know where your help (your source) comes from and seek it out. Our lives, believe it or not, are going to become infinitely more hectic, and without support we may get lost in the controlled chaos of residency. Prayer has been and always will be the source that has gotten me through. So if it be in your family, your friends or your faith, seek it and hold on tight.

Lesson #3: What you give, you get ten times over. Therefore, always take time to help those behind you. I think this lesson speaks to the spirit of mentorship. No matter how old or how young, everyone needs a mentor, but mentorship starts with us, starts with you. Even if you feel like you only have one or two words of wisdom, take a moment to drop

that wisdom on the pre-med, med student, junior resident, or junior colleague. A little goes a long way.

Finally, Lesson #4: In the words of my Pops, “100% work and 100% play is the one and only way.” At least when it pertains to work.

Medical school has given us good times: Luaus at Char’s house; Moonlightings (That’s med school prom for those of you who don’t know); SUMMA conferences; Wilderness bonding, SWEAT trips, ski trips, road trips, spontaneous trips to Vegas, Carnival cruises, Halloween parties, Xmas parties, St. Patty’s day parties, Economic Hardship parties, AND talent shows... SMS 05’s, I hate to admit it, but your production was the funniest to date

All of this in the midst of studying for HHD exams and for boards!

Our ability to take time for ourselves and have fun in the face of daunting tasks, speaks to the spirit of the Stanford Medical Student community, and I, as well as my Pops, believe we should carry this spirit throughout our careers.

That is the end of the lesson, but, Class of 2009, today marks the beginning of a new era, today we turn the page with anticipation of what changes lie ahead, turn the page with confidence that we have been well prepared, and turn the page knowing that we will contribute to the greater good of the world. I am privileged to call you colleagues, and, more importantly, friends; and I can’t wait to see what life has in store for us because I know the book of the Stanford University School of Medicine Class of 2009 will be a real page turner.

Thank you.

Commencement Speaker: Helene Gayle, MD, MPH, President & CEO, CARE USA

Dean Pizzo, distinguished faculty of Stanford Med, family, friends, guests, thank you for inviting me to share this day with the graduating class of 2009.

When Dean Pizzo invited me to be here, I asked what I should speak about. At first, he said I could talk about anything I liked. But I wanted to make sure my remarks were relevant, so I pushed for more clarity. “Really, any hints on what I should talk about would be helpful.” At that point he said, “OK, if you really want to know, I’d like you to speak about 10-15 minutes.”

So I’ll be brief for that reason and two others.

The first is that I understand that I am the last speaker standing between you and getting your degree.

The second reason is that the best advice you are going to receive today will not come from me, the person standing in front of you, but it will come as it always has from the people sitting behind you whose wisdom, guidance and sacrifice have helped make this day a reality.

So, before we go any further, let's hear it for your parents, your families, your loved ones...

Seeing you all in your caps and gowns makes me reflect on how much has changed since I was in medical school. At that time, smallpox had recently been eradicated, the first test-tube baby was born and information technology was a handheld calculator.

However, one thing hasn't changed: A degree in medicine and medical sciences is one of the most powerful tools I know to enable you to have a positive impact on individuals, societies and our entire world.

I urge you to realize this power.

You are graduating today into a world of paradoxes.

There are more millionaires and billionaires than ever before, and yet half the world's people have to survive on less than \$2 a day; over a billion people live on less than one dollar a day. One out of every six people in our world has no access to safe drinking water.

Even in our country, the gap between affluence and poverty is growing. During this economic crisis, while so many are struggling, we have heard appalling examples of greed and excessive compensation.

Meanwhile, more than 45 million Americans, including 9 million children, have no health insurance.

In a World Health Organization report a few years back, America was ranked 37th in the world in overall health system effectiveness. Clearly, we have unfinished business in our own health agenda.

Then, consider for a moment the health gap between the developed and the developing world.

The average life expectancy in industrialized nations is 77 years, compared with 49 years in the developing world. Why? Well largely because, children in poor countries die at astonishing rates and from diseases we have essentially eliminated in this country

Today a child born in Africa is 20 times more likely to die before his or her first birthday than a child in America.

More than half of these deaths are due to preventable diseases – malaria, measles and diarrhea. And, while we fight obesity and diseases of over nutrition, the other half of those preventable childhood deaths are due to lack of food and malnutrition.

Then there are diseases like HIV and tuberculosis that account for 5 million deaths each year, mainly in adults, most of whom were in the prime years of their lives. And, finally, chronic diseases in poor nations are on the rise, adding to the already daunting challenge of infectious disease.

Yet, at the same time that we seem more distant and divided than ever before, we are also closer and more connected than ever. Swine flu and other diseases remind us that

microbes don't stop at borders. And technology allows us to bridge vast distances in a blink of an eye.

So, the art and science of building healthy societies has always been essential, but it seems especially crucial now.

We've seen advances in genetics and biotechnology that were incomprehensible 50 years ago, and almost unimaginable even a decade ago. At home and around the world, we've made it possible to live longer, better lives. However, the application of progress has fallen far behind the pace of change.

Our science may be superb and our medicines more effective than ever, but still, our ability to get care and treatment to the people who need it most in this country and around the world is deeply unimpressive.

If we believe that all life has equal value, then a preventable death anywhere in the world is a tragedy and should cause us some measure of pain.

Consider this: when the Air France flight from Brazil crashed last week, we heard immediately about the heartbreaking loss of the 228 people aboard -- and we mourned for them, their families and friends. Yet on that very same day, 8,000 children died from diseases that inexpensive vaccines could have prevented, 14,000 people were newly infected with HIV and 1,500 women died from childbirth.

Pennies a day could make the difference between life and death for millions of people. If we put our best minds and resources towards solving the problems that impact the greatest number of people in our world, we could dramatically change those statistics in our lifetime.

This strikes me as much more than a health problem. It raises profoundly important moral questions. What do we all stand for? What do we value for all human life? How should we use our careers as health professionals?

All of our finest philosophers have told us in simple language that we have an obligation to take care of each other. In the words of Martin Luther King: "We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects another indirectly." Or as the English poet and clergyman John Donne wrote, "Anyone's death diminishes me, because I am involved in mankind."

So what can we do about it?

Each of you will surely find a different way to find your highest calling and to impact the lives of people who are, after all, depending on you to make a difference.

As you sit here, thinking forward of the careers you are about to undertake, I feel the opposite impulse -- to reflect backwards, on what I was thinking when I was in your shoes, about to start my new career.

When I was growing up, I never thought much about being a doctor. In high school, I considered myself to be, first and foremost, a social activist. Nixon. Racism. Sexism. Apartheid. Bras. You name it, I protested it.

It wasn't until half way through college that I began to see how a career in health could be an amazing path for contributing to social change... and that social change was better achieved by being for something, rather than against everything.

My growing interest in public health was solidified in medical school when I heard a commencement speech at my brother's graduation ceremony by Dr. D.A. Henderson, one of the leaders of the worldwide campaign to eradicate smallpox.

I was simply awed by the audacity of the effort he described.

Using the tools of public health, he and people like him around the world took on smallpox -- a disease that is estimated to have taken over 500 million lives since the time of the Pharaohs -- and wiped it from the face of the earth.

I realized right then that I would use my career to impact social change and social justice by working to improve the health of people around the world.

After graduating, I trained in pediatrics and public health, and went to work at the Centers for Disease Control.

It didn't take long before I chose to work on HIV/AIDS or as I often say, HIV chose me, not only because it was a scientifically fascinating issue but equally because of the societal imperative that it poses.

Making a difference in the fight against HIV, a disease that disproportionately affects the poor, the socially marginalized and stigmatized, means affirming that all life matters and has equal value—whether it is the life of a injecting drug user in urban America, a young gay man in London or a teenage sex worker in northern Thailand.

That same commitment to use my skills to contribute to social justice eventually led me to work at the Bill and Melinda Gates Foundation and then to CARE.

It is deeply gratifying to be part of an organization that is tackling poor health in the context of fighting poverty and its root causes. With no access to clean and safe drinking water, when a child gets sick from dirty water, whether or not she gets medicine doesn't matter. The next time she fills her glass, she'll just get sick again.

This is how the cycle of poverty drags people down: one illness, one injury, one drink of water at a time.

For want of the most basic things, families lose their footing. The official cause of death might be diarrhea or malaria or cholera; but the real killer is poverty.

It is a great privilege to work for organizations that believe we can make a difference in the lives of people everywhere. And to support communities who are coming together to improve their health and quality of life -- in places like Peru where rural women are trained as skilled birth attendants, in Angola where families help build and maintain clean water systems or in Bangladesh where improved management of dairy production is increasing incomes and nutrition.

But believe me, I am leaving plenty for you new graduates to do.

I talked earlier about the gaps in society... the advances in medicine and the incredible pace of change.

It will fall to you to combine your education... your commitment... and those advances to bridge the gaps and write a more hopeful chapter in the story of our national health... and global health.

This is a time of incredible challenge, but great challenges also bring great opportunities. When you return for your reunion 10, 20, 50 years from now, what do you want to be said about what you did with your career? How do you want your generation to be remembered?

Only you can answer those questions for yourselves... all I can offer is my hope, my prayers, my pride... and one final story:

I think one of the most remarkable people that I have ever had the privilege of meeting is Nelson Mandela.

In his inaugural address as the first democratically elected president of South Africa, he challenged all of us to acknowledge the potential we all have within but are often afraid to realize. He said, "Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure."

As Nelson Mandela was waiting for his moment, during those long years of incarceration, he never lost his faith that he could help change the world. That same spirit was found in the townships of Soweto in South Africa, among the poor women who struggled against so many forms of adversity, but sang a song over and over with this verse: "We're the ones we've been waiting for," reminding themselves that they too had an important role to play in the future of their society.

Those two thoughts contain everything I want to say to you today.

The challenges the world presents to you are great, but so are the tools and talents you possess. You are powerful beyond measure.

This is the moment you've been waiting for. And as the world waits for people of talent and vision to bridge the yawning chasm between what appears inconceivable and what we hope to make inevitable, realize this: You are the ones you've been waiting for.

Congratulations and thank you, Stanford med class of 2009!

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University Commencement Award Winners from the School of Medicine

The Walter J. Gores Faculty Achievement Award "in recognition of excellence in teaching in its broadest sense"

Sudeb Chandra Dalai , Stanford Medical Student - 5

The Lloyd W. Dinelspiel Award for Outstanding Service to Undergraduate Education at Stanford University

Judith T. Ned, Executive Director, Stanford Medical Youth Science Program

Faculty and Student Awards for Teaching, Mentoring and Patient Care

I am pleased to acknowledge and thank our faculty and students who have been chosen by their peers and our students because of their dedication to teaching, mentoring and advising, and excellence in patient care. Congratulations to all.

The Lawrence H. Mathers Award for Exceptional Commitment to Teaching and Active Involvement in Medical Student Education:

Andy Connolly, Associate Professor of Pathology

The Henry J. Kaiser Family Foundation Award for Excellence in Preclinical Teaching:

Pree Basaviah, Clinical Associate Professor, General Internal Medicine

Marty Bronk, Adjunct Clinical Associate Professor, General Surgery

Neil Gesundheit, Associate Professor (Teaching) of Medicine

The Henry J. Kaiser Family Foundation Award for Excellence in Clinical Teaching:

James Baxter, Clinical Associated Professor (Affiliated)

Peter Pompei, Associate Professor of Medicine, General Internal Medicine

Lars Osterberg, Clinical Associate Professor

The Arthur L. Bloomfield Award in Recognition of Excellence in the Teaching of Clinical Medicine:

Douglas Fredrick, Clinical Professor in Ophthalmology

Abraham Verghese, Professor of Medicine, Senior Associate Chair

Drew Nevins, Clinical Assistant Professor, Infectious Diseases

The Henry J. Kaiser Family Foundation Award for Outstanding and Innovative Contributions to Medical Education:

Kay Daniels, Clinical Associate Professor, Obstetrics and Gynecology

Steve Lipman, Clinical Assistant Professor, Anesthesia

The Franklin G. Ebaugh, Jr. Award for Advising Medical Students:

Maurice Druzin, Professor-Med Center Line, Obstetrics & Gynecology

The Alwin C. Rambar-James B.D. Mark Award for Excellence in Patient Care

David K. Stevenson, M.D. Vice Dean and Senior Associate Dean for Academic Affairs, the Harold K. Faber Professor of Pediatrics and Professor, by courtesy, of Obstetrics and Gynecology

Award for Outstanding Graduate Student Teaching (Faculty):

Tim Stearns, Professor of Biology and Genetics

Award for Outstanding Teaching Assistant (Student):

Sara Brownell, Department of Biology

Dina Finan, Department of Biochemistry

Award for Outstanding Service to Graduate Students (Faculty):

W. James Nelson, Rudy J. and Daphne Donohue Munzer Professor in the School of Medicine and Professor of Molecular and Cellular Physiology

Award for Outstanding Service to Graduate Students (Student):

Amy Palin, Department of Immunology

Award for Outstanding Contributions toward Advancing Diversity (Student):

Matthew Zack Anderson, PhD candidate in Genetics

Senior Associate Dean's Special Award for Exceptional Leadership:

Jessica Allen, Department of Immunology

Amy Radermacher, Department of Immunology

SUPD Award for Outstanding Postdoc Mentoring:

Michaela Kiernan, Senior Resident Scientist

Kang Shen, Assistant Professor of Biology

The Graduates of 2009

Following are the students who received Master, PhD and MD degrees in 2009. A number of these graduates are dual degree recipients. Again, congratulations to all.

MASTER OF SCIENCE

Mirza Muhammad

Sarim Baig

Biomedical Informatics

Eran Bendavid, M.D.

Health Services Research

Subarna Biswas

Biomedical Informatics

Christine Blasey

Epidemiology

Nicole Marie Cobb

Biochemistry

Hilary Lynne Copp

Epidemiology

Sudeb Chandra Dalai

Epidemiology

Joel Dudley

Biomedical Informatics

Zandro Luis Mayuga Gonzalez

Biomedical Informatics

Nina Palad Gonzaludo

Biomedical Informatics

Cristian Gradinaru

Biophysics

Rajesh Gupta

Health Services Research

Ying Hao

Epidemiology

Genaro Hernandez , Jr.
Biomedical Informatics

Basit Javaid, M.D.
Epidemiology

Kenneth Jung
Biomedical Informatics

Mia Alyce Levy, M.D.
Biomedical Informatics

Jane MacLean
Epidemiology

Fernando Jose Martinez
Biophysics

Maureen M. O'Brien, M.D.
Epidemiology

Christopher Everett Olin
Neurosciences

Walter Gwang-Up Park, M.D.
Health Services Research

DOCTOR OF PHILOSOPHY

Nancy Elizabeth Adleman
Neurosciences
*Neural Correlates of Depression in
Adolescent Females: Identification and
Differentiation Using Fmri*

Matthew Zack Anderson
Genetics
*The Role of Pseudouridylation in
Cellular Differentiation of Toxoplasma
Gondii*

Tovi Marit Anderson
Genetics

Sonia Partap
Epidemiology

Joanna Miriam Schaenman
Epidemiology

Florian Frowin Schmitzberger
Biomedical Informatics

Lamiya Abdul Azeez Sheikh
Epidemiology

Shila Shyam Soni
Epidemiology

Nikki Stoddart
Epidemiology

Jason Patrick Turner -Maier
Biomedical Informatics

Randall Gene Walker
Biomedical Informatics

*Molecular Basis for Coat Color
Variation in Canines*

Wade Charles Anderson
Developmental Biology
*Mobilization and Localization of
Hematopoietic Stem and Progenitor
Cells*

Janelle Samantha Ayres
Microbiology and Immunology
*Resistance and Tolerance in Drosophila
Melanogaster*

Leigh Ashley Baxt
Microbiology and Immunology

*Characterization of Rhomboid Proteases
in Entamoeba Histolytica*

Jacqueline Benjamin

Cancer Biology

Dissection of Alpha-E-catenin

Organization and Function in Cells:

Manipulation of Cellular Pools Reveals

*Non-canonical Roles in Regulating Actin
and Membrane Dynamics*

Marina Bershteyn

Cancer Biology

MIM is a Novel Centrosomal Protein

Required for Dermal Primary Cilia

Formation During Hair Follicle

Regeneration

Michael Thomas Bethune

Biochemistry

Detection and Destruction of Gluten

Peptides in Celiac Sprue

Melanie C. Bocanegra

Cancer Biology

Functional Consequences of Recurrent

Copy Number Alterations and

*Transcriptional Modifications in Breast
Cancer*

Michael Paul Bokoch

Biophysics

NMR Spectroscopy for Structural and

Dynamic Studies of the Beta2-

adrenergic Receptor

Rely Brandman

Chemical and Systems Biology

Insights from Molecular Dynamics

Simulations of the 70S Bacterial

Ribosome

Ian N. Brennan

Biochemistry

Chemical Inhibitor Studies of Polo-like

Kinase in Cell Division

Alayne L. Brown

Genetics

Genome-wide Analysis of DNA

Methylation Patterns

Paul David Bryson

Microbiology and Immunology

The Nonstructural 4B Protein Plays an

*Important Role in the Hepatitis C Viral
Life Cycle*

Trever Bradley Burgon

Microbiology and Immunology

Growth and Spread of Poliovirus

Carrying a 2A Mutation that Enhances

Apoptosis and a 2C Mutation that

Enhances Secretion

Deborah Lynn Burkhart

Cancer Biology

Understanding Transcriptional

Networks Enabling Rb-family

Compensation

Michael Nathaniel Cantor

Biomedical Informatics

Rational Engineering of Genetic

Circuits: A Genetic Pulse Generator

Hector Yesier Caro-Gonzalez

Molecular and Cellular Physiology

Regulation of Adenomatous Polyposis

Coli Protein (APC) by ERK/MAPK

Pathway During Growth Factor Induced

Cell Extension

Lauren Christine Case

Neurosciences

Defining the Contributions of Axon

Guidance Molecules to Central Nervous

System Regeneration Block

Yingguang Frank Chan

Developmental Biology

*The Genomic Basis of Parallel Evolution
in Three-spined Sticklebacks*

Debbie Jimway Chang

Chemical and Systems Biology
*Defining the Molecular Mechanism and
Functions of PCNA Ubiquitination in the
DNA Damage Response*

Daniel Lee Chao

Neurosciences
*Understanding Mechanisms of
Synaptogenesis in C. Elegans: From
Cell Adhesion to Vesicle Transport*

William Chuan-Ching Chen

Genetics
*Construction and Use of C. Elegans
Chromosome Substitution Strains to
Map a Novel p38 MAPK Component
Involved in Innate Immunity*

Wendy Ching

Developmental Biology
*Analysis of Post-translational
Regulation of Wnt Signaling*

Jinkuk Choi

Cancer Biology
*Telomerase Function in Epithelial
Development and Tumorigenesis*

Leremy Colf

Microbiology and Immunology
*Cross-reactivity in Protein-protein
Interactions: Studies of the 2C T Cell
Receptor Recognition of Peptide-MHC
Complexes and the Hemagglutinin of
Measles Virus Binding Cellular Entry
Receptors SLAM and CD46*

Elizabeth Dunn Covington

Molecular and Cellular Physiology
*Oligomerization and Dynamic
Clustering Underlying Activity of Store-
operated Calcium Channels*

Tamara Doukas

Microbiology and Immunology
*Positive-sense Single-stranded RNA
Virus Interactions with the Human Host*
Peter Jacob Robert Ebert
Immunology
*Peptide Requirements and
Immunological Synapse Formation in
the Thymic Selection of T Cells*

J . Sebastián Espinosa

Neurosciences
*Genetic Mosaic Analysis of Lineage and
Activity In Wiring the Mouse Brain*

Eric Andrew Evans

Genetics
*The Role of the DAF-2 Insulin-like
Signaling Pathway in C. Elegans Innate
Immunity*

Rebecca Fenn

Biophysics
*Reassessing the Mechanical Properties
of DN*

Deveroux Ferguson

Neurosciences
*Remodeling Neuroendocrine Receptors
to Enhance Cognitive Function and
Decrease Stress-induced Anxiety and
Memory Impairments with Herpes
Simplex Viral Vectors*

Christopher Brian Franco

Immunology
*Distinguishing Mast Cell and
Granulocyte Differentiation at the Single
Cell Level*

Juan Jose Fung

Molecular and Cellular Physiology
*Structural Dynamics of G Protein-
coupled Receptor Monomers and*

Oligomers: Insights from the Beta2-adrenergic Receptor

John Francis Garcia

Cancer Biology

The Role of Extracellular Matrix Proteins in Epithelial Tumorigenesis

Nanibaa' Angela Garrison

Genetics

Genetic Architecture of Human Pigmentary Variation

Michael Thomas Gleimer

Immunology

*Evolution of the HLA-A *02 Peptide Specificity in Hominoids*

Kristina M. Godek

Biochemistry

Investigating the Assembly of Centromeric Chromatin

Allison Camille Gontang

Neurosciences

Identification and Characterization of Regulators of Photoreceptor Targeting in the Drosophila Visual System

Eric Matthew Green

Chemical and Systems Biology

The Tumor Suppressor eIF3e Regulates Calciumdependent Endocytosis of the L-type Calcium Channel CaV1-2

Nicholas Raymond Gydosh

Biophysics

Putting Two Heads Together: How Processivity Arises in Kinesin

Carolyn Inés Phillips Hall

Microbiology and Immunology

Targeted Small Molecule Screen Identifies a Novel Mediator of Toxoplasma Gondii Attachment to Host Cells

Kimberly Anne Harnish

Developmental Biology

Analysis of Swim, a Novel Wnt Binding Protein that Promotes Long-range Signaling by Maintaining Wingless Solubility

Garret Lance Hayes

Biochemistry

Vesicle Tethering, Molecular Motors, and Rab9 Effectors in Mannose 6-Phosphate Receptor Transport

Maureen Hillenmeyer

Biomedical Informatics

Identifying Relationships between Genes and Small Molecules, from Yeast to Humans

Siang Shawn Hoon

Genetics

High-throughput Approaches and Applications for Chemogenomics

Jason Jonathon Hoyt

Genetics

Application and Engineering of Phage Integrases for Gene Therapy

Alexander Katsov

Neurosciences

Genetic Dissection of Neural Circuits that Inform Visual Behavior

Nicholas William Kelley

Biophysics

Application of Novel Sampling Methods to the Simulation of Protein Misfolding and Oligomerization

Matthew Phil Klassen

Neurosciences

Specification and Maintenance of Neuromuscular Connectivity in Caenorhabditis Elegans

Kirstin Suzanne Knox

Genetics

An Investigation of Evolution, Endocrine Function, and Disease Pathogenesis of the Murine Placenta

Matthew H. Larson

Biophysics

Single-molecule Measurements of Prokaryotic and Eukaryotic Transcription

Star Wangoong Lee

Neurosciences

Function and Rescue of Hippocampal Neurogenesis Following Cranial Irradiation

Milica Margeta

Neurosciences

From Building a Neuron to Building a Circuit: Polarity and Synaptic Specificity in C. Elegans

Simone Sigrid Marticke

Genetics

Ultra-high Throughput Sequencing Analysis of FOXP2 Target Occupancy in the Human Genome

Heather Louease McCullough

Genetics

Systematic Analysis of Ribosome Occupancy and Density in the Human Transcriptome

Geoffrey Wilson Meissner

Neurosciences

Identifying Fundamental Elements of Drosophila Courtship Behavior

Leslie Allyn Meltzer

Neurosciences

Hippocampal Physiology and Neurogenesis in a Model of Depression and its Treatment

Julie JoAnn Miller

Chemical and Systems Biology

A Primary Cilia Disease Protein Network Centered at the Centrosome

Kiristen Jane Milks

Biochemistry

In Vitro Assembly of Centromeres and Kinetochores: the Role of CENP-C in Maintaining Proper Chromosome Segregation

Madeleine Moule

Microbiology and Immunology

Innate Immunity in Host-Pathogen Relationships: Examining Francisella Tularensis in a Drosophila Immunity Model

Ryan Michael Nottingham

Biochemistry

Regulation of Rab GTPase Activating Proteins by Non-substrate Rab GTPases

Justin Iver Odegaard

Immunology

Macrophage Alternative Activation in Obesity and Metabolic Syndrome

Erika Anne O'Donnell

Immunology

Modulation of Cytokine Signaling Responses in Tumor-infiltrating T Cells

Anastazia Older Aguilar

Immunology

Comparison of Human and Orangutan KIR/MHC Interaction Systems

Janelle Ann Olson

Immunology

*Natural Killer Cell Tissue-specific
Trafficking and Direct Inhibition of
Graft-versus-host Disease-inducing T
Cells in Bone Marrow Transplantation*

Maulik R. Patel

Neurosciences

*Molecular Mechanisms of Presynaptic
Assembly*

Mickey Pentecost

Microbiology and Immunology

*Molecular Mechanisms of Listeria
Invasion of the Intestinal Epithelium*

Paula Marcela Petrone

Biophysics

*Computational Approaches to
Conformational Change and Specificity
in Biomolecules*

Sarah Elizabeth Pierce

Genetics

*High Throughput Methods for
Functional Genomics in S. Cerevisiae*

Vivian Yi Nuo Poon

Neurosciences

*Localization of Presynaptic Components
in C. Elegans*

Saurabh Prakash

Neurosciences

*Classical Cadherins and Neuronal
Target Selection in the Drosophila
Visual System*

Robin Owen Price

Neurosciences

*Maternal Health and Fetal Brain
Development: Altered Fetal
Neurogenesis Following Maternal
Inflammation*

Elizabeth Race

Neurosciences

*Integrating the Past and Present:
Experienced dependent Learning and
Cortical Plasticity in the Human Brain*

Amy Radermacher

Immunology

*PKC Alpha Plays an Essential
Proofreading Role During Negative
Selection in T Cell Development by
Modulating Bim Transcription*

Sandeep Ravindran

Microbiology and Immunology

*Effector Protein Secretion by
Toxoplasma Gondii*

Diana Rios –Cardona

Biochemistry

*A Role for G Protein-coupled Receptor
X in the Maintenance of Meiotic Arrest
in Xenopus Laevis Oocytes*

Alan E. Rorie

Neurosciences

*The Behavioral and Neuronal
Integration of Sensory and Value
Information*

Robert John Schafer

Neurosciences

*Neural Mechanisms Linking Perception,
Action and Cognition in the Primate
Brain*

Tobi L. Schmidt

Microbiology and Immunology

*Cytokine-induced Killer Cell Tumor
Trafficking: A Chemokine-directed
Migration*

Jennifer Cynthia Shieh

Neurosciences

*The Role of Adhesion and Endocytosis in
Neuronal Migration*

Lucinda Kay Southworth

Biomedical Informatics

*Methods for Integrating and Comparing
Coexpression Information Over Multiple
Data Sets and Applications in Mice
Aging*

John Seth Strattan

Structural Biology

*Chromatin-mediated Transcriptional
Regulations in the Yeast *Saccharomyces
Cerevisiae**

Leo Sugrue

Neurosciences

*Neural Mechanisms of Value Based
Decision Making*

Brian Russell Summers

Developmental Biology

*Molecular Genetics of Dorsal Spine
Reduction in Threespine Sticklebacks
(*Gasterosteus Aculeatus*)*

Jing Lucy Sun

Structural Biology

*Structural and Biochemical
Characterization of Beta-catenin and Its
Transcription Binding Partners in Wnt
Signaling*

Kaustubh Supekar

Biomedical Informatics

*Computational Methods for Detecting
and Characterizing Large-scale Human
Brain Networks*

Meng How Tan

Developmental Biology

*Investigating Novel Essential Genes in
*Caulobacter Crescentus**

Zhao Ying Pearlina Teo

Immunology

*Using the Allergic Immune System to
Target Cancer*

Evonne Leeper Thompson

Genetics

*Genomic Analysis of Neuron-Restrictive
Silencer Factor Activity in Neuronal and
Non-neuronal Human Cell Lines*

Amy Bidong Truong

Cancer Biology

*Control of Epidermal Proliferation and
Differentiation by p63*

Christopher Van

Chemical and Systems Biology

*Characterization of a Direct Role for
Primer Synthesis in Checkpoint
Activation from a Stalled Fork*

Mauricio Enrique Vargas

Neurosciences

*Control of Axon Regeneration and
Wallerian Degeneration by the Humoral
Immune System*

Andrew Sean Venteicher

Biophysics

*Identification of Novel Human
Telomerase Components Essential for
Holoenzyme Assembly and Function*

Philip Martins Vitorino

Chemical and Systems Biology

*Modular Control of Endothelial Sheet
Cohesion and Collective Cell Migration*

Jordan Wang

Cancer Biology

*Interplay of Epigenetic Modifiers in the
HOX Loci and Development*

Stacey Ellen Wirt

Cancer Biology

*The Requirement of the Rb Gene Family
for Cell Cycle Exit and Differentiation
During Mouse Embryogenesis*

Ilana Basya Witten

Neurosciences

*Auditory Processing in a Complex
Spatial Environment*

Lauren Elizabeth Woodard

Cancer Biology

*Safety and Utility of Phage Integrases
for Gene Therapy*

Shirley Wu

Biomedical Informatics

*Characterization of Protein Function
Using Automated Computational
Methods*

Yufeng Yang

Neurosciences

*A Drosophila Melanogaster Model of
Pink1 Associated Parkinson's Disease*

DOCTOR OF MEDICINE

Achal Kirti Singh Achrol

Stanford Hospital and Clinics

Palo Alto, CA • Neurological Surgery

Chioma Ada Agbo

Brigham & Women's Hospital

Boston, MA • Emergency Medicine

James Scott Andrews

University of California at San Francisco

San Francisco, CA • Internal Medicine

Simon Ronen Bababeygy

Harbor-UCLA Medical Center

Los Angeles, CA • Transitional

University of Southern California

Los Angeles, CA • Ophthalmology

Pavan Bachiredy

Brigham & Women's Hospital

Boston, MA • Internal Medicine

Diana Badillo

New York Presbyterian Hospital

Columbia University Medical Center

New York, NY • Family Medicine

Nancy Jean Benedetti

Kaiser Permanente Medical Center

Santa Clara, CA • Medicine –

Preliminary

University of California at San Francisco

San Francisco, CA • Diagnostic

Radiology

Cheri Ann Blauwet

Brigham & Women's Hospital

Boston, MA • Medicine – Preliminary

Spaulding Rehabilitation Hospital of

Harvard University

Boston, MA • Medicine – Physical

Medicine & Rehabilitation

Paula Marry Borges

Stanford Hospital and Clinics

Palo Alto, CA • Otolaryngology

Beau Alan Briesse

Stanford Hospital and Clinics

Palo Alto, CA • Emergency Medicine

Erik Stephen Cabral

Santa Clara Valley Medical Center

San Jose, CA • Transitional

Stanford Hospital and Clinics

Palo Alto, CA • Dermatology

Stephanie Waygwen Chan

Kaiser Permanente Medical Center

Santa Clara, CA • Medicine –

Preliminary

University of California at San Francisco

San Francisco, CA • Diagnostic

Radiology

Emiley Chang

University of California at

Davis Medical Center
Sacramento, CA • Internal Medicine

Sravana Kumar Chennupati
Kaiser Permanente Medical Center
San Francisco, CA • Medicine –
Preliminary
Oregon Health & Science University
Portland, OR • Radiation Oncology

James Adam Colbert
Brigham & Women's Hospital
Boston, MA • Medicine – Primary Care

Rubi Delgadillo Cortes
Kaiser Permanente Medical Center
San Francisco, CA • Internal Medicine –
Preventative Medicine

Jason Montgomery Cuéllar
New York University School of
Medicine
New York, NY • Orthopaedic Surgery
Vanessa Gabrovsky Cuéllar
New York University School of
Medicine
New York, NY • Orthopaedic Surgery

Jason Michael Davies
University of California at San Francisco
San Francisco, CA • Neurological
Surgery

Harpreet Singh Dhatt
University of California at San Francisco
Fresno, CA • Medicine – Preliminary
University of Utah Affiliated Hospitals
Salt Lake City, UT • Diagnostic
Radiology

John Redmond Downey
Memorial Sloan Kettering Medical
Center
New York, NY • Transitional
Stanford Hospital and Clinics
Palo Alto, CA • Diagnostic Radiology

Betsy Encarnacion
University of California at San Francisco
San Francisco, CA • Obstetrics &
Gynecology

Cainan Hunter Foltz
University of California at San Diego
La Jolla, CA • Internal Medicine

Mani Foroohar
Master in Business Administration
Program

Melanie Sue Gipp
Kaiser Permanente Medical Center
Santa Clara, CA • Medicine –
Preliminary
Stanford Hospital and Clinics
Palo Alto, CA • Anesthesiology

Eric Matthew Green
Brigham & Women's Hospital
Boston, MA • Internal Medicine

Jocelyn Rebecca Grunwell
Emory University School of Medicine
Atlanta, GA • Pediatrics

Rajesh Gupta
Residency to Begin in 2010

Helena Monika Horak
University of California at
Los Angeles Medical Center
Los Angeles, CA • Emergency Medicine

Melissa Horoschak
Kaiser Permanente Medical Center
Santa Clara, CA • Medicine -
Preliminary
University of Chicago Medical Center
Chicago, IL • Radiation Oncology

Andrew Ray Hsu
Rush University Medical Center

Chicago, IL • Orthopaedic Surgery

Jocelyn Rose James

University of Washington Affiliated
Hospitals
Seattle, WA • Medicine – Primary Care

Charrandle Stanlett Jordan

Essex Woodlands Health Ventures
Palo Alto, CA

M. Yashar S. Kalani

St. Joseph's Hospital and Medical
Center
Phoenix, AZ • Neurological Surgery

Kirstin Suzanne Knox

Hospital of the University of
Pennsylvania
Philadelphia, PA • Internal Medicine

Geoffrey Wayne Krampitz

Stanford Hospital and Clinics
Palo Alto, CA • General Surgery

Gina Park Kwon

University of Maryland Mercy Medical
Center
Baltimore, MD • Medicine – Preliminary
Johns Hopkins University –
Wilmer Eye Institute
Baltimore, MD • Ophthalmology

Elizabeth Anne LaBuz

Geisinger Health System
Danville, PA • Medicine – Preliminary
Geisinger Health System
Danville, PA • Dermatology

Bradford William Lee

University of Hawaii
Honolulu, HI • Transitional
University of Miami -
Bascom Palmer Eye Institute
Miami, FL • Ophthalmology

Jessica Tekla Les

Sutter Medical Center of Santa Rosa
Santa Rosa, CA • Family Medicine

Yakir Shlomo Levin

Emory University School of Medicine
Atlanta, GA • Transitional
Emory University School of Medicine
Atlanta, GA • Dermatology

Helen Liu

Santa Clara Valley Medical Center
San Jose, CA • Transitional
Oregon Health & Science University
Portland, OR • Dermatology

Yueyi Irene Liu

Santa Clara Valley Medical Center
San Jose CA • Transitional
Stanford Hospital and Clinics
Palo Alto, CA • Diagnostic Radiology

Jane MacLean

Stanford Hospital and Clinics
Palo Alto, CA • Pediatrics
Stanford Hospital and Clinics
Palo Alto, CA • Child Neurology

Melanie Catherine Majure

Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Angela Raquel McGuire

Stanford Hospital and Clinics
Palo Alto, CA • Pathology

Courtney Stritar McGuire

Johns Hopkins Hospital
Baltimore, MD • Pediatrics

Anna Akua Minta

Johns Hopkins Hospital
Baltimore, MD • Pediatrics

Anna Elizabeth Monroe-Wise

University of Washington Affiliated
Hospitals
Seattle, WA • Internal Medicine

Nathan Thomas Morrell
University of New Mexico School of
Medicine
Albuquerque, NM • Orthopaedic
Surgery

Jolene H. Nakao
St. Lukes – Roosevelt Hospital
New York, NY • Emergency Medicine

Phuong Nguyen
University of California at San Francisco
Fresno, CA • Medicine – Preliminary
The Ohio State University Medical
Center
Columbus, OH • Radiation Oncology

Justin Iver Odegaard
Stanford Hospital and Clinics
Palo Alto, CA • Pathology
Olushola Bidemi Olorunnipa
New York Presbyterian Hospital
Columbia University Medical Center
New York, NY • Plastic Surgery

Adeoti Efundademu Oshinowo
University of Michigan Hospitals
Ann Arbor, MI • Obstetrics &
Gynecology

Rena Chiman Patel
Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Josemaria Tapia Paterno
Stanford Hospital and Clinics
Palo Alto, CA • Medicine – Preliminary
Massachusetts General Hospital
Boston, MA • Anesthesiology

Candace Yoong-Fong Pau
Stanford Hospital and Clinics

Palo Alto, CA • Otolaryngology

Yannis Mantas Paulus
Memorial Sloan Kettering Medical
Center
New York, NY • Transitional
Stanford Hospital and Clinics
Palo Alto, CA • Ophthalmology

Saurabh Prakash
Santa Clara Valley Medical Center
San Jose, CA • Medicine – Preliminary
Barnes – Jewish Hospital
St. Louis, MO • Diagnostic Radiology

Robin Owen Price
Carilion Clinic Saint Albans Hospital
Roanoke, VA • Transitional
University of California at San Francisco
San Francisco, CA • Diagnostic
Radiology

Leelanand Prabhu Rachakonda
University of California at San Francisco
Fresno, CA • Medicine – Preliminary
Albert Einstein College of Medicine -
Jacobi Medical Center
Bronx, NY • Diagnostic Radiology

Benjamin Yehouda Rafii
New York University School of
Medicine
New York, NY • Otolaryngology

Tara Ramachandra
Vanderbilt University Medical Center
Nashville, TN • Otolaryngology

Naresh Ramarajan
University of California at Los Angeles
Medical Center
Los Angeles, CA • Emergency Medicine

Nadeem Riaz
Stanford Hospital and Clinics
Palo Alto, CA • Medicine – Preliminary

Memorial Sloan Kettering Medical
Center
New York, NY • Radiation Oncology

Jonathan Charles Riboh
Duke University Medical Center
Durham, NC • Orthopaedic Surgery

Seth Adam Sherman
Harvard University - Longwood Medical
Area
Boston, MA • Psychiatry

Margie Shi -Shr Teng
Stanford Hospital and Clinics
Palo Alto, CA • Emergency Medicine

Ricky Tsee-Wai Tong
California Pacific Medical Center
San Francisco, CA • Medicine –
Preliminary
University of California at San Francisco
San Francisco, CA • Diagnostic
Radiology

Dung David N. Tran
Stanford Hospital and Clinics
Palo Alto, CA • Preliminary
University of California at San Francisco
San Francisco, CA • Diagnostic
Radiology

Victor Alan Tubbesing
University of California at
Davis Medical Center
Sacramento, CA • Medicine –
Preliminary
University of California at
Davis Medical Center
Sacramento, CA • Anesthesiology

Mauricio Enrique Vargas
White Memorial Medical Center
Los Angeles, CA • Medicine –
Preliminary
University of California at Los Angeles
Jules Stein Eye Institute

Los Angeles, CA • Ophthalmology

Luis Enrique Vazquez
Hospital Episcopal San Lucas
Ponce, PR • Transitional
University of Southern California
Los Angeles, CA • Ophthalmology

Anand Veeravagu
Stanford Hospital and Clinics
Palo Alto, CA • Neurological Surgery

Marie E- Jen Wang
Lucile Salter Packard Children's
Hospital at Stanford
Palo Alto, CA • Pediatrics

Jacqueline Nerney Welch
Private Medical Device Industry
San Francisco Bay Area, CA

Emilee Ruth Wilhelm-Leen
Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Lena Elisabeth Winestone
Lucile Salter Packard Children's
Hospital at Stanford
Palo Alto, CA • Pediatrics

Shirin Yasaman Zarafshar
Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Other Awards and Honors

Ronald G. Pearl, MD, PhD, the chair of the Department of Anesthesia and associate medical director of the intensive care units at Stanford Hospital & Clinics, was named the first incumbent of the Richard K. and Erika N. Richards Professorship at an investiture ceremony on June 9th. Congratulations to Dr. Pearl.

Dean's Newsletter July 6, 2009

Another Cycle Begins – But This One Has National Significance

July 1st marks the beginning of another cycle in the life of academic medical centers. Newly minted MDs, most having graduated from medical school in the last month, begin their official responsibilities as Residents in hospitals across the nation on July 1st – generally after a week or more of “orientation.” In addition, graduates of residency programs begin clinical fellowship programs in medical, surgical and hospital based specialties and subspecialties. In particular I would like to welcome our new Residents and Fellows to Stanford and wish them the best of future success. They are entering training in graduate or post-graduate medical education at a time of great excitement and opportunity – as well as turmoil and uncertainty – in American medicine. And, for the first time in many years, academic leaders, physician colleagues and politicians are questioning the choices Residents and Fellows have made in pursuing careers in primary care vs subspecialty medicine. In fact concerns about the national shortage of primary care physicians (now less than 50% of the US doctor workforce) have become front and center in the healthcare reform debate.

As I noted in my March 30th Dean's Newsletter (see: http://deansnewsletter.stanford.edu/archive/03_30_09.html#7) the majority of 2009 graduating Stanford students, like others around the country, chose specialty track residency programs. In fact, on a national basis, the most “competitive” and sought after residencies include dermatology, neurological surgery, orthopaedic surgery, and otolaryngology – as well as anesthesia, radiology, and emergency medicine. Fewer students select “primary care” areas (which generally include family medicine, internal medicine, pediatrics and in some areas, obstetrics-gynecology). This has led many to opine on the reasons for these choices, which include factors like the level of medical student debt, projected income differentials between careers in primary care versus specialty care (which over the course of a 35-40 year career can amount to as much as \$3.5 million), the social, geographic background and gender of the graduates as well as “life-style choices,” and the perceived value of “primary care” at teaching hospitals and in the community (where it is often considered a “lost leader”). These and other factors converge to influence choice – which has largely moved away from primary care over the last decades in the US.

A recent report from the Robert Graham Center, with support from the Josiah Macy Jr. Foundation, entitled *Specialty and Geographic Distribution of the Physician Workforce: What*

Influences Medical Student and Resident Choices? (see: <http://tinyurl.com/cq28nv>) affirmed these factors and offered recommendations to address this challenge that included:

- *“Create more opportunities for students and young physicians to trade debt for service, through effective programs such as the National Health Service Corps.*
- *Reduce or resolve disparities in physician income*
- *Admit a greater proportion of students to medical school who are more likely to choose primary care, rural practice, and the care of the underserved.*
- *Study the degree to which educational debt prevents middle class and poor students from applying to medical school and potential policies to reduce such barriers.*
- *Shift substantially more training of medical students and residents to community, rural and underserved settings.*
- *Support primary care departments and residency programs and their roles in teaching and mentoring trainees.*
- *Reauthorize and revitalize funding through Title VII, Section 747 of the Public Health Service Act*
- *Study how to make rural areas more likely practice options, especially for women physicians.*
- *New medical schools should be public with preference for rural communities.”*

A number of these recommendations are sensible and I personally agree with many but not all. I should also add that while I strongly support the importance of a better balance in the physician workforce in the US, I also believe that Stanford’s role remains unique and should stay focused on training and educating future leaders and physician-scientists and scholars. There is also a dearth of these individuals, and we have the resources and expertise to train the academic and research workforce of tomorrow – which is also critically important to the future of healthcare reform.

Back to primary care: two brief and informative articles in the June 25th issue of the New England Journal of Medicine – *A Life Line for Primary Care* and *Easing the Shortage in Adult Primary Care –Is It All about Money?* – offer additional data and perspective to this topic and are worth reading. It is notable that on July 1st, the very day that new Residents officially began their new training, the Centers for Medicare and Medicaid Services (CMS) announced proposed changes to policy and payment rates that begin to address some of the compensation issues mentioned above (see: <http://tinyurl.com/kqsdym>). These policy recommendations, while certain to engender considerable discussion, go to the heart of the matter by recommending a payment structure that will increase payments to internists, family physicians, general practitioners and geriatric specialists by 6-8% in 2010. Given the imperative to reduce the overall costs of health care, these proposed policies reduce payments to certain specialists (e.g., compensation to cardiologists would fall by 11% and radiologists would have reductions in payments for imaging procedures using equipment like CT and MR scans approaching 20%).

How these policies will be actualized remains to be seen, but the directions being taken are not surprising and are quite consistent with what I have heard at numerous recent meetings and discussions in Washington. Some of these ideas were also reflected in my observations in an earlier issue of the DNL (see: http://deansnewsletter.stanford.edu/archive/04_13_09.html#1) and

in a podcast I did with Paul Costello, Director of Communications and Public Affairs (<http://med.stanford.edu/121/2009/pizzo.html>). As these and related changes unfold, it is likely that we will experience impacts at multiple levels and dimensions.

In tandem with the possibility of increasing payments for primary care physicians (and concomitant reductions in compensation for selected specialists and technologies), considerable discussion has taken place recently about the physician workforce *per se* as well as graduate medical education (GME) slots and the payment for GME through Medicare. While a number of groups, including the Association for American Medical Colleges (AAMC) have advocated for significant increases in medical school class size – up to 30% – to meet projected shortages of physicians, I believe (and have previously stated) that this needs be more carefully assessed. Increasing the number of medical school graduates, without also placing limits on career choice or even practice location, will likely only sustain our current system and its consequences.

Of course I am well aware that restricting or limiting choice has been anathema to our current educational paradigm, and I would quickly add that shifts in that paradigm are needed. Indeed, while there may be a need for more physicians in selected areas, it seems much more sensible to look at the healthcare workforce more broadly and to redefine the practice of primary care. This would require the addition of other health professionals – nurses and advanced nurse practitioners/physician assistants – who could and should assume some of the tasks previously done by physicians. Creating new teams of care providers that create complementarity and synergy in the management of patients with acute and chronic disorders is more sensible than simply increasing the number of doctors. At the same time, defining the workforce and its responsibilities in the absence of knowing what healthcare will look like in the decade ahead poses significant challenges. That said, these processes will almost certainly need to progress in parallel.

In addition to compensation, debt relief and related workforce issues, the length of education and training of physicians will need to be examined. In doing so, there should be no rush to a “one size fits all” mentality, since the knowledge and skills vary considerably depending on the nature of the medical career being pursued. However, approaching medical education with an eye toward improving efficiency and effectiveness is an imperative – a process which has begun in certain specialties (e.g., cardiac surgery) but which needs much more effort. Importantly, these considerations also underscore the importance of addressing the continuum of medical education – which begins post-high school and extends through residency and fellowship – in a much more interrelated fashion. From the time a student enters college to the point of entering the workplace there is a range of 12-21 years depending on the education pathways chosen. While there is again discussion about reducing the length of medical school from four to three years, equally if not more important considerations should focus on college preparation as well as graduate and postgraduate training. And, as mentioned, these need to be adjusted to the missions and goals of the medical school, university, career path and other important factors that will determine the future of medicine and science.

Change poses challenges, but I always welcome the prospect of using change to improve our missions and goals. The aspects of the healthcare debate that extend to education and training compel us to examine what we can do to improve the effectiveness and efficiency of our

programs across the continuum. The silver lining is that this will permit us to strive to improve and integrate our programs so that Stanford remains a leader in education and training.

Whether (and Weather) National Healthcare Reform

My 23 years in Bethesda at the NIH offered numerous glimpses of the Washington scene. Summers were always hot and humid with intense thunderstorms nearly every afternoon. Indeed the air was usually even more hot and humid after the storm had ended. In some ways the weather of a Washington summer is a metaphor for the intensity of the climate surrounding healthcare reform. To say that the debate is heating up is a gross understatement. This is not surprising, given the magnitude of the economic challenges – unsustainable in their own right – and the number of constituencies (including doctors, hospitals, pharmaceutical companies, and the insurance industry just to name a few) that are also unsustainable in their current focus and formulation. During the past months I have made a significant number of trips to DC to attend meetings at the White House or policy meetings with professional organizations (e.g., Association for Academic Health Centers, Association of American Medical Colleges) who share concerns about healthcare in the US and the prospects for its reform.

Virtually everyone believes that if change comes it will happen before the end of the calendar year and that the peak of the pressure points will take place in the fall when the Congress returns from its summer recess. The stakes are enormous and the convergence (or divergence) of the Executive Branch and the Legislative Branch will speak volumes about our future. It is also important to underscore that, given the political forces that will surge during the 2010 election year, if change fails to take place this year the prospects for serious reform in health care will be squandered for the immediate future. In reality, however, the situation will only grow worse, since failure to seriously curtail ever-rising healthcare expenditures in the US will only become more challenging in the years ahead as the percentage of the GDP devoted to healthcare continues to rise to unsustainable (and unjustifiable) levels.

The other thing that virtually every constituency group seems to believe, at some level, is that their own interests will not be affected – that they have somehow struck a deal with the Congress, the White House or each other. I realize that my own views are likely less informed, but from what I can see it is unlikely that any perceived deal or conclusion is sacrosanct at this point. In fact, the only thing that seems to have broad concurrence is that cost containment is critical (although there is debate about whether this would mean achieving true reductions or changing the rate or slope of the increases).

I won't reiterate the various issues, factors and forces shaping the health care debate since I covered those in a past DNL (see: http://deansnewsletter.stanford.edu/archive/04_13_09.html#1) and podcast (<http://med.stanford.edu/121/2009/pizzo.html>). But I would recommend a couple of articles that will amplify the points of debate. One is Dr. Atul Gawande's now famous piece entitled *The Cost Conundrum* that appeared in the June 1st issue of the *New Yorker* (see: http://www.newyorker.com/reporting/2009/06/01/090601fa_fact_gawande). Gawande explores the reasons why healthcare expenditures are highest in the nation in the town of McAllen Texas and, in his insightful writing style, points out that the costs of care are not associated with improved outcomes. In fact, as has been reported over the years from the Dartmouth group, an

inverse correlation between Medicare expenditures and outcomes has been observed in a number of regions of the US.

The Dartmouth Atlas Project (see: http://healthcarereform.nejm.org/?page_id=597) displays Medicare reimbursements per enrollee by hospital referral region or by state. If you review the interactive map (also made available by the NEJM) the differences in Medicare reimbursements are quite striking. In places like McAllen Texas, where they rose dramatically during a fourteen-year period (1992-2006), they can reflect physician practice and use of technology and procedures in a remarkable fashion – which is not necessarily associated with better outcomes. Understanding these associations is important and, while a number of caveats can be offered, it cannot be denied that costs around the country (or even in geographically proximate areas) vary widely and are almost certainly influenced by physician practice. Indeed, while the overall percentage of health care dollars attributable to doctors is only around 10% (although it must be noted US physicians are among the highest paid in the world) the reality is that physicians account for the determination of a very high proportion of health costs. These issues are now among the centerpieces of the healthcare debate.

As I noted above, whether there is significant healthcare reform in 2009 depends on many factors. A bell-weather at this juncture is the burgeoning debate over a public alternative to private insurance. There are many points of view about this, including the assertion that private insurance should not be negatively impacted since it is critical to controlling choice, access and costs. To me this is a bogus argument since the market- driven health insurance industry has played a significant role in generating the problems we now experience. This issue is well reviewed by Dr. Arnold Relman (former Editor of the New England Journal of Medicine) in the July 2nd New York Review of Books in an article entitled *The Health Reform We Need & Are Not Getting* (see: <http://www.nybooks.com/articles/22798>). While this review will engender various reactions, it further underscores the point that the argument that the market place is the best way to reform healthcare simply doesn't ring true. Certainly the last four decades in the US speak to that – as do the seminal studies of Kenneth Arrow (for which he won the Nobel Prize) that showed that healthcare is not a commodity to which general economic principles can be applied.

In the end, the thunder and lighting in Washington this summer and fall will determine whether we see progress in healthcare reform. I still believe that in the long run we will be best served by a single payer system coupled with private options, not too dissimilar from that in the UK. In the interim, reform that includes a public option to private insurance, controls costs for drugs and technology, rebalances the healthcare workforce between primary and specialty care as well as creating teams of physician and other professional providers, and creates a focus on quality and safety and an orientation toward health as well as disease management would be among the necessary components. In tandem with this is the hope that healthcare reform will permit doctors to reclaim their place as professionals who serve the welfare of patients and communities and not just as members of the industrial medical complex that is now so dysfunctional and unsustainable.

Dr. Keith Humphreys Takes Leave to Serve in Washington

Dr. Keith Humphreys, Professor of Psychiatry and Behavioral Sciences, will be taking a leave of absence to serve as the Senior Policy Advisor, White House Office of National Drug Control Policy. Please join me in congratulating Dr. Humphreys and wishing him success in his new role – and of course, anticipating his return to Stanford in the not too distant future.

Upcoming Event

Skills Building Workshop

The Office of Diversity and Leadership is pleased to offer a workshop on “Conflict Resolution”, presented by Odette Pollar. The workshop will be offered on **Thursday, July 16th, 2009, from 5:30 to 7:30pm in Alway Building, M-112** <http://campus-map.stanford.edu/index.cfm?ID=07-307>. This workshop is offered to all interested faculty.

This will be a hands-on intensive workshop which will help you identify the real problem, diagnose potential conflict, and effectively resolve conflicts in the making. These techniques will have application to the participants’ personal and professional lives. This program will cover Conflict Awareness, Conflict Management and Conflict Resolution. If you are able to attend, please register for this workshop at this link: <http://reggie.stanford.edu/signup.asp?2290>

2009 McCormick Faculty Awards

The Office of Diversity and Leadership of the Stanford University School of Medicine invites applications for the 2009 McCormick Faculty Awards. The McCormick Funds were established to support the advancement of women in medicine and/or medical research directly, or by supporting the mentoring, training and encouragement of women pursuing the study of medicine, in teaching medicine, and engaging in medical research. Awards are unrestricted and will be for \$30,000 per year for two years. The committee expects to make three awards each year. Proposals should be submitted electronically to [Jennifer Scanlin](#) in the Office of Diversity and Leadership by 5pm on August 31, 2009. Further information can be obtained at: http://med.stanford.edu/diversity/faculty/09mccormickcall_apps.html

Awards and Honors

- **Dr Sherry Wren**, Professor of Surgery, has been selected as the Loyola University Chicago Stritch School of Medicine Alum of the Year for her contributions to medical education. This is a great and well-deserved honor. She will receive her award in September in Chicago.
- **Richard Gaster, fourth year MD/PhD student, and Drew Hall, a fourth year student in Electrical Engineering**, won the inaugural Institute of Electrical and Electronics Engineers first prize in the “Change the World Competition.” The Stanford team also won first prize in the National Collegiate Inventors and Innovators Alliance Biomedical Engineering Idea competition for inventing the “lab-on-a-stick.” Congratulations to Richard and Drew.
- **Jacqueline Baras Shreibati**, Medical student and Health Service Research Masters Graduate, has just won the Student Poster Award at the Academy Health annual meeting in Chicago, and was also selected as one of the four best abstracts submitted by students to be featured in a special panel of top student projects. Contratulations, Jacqueline.

Appointments and Promotions

R. Kim Butts-Pauly, has been promoted to Professor (Research) of Radiology, effective 7/01/09.

Mary Ann Carmack has been promoted to Adjunct Clinical Assistant Professor of Pediatrics effective 7/01/09

Dwight Chen has been promoted to Adjunct Clinical Assistant Professor of Obstetrics and Gynecology effective 9/01/09

Stevens Y. Kim has been promoted to Adjunct Clinical Assistant Professor of Ophthalmology effective 4/01/09

Amy Oro has been promoted to Adjunct Clinical Assistant Professor of Pediatrics effective 5/01/09

Gary Peltz has been appointed to Professor of Anesthesia, effective 7/01/09.

Thomas Plante has been promoted to Adjunct Clinical Professor of Psychiatry and Behavioral Sciences effective 9/01/09

Peter Schubart has been promoted to Adjunct Clinical Associate Professor of Surgery effective 5/01/09

Dean's Newsletter July 27, 2009

Evolving Criteria for Clinician-Scholar/Clinician Investigator Faculty

In 2003 two major events helped shape the faculty tracks that comprise the School of Medicine professoriate today. The first was the redefinition of the faculty tracks to better align them with the diverse roles that physicians and scientists play in academic medicine. This occurred prior to and following our first Strategic Planning Leadership Retreat, which was held in January 2002. At that time, a Work Group led by Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, redefined the academic professoriate to include Investigators (aka "University Tenure Line" or UTL), Clinician-Scholars/Clinician-Investigators (aka "Medical Center Line" or MCL) and Clinician-Educators (previously known as "Staff Physicians"). An important component of this redefinition was the approval by the University Academic Senate of a policy revision that allowed Clinician-Scholars/Clinician-Investigators (or MCL faculty) to serve as Principal Investigators (PIs) on grants and contracts (see also: http://deansnewsletter.stanford.edu/archive/10_13_03.html). This change was important in elevating the perceived value of the MCL faculty within the Stanford community. The second

major event in 2003 was the establishment of a “faculty cap” by the Provost that set the upper limit of full-time faculty at 900 (exclusive of Clinician-Educators).

Both of these changes continue to evolve and impact our professoriate. While the changes made in the Clinician-Scholar/Clinician-Investigator line have been helpful, they have not been uniformly adopted throughout our clinical departments. In addition, they did not pay sufficient attention to formal evaluation of clinical performance or to the opportunities for scholarship that MCL faculty should anticipate, given that scholarship is expected and evaluated as part of their academic performance. Accordingly, at the Executive Committee meeting on July 17th, Dr. Stevenson presented further changes in the “Criteria and Guidelines for Appointment, Reappointment and Promotion in the Medical Center Line (MCL)” that will soon be available for review in the Faculty Handbook. I want to give you a preview of what is forthcoming since it has a number of implications – which I view as important, relevant and favorable to our faculty and the evaluation process. These changes also emanate from antecedent issues and decisions – a topic I covered in the summary of my introductory comments at the 2009 Strategic Planning Leadership Retreat entitled “Creating a Culture that Fosters Faculty Development and Success” (see: http://deansnewsletter.stanford.edu/archive/02_17_09.html#2).

The overarching goals of the planned changes are to help Clinician-Scholar/Clinician-Investigator (MCL) faculty achieve and be recognized in the context of each individual’s balance of scholarship, teaching and patient care activities. This includes assuring that faculty have protected time for scholarship and that they have a sufficient overall amount of time to define, delineate and demonstrate their proficiency as excellent academicians as well as excellent physicians.

A pervasive view among our clinical faculty is that the demands of clinical care activities do not leave sufficient time for scholarship and that this time is not necessarily protected and sometimes not even acknowledged by the home department. Second, it is recognized that the vast majority of Clinician-Scholars/Clinician-Investigators will be involved in clinical and translational research, frequently as part of a team, and that this type of research may require a longer time to reach fruition than individually directed basic science projects. Thus, protecting time for academic development each year and, in addition, having a sufficient number of years to achieve meaningful results before coming up for reappointment or promotion are important issues.

There is also a strong desire on the School’s part to do what is possible to foster work-family balance and to recognize the needs, demands and expectations that affect faculty on the basis of their area of medical specialty and expertise as well as the course each has charted for personal and professional development. We also appreciate that the proportion of contributions to the missions of patient care, education and research will vary by individual and also over the span of any single faculty member’s career. At the same time it must be recognized that patient care will almost always be the most important part of the Clinician-Scholars/Clinician-Investigator role and, while the proportional balance of this can change over time, clinical proficiency, quality, service and excellence should always be at the highest possible level. With that in mind, evaluating performance as an outstanding patient care provider has not been assessed as carefully and fully as should be the case – and this requires remediation.

Based on these observations and guiding principles, the following was discussed with the Executive Committee on July 17th.

1. Effective September 1, 2009, all Medical Center Line faculty will be expected to have at least 20% of their time reserved for academic scholarship and development.
2. Also effective September 1, 2009, the total number of years of initial appointment and reappointment in the Medical Center Line, which is now normally seven, will be ten. (*A plan is being developed to "grandfather" MCL assistant professors who are currently on a seven-year clock.*)
3. The initial appointment term will be four years for Medical Center Line faculty. (*A plan will also be developed to provide assistant professors in the University Tenure Line with an initial term of four years, followed by a reappointment of three years [as opposed to the current schedule of three years plus four years].*)
4. At the beginning of the fourth year in rank, the department will initiate the reappointment review. After evidence has been compiled for the long form, the department will consider the faculty member's career trajectory and whether there is a realistic chance for promotion in the future on the basis of continuation of the candidate's work.
5. If the outcome is positive, the assistant professor will be reappointed for six years. (If the outcome is negative, the assistant professor may be eligible to receive a terminal year.)
6. During the seventh year in rank, the department chair (or designate) will prepare a written counseling memo, which will evaluate and document the assistant professor's performance in light of the criteria for promotion.
7. Initiation of the promotion review will commence at the beginning of the tenth year.
8. Under certain circumstances, MCL faculty who have made accelerated progress in clinical care, teaching and scholarship (or who have had prior years of faculty experience at their current rank) may be proposed for early promotion. Since, in many cases, the School and University are being asked to evaluate a person who may have a shorter track record, there should be *unequivocal* evidence that the quality of the faculty member's contributions meets the criteria for promotion to the higher rank. Early promotions will typically commence in one of the years following reappointment. In rare cases, however, promotion may be considered in lieu of reappointment (that is, at the beginning of the fourth year of appointment). There should be mutual agreement between the department chair (or designate) and the faculty member regarding the possibility of early promotion.

Consultation between the department and the Senior Associate Dean for Academic Affairs is essential prior to initiating a review process leading toward early promotion (with the Senior Associate Dean making the final decision). Unsuccessful candidates may be proposed again at the normal time if that remains desirable to the candidate and the department. However, in order to avoid potential awkwardness following a negative promotion decision, it is prudent to initiate an early promotion review only when a positive outcome can be anticipated with reasonable confidence.

9. MCL assistant professors will be ineligible for any extensions to their appointment that would take the total appointment time beyond ten years in rank. (If the outcome of the promotion review is negative, the assistant professor may be eligible to receive a terminal year.)

10. Annual counseling will continue to be required to monitor progress toward reappointment, as well as the subsequent promotion review. Serious concerns regarding the faculty member's progress that could impede reappointment or promotion will need to be discussed with the Senior Associate Dean for Academic Affairs as soon as they emerge.

In addition to these changes, a new tool and methodology has been delineated to assess “Clinical Excellence Core Competencies” for MCL being considered for appointment (if the candidate is already at Stanford), reappointment or promotion. This new evaluation tool is based on input from referees from within Stanford, clinical trainees, health care providers who consult with or who refer patients to the candidate, nurse managers, clinic managers or senior clinical administrators and physician colleagues. Evaluators will be asked to score faculty on a five-point scale (and to comment where appropriate) on general clinical proficiency, communication skills, professionalism, systems-based practice and “overall clinical performance.” These evaluations will serve as an important part of each MCL faculty member’s appointment (if, as noted above, the candidate is already at Stanford), reappointment or promotion and will give value, weight, and importance to clinical performance as an important facet of the MCL faculty member’s Stanford career.

A number of important comments and recommendations were raised at the Executive Committee about these planned changes for MCL faculty that will be discussed and considered as this process moves forward. As with all initiatives, it is best to consider this as a work in progress – but also as an effort designed to improve the ways we evaluate and support our clinical faculty. I am very appreciative of the leadership of Dr. Stevenson and the Office of Academic Affairs as well as the faculty who served on the task forces that developed these new recommendations.

The State, the Nation and Higher Education

Over the past year I have written frequently in this Newsletter about the impact of the economic downturn on the University and the School of Medicine. As we are now just completing the Medical School budget for FY10, the negative effects of the past year’s fiscal crisis on our overall portfolio are glaringly apparent. With major reductions in revenue from the endowment and other sources, we have had to reduce our general operating budget by nearly 15%. As you know from past communications, this is coupled with hiring freezes, layoffs, salary freezes, reduced amenities and other cutbacks. As we move through this process and anticipate future reductions that are likely to emerge from the much-needed healthcare reform, it is imperative that we first and foremost focus on our core missions and what we want to preserve and protect. Despite the many challenges we face I remain optimistic that with wise planning, cooperation and some shared sacrifice we will prevail – and perhaps even be stronger when we emerge in the future.

As difficult as our own challenges may seem, they also need to be placed into context. In recent months we have witnessed the impact of the housing and financial systems debacle on our national economy. Today we also see its impact on the State of California – made worse here by the political turmoil in Sacramento and a legislative and executive system that seems to have lost its directional compass. The \$26B state deficit has resulted in a budget crisis that will have an

extraordinarily negative impact on what has been one of the world's most outstanding public education systems. I had the opportunity to hear some of the details of the planned cutbacks from leaders of both the California State University (CSU) and the University of California (UC) systems at the July 24th Board of Directors meeting of the California Healthcare Institute, on which I serve.

For the CSU system, the current operating deficit is \$580 million on a \$6.2 billion base. The operating budget deficit in general funds is approximately 20%. Similarly, in the UCs, which have an overall budget of approximately \$20 billion, there is a 24% reduction in general funds. Similar to private universities (which have lost significant amounts of endowment income and comparable losses of general fund support), the impacts are very significant. These will include hiring freezes, reduced numbers of faculty recruitments, compulsory furloughs of up to 24 days per year (depending on compensation levels). It will also mean increased student tuition fees and costs, larger class sizes, higher teaching loads for faculty and programmatic reductions or eliminations. While medical schools are less impacted than the rest of the public universities (because of federal funding support for sponsored research and clinical income), the UC medical schools (similar to Stanford) will also be reducing programs and recruitments, although these will vary school by school.

As is evident to each of you, the economic toll continues to mount. While evidence of financial recovery on Wall Street and a rising stock market give some hope for the future, the impact on states and communities remains enormous. With the added and exceptionally deep fiscal crisis now unfolding in California, the impact on social and human services, including education, is alarming.

Despite all the changes and challenges, I still remain optimistic about our future, although a number of important issues lie ahead. Among these is the future of funding for biomedical research once the ARRA stimulus funds have been spent, which will be just over a year from now. Clearly the FY11 budget for the NIH will be a strong harbinger of what lies ahead. And then, of course, the impact of healthcare reform and its necessary focus on cost containment will surely effect clinical revenues for hospitals and physicians – although the exact form this will take will likely be better defined in the Fall and Winter.

These external challenges continue to reaffirm why our internal planning efforts remain so important. We have continued to implement our strategic initiatives, first defined around “Translating Discoveries.” The ongoing challenge is to secure and preserve the fundamental underpinnings of this strategic plan while also adapting and modifying it to the changing external forces around us. This requires even more focused and concerted interactions among faculty, between departments and institutes, with the hospitals and community and in partnership with the University. It won't be easy but it can be accomplished and it will be our job – together – to assure we are successful.

Update on Facilities

Progress is continuing on the School of Medicine's two major new facilities – the Li Ka Shing Center for Learning and Knowledge (LKSC) and the Lorry Lokey Stem Cell Research Building. In fact, the LKSC is nearly four months ahead of schedule, and it is currently anticipated that the

construction project will be completed at the end of 2009. I toured both buildings this past week and am very pleased with the progress to date. If the schedule holds, the fit-out of the LKSC (which includes a very significant amount of AV equipment) will be done in the first several months of 2010 and, if luck holds, we could begin using the LKSC for official teaching and related functions late next Spring. That would be great news indeed. If you are interested, you can view the current status of the LKSC – as well as archived time line photos of the building’s construction and evolution at:

<http://www.earthcam.net/users2/interface.php?i=0&id=1632&projectid=1010&clientid=778>)

Similarly, the Lorry Lokey Stem Cell Research Building is also on schedule and is expected to be completed by the summer of 2010. We hope to begin moving faculty into the Lokey Stem Cell Building in the Fall of next year. This will be great news as well. In addition to the construction of the LKSC and the Lokey Stem Cell Building, work is underway on the Academic Walk and Discovery Walk, which will create new corridors and pathways for the Medical School campus. With the completion of our major “Connectivity Project,” deliveries to our Medical School buildings and related traffic are already being made through underground tunnels, leaving the future Academic and Discovery Walk(s) to pedestrian and bicycle traffic.

If you haven’t been over to the new Science and Engineering Quad (SEQ2) for a while, you might want to take a walk to that construction site, which is also progressing magnificently. The Y2E2 (aka the Jerry Yang and Akiko Yamazaki Energy and Environment Building) that borders Via Ortega and Panama Avenue has been open for a year – but the Engineering Center and Nanotechnology Buildings are also progressing very nicely. Highly relevant to the Medical School will be the fourth building on the SEQ2 – the BioEngineering/Chemical Engineering Building. The School of Medicine is working closely with the School of Engineering on the design and planning for the Bioengineering Building, the construction of which should begin in 2011. It is another exciting opportunity to help support our faculty, students and staff.

We are also continuing to make progress on the design and plans for the Jill and John Freidenrich Center for Translational Medicine, which will be constructed on the site of 800 Welch Road and which will house the NCI-designated Cancer Center, Spectrum (the home of Stanford’s NIH-funded Clinical and Translational Science Award [CTSA]) and other key supports for clinical and translational research.

We will also be resuming our planning for Foundations in Medicine 1 (FIM1), which we have put on hold during the past 10 months due to the profound fiscal downturn. The planning will permit us to move the design of this important facility forward, recognizing that two important obstacles will need to be overcome before we can move from design and programmatic planning to construction. One is the resolution of the “entitlement approvals” for this facility, since it is located in the City of Palo Alto and, as a result, is part of the hospital renewal process. That process has been confounded by the incredible demands of the City Council that have slowed down the hospital reviews. At this point, we do not expect that an entitlement agreement will be reached until 2010. Of course, once that is accomplished, the second major challenge will be the funding for FIM1 – which, like our other facilities, will require a combination of philanthropic support and School financing. Needless to say, fundraising for major capital projects is particularly challenging at this time, but we are hopeful that this will change as the economy

improves. We have a compelling and exciting story to tell about FIM1 that I believe will ultimately enable us to be successful.

In addition to the continued development of our facilities on campus, we are also engaged in a number of regional “off-site” facilities discussions that are presenting some unique opportunities and that will be the topic for a future discussion.

Important News on Privacy and Medical Records

In the December 15, 2008 Dean’s Newsletter (see:

http://deansnewsletter.stanford.edu/archive/12_15_08.html#3) I informed you about two new laws that were going into effect in January 2009 and that had serious consequences for physicians, nurses and other professionals with access to medical records. Because of the importance of these new laws I am taking the liberty of noting them again as an extra reminder. They include:

Senate Bill 541 authorizes the California Department of Public Health (CDPH) to investigate unlawful or unauthorized access to, or viewing, use or disclosure of, patient information. This bill requires the hospital to report any such unauthorized access, viewing, use or disclosure of patient information within five days of its detection to CDPH and to the patient. Hospital fines for failing to prevent unauthorized access are up to \$25,000 per patient whose medical information was breached, maximum \$250,000 per reported breach.

Assembly Bill 211 authorizes a new California state office, the Office of Health Information Integrity (OHII), to investigate and enforce existing medical privacy laws and to investigate individuals and assess penalties against individuals for unauthorized access to or viewing, use or disclosure of patient information. The fines to individuals range from \$2,500 to \$250,000 for violations. No defense or indemnity coverage is provided by the hospital’s insurance policies for fines that are incurred by individuals due to violations. The fines are the personal responsibility of the individual. SB 541 requires the hospital to report individuals who violate patient privacy laws. Additionally, this new law authorizes OHII to report such violations to an individual’s licensing board for disciplinary action through the licensing board, and the licensing board is required to investigate such referrals.

As was previously noted, AB 211 places the financial burden directly on the individual provider and mandates that they personally pay whatever fines are assigned. Importantly, SB 541 mandates that hospitals monitor and report any unauthorized activity. The first evidence of material impact of these new laws was recently reported in the LA Times (see: <http://www.wired.com/threatlevel/2009/07/health-breaches/>) and in the *Journal of the American Health Information Management Association* (<http://journal.ahima.org/2009/07/07/cas-new-privacy-laws/>). So far it appears that over 800 reports of intentional and unintentional breaches of privacy have been recorded between January – May 2009, with full investigations conducted in 122 cases and 116 confirmed as breaches. Notably, 230 other cases are currently under

investigation, and 460 are pending further investigation. Financial penalties have also been imposed.

These reports serve as a reminder to pay careful attention to privacy and to not access or open any medical record for which one is not a defined medical care provider or where there is no clear authorization from the patient that permits access. If you have any questions or concerns please communicate them to: PrivacyOfficer@stanfordmed.org.

Put another way, here is some advice from Ann James, Senior University Counsel:

Privacy of patient information is central to the care provided at Stanford. As a general rule, no physician can access any patient record unless he or she (a) has treatment responsibilities for the patient or (b) has another permissible need to know (such as supervision of your residents or quality-of-care reviews). This applies whether the individual is a friend, a colleague or even a family member; it is mandatory that every physician has either specific documented permission or a treatment or other permissible need to know before accessing the record.

If a physician is not on the treatment team, but a family member or friend requests that the physician access his/her medical record, the family member or friend should go to the Release of Information (ROI) desk, located in the basement of SHC. Elena Miller, Administrative Director for Health Information Management Services (HIMS) suggests that Genise Burgess, the manager of the area, be asked to assist, to ensure that the form is completed accurately. There the family member or friend will complete the authorization form. The family member or friend will authorize the physician's access to the medical record; while ordinarily such authorization can be limited, HIMS will require full access in this case, because HIMS cannot filter what the physician is viewing through EPIC. If the individual wants the physician to see only a component of the record, then HIMS will need to print the release and deliver it to the physician. The signed form will be maintained by HIMS in the record. Every authorization has an expiration date established by the patient, so if short-term or ongoing access is requested, the patient indicates that on the form. Hospital compliance is developing a policy summary that will, in one place, address all these access and privacy issues, but that policy is not yet completed. In the meantime, this is the current process.

Under a new state law, if the Hospitals detect impermissible access to patient information, they are required to report it immediately to the State and to the affected patient(s), even if the person who accessed the record does not tell anyone else but viewed the record without a permissible reason. New federal law extends these reporting requirements to the School of Medicine (and any other part of the "HIPAA Covered Entity"); accordingly, privacy and security breaches will also need to be reported to the U.S. Department of Health and Human Services and to the affected patient(s). These laws are designed to increase the transparency of the practices of both institutions and individual health care providers, and, when a breach affects numerous patients, the affected hospital and the School will be required to report it to the media.

Every physician should be sensitive to and aware of the need for privacy for records and for patients themselves. It is important for faculty to emphasize this to residents, fellows, students and all trainees, because the consequences can be quite serious. If you have any questions about permissible access to patient information, please review the HIPAA privacy policies (found

at http://hipaa.stanford.edu/policy_privacy.html) or contact Todd Ferris, School of Medicine Privacy Officer.

2009 McCormick Faculty Awards

The Office of Diversity and Leadership of the Stanford University School of Medicine invites applications for the 2009 McCormick Faculty Awards. The McCormick Funds were established to support the advancement of women in medicine and/or medical research directly, or by supporting the mentoring, training and encouragement of women pursuing the study of medicine, in teaching medicine, and engaging in medical research. Awards are unrestricted and will be for \$30,000 per year for two years. The committee expects to make three awards each year. Proposals should be submitted electronically to Jennifer Scanlin in the Office of Diversity and Leadership at jscanlin@stanford.edu by 5pm on August 31, 2009. Further information can be obtained at: http://med.stanford.edu/diversity/faculty/09mccormickcall_apps.html

2010 Faculty Fellows Program

The Office of Diversity and Leadership has announced the launch of the 2010 School of Medicine ***Faculty Fellows Program***. Now commencing its fifth year, the program will focus on a select group of Assistant and Associate Professors as Faculty Fellows for the 2009-2010 academic year. The purpose of the Faculty Fellows program is to identify and develop a diverse group of faculty with the potential to become our future leaders.

During the yearlong program, Fellows attend monthly dinner meetings with key University leaders including President John Hennessey, Provost John Etchemendy and Dean Philip Pizzo. Each speaker shares their “Leadership Journey” and engages fellows in a discussion about their leadership philosophy, strategy and style. In addition, Fellows participate in small monthly mentoring groups led by a senior Professor; and in a structured Career Development Planning process with their division chiefs or department chairs to craft a specific, career development action plan which the fellow will implement over the subsequent year.

If you are interested in being nominated for this opportunity, ask your Department Chair or Chief to nominate you. Criteria to apply:

- Assistant or Associate professors
- Demonstrated interest in, and potential for leadership
- Respected by colleagues
- Has the ability to influence others
- Can advocate for change
- Values diversity
- Thinks strategically and systemically
- Interested in taking on leadership roles in the future

Further information, future meeting dates and application can be obtained at: http://med.stanford.edu/diversity/leaders/fellows_nominations2010.html

Innovations in Patient Care Program 2009 Grant Awards

The Innovations in Patient Care (IPC) Program at LPCH is pleased to announce that 10 proposals have been funded through their program, which is made possible by a grant from the Lucile Packard Foundation for Children's Health (LPFCH) and has been supporting interesting and exciting research in patient care across all disciplines at LPCH since 1997.

This broad-based grant program seeks to enhance patient care research from all caregivers and clinicians at Packard, and provides funding of basic science, clinical, or systems creative ideas that represent significant departures from conventional thinking. Many funded projects have led to external funding and have changed clinical practice here at LPCH.

All LPCH employees and medical staff from all disciplines of patient care are able to apply for funding for their ideas, including first-time and new researchers. Proposals are encouraged to target many areas of patient care, including clinical care methods, patient education, error prevention, access to care, customer service, cost reduction, documentation, and many more.

The IPC Program is designed to fund original, well-developed and cutting-edge proposals which meet one or all of four major goals:

- Improve the quality of patient care at LPCH through innovative interventions
- Promote the efficient and appropriate use of resources and diagnostic/therapeutic services at LPCH
- Address issues of uncertainty or variations in patient care
- Control and/or reduce the cost of patient care while maintaining or improving quality

The 2009 IPC Committee is co-chaired by Anne Dubin, MD, and Annette Nasr, RN, PhD. For information contact: Gisela Hoelzl, IPC Coordinator 650-736-0068
giselaH@stanford.edu

Following is the list of grantees:

- **Julie Arafteh, RN, MSN**, Obstetric Life Support (OBLS): A Pilot Study
- **Sanjeev Dutta, MD**, Sutureless vs. Sutured Gastroschisis Closure
- **Jeffrey Feinstein, MD**, Getting it Right: Direct Measurement of Oxygen Consumption
- **Lynda Knight, RN**, Improving Code Team Performance: Implementation of Simulated Pediatric Resuscitations
- **Mendy Minjarez, PhD**, Innovative Interventions for Social Development in Children with Autism
- **Annette Nasr, RN, PhD**, Understanding the Long-Term Impact of Living-Related Liver Transplantation on the Pediatric Patient and Their Families
- **Paul Sharek, MD**, Implementation of a Renal Transplant Trigger Tool to Identify Transplant Related Harm
- **Andrew Shin, MD**, The CVICU Dashboard
- **Sandra Staveski, RN, MS, CPNP-AC**, Massage Therapy for Post-Surgery Cardiovascular Patients
- **Shannon Sullivan, MD**, Evaluation of DVD tool to enhance pediatric CPAP adherence

Awards and Honors

- **Richard A. Barth, M.D.**, Radiologist-in-Chief at LPCH, received the Outstanding Alumni Award in recognition of exceptional professional achievement from the University of California, San Francisco School of Medicine Department of Radiology and Biomedical Imaging on June 10, 2009 in San Francisco, California.
- **Phil Tsao, PhD** Associate Professor of Medicine, Cardiovascular, has been selected to serve as a member of the NIH Myocardial Ischemia and Metabolism Study Section, Center for Scientific Review, for the term July 1, 2009- June 30, 2013.
- **Rich Gaster and Drew Hall**, MSTP students and lab partners, have won two awards:
 - First prize at the 2009 BMEidea competition sponsored by the NCIIA (National Collegiate Inventors and Innovators Alliance). The goals of this competition were to identify and recognize innovative, commercially promising medical devices and technologies developed by entrepreneurial
 - First Prize at the 2009 IEEE (Institute of Electrical and Electronics Engineers) Presidents' Change the World Competition. This competition was world-wide and designed to recognize students who identify a real-world problem, apply engineering, science, computing and leadership skills to solve it, and thereby, benefit humanity or their community.

In addition to a monetary reward, in recognition of this achievement, they had a minor planet named for them by the LINEAR Program of MIT Lincoln Laboratory.
- Stephen Lin (3rd year medical student) has received a highly competitive scholarship from the Pisacano Leadership Foundation of the American Board of Family Medicine to promote future leaders in Family Medicine. Congratulations to Stephen
- Three members from the **Mochly-Rosen Laboratory** won top awards at the recent International Society for Heart Research (ISHR) annual meeting in Baltimore. The ISHR North American Section established the annual award to recognize outstanding research by young investigators in the field of cardiovascular science.
 - **Grant Budas, PhD**, postdoctoral student, won the ISHR Heart Research Young Investigator Award for 2009, for his paper, *HSP90-mediated Mitochondrial Import of PKC is Essential for Cytoprotection*.
 - **Suresh Palaniyandi, PhD**, postdoctoral student, received an ISHR North American chapter annual prize designed to recognize outstanding papers published by early-career authors in the *Journal of Molecular and Cellular Cardiology* (JMCC), for his paper: *Mast cells and PKC: A role in cardiac remodeling in hypertension-induced heart failure*.
 - **Julio Ferreira**, Graduate student, won an ISHR award for best poster at the North American meeting.

Appointments and Promotions

Ritu Asija has been appointed as Clinical Assistant Professor of Pediatrics (Pediatric Cardiology), effective 7/01/09.

Latanya Benjamin has been appointed as Clinical Assistant Professor of Dermatology, effective 9/01/09.

David B. Bingham has been reappointed as Clinical Assistant Professor of Pathology, effective 7/01/09.

Caroline Bowker has been reappointed as Clinical Associate Professor of Obstetrics and Gynecology, effective 9/01/09.

Clarence H. Braddock has been promoted to Professor of Medicine at the Stanford University Medical Center, effective 7/01/09.

Gregory Bunke has been promoted to Clinical Associate Professor (Affiliated) of Surgery (Plastic and Reconstructive Surgery), effective 7/01/09.

Rudolf Buntic has been promoted to Clinical Associate Professor (Affiliated) of Surgery (Plastic and Reconstructive Surgery), effective 7/01/09.

Jeremy Collins has been reappointed as Clinical Assistant Professor of Anesthesia, effective 9/01/09.

Tri Do has been promoted to Clinical Assistant Professor (Affiliated) of Radiation Oncology, effective 2/01/09.

Mark DuLong has been reappointed as Clinical Associate Professor (Affiliated) of Surgery (Plastic and Reconstructive Surgery), effective 5/01/08.

Jennifer Fang has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics (Neonatology), effective 2/01/09.

Anna Finley Caulfield has been reappointed as Clinical Assistant Professor of Neurology, effective 8/01/09.

Mark L Gonzalgo has been appointed to Associate Professor of Urology at the Stanford University Medical Center, effective 7/01/09.

Terri Haddix has been reappointed as Clinical Assistant Professor of Pathology, effective 9/01/09.

Cathleen Hebson has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics (Ambulatory Pediatrics), effective 2/01/09.

Chuong Hoang has been appointed to Assistant Professor of Cardiothoracic Surgery at the Veterans Affairs Palo Alto Health Care System, effective 7/01/09.

Joyce Hsu has been appointed as Clinical Assistant Professor of Pediatrics (Rheumatology), effective 7/01/09.

Reza Kafi has been promoted to Clinical Assistant Professor (Affiliated) of Dermatology, effective 3/01/09.

Vista Khosravi has been reappointed as Clinical Assistant Professor (Affiliated) of Dermatology, effective 3/01/09.

Joshua Kirz has been reappointed as Clinical Assistant Professor of Anesthesia (Pain Management), effective 9/01/09.

Rachel Manber has been promoted to Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 7/01/09.

Robert E. Merritt has been appointed to Assistant Professor of Cardiothoracic Surgery at the Stanford University Medical Center, effective 7/01/09.

Ronald G. Milliken has been reappointed as Clinical Associate Professor (Affiliated) of Surgery (Plastic and Reconstructive Surgery), effective 5/01/08.

Leo Montejo has been reappointed as Clinical Assistant Professor of Anesthesia, effective 9/01/09.

Amen Ness has been reappointed as Clinical Assistant Professor of Obstetrics and Gynecology (Maternal-Fetal Medicine), effective 8/01/09.

Reetesh Pai has been appointed to Assistant Professor of Pathology at the Stanford University Medical Center, effective 7/01/09.

Douglas Rait has been promoted to Clinical Professor of Psychiatry and Behavioral Sciences (Behavioral Medicine), effective 6/01/09.

Cybele Renault has been promoted to Clinical Assistant Professor (Affiliated) of Medicine (Infectious Diseases), effective 6/01/09.

Tohru Sato has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine (Gastroenterology and Hepatology), effective 7/01/09.

Richard J. Shaw has been promoted to Professor of Psychiatry and Behavioral Sciences at the Lucile Salter Packard Children's Hospital, effective 7/01/09.

Baldeep Singh has been appointed as Clinical Professor of Medicine (General Internal Medicine), effective 7/01/09.

Diamond Tam has been appointed as Clinical Assistant Professor of Ophthalmology, effective 7/01/09.

Martin Vasquez has been reappointed as Clinical Assistant Professor (Affiliated) of Dermatology, effective 3/01/08.

Penelope Zeifert has been promoted to Clinical Associate Professor (Affiliated) of Neurology, effective 9/01/09.

Dean's Newsletter

August 31, 2009

New Beginnings: The 2009 Incoming Class Arrives

On Monday August 26th we welcomed 86 new medical students to Stanford. They were selected from an overall applicant pool of 6567, which was approximately 15% of the total applicant pool to USA medical schools. I want to begin by thanking Dr. Gabe Garcia and the Admissions Committee for the excellent job they did in bringing another outstanding group of students to our School of Medicine. We continue to have slightly more women than men among our admitted students, who also represent broad geographic and ethnic diversity. While the majority of students (41) have a permanent home address in California, 18 other states, Canada, the Bahamas and Zimbabwe are also represented. In addition, the birthplace of our students includes 20 countries across North and South America, Europe, Asia and Africa. They come from 26 public and private colleges and universities, and co-incidentally majored in 26 different undergraduate majors. Of note, 12 members of the incoming class also have Masters Degrees and 8 have PhDs. Four have done fellowships at the NIH, two have completed Fulbright Fellowships and 24 already have at least one peer-reviewed publication on their CV. As members of a global community, 27 have worked outside the USA. And needless to say, they are enormously talented outside of the classroom, with a wide array of accomplishments in community service, the performing arts and athletics. Quite an accomplished group!

Orientation was led by Dr. Charles Prober, Senior Associate Dean for Medical Education, and orchestrated by Char Hamada, Zera Murphy, Suzanne Bethard, Julia Tussing and other members of the Office of Educational Programs and Services. In addition to learning about Stanford and about the breadth and depth of educational requirements and opportunities, students also learned about our unique Educators for C.A.R.E program, the Advising Programs, and Student Life and Support programs as well as financial aid and the practical nuts and bolts of becoming a medical student. Also featured were sessions on Advocacy and Global Health, Health Disparities and Multi-Cultural Practice and the Search for Meaning in a Medical Life. Many of the students had an opportunity for "bonding" during a backpacking trip (more or less) on the weekend prior to

orientation, and everyone participated in a number of shared dinner events – including a BBQ hosted by the Stanford University Medical Center Alumni Association, where the new students met their “big sibs” from upper medical school classes. I am also pleased that students enrolled in the Masters in Medicine program also participated in the orientation and will begin their program as well.

Two events culminated the week. The first was the beginning of classes on Thursday August 27th – marking the conversion from “incoming” to officially “in place” and immersion into the academic program. The second was the celebratory Stethoscope Ceremony and Dinner that was held on Friday night, August 28th, at which parents, family and friends joined the students to acknowledge and celebrate this important transitional moment. Unlike the “white coat” ceremony held at most medical schools, we have chosen the stethoscope as a more important symbol of the physician, since it provides a means to connect the physician to her or his patient and to open the doors to compassion, professionalism and patient care. In addition to other speakers, Agnieszka Czechowicz, President of the Stanford Medical Student Association and a 4th year MD/PhD student, shared her important reflections on being a student at Stanford and offered advice to her new colleagues about how they should optimize their education as well as their personal well being.

A new academic year begins. Please join me in welcoming another stellar group of medical students to Stanford.

The Context for Medical Education in 2009

Entering medical school begins a life-altering journey filled with unanticipated opportunities, challenges and surprises. The beginning of the journey is daunting since the volume of new knowledge and its very language and culture are unique and are different from any expectations students might have ahead of time. Although “orientation” can help, the reality is that new students are parachuted into a roiling sea of facts and figures, and it simply takes a while to learn where shores and safe havens might be found. Moreover, it is simply not possible to assimilate all the knowledge that is being conveyed and, more importantly, it is necessary to prepare for a lifetime of learning. While this is exciting (in the long run) it can be overwhelming at the start, since it does truly feel like “drinking from a fire-hose.” For this reason, among others, it is important to seek the big picture and to try to put medical knowledge in an historical context that presages future learning opportunities.

Students entering medical school in 2009 face a very different knowledge base than the one encountered by those who began in 1959, the year Stanford opened its doors to new students on the Palo Alto campus and inaugurated the “Five Year Plan” in its medical curriculum. The changes that have occurred during the past 50 years are truly extraordinary in nearly every dimension and domain, and they speak deeply to the importance of science and innovation as transformers of medical care. Although my own entry into medicine didn’t commence until nearly a decade later, I too have witnessed some of the incredible changes that provide a context for the foundations of medicine that our new students will begin learning in 2009. Importantly, they also frame some of the future directions that will shape the types of medicine and healthcare that they will practice in the decades ahead.

For example, it is interesting to recall that Stanford opened its doors in 1959 (notably, in the same classrooms in which our students began their orientation and classes this week) just three years after the polio vaccine was introduced and at a time when smallpox still was a cause of major global morbidity and mortality. Over the past decades immunizations have changed the face of medicine – but for those entering the profession today, illnesses that existed in my own childhood or during my education and career in medicine are easy to forget. In addition to polio and smallpox, these include measles, rubella and mumps as well as hepatitis B (which I acquired by a needle stick injury as a fellow prior to the time when the vaccine was available), varicella, rotavirus and HPV, all of which have been controlled or eliminated with immunization. Further, diseases like *H. influenza* or *S. pneumonia*, which were major causes of morbidity and mortality, particularly in children, have been largely eliminated due to immunization.

Except for their historical significance, our new medical students are unlikely to see these infections in their medical practice, but it is important for them to know how the face of illness can be changed through science and innovation. And it is important to remember that changing societal norms and beliefs – even when not founded on fact – can reverse important advances. For example, as parents “opt out” of vaccines because they believe that these diseases are no longer a threat or because they erroneously believe that vaccines are responsible for autism or other ills, they run the risk of having these infections return and result in outbreaks that impact vulnerable populations.

Just as some diseases have been controlled or eliminated, others that were not even known when the School opened in Palo Alto in 1959 now represent global challenges. Among the most notable is HIV/AIDS – which was not part of my medical school curriculum, but which came onto the scene with a major morbidity and mortality in the 1980’s. And then there are the cyclical infections that, while known in the past, appear in new forms due to mutations, like influenza and the most recent pandemic of H1N1. In addition, there are diseases affected by society (and marketing) that can rise and fall in incidence and impact – such as smoking, which is finally ebbing in the USA due to tobacco elimination and control programs but which is still a major global cause of morbidity and mortality. Ironically, while obesity was more sporadic in 1959, it now represents an ever growing (no pun intended) cause of morbidity across the world and will be part of the 2009 curriculum.

Advances in research and innovation have improved the outcomes for a host of human ailments. Stanford has featured prominently in many of these advances including the treatment and cure of childhood cancer and a number of adult malignancies; dramatic advances in the treatment of stroke and vascular malformations, epilepsy and motor disorders; innovations in cardiovascular surgery (including minimally invasive and endovascular approaches) as well as the heart transplantation and other solid organ transplantation; new devices to replace joints or treat arthritis and vasculitis; new imaging and diagnostic procedures. Of course this is just a sampling, but it speaks to the evolution of knowledge and clinical practice that is easy to forget or overlook.

Even more important than the progress made in the past is where the future of medicine is heading. Students entering in 2009 have a much deeper understanding of the fundamentals of the

biosciences than existed in 1959, and, in many ways, many of the basic assumptions and underpinnings of human biology have been radically transformed. It is interesting to recall that students entered Stanford in 1959 just six years following the publication of Watson and Crick that forecast the structure of DNA, and right in the midst of understanding the critical roles of DNA and RNA in transcription, translation and genetic regulation. And this was prior to discovery of recombinant DNA, genetic engineering and the explosion in biotechnology that was created by Stanford scientists. To say that our knowledge of human genetics has since changed radically would be a gross understatement. Looking forward, technology and innovation will further radically transform human genomics and open the doors to “personalized medicine” (hopefully with more scientific grounding than exists today). It is clear that Stanford will lead the way in the creation of this new science and that some of our medical students entering in 2009 will participate directly in these new discoveries.

Similarly, the field of stem cell biology and regenerative medicine has evolved at Stanford and beyond to the point where it is poised to play a major role in the future of medicine. Many Stanford students are already contributing to this field and will surely be joined by those now entering medical school. Many other fields, including human immunology, cancer biology, bioengineering, and molecular imaging, are similarly poised to play a transformative role in redefining how we diagnose, treat and prevent human disease. Our New Curriculum, which has built on the Five Year Plan of 1959, still enables our students to be both learners and discoverers and to help shape the future of science and medicine.

While the opportunities in 2009 are exciting and different from those in 1959, some new and old challenges remain. Support for scientific research is highly dependent of federal sponsored research, which has undergone dramatic swings during the past decade. This has been enjoined by changing and, at times, negative perceptions of the value of science which, thankfully, appears to be on a better footing in 2009 than was the case just a couple of year ago. And while support for NIH bioscience research has been stimulated by the 2009 American Recovery and Reinvestment Act (ARRA) it remains to be seen whether this support will be sustained in FY11 – which will have implications for the careers of our students in the years ahead.

Common to 1959 and 2009 is the lack of an organized healthcare system in the USA. Attempts to organize American healthcare failed during the Truman administration, a decade before Stanford Medical School moved from San Francisco to Palo Alto. Sadly it has failed in all subsequent efforts since and while there was hope that 2009 could be a year of change, this now seems more uncertain because of the incredible polarization and political fighting now dominating Congress and being cast across the nation – often with misinformation. Unfounded rhetoric has become more common than facts, and this is taking the focus away from the most important issue – improving the health of our nation – and putting it onto ideological struggles and battles. Every day features new accusations and commentaries. In the past week, I tried to offer a more fact based commentary in the LA Times (see: <http://www.latimes.com/news/opinion/opinionla/la-oe-w-pizzo18-2009aug18,0,6235286.story>) and Richard Whyte, Professor of Thoracic Surgery offered an important perspective in the San Jose Mercury News (see: http://www.mercurynews.com/ci_13171826).

As I conveyed to our new medical students, the perception of the doctor in society has also changed during the last decades. I suspect that when students entered in 1959 (as was the case when I began medical school a decade later) medicine was still seen as a service and profession. In a number of unfortunate ways this perception has changed considerably over the ensuing decades as medicine has become more of a business and since all the perverse incentives that now negatively reflect on the medical profession – broadly defined – have assumed more center stage. It has been my hope that one benefit of healthcare reform would be to rebase the doctor-patient relationship as well as the roles that physicians play in medicine and society. With that in mind I offered some guidance to our incoming students.

First was to recognize the importance of science as the underpinning of medicine and to seek to draw connections between the two throughout their education and subsequent careers. Our New Curriculum fosters these connections and the Scholarly Concentrations create an opportunity to drill down on an area of interest with vigor and passion in an analytic and research-driven manner. I also encouraged our students to keep the patient at the center of their efforts and, in doing so, to think about the ways in which innovation and discovery can impact the lives of their patients (as has been the case over the decades). I also encouraged our students to place the quality of the care they learn about, along with its safety, cost and service at the forefront of their efforts. I encouraged them to think of their clinical work as part of a team and to avoid the trap of placing one discipline at a higher level of importance than another – particularly the relevance of primary and specialty care.

I reminded our students that, regardless of the area of medicine they ultimately pursue, learning and knowledge acquisition will go on for a lifetime – something I am reminded about virtually every day. I underscored that, in addition to being excellent physicians, a Stanford education should prepare them for broader roles as leaders and transformers – in whatever area of science or medicine they choose to concentrate. And, equally important, I reminded them that they should be open to change as new opportunities presented themselves, sometimes unexpectedly. Indeed, one of the most incredible things about a career in medicine is the prospect of pursuing new pathways at different stages of one's career. That has certainly been part of my own career, which has included roles as a scientist, clinician, administrator and advocate. Finally, I stressed that, despite the amount of work they will face (which has always been a feature of medicine), they should try to sustain the big vision and view toward the long run. A career in medicine is not a sprint, nor is it the acquisition of a static knowledge base. It is constantly changing and evolving – as is evident in the past 50 years of Stanford Medicine and will surely continue to be so in the decades ahead. And I emphasized the importance of self-care and of keeping one's own body healthy while they are pursuing the acquisition of cognitive and related skills.

During this past week of welcoming and “orienting” our new students one cannot help but recognize that they are beginning journeys of learning and contributing in which they will, both individually and collectively, transform medicine. For all of our sakes – including future generations – we wish them every success.

The Future Generation

Just as our new medical students began their orientation, some important Stanford summer programs came to an end, but only after inspiring a number of high school and college students to pursue careers in science and medicine. Hopefully, some will be future MD or PhD students at Stanford. The notable summer programs included the Stanford Medical Youth Science Program (led by Judith Ned and Marilyn Winkleby), the Stanford Summer Research Program-Amgen Scholars Program (led by William Talbot and Tenea Nelson) and the Stanford Institutes of Medicine Summer Research Program (led by PJ Utz). Each of these outstanding programs brought promising high school and college students to Stanford – many from minority or socially impoverished settings – to spend their summer in mentored research and educational experiences. The success of these programs has been remarkable, and we owe a deep debt of gratitude to the programs leaders and to the staff, faculty and students who make the summer experiences so enriching and inspiring. At a time when the pipeline for future scientists and physicians needs help, these programs provide a critical and valuable role. Thanks to all.

The Closing of the Fiscal Year and Some Challenges for the Year Ahead

On August 18th we submitted our Consolidated FY10 Budget to the University. As you certainly know, this past year has been enormously challenging for our school and the university – as well as our community and nation. The economic downturn that began a year ago had immediate and enduring impacts on our financial well-being and led to many changes. I recently wrote to our Executive Committee about the impact of the FY09 budget along and want to share some of these summary thoughts with you for context.

“... this has been an unprecedented time for virtually every sector of the national economy and resulting in major financial challenges. You also know from presentations made by the President and Provost of Stanford University that the past year has witnessed the most significant impact on university resources and endowment in history that has decimated a number of funds and put others “under water”. We have apprised you of a number of these dramatic changes at various Executive Committee meetings and departmental budget discussions.

I have also communicated more broadly about a number of these financial challenges in various Dean’s Newsletters (see: March 16, 2009

(see: http://deansnewsletter.stanford.edu/archive/03_16_09.html)

March 30, 2009 (see: http://deansnewsletter.stanford.edu/archive/03_30_09.html#4),

and May 26, 2009 (see http://deansnewsletter.stanford.edu/archive/05_26_09.html#1) You will also recall the presentations by Marcia Cohen, Senior Associate Dean for Finance and Administration, one of which occurred on March 20th, 2009, where she provided a series of updates on how the economic downturn was affecting the School of Medicine as well as plans considered for mitigating the financial impact that encompass some of the concerns that the clinical chairs communicated to me some weeks ago.

Through these newsletters and meetings, we have outlined our significant financial challenges, their impact on the School and the Departments, and discussed the plans and actions taken to preserve our programs and core missions, while at the same time reducing our overall expenses. The reality, as shared with you in these many interactions, is that not only is the endowment down approximately 30%, it is clear that the economic downturn is having both an immediate

impact and one that will endure for nearly a decade despite recent suggestions of slowing of the recession.

To survive these enormous changes it is imperative that faculty, students and staff – along with departments, centers, institutes and schools – share in the sacrifices and solutions necessary to sustain Stanford as world leader and, in our case, leading academic medical center. With this goal in mind our central Office of Finance and Administration has been working nearly non-stop in the past months to complete the School of Medicine's FY09 Year End Projections, FY10 Budget, and our Ten Year Financial Plan. Each has required the attention of every member of our teams to meet strict timelines, and we appreciate the input and help from the Chairs and Department DFAs during these past months.

For context it is important to remember that to meet the rapidly escalating financial challenges, a number of significant steps needed to be taken expeditiously. These included a reduction of our central administrative workforce that ultimately resulted in a total of 40 staff who were affected either through a layoff or reduction in FTE. These layoffs and effort reductions were completed in early June and impacted approximately 7% of the non-departmental central administrative staff workforce.

Reducing staff through layoffs has had a profound impact on all of us and these decisions were not made lightly. The elimination of these positions not only affected the individual employee and his/her family, but also deeply affects the morale and engagement of the staff who remain in their positions. And yet, as you are well aware, these unprecedented staff reductions in the central administrative staff were not sufficient to close the financial gap caused by these unprecedented fiscal challenges.

As a result, and with the evolving financial situation, we implemented a number of other cost reductions, delays, deferrals, and in some cases the transfer of the responsibility for some faculty-related costs to Departments.... At the same time it is important to underscore that we have striven to honor and sustain the prior commitments for resources made to departments, centers and institutes, although in some instances these payments will occur over a longer time-line.

It is important to underscore that we have tried to focus the costs and reductions of staff, programs and resources within the central administration of the school and to spare, as much as possible, the impact on departments. But to preserve the integrity of our support for education and research, we have also had to share (aka transfer) some of the expenses to the departments – which we recognize is unpopular but for which there is no real choice.”

I also shared these thoughts with the President's Executive Cabinet on August 28th. I also reflected with this group on some of the challenges we face during the next year(s) on a broad school wide level. Needless to say, there are many more issues we will need to face and reconcile, but I want to share some of the high-level ones with you as well. Please remember that this list is incomplete and does not specifically address faculty, departments, centers and institute issues *per se*. But it should give you an idea of some of the things I am focusing on in the months ahead.

- Sustaining and improving the School, Medical Center and University missions during a time of economic turmoil:
 - Preparing for the uncertainty regarding NIH funding in FY11
 - Anticipating the cost-containment that will result from whatever healthcare reform is passed
 - Impact on physician (faculty) compensation
 - Impact on payments to providers – including hospitals
 - Continuing to prioritize and make choices at the central level as well as choices and priorities at the departmental, center and institute level
- Leading and collaborating in integrated planning across the Medical Center, focusing on clinical program development and excellence according to the plans listed above
 - Initiatives to foster innovation as well as clinical and translational research
 - National Cancer Institute review of Stanford Cancer Center this Fall
 - Stanford's Clinical and Translational Science Award (CTSA) – further development of programs and services
 - Establishment of the Center for Sleep Sciences and Medicine
 - Strategic Planning for the Office of Global Health
 - Clinical integration
 - Complete “Funds Flow Model” with LPCH to complement that at SHC
 - Clinical program coordination around:
 - Quality and effectiveness
 - Cost reduction
 - Patient satisfaction
 - Clinical planning and projections for primary care, specialty services and strategic services
 - Regional care and partnerships
 - Potential new initiatives
 - Explore possibilities for a Hadron Center (Hadron is heavy ion radiation therapy, particularly proton and carbon).
- Maintaining morale and improving career development during challenging times – especially for clinical faculty
 - Seek ways to support (where possible) postdoctoral fellows and junior faculty during the national freeze on positions
 - Generate support for junior faculty and more advanced investigators in the basic sciences
 - Post-2009 School of Medicine Leadership Retreat department based action plans re: career development, role of clinical faculty, mentoring
 - Continuing to address diversity and leadership
- Recruiting outstanding faculty and leaders. At the end of the day it is the excellence of our faculty, students and staff that will make the greatest impact on our future. During the next several years a number of important leadership positions will need to be replaced – all with attention to assuring excellence, diversity and leadership.

- Continued work with Dean Plummer and the chairs to support the further development of the Department of Bioengineering
- Sustaining and enhancing medical development despite the economic slowdown for the School and our hospital partners
 - Coordination of efforts within the medical school and with the university
 - Generating support for graduate students and professorships
- Short and long term master facilities planning for both on campus and off-campus facilities:
 - Opening of the Li Ka Shing Center for Learning and Knowledge in 2010
 - Opening of the Lorry Lokey Stem Cell Research Building in 2010
 - Work with SHC and LPCH leaders on Hospital Replacement and Renewal
 - Work with Dean Plummer and SoE on the Bioengineering Building
 - Planning for the Jill and John Freidenrich Center for Translational Medicine
 - Major review of off-site leases
 - Planning for FIM1 and SIM2
- Improving leadership locally and nationally to advance Stanford Medicine – including my own roles that are engaged in working on funding for research, healthcare reform and the future of academic medicine.

CAP and Disclosures

On August 26th Dr. Harry Greenberg, Senior Associate Dean for Research, sent the following message to our faculty. Because this topic is of broad interest and importance I want to share it with our entire community. Here it is:

“As you may recall Dean Pizzo announced in his March newsletter our intention to create a new section on everyone's CAP profile to list Industry Interactions which are related to their professional activities and are over \$5000/year (see http://deansnewsletter.stanford.edu/archive/03_30_09.html#6). The information shown on an individual's profile was to be taken directly from each individual's annual OPACS form filled out earlier this year.

I am happy to let you know that after a great deal of hard work from the team in IRT this new feature of our faculty profiles system was launched today. Information submitted in the 2008 OPACS survey has been pre-loaded onto your CAP profile and going forward appropriate information from your annual OPACS survey will flow directly onto your CAP profile the day following final submission.

You will not be able to edit information from OPACS directly within the CAP system so if you identify mistakes or inaccuracies in your own profile information, please contact Barbara Flynn (bflynn@stanford.edu) who will be responsible for ensuring this information is corrected and accurate.

For now, we plan to update the Industry Interaction information annually at the time you fill out your annual OPACS disclosure and this section of the profile will only show if relationships are reported that fit the minimum criteria. We think this new component of CAP will make our faculty profiles even more informative for our academic and industry colleagues, and for the practicing physicians among us and their patients as well.

Centennial Time Capsule Placed in LKSC

As you may recall, part of our Centennial celebration that took place in Spring 2008 included the collection of items for the Stanford University School of Medicine Time Capsule.

Last week our Centennial Time Capsule was placed underneath a classroom floor on the ground floor of the Li Ka Shing Center for Learning and Knowledge now under construction. Once the building is finished, a plaque will be put on the wall indicating that the capsule resides in the room and that it is to be opened in the year 2058. The original plan was to keep the capsule sealed for 100 years. However upon further research we discovered various reasons to move the opening up by 50 years. Perhaps some of our current students will be able to attend the unveiling in 2058! Additionally, the Stanford University School of Medicine Centennial time capsule has been registered with the International Time Capsule Society.

You can read more about the Centennial Time Capsule placement at:
<http://med.stanford.edu/ism/2009/august/capsule.html>.

Upcoming Event

Obesity Summit – Friday September 18th, Arrillaga Alumni Center

All members of the research community are invited to attend an Obesity Summit co-chaired by Dr. John Norton and Dr. Chris Gardner. As you know, obesity is the leading public health issue threatening to consume life expectancy and finances alike. Obesity researchers from a wide range of fields will present their work from surgery and microbiology to economics and the environment. In addition, the school of medicine is applying to become an NIH/NIDDK Nutrition Obesity Research Center (NORC – P30), one of fourteen in the country. This forum will give us an opportunity to discuss how a NORC can facilitate further obesity research at Stanford.

Please contact Kattc@Stanford.edu for further questions and if you are interested in attending.

Awards and Honors

- **Jason Bartos**, a rising fourth year medical student has been named one of ten recipients of the AMA Foundation's Physicians of Tomorrow Scholarship – which carries a scholarship award of \$10,000 to defray the cost of medical school education. Congratulations to Jason.

Appointments and Promotions

Ronald C. Albucher was promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences (Vaden Health Center), effective 9/01/09.

John W. Ashford was appointed as Clinical Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 9/01/09.

Walid S. Ayoub was reappointed as Clinical Assistant Professor of Medicine (Gastroenterology and Hepatology), effective 8/01/09.

Martin Bronk was appointed as Clinical Associate Professor of Surgery (General Surgery), effective 8/15/08.

Frandics P. Chan has been promoted to Associate Professor of Radiology at the Stanford University Medical Center, effective 8/01/09.

Jane T. Chueh was promoted to Clinical Professor of Obstetrics and Gynecology (Maternal-Fetal Medicine), effective 9/01/09.

Tami Daugherty was reappointed as Clinical Assistant Professor of Medicine (Gastroenterology and Hepatology), effective 8/01/09.

Laurel G. Dawson was reappointed as Clinical Assistant Professor of Medicine (General Internal Medicine), effective 9/01/09.

Timothy Dawson was promoted to Clinical Assistant Professor of Anesthesia (Adult Pain), effective 9/01/09.

Gayle Deutsch was promoted to Clinical Associate Professor (Affiliated) of Neurology, effective 8/01/09.

Yasser Y. El-Sayed has been promoted to Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective 8/01/09.

Paul G. Fisher has been promoted to Professor of Neurology and Neurological Sciences and of Pediatrics, and, by courtesy, of Neurosurgery, at the Stanford University Medical Center, effective 8/01/09.

Hayley Gans has been reappointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 8/01/09.

Victoria Fong was reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 2/01/09.

Francis Brendan Garrett was appointed as Clinical Assistant Professor (Affiliated) of Surgery (Emergency Medicine), effective 8/01/09.

Nicholas J. Giori has been promoted to Associate Professor of Orthopaedic Surgery at the Veterans Affairs Palo Alto Health Care System, effective 8/01/09.

Michelle C. Holmes was appointed as Clinical Assistant Professor (Affiliated) of Surgery (Emergency Medicine), effective 9/01/09.

Kristin Jensen has been reappointed to Assistant Professor of Pathology at the Veterans Affairs Palo Alto Health Care System and at the Stanford University Medical Center, effective 8/01/09.

Michelle Jordan was reappointed as Clinical Assistant Professor (Affiliated) of Pathology, effective 8/01/09.

Madelyn Kahana has been appointed to Professor (Teaching) of Pediatrics and Anesthesia, effective 9/01/09.

Ahmad Kamal was promoted to Clinical Assistant Professor (Affiliated) of Medicine (Gastroenterology and Hepatology), effective 9/01/09.

Peter Karzmark was promoted to Clinical Associate Professor (Affiliated) of Neurology, effective 8/01/09.

Richard Kramer was reappointed as Clinical Associate Professor (Affiliated) of Medicine (Gastroenterology and Hepatology), effective 9/01/09.

Yueh-Tze Lan was promoted to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 7/01/09.

James S. Lin was appointed as Clinical Assistant Professor (Affiliated) of Surgery (Emergency Medicine), effective 7/01/09.

Artis Montegue was reappointed as Clinical Assistant Professor of Ophthalmology, effective 8/01/09.

Darius Moshfeghi has been promoted to Associate Professor of Ophthalmology at the Stanford University Medical Center, effective 8/01/09.

Peter Moskowitz was reappointed as Clinical Professor of Radiology, effective 7/01/09.

Edwin Petrossian was reappointed as Clinical Associate Professor of Cardiothoracic Surgery (Pediatric Cardiac Surgery), effective 7/01/09.

Nalini Raju was appointed as Clinical Assistant Professor of Surgery (General Surgery), effective 7/01/09.

Erich Schwartz has been reappointed to Assistant Professor of Pathology at the Stanford University Medical Center, effective 8/01/09.

Subhro Sen was appointed as Clinical Assistant Professor of Surgery (Plastic and Reconstructive Surgery), effective 9/01/09.

Christopher Sharp was promoted to Clinical Associate Professor of Medicine (General Internal Medicine), effective 5/01/09.

Dennis Siegler was promoted to Clinical Associate Professor (Affiliated) of Obstetrics and Gynecology, effective 9/01/09.

Manjula Tamura has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 8/01/09.

Simon Tan was promoted to Clinical Assistant Professor (Affiliated) of Neurology, effective 8/01/09.

Hua Tang has been promoted to Associate Professor of Genetics, effective 9/01/09.

Robyn S. Tepper was reappointed as Clinical Assistant Professor of Medicine (Family Medicine – Vaden Health Center), effective 9/01/09.

Wendy T. Thanassi was promoted to Clinical Assistant Professor of Surgery (Emergency Medicine), effective 9/01/09.

Raziya Sunderji Wang was promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences (Vaden Health Center), effective 9/01/09.

Ian Whitmore has been reappointed to Professor (Teaching) of Surgery, effective 10/01/09.

Dean's Newsletter September 14, 2009

Preparing for H1N1

With the influx of students expected over the next weeks and the change of seasons from summer to fall, concerns about flu and especially H1N1, will become an issue of increasing concern and attention. It is notable that during the summer months we have seen as much influenza at Stanford and LPCH as we generally do during the winter. Since April, more than 1 million Americans have contracted H1N1 and while the disease course has been generally mild, contrasts are often made to the 1918 H1N1 pandemic which also started in the spring but returned in the fall and winter with markedly increased virulence resulting in the worst influenza pandemic in recorded history. At least to date, the indicators suggest that while H1N1 will be common this fall and winter, its virulence and consequent mortality is likely not going to be greater than seasonal flu. That said, preparedness, attention to public health and vigilance is important. We share in this responsibility.

The Centers for Disease Control has published updated recommendations for H1N1, including the observation that as of August 2009, 98% of the influenza isolated in the USA is H1N1. A similar pattern is being reported from the southern hemisphere (where winter is coming to a

close). While widespread cases of H1N1 have been reported, the “good news” is that the mortality rates observed to date have not been high (compared to initial fears) and the virus remains sensitive to two antiviral agents. While this is comforting, it must be recognized that the possibility for new and more virulent and/or drug resistant strains of H1N1 to emerge in the months and years ahead remains a major concern.

It is important that we keep up with the evolving nature of the H1N1 pandemic. Accordingly, I am including below the most recent summary from the CDC. I also suggest that you bookmark the CDC website regarding H1N1 (see: <http://cdc.gov/h1n1flu/recommendations.htm>) as well as a useful site entitled What To Do About the Flu (<http://www.flu.gov/>) that consolidates and coordinates various information sources.

First and foremost, there are simple things we all should do to decrease the spread of infections. The CDC provides a summary of these http://www.cdc.gov/flu/protect/habits.htm?s_cid=swineFlu_outbreak_003 and they are consonant with the practices being recommended at the Medical Center and University. They include the following recommendations:

Avoid close contact.

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

Stay home when you are sick.

If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.

Cover your mouth and nose.

Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.

Wash your hands.

Washing your hands often will help protect you from transmitting and acquiring influenza and other germs.

Avoid touching your eyes, nose or mouth.

Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

Practice other good health habits.

Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

In many ways these recommendations are similar to what we all learned from our “mothers and grandmothers” – but they do work. I particularly want to highlight the importance of staying away from work if you have symptoms of flu – an admonition that is of particular importance to those on the front lines of care (e.g., residents, fellows, nurses)

The CDC has also published guidelines on risk groups as well as the diagnosis and treatment of H1N1. Here is the summary of the CDC recommendations

(<http://cdc.gov/h1n1flu/recommendations.htm>):

- Treatment with oseltamivir or zanamivir is recommended for all persons with suspected or confirmed influenza requiring hospitalization.
- Treatment with oseltamivir or zanamivir generally is recommended for persons with suspected or confirmed influenza who are at higher risk for complications (children younger than 5 years old, adults 65 years and older, pregnant women, persons with certain chronic medical or immunosuppressive conditions, and persons younger than 19 years of age who are receiving long-term aspirin therapy).
- Persons who are not at higher risk for complications or do not have severe influenza requiring hospitalization generally do not require antiviral medications for treatment or prophylaxis. However, any suspected influenza patient presenting with warning symptoms (e.g., dyspnea – shortness of breath) or signs (e.g., tachypnea, unexplained oxygen desaturation) for lower respiratory tract illness should promptly receive empiric antiviral therapy.
- Clinical judgment is an important factor in antiviral treatment decisions for all patients presenting for medical care who have illnesses consistent with influenza.
- Treatment should be initiated as early as possible because studies show that treatment initiated early (i.e., within 48 hours of illness onset) is more likely to provide benefit.
- Treatment should not wait for laboratory confirmation of influenza because laboratory testing can delay treatment and because a negative rapid test for influenza does not rule out influenza. The sensitivity of rapid tests can range from 10 % to 70%. View information on the use of rapid influenza diagnostic tests (RIDTs).
- Testing for 2009 H1N1 influenza infection with real-time reverse transcriptase-polymerase chain reaction (rRT-PCR) should be prioritized for persons with suspected or confirmed influenza requiring hospitalization and based on guidelines from local and state health departments.
- Groups at higher risk for 2009 H1N1 influenza complications are similar to those at higher risk for seasonal influenza complications.
- Actions that should be taken to reduce delays in treatment initiation include:
 - Informing persons at higher risk for influenza complications of signs and symptoms of influenza and need for early treatment after onset of symptoms of influenza (i.e., fever, respiratory symptoms);
 - Ensuring rapid access to telephone consultation and clinical evaluation for these patients as well as patients who report severe illness;
 - Considering empiric treatment of patients at higher risk for influenza complications based on telephone contact if hospitalization is not indicated and if this will substantially reduce delay before treatment is initiated.

- In selected circumstances, providers might also choose to provide selected patients at higher risk for influenza-related complications (e.g., patients with neuromuscular disease) with prescriptions that can be filled at the onset of symptoms after telephone consultation with the provider.
- Antiviral chemoprophylaxis generally should be reserved for persons at higher risk for influenza-related complications who have had contact with someone likely to be infected with influenza.
- Based on global experience to date, 2009 H1N1 influenza viruses likely will be the most common influenza viruses among those circulating in the coming season, particularly those causing influenza among younger age groups. Circulation of seasonal influenza viruses during the 2009-10 season is also expected. Influenza seasons are unpredictable, however, and the timing and intensity of seasonal influenza virus activity versus 2009 H1N1 circulation cannot be predicted in advance.
- Persons with suspected 2009 H1N1 influenza or seasonal influenza who present with an uncomplicated febrile illness typically do not require treatment. However, some groups appear to be at higher risk for influenza-related complications.
- Currently circulating 2009 H1N1 viruses are susceptible to oseltamivir and zanamivir, but resistant to amantadine and rimantadine; however, antiviral treatment regimens might change according to new antiviral resistance or viral surveillance information.
- Information on the dose and dosing schedule for oseltamivir and zanamivir is provided in this document. An April 2009 Emergency Use Authorization authorizes the emergency use of oseltamivir in children younger than 1 year old, subject to the terms and conditions of the EUA

I also call your attention to the excellent presentation on H1N1 recently given by Dr. Bonnie Maldonado, Chief of Pediatric Infectious Disease and Professor of Pediatrics (see: <http://med.stanford.edu/121/2009/maldonado.html>) and to the Stanford Medicine website on H1N1 (see http://stanfordmedicine.org/getting_care/influenza.html).

While none of us can predict exactly how this flu season will resolve, I do think that Stanford Medical Center and University are well prepared. The planning and coordination for emergency preparedness over the past years, together with the real-life dress rehearsal that began with the outbreak on H1N1 in April, has led to heightened preparations and coordination within the medical center. The efforts of Dr. Kevin Tabb, Chief Medical Officer at SHC, Dr. Christy Sandborg, Chief of Staff at LPCH, Dr. Eric Weiss, Medical Director of Disaster Planning along with infectious disease specialists Drs. Lucy Tompkins and Bonnie Maldonado, are particularly appreciated. In addition to the excellent preparative efforts, considerable research activity on influenza is underway at Stanford from a variety of different angles and disciplines (see: <http://med.stanford.edu/ism/2009/september/flu-tip-sheet.html>).

While there are reasons for concern, there are also grounds for optimism, including the prevention and treatment programs now in place, the process plans for screening and evaluating patients seeking medical care and the very real prospects for an H1N1 vaccine in the next couple of months. That said, our success during the flu season will largely rest on the self-care and prevention exercised by our medical staff and community. This includes early recognition of flu-like symptoms that should prompt care providers to stay home to avoid more widespread treatment. It includes frequent hand cleansing – which should be at the 100% level. There is simply no excuse for falling short of this goal. And it will include complete compliance with immunizations once the flu vaccines become available.

It will be important for each of us to stay informed and to do our part in protecting ourselves, each other and our community.

Whither or Whether Healthcare Reform

In my July 6th *Dean's Newsletter* I drew parallels between the healthcare debate and the hot and stormy weather in DC where the debate would rage (see: http://deansnewsletter.stanford.edu/archive/07_06_09.html#2). In retrospect I would have to say that my “weather” forecast was directionally correct but did not predict the heat of the debate or the lack of clarification and accuracy of the discussion or the thunderous allegations that were made – many of which were aimed at generating fear rather than rational thinking. Until the President made his speech before the Joint Session of Congress on September 9th, it seemed as if any chance for serious healthcare reform was going down the proverbial storm drain. And while an opportunity for some progress again seems possible, the chances for serious reform seem less hopeful than in the spring. For example, the public insurance option, which I believe is important to serious insurance industry reform, seems much less likely to be part of whatever healthcare reform occurs in 2009. The fact that it is so threatening to the insurance industry is an indicator of how much it might change the status quo – which we all recognize is unsustainable.

As the glow of President Obama's healthcare address begins to fade, the voices of the major constituencies (often through teams of lobbyists) are trying to reshape the discussion and the prospects for reform. One of the voices that is less clearly aligned to its own constituency is that of the American Medical Association (AMA). While the AMA certainly is a voice that deserves to be heard, it should not be conveyed as “representing American doctors” – which it does not. Of course this leaves the question open about whether any organization or professional group does speak for the majority of physicians. Indeed the very fact that there is no such group means that doctors are not directly shaping healthcare reform and that those who are at the table may be representing the interests of a relative minority.

While not a broadly representative group, the “Physician's Foundation”, a non-profit organization established in 2003, issued a report on September 9th on issues it felt were relevant to healthcare reform. These resulted in six major goals:

1. Physician workforce

Undertake a major expansion of the physician workforce by enlarging the infrastructure of medical school and residency education. Many actions will be necessary, but removing

Medicare's caps on support for residency positions is essential. Because these efforts will not reach fruition for fifteen years or more, other near-term strategies will be needed.

2. Team building

Build the workforce of midlevel practitioners, particularly nurse practitioners and physician assistants, who will be critical members of clinical teams and important providers of primary care. Simultaneously build the workforce of nurses, aides, technicians and others, and downstream tasks from more highly trained clinicians to those who have less-complex training but the requisite skills to provide care competently.

3. Primary care

Build a broad system of front-line primary care and public health services that reach deep into communities and that recognize the varied patient needs in different income groups.

4. Specialty mix

Faced with physician shortages, emphasize physician training in areas where physicians are uniquely capable of providing care, predominately in the medical and surgical specialties. At the same time, reshape the career paths of generalist physicians to take advantage of their capacity to manage chronic illness and multisystem diseases and their parallel abilities to give consultative support to midlevel primary care providers.

5. Education

Shorten the length of medical education from premed through residency, and realign medical education with the realities of clinical practice and the necessary roles of physicians in the future in both urban and rural settings.

6. Autonomy

Equip physicians with better information technology and more access to medical effectiveness research, but do not burden physicians with practice incentives that fail to recognize the vast differences in socioeconomic characteristics among patients and among regions. At the same time, create a Medicare reimbursement formula that is grounded in the reality that physician services will continue to grow in quantity and complexity. And recognize that, ultimately, physician autonomy is the friend of quality.

A number of these recommendations are sound and relevant, whereas others (such as the need to expand the number of medical schools or medical school class size) may be less well founded. Nonetheless, a number of these goals align to recommendations from other organizations, including the Association of Academic Health Centers (AAHC), for which I currently serve as Chair-Elect of the Board of Directors. Specifically, AAHC concurs that comprehensive health workforce reform is essential to any broader healthcare reform agenda. Importantly, AAHC believes that the policymakers currently involved in developing healthcare reform legislation are focused on two discrete issues (the supply of primary care and the reform of graduate medical education) without addressing the broader spectrum of health workforce challenges.

Accordingly, AAHC has recommended the creation of a national health workforce planning committee to develop and implement the integrated, comprehensive national health workforce policies necessary for healthcare reform to succeed. In parallel, AAHC has underscored that reimbursement reforms should support and not undercut the national workforce priorities or the financial integrity of the nation's academic medical centers.

The next months will be a time of heightened debate, lobbying, policy clarification and position entrenchment. At the end I hope we won't lose sight of the primary issues that underpin the need

for healthcare reform – including a rebasing of the role of physicians in the delivery of patient care as well as in research and education. I also hope that the voice of physicians will be heard in more representative ways – something we can all contribute to through our specialty and professional societies. Let’s hope that at year’s end we will see evidence of healthcare reform that is blooming or at least budding – and hopefully not withering, as has been the case in recent months. It is time to move forward.

Medical Students Learn About As Well As Initiate Leadership Roles

A major goal of our education programs has been to educate and train future leaders in medicine and science. It is particularly gratifying when students take on and promote major leadership initiatives. There are many examples of this at Stanford and I want to highlight a recent one.

On September 8th a 12-week student directed course on “Medical Leadership Development” commenced under the leadership of three medical students and a surgical resident. Matt Goldstein (SMS5), Robin Eisenhut (SMS2), Tiffany Castillo (SMS4) and Bernard Palmer, MD. serve as Course Directors along with Dr. Charles Prober, Senior Associate Dean for Medical Education as Faculty Director and Julia Tussing, Associate Dean for Education Programs and Services, as Course Facilitator. The primary objective of the curriculum “is to provide students with a theoretical and functional knowledge of leadership through participation in activities of self-discovery and leadership immersion”. The program consists of “fireside sessions” with leaders in academic medicine who share a personal journey of their career and the lessons they have learned along the way. I had the privilege of being the first speaker with subsequent sessions to be given by Drs. Sherry Wren, Clarence Braddock, Lisa Chamberlin, Ralph Horwitz, Oscar Salvatierra and Charles Prober. Alternating with these presentations and discussions are skill workshops based on defined issues and challenges in leadership and readings that provide background and data to enlighten the issues and discussions. This is an excellent program and while the participation is limited to just a dozen students, I am certain that each will have a rich and informative experience. I want to offer my gratitude and commendation to the course directors for their initiative in bringing this course to fruition.

Conflicts by Big Pharma Have Consequences

Over the past several years we have had a substantive discourse about conflicts of interest and the intertwining of industry support into education, research and patient care. These prompted us to take important stands on industry interactions (see: <http://med.stanford.edu/coi/siip/>) that have banned certain activities (e.g., gifts, “free lunches,” ghostwriting) and curtailed others (industry support for continuing medical education). We have done these in order to separate the role of physicians as scientific advisors and consultants to industry from that of marketing for industry. While most physicians believe that they are not likely to be biased or influenced by industry marketing tactics, the reality is, unfortunately, quite different.

Although we would all like to believe that individual and institutional integrity prevails in medicine and science, remarkable examples of where this has not been the case serve to underpin the importance of Stanford’s Academic Industry Interactions Policies. The case of the drug Neurontin illustrates this point as well-illustrated by C. Seth Landefeld, M.D. and Michael A.

Steinman, M.D. in a case study entitled “*The Neurontin Legacy — Marketing through Misinformation and Manipulation*” that was published in the January 9, 2009 issue of the *New England Journal of Medicine* (see: <http://content.nejm.org/cgi/content/full/360/2/103>). Following the oft-quoted adage that history predicts the future, Pfizer Pharmaceuticals was fined \$2.3 billion this past week for following a similar strategy to inappropriately (and apparently illegally) market their drug Bextra – even after receiving the admonitions for the strategy they pursued for Neurontin. These strategies included enlisting physicians as paid “consultants” and spokespersons for their drugs, enticing them into becoming involved in marketing. And this is not unique to Pfizer since similar strategies were described in early September for Forest Laboratories in their marketing plan for the antidepressant Lexapro. Their marketing strategy also included payments to doctors to induce them to prescribe Lexapro. It is alleged that the Forest Laboratories plan included spending tens of millions of dollars to doctors to give “education lectures” to their peers about Lexapro or to provide “education lunches” as well as CME activities for doctors that included marketing their drug.

These are overt if not flagrant examples of a problem that has become all too pervasive. And I am sure it is not unique to these pharmaceutical industries or these drugs. One can only hope that these practices are becoming past tense – but they do serve as stark reminders of how subtle influences that are financially motivated can have a big impact on physicians, patients and the cost of medicine. They further underscore why our Stanford Industry Interactions Policies are the right thing to do for the profession of medicine now and into the future.

Paying Attention to Professional Compliance

The number of new compliance requirements for which faculty must receive training or whose policies they must adhere to is daunting. Over the years compliance has become one of the major time and resource drains for physicians and scientists as well as institutions. While a case can be made for the importance or validity of each compliance requirement, when viewed in the aggregate they can be a source of frustration. But they are also important in protecting patient safety or the safety of the community in which we work.

Among the many compliance requirements to which we must adhere is that for professional billing integrity. This involves making sure that when a physician bills for a clinical service, she or he does so at the correct level of service complexity (and time allocation) and that this is adequately supported and documented in the patient’s medical record. Some of the regulations that guide professional fee billing are clear and straightforward but others are less clear or self-evident, making it easy to make mistakes in documentation. Two years ago both Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital launched an education and monitoring program related to assessing, monitoring and improving compliance in professional billing. Over this period, the Medical Center Compliance Office formulated a number of education programs and guides which were shared with faculty physicians at the clinical division and department level. Overall, some 1129 physicians participated in this training. Based on this, the office of compliance then audited the medical records of individual providers and gave feedback on an individual level about each physician’s performance. This review constitutes the baseline evaluation and this program has now been completed. Based on this, each physician provider who works at either SHC and/or LPCH has received (or soon will receive) the feedback

for their specific specialty area (by division or department) and their individual performance. With this, the compliance department plans to review additional charts that should reflect the physician provider's knowledge of areas for personal improvement. Since each of us should be striving for being as close to 100% accurate in performance as possible, I want to take this opportunity to remind all physicians to review their individual results and to work with the guidance materials they have received to make further performance improvements. At a time of increased public scrutiny, it is important for each of us as individuals as well as for our institutional performance to be as accurate as possible. Thanks for your work in this important area – and for your continued efforts in the future.

The Year Closes and Opens for Medical Development

Among the many consequences of the economic downturn that began so dramatically in September 2008 is the impact on philanthropy. Over the years we have been blessed to have individuals in our community and beyond who have given generously to support our faculty, students, programs and facilities. Indeed the Stanford we know and love today is a reflection of the gifts we have received from individuals, foundations and corporations. As the economic consequences of the current recession have unfolded, individuals and foundations have lost extraordinary amounts of wealth. And while many have found ways to sustain their gift giving – or to even initiate new ones – we are well aware of how difficult this is given the current times. Indeed, we each know this quite personally since virtually everyone has been touched and impacted by the economic downturn.

Within this context, I provide below our fundraising results for FY09 (which closed on August 31, 2009). I should begin by saying that despite the incredibly volatile and negative economic forces, the School of Medicine has done well in cash received - even when compared to last year (FY08) – which was among the best years on record. This is of course a tribute to the incredible generosity of individuals who care deeply for Stanford and its future. It is also an affirmation of the remarkable work being done by our Office of Medical Development, our many extraordinary community volunteers, led by John Freidenrich, and our faculty and students – who are the reasons why gifts are given for education, research and clinical care. I thank them all.

	FY 09 <i>(September 1 2008 through August 31 2009)</i>		FY 08 <i>(September 1 2007 through August 31 2008)</i>	
	\$\$	# of Gifts	\$\$	# of Gifts
Cash Received	\$129,402,173	8,993	\$141,670,248	9,463
Foundations & Associations	\$56,132,438	1,621	\$46,654,109	1,454
Bequests	\$13,345,140	210	\$26,110,938	76
Corporations	\$14,551,498	624	\$12,074,162	602
Individuals	\$45,373,097	6,538	\$56,831,039	7,331
New Activity	\$140,015,962	8,592	\$225,217,685	9,457

Foundations & Associations	\$66,664,782	1,566	\$53,043,079	1,436
Bequests	\$13,345,140	210	\$26,110,938	76
Corporations	\$15,393,998	619	\$15,821,662	593
Individuals	\$44,612,042	6,197	\$130,242,006	7,352

At the same time I have major concerns for the FY10 fiscal year that began on September 1, 2009. In many ways FY09 success is a reflection of gifts made before the economic downturn. In contrast, the dramatically lower “New Activity” reported in FY09 is a better predictor of current and future pledges and commitments. Most notably, although not surprisingly, is the dramatic fall off in new pledges by individuals in FY09. Of course I remain hopeful that as the economy begins to improve the individuals who have supported us in the past will be in a better position to do so in the future. And, of course, we hope that we will identify new donors who will be excited by our vision and goals and who will invest in our future success. Needless to say we will do all we can to make this happen.

Thanks to Ross Bright, MD

Dr. Ross Bright has served as the Associate Dean for Alumni Affairs for nearly two decades. On September 1st he turned over the reins to Dr. Linda Clever (see: http://deansnewsletter.stanford.edu/archive/06_08_09.html#4) and on Saturday September 12th the Alumni Associations Governing Council honored him for his enormous contributions over so many years of change and opportunity. I also had the opportunity to thank Dr. Bright for his devotion and dedication to our current students, recent and past alumni. He has been a passionate advocate for enriching the engagement and participation of alumni in the School’s mission and he was instrumental in extending the alumni association to embrace graduate students, residents and post-doctoral fellows among the Stanford Alumni. These important contributions are eclipsed by his vision of finding a vehicle to communicate more directly to alumni and to engage their voice in these communications, culminating in the alumni magazine “*Bench and Bedside*” which was his brainchild and which he championed through its inception and the first four issues that have now been published. Indeed *Bench and Bedside* will be a living legacy for alumni – and a reminder of the dedication and commitment of Dr. Ross Bright as Associate Dean for Alumni Affairs. Please join me in thanking and acknowledging Dr. Bright.

Call for Nominations! 2010 Faculty Fellows Program

The Office of Diversity and Leadership has announced the launch of the 2010 School of Medicine *Faculty Fellows Program*. Now entering its fifth year, the program will focus on a select group of Assistant and Associate Professors as Faculty Fellows for the 2009-2010 academic year. The purpose of the Faculty Fellows program is to identify and develop a diverse group of faculty with the potential to become our future leaders.

During the yearlong program, Fellows attend monthly dinner meetings with key University leaders including President John Hennessey, Provost John Etchemendy and Dean Philip Pizzo. Each speaker shares their “Leadership Journey” and engages fellows in a discussion about their leadership philosophy, strategy and style. In addition, Fellows participate in small monthly mentoring groups led by a senior Professor; and in a structured Career Development

Planning process with their division chiefs or department chairs to craft a specific, career development action plan which the fellow will implement over the subsequent year.

If you are interested in being nominated for this opportunity, ask your Department Chair or Chief to nominate you. Criteria to apply:

- Assistant or Associate professors
- Demonstrated interest in, and potential for leadership
- Respected by colleagues
- Has the ability to influence others
- Can advocate for change
- Values diversity
- Thinks strategically and systemically
- Interested in taking on leadership roles in the future

Further information, future meeting dates and application can be obtained at:
http://med.stanford.edu/diversity/leaders/fellows_nominations2010.html

Upcoming Events

Stanford Health Policy Forum on the Key Challenges in Pharmaceutical Regulation will take place on **Wednesday, September 30, 2009, from 11:00 a.m. to 12:30 p.m. at the Clark Center Auditorium**, Stanford University. This forum is free and open to the public. However due to space limitations, we ask that you RSVP online at <http://www.stanfordtickets.org> or call the Stanford Ticket Office at 650-725-2787.

This forum will be a discussion with Donald Kennedy, PhD, President Emeritus of Stanford University and John C. Martin, PhD, Chairman and CEO, Gilead Sciences, and will be moderated by Daniel P. Kessler, Stanford University, focusing on the handling of some of the key challenges in regulating the pharmaceutical industry by the federal government. For information on the Stanford Health Policy Forums, please visit <http://healthpolicyforum.stanford.edu/> or call 650-725-3339.

Stem Cell Policy Symposium: Understanding the Scientific and Legal Challenges Ahead

The Stanford Journal of Law, Science, & Policy presents this public symposium on **Friday, October 2, 2009, from 8 AM to 5 PM at the Stanford Law School**. Dr. **Irving Weissman**, *Professor of Pathology, Director of the Institute of Stem Cell Biology and Regenerative Medicine, Stanford University*, will be the keynote Speaker,

To get more information on the Program and register online to save your spot please go to <http://www.stanford.edu/group/sjlsp>.

To present a poster, please submit abstract to: stemcell.sjlsp@gmail.com

Run for Your Life! Stanford Emergency Medicine 5K/10K Race

Come “Run for Your Life!” on a USATF certified 5K/10K course through the beautiful Stanford campus and help support Stanford Emergency Medicine on **Sunday, October 11, 2009, at 9 am** at Pac-10 Plaza, Stanford University. Fees are: 5K- \$25, 10K- \$35. Register at www.stanfordrunforyourlife.com or by calling Stanford Ticket Office 650.725.2787

Every registered participant will receive a race t-shirt and a water bottle courtesy of Equinox! If you are affiliated with Stanford University Medical Center enter the promo code “SMED” during registration to receive a \$10 discount.

Rather volunteer at the event than run? Email anastasia.stamos@stanford.edu

Stanford School of Medicine's Eighth Annual Fall Forum on Community health and Public Service

On **Tuesday, October 27th, 2009, from 5 – 7 pm** at the Francis C. Arrillaga Alumni Center at 326 Galvez Street, the Fall Forum will celebrate student contributions to community health through public service and community partnership research.

Keynote address by Sergio Aguilar-Gaxiola, MD, PhD, Professor of Internal Medicine, School of Medicine, University of California, Davis and Founding Director of the Center for Reducing Health Disparities at the UC Davis Health System: http://och.stanford.edu/fall_forum.html. The event is free and open to the public.

If you have any questions, please contact Fall Forum coordinators: Dinah Arumainayagam (dinah.arum@gmail.com) and Vinca Chow (vincachow@gmail.com)

Appointments and Promotions

Melissa T. Berhow has been reappointed as Clinical Assistant Professor of Anesthesia, effective 10/16/09.

Lynn Cintron has been appointed as Clinical Assistant Professor (Affiliated) of Anesthesia (Pain), effective 9/01/09.

Ninad Dabadghav has been reappointed as Clinical Associate Professor (Affiliated) of Surgery, effective 9/01/09.

Kay Daniels has been promoted to Clinical Professor of Obstetrics and Gynecology (Maternal-Fetal Medicine), effective 9/01/09.

Lyn M. Dos Santos has been reappointed as Clinical Assistant Professor of Pediatrics (General Pediatrics), effective 7/01/09.

Claudia Greco has been appointed Clinical Associate Professor of Pathology, effective 8/16/09.

Michelle C. Holmes has been appointed Clinical Assistant Professor (Affiliated) of Surgery (Emergency Medicine), effective 7/01/09.

Melissa Hurwitz has been promoted to Clinical Associate Professor of Pediatrics (Gastroenterology), effective 9/01/09.

Judith Keddington has been reappointed as Clinical Associate Professor (Affiliated) of Surgery, effective 9/01/09.

Tina T. Lee has been appointed as Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Medicine, effective 8/01/09.

James S. Lin has been appointed Clinical Assistant Professor (Affiliated) of Surgery (Emergency Medicine), effective 7/01/09.

Janice Lowe has been reappointed as Clinical Professor of Pediatrics (General Pediatrics), effective 9/01/09.

Patrick D. Soran has been promoted to Clinical Assistant Professor of Anesthesia (Cardiac Anesthesia), effective 10/01/09.

Scott Sutherland has been promoted to Clinical Assistant Professor of Pediatrics (Nephrology), effective 9/01/09.

Nancy Yuan has been reappointed as Clinical Associate Professor of Pediatrics (Pulmonary Medicine), effective 8/01/09.

Dean's Newsletter

September 28, 2009

Genotyping and Education

Over the last several months a number of our faculty, students and staff have been engaged in discussion and debate about whether to offer personal genotyping to incoming medical students, selected groups of graduate students and incoming residents in internal medicine. Such an offering relates to the emerging field of “personalized medicine” and raises both opportunities and questions of enormous importance, relevance and controversy. It is very much the kind of discussion that should take place at Stanford. But, ironically, the debate, which raged during the summer and was sometimes heated as well as enlightening, began almost by happenstance.

It started on June 5th at the end of a departmental update to the School's Executive Committee when Mark Krasnow, Professor and Chair of the Department of Biochemistry, mentioned, almost in passing, a plan to offer personal genotyping to incoming medical students. At one level, the rationale seems meritorious and obvious. If students elected to be genotyped they would likely become more engaged and personally motivated to understand the underpinnings of molecular genetics and its relevance to the future of medicine. Independently, plans had been made to incorporate personal genotyping into the Advanced Genetics 203 course, and the Department of Medicine had concluded that personal genotyping would enrich the learning experience for incoming residents in Internal Medicine. In fact, these efforts were to have begun this fall.

Numerous faculty leaders, after becoming aware of these plans, began expressing concern – not about the educational value of participatory learning, but about a wide range of ethical conundrums. Some of these are relevant to anyone who elects to undergo personal genotyping. At the same time, the particular vulnerability of students – including the unintended coercion that might result from peer pressure or perceived student perceptions of faculty/teacher expectations – raised additional questions and concerns, which I also shared. Accordingly, within a couple of days after the revelation of the aforementioned plans, I put a temporary moratorium on any plans or proposals to offer genotyping to students and trainees until we had more discussion and debate about the pros and cons, including potential consequences. On June 11th I appointed a Genotyping Task Force to review these broad and important questions.

The Task Force includes Charles Prober (chair), Russ Altman, Clarence Braddock, Pat Brown, Mildred Cho, Gil Chu, Hank Greely, Harry Greenberg, Ralph Horwitz, Louanne Hudgins, Ann James, Stuart Kim, Mark Krasnow, Phil Lavori, David Magnus, Kelly Ormond, John Pringle, Alan Schatzberg and Mike Snyder. This group clearly has broad expertise in genetics (including genetic counseling), basic and clinical science, law, ethics and education. The Task Force first met on June 12th and had a productive and “animated” discussion that addressed the potential benefits and liabilities of offering personal genotyping to students and trainees. One proposal was that this might be done through an “opt-in” approach, but concerns were raised about the need and role of IRB engagement and whether any informed consent could be free of potential coercion, even though unintended.

Issues about how anonymity and confidentiality could be ensured were also raised and, with these, the potential inadvertent impact of the results of student testing on family members. The need for genetic counseling (along with the resources to cover them) was also discussed in relation to news that might affect students who are already under considerable stress by the very nature of their work and study demands. Concerns were also expressed about potential or perceived conflict of interest, since some of our faculty have relationships with the two most notable companies involved with genotyping (e.g., 23&Me [<https://www.23andme.com/>] and Navigenics [<http://www.navigenics.com/>]).

Despite these concerns, the Task Force recognized that it is essential for our students and trainees (and I daresay our faculty as well) to be well informed about this rapidly emerging area of medicine and science. Individuals are already volunteering (and paying for) being tested and a number of faculty have also done so – some being very willing to share their own results

publicly, including in education settings! Because of the importance of preparing students for the future of “personalized medicine” the Task Force considered whether alternatives might be considered at this juncture – such as the use of genomes already available in the public domain or the genotyping of the cadavers used by the students for anatomy. Although there was a diversity of opinion (and still is), Genotyping (genotyping??) most coalesced around a proposal that was presented by Dr. Gil Chu, Professor of Medicine and of Biochemistry.

Dr. Chu’s proposal was discussed with our Executive Committee on Friday, September 18th. Because this is such an important topic, I am interested in engaging our broader community in the dialogue and discussion. In fact, this is an issue that will impact each of us as healthcare providers or healthcare recipients. While the details of Dr. Chu’s proposal are specific, it is also their granularity that helps bring the topic into greater relief.

2009-2010 Proposal for Introducing Students to Genotyping

1. **A three-armed educational approach about the technology and clinical utility and ethical/social implications of genome wide association study data, and whole genome sequencing technologies.**
 - a. ***The Molecular Foundations course (for MD students) will include:***
 - i. Introductory lectures will discuss principles important for understanding genotyping data. Topics include DNA hybridization, nucleic acid amplification, DNA sequencing, and microarrays
 - ii. The course will include an interactive "case presentation" of a sequenced genome, derived from James Watson, Craig Venter, and/or Steven Pinker. The presentation will relate genotyping data to the known phenotype(s), introducing students to the utility, technical feasibility, and ethical implications of the genotyping data.
 - b. ***The Human Genetics course (GENE 202) will provide approximately 4.5 hours of class-time on the clinical utility of genetic association studies and potential clinical utility of genome sequencing as follows:***
 - i. Introductory lectures
 - ii. Lectures about the use of GWAS (Genome Wide Association Studies)
 - iii. Facilitated discussion about the ethics and social implications of such data
 - iv. There will also be a discussion-based lecture about the overall personal, family and social implications of genetic information, particularly predictive information. While not directly targeted to the genotyping education approach, it will also include relevant issues in a case-based format.
 - c. ***Practice of Medicine (POM) course***
 - i. Information about genotyping will be included in the POM course.

Assessment of the process, and of student attitudes towards the potential of genotyping

An appropriate assessment measure will be developed and will be approved by the IRB addressing pre- and post-assessments of knowledge and attitudes of students and trainees about genome wide association data, about the educational process employed this year, about student interest in genotyping, and about the potential implications of use in class (including risks/perception of possible coercion).

The data from the various assessments will be presented to the Genotyping Task Force for review and discussion.

We had a thoughtful and wide-ranging discussion at the Executive Committee, with many points of view and experience offered by clinical and basic science chairs. I encouraged the Executive Committee to reach out to our broader community of faculty and students to also engage them in this discussion, with the understanding that we will be revisiting it in coming months. I am also pleased that our students are wrestling with the issues – and some are writing about it as well. A notable example is the paper of MD/PhD student Keyan Salari (SMS 6) entitled “The Dawning Era of Personalized Medicine Exposes a Gap in Medical Education” in the Student Forum of the August issue of Public Library of Science (see:

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000138>)

Please feel free to convey your thoughts and comments to Dr. Prober (so they can be shared with the Task Force) or directly to me.

Sowing the Seeds of Innovation and Discovery at Stanford

An important question in science is how to promote and support the most innovative and paradigm-changing research. By this I mean research that opens new insights and even shatters past beliefs, creating new ways of looking at the world. This is the kind of research every scientist dreams of doing but relatively few are able to attain. Of course, the reasons are complicated and include everything from true genius to serendipity. It is a matter not simply of research support but also of the very culture of science and the local environment that supports (or occasionally suppresses) individual and even collective creativity and innovation. The dynamics of the process of knowledge creation also play a critical role. New knowledge builds on past discoveries and assumed truths and may progress linearly for long periods, only to erupt from time to time in new bursts of creativity, insight and innovation. This is the history of science described in Thomas Kuhn’s *“The Structure of Scientific Revolutions”* and more recently poignantly described by Steven Johnson in *“The Invention of Air: A Story of Science, Faith, Revolution and the Birth of America.”*

Without question biomedical research in the US is, at least to date, the most advanced and successful in the world. This largely reflects the long-standing and significant investments by the National Institutes of Health in funding basic research as well as the culture of discovery and innovation that has been fostered at our nation’s research universities, medical schools and teaching hospitals. However, while peer-reviewed competitive funding has been a successful model, it does not always foster the most innovative or high-risk research. In fact, when research funding becomes more constrained, as has been the case during the past six years (except for the

current burst of support associated with ARRA funding) investigators often become more cautious and less willing to propose research that is not likely to be successful. Concomitantly, funding agencies and reviewers become more risk adverse in funding proposals that seem to stray too far from pre-existing data.

Several years ago the NIH, to its credit, sought to change this pattern by funding generously a small number of highly competitively selected investigators who posed big and novel, but risky, questions that might be “paradigm shifting” but that not have gotten approved by the traditional peer-reviewed study section system. This led first to the NIH Pioneer Award followed by the New Innovator Award and more recently the Transformative R01 Award. In a sense these research awards represent a small scale but very important (and also prestigious) advance for American science and investigation. When the latest awards were announced by the NIH on September 24th, Stanford faculty once again fared remarkably well: four new Pioneer Awards, five New Innovator Awards and four Transformative RO1 Awards. This is of course wonderful news, and it poses additional interesting questions.

While Stanford is relatively small compared to its peer institutions, it has fared remarkably well in these highly competitive NIH awards for innovation. In fact, Stanford faculty received approximately 10% of this latest round of awards. Even more remarkably, of the 81 NIH Pioneer Awards that have been given since the program began in 2004, Stanford faculty has won 15 (18.5%). How is this continuous pattern of success explained?

I have been reflecting on this question and, while I recognize that my comments are speculative, I want to share them here – since our shared goal is to foster even more creative science – and scientists. Of course, a key factor of success is our remarkable talented individual faculty. But I also think that the environment and culture at Stanford have contributed to their individual and collective success. The seeds of new, creative scientific ideas need fertile soil if they are to flourish. Elements of our “soil” include Stanford’s strengths as well as the culture of Silicon Valley that surrounds and interacts with it. A setting that brings together in close proximity faculty from the engineering, physical, computational and biosciences and that encourages interaction and collaboration is a unique attribute of Stanford. So too is the premium placed on recruiting and then supporting the very best faculty who can be identified and then encouraging them to push their personal limits of inquiry.

An important feature (that I must admit was initially foreign to me when I moved to Stanford from the East Coast) is the view that failure is not an end but a potential beginning. I don’t want to suggest that working at Stanford (like any other premier institution) is not also associated with tremendous pressures and expectations, especially for junior faculty. And this is not to imply that the success of individuals or indeed our institution is a right. That said, I do think that Stanford’s success in garnering a disproportionate share of awards for innovation is a testament to individual ingenuity, strong support and mentoring, the fostering of an entrepreneurial spirit and, of course, a hefty dose of luck. I also think that it reflects the commitment and support of our institutional leaders, especially the President and Provost, the very positive interactions among Stanford’s seven schools and numerous centers and institutes and the support that we receive from our Board of Trustees and community. While it is important to give praise to the individual recipients of these recent awards, they are also tributes to the countless faculty, students and staff

who work with the recipients to create an environment that fosters creativity. We are fortunate that seeds of new ideas and fertile soil in which they can grow are both present in abundance at Stanford.

I end by offering congratulations to each of these new award winners. The details of their awards can be reviewed at <http://med.stanford.edu/ism/2009/september/nih-awards.html>. They include:

NIH Pioneer Awards

- **Ajay Chawla, MD, PhD**, Assistant Professor of Medicine (Endocrinology)
- **Chang-Zheng Chen, PhD**, Assistant Professor of Microbiology and Immunology and member of the Baxter Laboratory in Genetic Pharmacology
- **Markus Covert, PhD**, Assistant Professor of Bioengineering
- **Krishna Shenoy, PhD**, Associate Professor of Electrical Engineering

New Investigator Awards

- **Euan Ashley, MD, PhD**, Assistant Professor of Medicine (Cardiovascular Medicine)
- **Sarah Heilshorn, PhD**, Assistant Professor of Materials Science and Engineering
- **K.C. Huang, PhD**, Assistant Professor of Bioengineering
- **Anna Penn, MD, PhD**, Assistant Professor of Pediatrics (Neonatal and Developmental Medicine)
- **Justin Sonnenburg, PhD**, Assistant Professor of Microbiology and Immunology

Transformative RO1 Awards

- **Andrew Hoffman, MD**, Professor of Medicine (Endocrinology) and Chief of Endocrinology at the VA Palo Alto Health Care System
- **Calvin Kuo, MD, PhD**, Associate Professor of Medicine (Hematology)
- **Julie Parsonnet, MD**, George DeForest Barnett Professor of Medicine (Infectious Disease) and of Health Research and Policy
- **Joseph Wu, MD, PhD**, Assistant Professor of Medicine (Cardiology) and of Radiology

Congratulations to each of the award winners – and also congratulations to Stanford for its partnership with each of them and their colleagues.

Anticipating the Future to Preserve Excellence

How the changing economic environment will affect the core missions of education, research and patient care that define and underpin academic medical centers was the focus of three groups with whom I met in the past two weeks: the Council of Deans of the AAMC (Association of American Medical Colleges), the Board of Directors of the AAHC (Association of Academic Health Centers) and the Group of Principal Business Officers of Medical Schools (part of the AAMC).

Central to the discussions was the fact that education (which serves as the core mission of medical schools) is expensive for both students and institutions. The rising debt (now over

\$175,000) along with the long duration of education (when medical school is combined with residency and fellowship training) is impacting career choice, which in turn is directly affecting our healthcare system. A topic of particular concern was graduate medical education, which, over the next several years, could face some serious challenges in competition for available residency positions as a number of allopathic medical schools have increased class size and new schools have been launched. Not only has there been a failure to fund new ACGME approved residency slots, there is also considerable concern about whether the funding model for GME is sustainable. Currently it is embedded in Medicare, and there is increasing pressure on the Indirect Medical Education (IME) portion of GME funding – which will impact teaching hospitals most severely. At the same time, a number of residency program directors are recognizing that hospital based GME education needs revision so that it has a much greater focus on hospital ambulatory and community based education. Clearly these issues have significant ramifications for programs as we know them. But they are important and deserve consideration.

Coupled with these GME concerns is the reality that the cost of undergraduate medical education needs to be addressed. While I agree that this is important, I feel that this is not simply a cost problem but rather one that needs to focus on a reassessment of the models and formats used for medical education – many of which are carryovers from the 20th century. Thankfully, with the opening of the Li Ka Shing Center for Learning and Knowledge in 2010 we will have the opportunity to critically review the entire scope of our Stanford education programs.

With respect to research, every discussion, needless to say, begins with a focus on funding and the recognition that the last decade has seen more boom and bust economics than any time since the NIH was created. While virtually every school, including Stanford, is benefiting from the 2009 American Recovery & Reinvestment Act (ARRA), appropriate concerns are focusing on the funding for biomedical research in 2011 when ARRA disappears.

The impact of research funding has been experienced quite differently among various medical schools. Many built new facilities and recruited faculty only to find that it was difficult to support a research mission on an on-going basis. This should not really be a surprise since the model for research funding in the biosciences is highly leveraged on sponsored research support along with considerable institutional support. Unfortunately many schools have chased the goal of becoming a top funded school in NIH awards, which has often meant recruiting more faculty than they can support. Thankfully we have not made this mistake at Stanford since our recruitments have been more closely matched to faculty quality (rather than quantity) and our space constraints (while painful) have compelled us to use research space more wisely and to plan new space by more realistic projections of future needs.

At the same time, we do need to critically examine our models for supporting research and to focus on how to better support an excellent but comparatively smaller research faculty than our peers. Importantly, we also need to examine more critically shared costs, especially for cores and functions that support broader communities of investigators and that are critically evaluated for function, effectiveness and cost. At the same time, we need to do all we can to advocate for sustained and predictable funding for biomedical research – an activity that I and many of our faculty leaders are actively pursuing.

The past couple of years have witnessed larger than expected margins in clinical income for physician practices and hospitals. These margins are covering the costs of education and research – as well as physician income and hospital programs (including facilities) at nearly all institutions across the country. While it is hard to predict the pace of change, this issue gives me significant concern. The assumption that payments for physician and hospital services will continue as they have in the past seems highly tenuous. Although it is hard to know the depth and pace of change at this moment, it seems inevitable that downward pressures on reimbursement for physician and hospital services, including GME, are inevitable. I have spoken to some of these issues in a second podcast led by Paul Costello, Executive Director of Communications, and my remarks can be heard at: http://med.stanford.edu/121/2009/pizzo_healthcare.html.

I won't repeat my comments or reflections here – and am first to give them a note of caution under any circumstance – but I do strongly believe that we cannot operate with the assumption that past models of success will carry us into the future. The notion that growth and greater volumes will yield better prices (while still true today) is not likely to be true in the future. Success will be measured more by evidence of quality, effectiveness, efficiency and cost containment along with evidence of innovation and discovery. While we have a long way to go to achieve the metrics of success that will be required in these likely new arenas, I am pleased that the alignments we have developed with our hospital partners at SHC and LPCH are focusing on these very issues. The immediate goal is to stay focused and aligned and recognize that while change is coming we can still play an important role in shaping that change. Without question the issues we will need to address over the next several years will engender internal as well as external debates, will pit one mission and constituency against another, and will compel us to stay focused on our core identity and mission. Stanford will not be spared the challenges that impact every academic center in the nation over the next decade and more, but it can be a leader if we don't lose sight of our mission: *To be a premier research-intensive medical school that improves health through leadership and collaborative discoveries and innovation in patient care, education and research.*

Stanford's "Mini-Med School" Begins with a Bang

On Tuesday evening, September 22nd we launched the first quarter of our first "*Mini Med School: The Dynamics of Human Health.*" The Fall Quarter of this three quarter course begins with broad overview of science and medicine, from the role of the physician in society to the fundamental underpinnings of life and development to the interactions of humans with the microbes within and the environments outside them – including pandemics– changing healthcare reform and global health. In the Winter and Spring quarters we will continue with "*Medicine, Human Health and the Frontiers of Science,*" which will focus on human biological systems in health and disease.

The first edition of this course has proven amazingly popular. Even though we capped the class size at 250 participants for the first quarter, we are told that the registration for our Mini-Med School is higher than any Continuing Studies course in its 20-year history. This speaks to the interest of our community in topics related to science and medicine and the importance of engaging them in dialogue and education.

I am grateful to the outstanding faculty who have agreed to participate in this course. Our first speaker, Dr. Abraham Verghese, Professor of Medicine and Senior Associate Chair for the Theory and Practice of Medicine in the Department of Medicine, set the bar for excellence high. Dr. Verghese spoke about the role of the physician in past and modern society and also had an engaging dialogue with the participants.

I also want to thank Dr. Kathy Gillam, Senior Advisor to the Dean, for the tremendous amount of time and effort that she has put into the organization of this course.

Clinical Chairs Give Updates to Hospital Directors

It has become a tradition at the September meeting of the Stanford Hospital & Clinics (SHC) Board of Directors meeting to host a dinner event with our clinical department chairs. An important part of this is a brief presentation by each chair about various initiatives and activities going on in their departments. The event held on Wednesday, September 25th was both lovely and informative. The clinical chairs did an excellent job of describing some of the exciting work being conducted in their respective departments and, in doing so, offered a perspective on how broad and deep our clinical programs have become at Stanford Medicine. I know that the Hospital Directors were impressed and I was extremely grateful for all the work that faculty and our chairs are conducting.

Stanford Health Policy Forum – Cancelled

Due to a last minute scheduling conflict, the September 30th Stanford Health Policy Forum has been cancelled. The Forum will be rescheduled for later this fall and a new date will be posted on the Health Policy Forum's website at <http://healthpolicyforum.stanford.edu>.

For any questions or concerns, or to receive an email directly about this reschedule, please contact Lucy Wicks at 650-725-3339 or Lucy.Wicks@stanford.edu.

Upcoming Events

The Ninth Annual Jonathan King Lecture: "Fiction is the Great Lie That Tells the Truth"

Dr. Abraham Verghese, Professor and Senior Associate Chair for the Theory and Practice of Medicine in the Department of Medicine

Tuesday, October 6th

5:00 pm

Clark Center Auditorium

Symposium: "Stem Cells of the Gut and Endoderm"

October 16 & 17

Clark Center Auditorium

This symposium is co-sponsored by the Stanford Digestive Disease Center (DDC – an NIH NIDDK funded interdisciplinary center) and the Stanford Institute for Stem Cell Biology & Regenerative Medicine (SISCBRM). The DDC, under Harry Greenberg as PI/Director, is organizing Part I of the Symposium on Friday, October 16th, while the Institute for Stem Cell Biology is organizing Part II on Oct. 17th. Of note, the second day of the symposia will provide all with a chance to recognize Dr. Irv Weissman, Director of the SISCBRM.

An impressive line-up of invited speakers include Hans Clevers (Hubrecht Institute, The Netherlands); Vassilis Pachnis (National Institute for Medical Research, London); Sean Morrison (University of Michigan); Ken Zaret (University of Pennsylvania); Marcus Grompe (Oregon Health and Science University); Maria Millan (Stem Cells Inc., Palo Alto) along with Stanford faculty including Irv Weissman, Michael Clarke, Calvin Kuo, Seung Kim and Marius Wernig. If you are interested in attending the symposium please RSVP to lpjacob@stanford.edu.

Honors and Awards

Stanford Hospital & Clinics presented two awards to faculty: one for clinical excellence and the second for compassion in medicine. I am pleased to announce the award recipients:

- ***Dr. Christine Wijman***, Associate Professor of Neurology and Neurosciences and Director, Stanford Neurocritical Care Program received the Denise O’Leary Award for Clinical Excellence
- ***Dr. Stephanie Harman***, Director, Palliative Care Inpatient Consult Service and Instructor in Medicine received the Isaac Stein Award for Compassion in Medicine.

Please join me in congratulating Drs. Wijman and Harman

Dean’s Newsletter October 12, 2009

Supporting a Role in Science and Medicine

The Stanford Cancer Center held its Third Annual Comprehensive Cancer Research Training Program from September 28th - October 2nd (see: http://cancer.stanford.edu/features/research_news/documents/2009CCRTPRegistrationBrochureFORM.pdf), during which I addressed the challenges of supporting a career in science and medicine from the perspectives of the individual, the institution and society. Although my comments were directed at education and training for careers in clinical oncology, cancer biology and related disciplines, most of which take place in Academic Medical Centers (AMCs), they can also be extended to other academic disciplines in medicine and science.

I reviewed the history of AMCs during the 20th century and their significant growth since the introduction of Medicare and research support from the NIH. Together, these developments resulted in a more than ten-fold increase in the number of faculty along with the expansion of medical schools and AMCs. While these centers have been enormously productive and are envied throughout the world as centers for education and research as well as for advances in patient care, they are also highly dependent on funding sources that are subject to swings driven by the marketplace as well as the politics surrounding state and federal expenditures. Witness, for example, the growth of the national research enterprise when the NIH budget doubled between 1998-2003, to its contraction when the NIH budget increases were below inflation from 2003-2009, to its current (albeit likely temporary) relief due to the \$10.4 billion allocated to the NIH through the American Recovery and Reinvestment Act (ARRA) of 2009.

These rapid changes have consequences on the career plans and development of those training to be clinicians, physician-scientists and scientists, as opportunities emerge or seem to vanish. The history of research is influenced by the curiosity and interests of investigators as well as the funds available to support their work. It is not an accident that stem cell biology and regenerative medicine are so robust in California, where the \$3 billion approved for stem cell research in 2004 by Prop 71 have had such an enormous impact on the career choices of both new and seasoned investigators.

Changing economic forces as well as perceptions of career security can have profound impacts on newly minted MDs and PhDs. For decades there has been concern about the future of physician-scientists and scholars. Indeed, the high water mark for physician-scientists is truly past, having peaked in 1985 at 23,000 (or 4.6% of the MD workforce) to approximately 14,000 (or 1.4%) in 2004. Just staying even requires the entry of approximately 500 new physician-scientists each year. The challenge is even more pronounced due to the fact that the average age of the physician-scientist workforce is now 51 and the average age of the first RO1 grant is 42. While we have made progress in increasing the number of women physician-scientists, it is unfortunately also the case that attrition among women is higher – reflecting a multitude of individual, family and societal factors. Among the major issues impacting the decision to pursue a career as physician-scientist is the uncertainty of stable research and institutional support – which is accentuated by the noted shifts and changes in external funding.

These issues are of particular interest and concern to Stanford since our primary goal is to educate and train future physicians and scientists who are committed to scholarship and careers in academia. Indeed, career development is of great interest to our faculty, departments and the school – as well as our students and trainees. This was the topic of our Leadership Retreat in 2009 and will be a primary feature of our efforts over the next year(s). That said, the challenges are notable for both individuals and institutions. These concerns featured prominently in my comments to our trainees pursuing careers in clinical oncology and cancer research.

The first step for an individual is to define the type of career one wishes to pursue. For MDs the opportunities include career paths that are largely in patient care or more exclusively in research, or some combination of the two. For PhD graduates the opportunities are largely in academia or in industry. Ultimate career satisfaction for any individual rests on staying true to one's primary

passion – whether as a physician or a scientist. Each has a range of positive and negative attributes, and one's career is optimized by determining the path of greatest personal interest and not one driven by the expectations of mentors, colleagues or institutions or even by the personal economic awards or compromises. Of course, each of these factors does play a role in individual choice – but it is critical to own one's choice and not to feel molded or coerced by an institutional culture or expectation(s). At the same time, it is imperative to determine whether the institution is truly supportive of the career choice one is making.

A career as a clinician-educator (with the preponderance of one's time in direct patient care) or, at the other extreme, as a full-time investigator, brings with it the least ambiguous set of definitions, boundaries and expectations. A career as a physician-scientist, in contrast, is much more challenging, since the pushes and pulls of patient care demands are not infrequently pitted against those for academic development. This tension makes the institutional culture and support all the more important. The very opportunities to translate knowledge from the laboratory to the patient can be squandered or lost depending on the culture and priorities of institutions and their leaders.

Institutional culture is also hard to define, in part because it consists of numerous and variegated microcosms. Indeed, it might be said that there are at least four institutional cultures on our own campus – one for the university outside of the medical school, another for the medical school (which differs among and between basic and clinical science departments), a third at Stanford Hospital & Clinics and a fourth at Lucile Packard Children's Hospital. Further confounding this complexity is the variation in the perceived value and support for a career path as a clinician-educator, clinician-scholar/scientist, or investigator.

In addition to defining the type of career one wishes to pursue, individuals should obtain a clear understanding of the tangible institutional support available for their personal and professional development. Evidence for this begins with the resources allocated to launch one's career (which is highly dependent on the nature of the work being done) as well as the potential for long term support to sustain a career over time. For clinician-scientists this includes support for protected time to pursue academic development, a sufficient amount of time to achieve measurable success for promotion and retention (including tenure or continuing appointment), and a range of benefits and resources to support personal as well as professional development. Coupled with these is evidence of a robust mentoring program as well as workshops and resources that define and clarify the metrics for success in career development. Support programs to assist in childcare, eldercare, family and medical leave are also important. While by no means perfect, the programs in place at Stanford or those being introduced provide strong evidence of institutional support (see: http://deansnewsletter.stanford.edu/archive/07_27_09.html#1). These programs can certainly be further enhanced and improved, but even what exists now is designed to foster success – especially when there is a match between an individual's career choice and institutional expectations and support. When these are not aligned, opportunities for success, and especially career satisfaction, quickly become compromised.

Even when individual and institutional goals, expectations and support are aligned, societal commitments and support can alter the equation of success and satisfaction. As I have noted previously, this can be dramatically impacted by external sources of funding for research or

payments and expectations for clinical care and service. The future success of clinician-educators in academic medical centers will be influenced both positively and negatively by healthcare reform. In different ways, the success of scientists and physician-scientists will be affected by the nation's commitment to research – which for the NIH will be recast during FY11 when ARRA funding has been spent. This includes not only the total amount of research support but also the support for new and transitional investigators. Here a refinement of the “K-awards,” particularly to provide more salary support, is critical. So too is further expansion of the R29 program and, especially, the transition from K awards to R01 grants.

This transition is the area of greatest vulnerability, and attrition in the physician-scientist ranks occurs if the chasm from a K to an R award is not bridged. For both MDs and PhDs the next vulnerability comes about if R01 funding is not renewed or additional grant support not secured. These transitions are further accentuated by the competition for federal support between new and established investigators. An additional confounding factor in the present economic climate is that a number of the private research foundations that have traditionally complemented or supplemented public support have had to reduce or dramatically curtail awards because of the loss of endowment or gift opportunities.

While many of these issues are not new, there is no denying that they are more acute during times of uncertainty and constraints on resources - such as those we face today. This is why institutional commitment and support are so important – along with informed decisions by individuals. Despite the uncertainties, a career in academic medicine – as an investigator, clinician-scholar or clinician-educator – is enormously rewarding and fulfilling. While I have no doubt that we will need to make compromises and adjustments in the years ahead as individuals, institutions and as a society, I am also convinced that if we hold true to our vision and goals we can sustain and enhance the career development of future generations – for their sake and for our communities locally and globally.

Influenza Vaccine for Healthcare Providers

Most of you have received the seasonal influenza vaccine by now – which is important. Within the next weeks H1N1 immunizations will become available. As I described in the September 14th Newsletter (see: http://deansnewsletter.stanford.edu/archive/09_14_09.html#1), given the risks for widespread infection, it is imperative that all medical providers do everything possible to prevent the spread of H1N1. This includes infection control policies (i.e., handwashing, masks, appropriate isolation) and vaccination. Except for those with an allergy to eggs or a prior history of Guillan-Barre syndrome, it is imperative that all healthcare providers receive the H1N1 vaccination. The Medical Executive Committee for Stanford Hospital & Clinics and the Lucile Packard Children's Hospital will almost surely adopt this imperative, and it should be viewed as policy for all faculty, students and staff in the School of Medicine who are involved in patient contact.

As of October 9th 37 states are reporting widespread influenza, virtually all of which is H1N1. While the good news is that the morbidity and mortality related to H1N1 has not been greater than seasonal flu, it is important to underscore that we are still in the early days of this infection, and the opportunities for change in the profile or severity of this novel infection remain a

concern. Accordingly, our best response is prevention (which includes vaccination and infection control practices) as well as antiviral treatment of high-risk groups (pregnant women, infants and children, those > 65 years of age and individuals receiving immunosuppressive therapy) along with chemoprophylaxis for healthcare providers who are exposed to infection. With the imminent availability of the H1N1 vaccine, be sure to get vaccinated if you have any patient care activities. Updates on vaccine availability as well as other important information on influenza will be posted on the Stanford Emergency Preparedness website – see: <http://stanfordmedicine.org/flu/index.html>.

Stanford and Industry Relations

As most of you know, during the past several years we have established a number of governing principles, guidelines and policies regarding relationships with industry. These are codified on our website at <http://med.stanford.edu/coi/siip/>. While we seek ways to develop collaborative and productive relationships with industry, we want to avoid interactions that create overt or subtle influences or that engage Stanford directly or even inadvertently in marketing for industry. Our policies have been modeled by many other institutions, are consistent with or acknowledged by the Institute of Medicine (IOM) and Association of American Medical Colleges (AAMC) and graded “A” by the American Medical Student Association (AMSA). And while compliance is quite excellent (and much appreciated) there have been a couple of recent examples where faculty, primarily from basic science departments, proposed or planned education or training programs that could have led to violations of our policies had they not been discovered and corrected. These recent experiences prompt me to remind you about these policies and to encourage you to review them directly or the FAQs sheet that accompanies them (see: <http://med.stanford.edu/coi/siip/faqs.html>). Thank you.

The Role of Academic Health Centers in Workforce Planning During Healthcare Reform

Once again progress in national healthcare reform seems more likely, although its scope and depth await further debate and reconciliation between the Senate and House of Representatives. This seems slated to take place during the next weeks to months, although it should be expected that the full dimensions of reform will likely take years to unfold. We hope for changes that eventually lower healthcare costs, improve access as well as the quality of care and reverse some of the perverse incentives that have guided the medical marketplace. At the same time it must also be anticipated that virtually every sector (doctors, hospitals, insurance companies, the pharmaceutical and device industry, consumers and many others) will experience negative as well as (hopefully) positive impacts from the changes that place – even though many will be take years to be fully appreciated.

Because of their higher costs and multiple missions, which include education and research as well as patient care, academic medical centers (AMCs) are particularly vulnerable. Even though AMCs and teaching hospitals train physicians, nurses, dentists, pharmacists and other healthcare providers, and conduct basic and clinical research, they are rarely mentioned or featured prominently in the discussions and debates on healthcare reform. Although a number of professional societies and organizations have offered opinions to state and federal legislators as well as the Executive Branch, it is not clear that a consistent message is being delivered. Given

the complexity of the issues and the interests of the multiple constituencies that comprise an AMC this is hardly surprising. But it is not necessarily helpful.

The AAMC and AAHC have been among the organizations that have been highlighting the unique role and importance of AMCs. I have taken part in a number of these discussions, and on October 6th I participated in a congressional briefing on this topic. One of the key messages we delivered is that academic medical centers are critically important to our nation's future precisely because they are at the intersection of education, research and patient care. However, these missions are expensive and interconnected, and two of them (education and research) require institutional support to supplement the shortfalls from tuition or research grants and contracts. Because of their not-for-profit status, AMCs have supported education and research with funds received from the public sources (for state schools and universities), from gifts or endowment and from clinical income.

Given the economic downturn, public support has been severely contracted for nearly all state institutions, and gifts and endowment income have been dramatically diminished – and will likely remain so for years to come. This has made the dependency on support from clinical income, generated largely at teaching hospitals, more critical to many AMCs. At the same time, a report released by the AAMC on October 8th demonstrates how important AMCs are to the local and national economy. In the aggregate 131 medical schools and nearly 400 teaching hospitals are reported to have had an economic impact of over \$512 billion on state and national economies. The report notes that AMCs employ 1.86 million individuals and are directly or indirectly responsible for approximately 3.3 million full time jobs across the nation (for full report see:

https://services.aamc.org/publications/index.cfm?fuseaction=Product.displayForm&prd_id=268&prv_id=329).

Though there is wide recognition and support for cost containment as part of health care reform, reimbursement reforms need to take into account the collateral impact that could affect the sustainability of academic health centers. Among the concerns is support for graduate medical education (including the need to expand the number of Accreditation Council for Graduate Medical Education [ACGME] approved residency slots) through changes in Medicare. This has specific ramifications for defining the future healthcare provider workforce.

It is frequently noted that the ratio of primary care to specialty physicians is skewed toward specialists in the United States compared to other resource rich nations. Current efforts to increase the number of physicians graduating from medical school will not address this successfully unless there are changes in the opportunities and benefits for a career as a generalist (e.g., internist, pediatrician, family physician) – including compensation as well as perceived and real career satisfaction. In the current system these are often seen as disincentives, impacting also the geographic distribution of the physician workforce in both urban and rural settings. While many argue that the need for primary care providers mandates training more physicians, this should not be viewed as the sole solution. In many ways, the health and care needs of communities would be better served by teams of providers that include doctors, nurses and others trained to provide preventive and general care in addition to high-end and chronic care. Unfortunately, creating this balance is unlikely to take place in a rational way when various

providers and professional groups focus on their self-interests compared to the needs of the communities they should serve.

Because AMCs train the entire range of healthcare providers, they should play a more prominent role in orchestrating team-based education, training and care models. With that in mind, the AAHC has argued that too little attention is being paid to comprehensive workforce reform as an essential ingredient of healthcare reform. I agree, although this is also somewhat of a chicken and egg phenomenon – namely, the needed workforce will also be defined by the nature of the future healthcare system itself. That said, in our congressional briefing (as well as other meetings that have been held), we argued for a health workforce planning body to address the nation's urgent health workforce needs in a comprehensive and coordinated manner. This should be an integral part of healthcare reform.

Fall Issue of Stanford Magazine is out

I am pleased to let you know that the fall issue of the *Stanford Medicine* magazine is now available. This issue offers several timely stories, among them three tales of modern medical detection. Readers follow physician-scientists, the experts at solving medicine mysteries, as they use technologies to turn up clues unimagined in writer Arthur Conan Doyle's day – a telltale quirk in a gene's sequence, for example, or a peculiar hormonal secretion. The issue is available both online at <http://stanmed.stanford.edu> and in print (650 736-0297). For additional information, please contact Susan Ipaktchian at (650) 725 --5375 (susani@stanford.edu), or M.A. Malone at (650)723-6912 (mamalone@stanford.edu) or email medmag@stanford.edu.

Upcoming Event

Symposium: "Fetal Cardiac Intervention"

Thursday, November 5th

9:00 am - 3:00 pm

Freidenrich Auditorium, Lucile Packard Children's Hospital

Open to the public

This symposium will be led by Drs. Mike Longaker, Dan Bernstein and Frank Hanley. Keynote addresses will be given by Drs. Mike Harrison from UCSF and Deepak Srivastava from the Gladstone Institute. For more information, contact Subia Ahmad at (650) 736-1829; subia.ahmad@lpch.org or Lindsay Okamoto at (650) 497-8160; lindsay.okamoto@opsch.org.

Awards and Honors

- **Dr. Harry Greenberg**, Senior Associate Dean, Research and Training and the Joseph D. Grant Professor in the School of Medicine, will be this year's medical honoree at the American Liver Foundation (ALF) Salute to Excellence Awards Gala in March of 2010, in recognition of his many contributions to molecular virology and hepatitis. The ALF honors those who have made an outstanding contribution to biotechnology or medical innovation. Congratulations, Dr. Greenberg.

- **2009 McCormick Faculty Awardees:** The School of Medicine and the Office of Diversity and Leadership are pleased to announce the recipients of the 2009 McCormick Awards. These awards provide research/project funding to junior faculty women pursuing advancement, or to junior faculty men or women who support the advancement of women in medicine and/or medical research. This year's McCormick Award winners include:
 - **Claudia Mueller**, MD, PhD, Assistant Professor, Department of Surgery
 - **Kim Rhoads**, MD, Assistant Professor, Department of Surgery
 - **Erika Schillinger**, MD, Clinical Associate Professor, Department of Medicine, Family and Community Medicine

Congratulations to each.

- **Dr. Carla Shatz**, Professor of Biology and Neurology, is this year's recipient of The Mika Salpeter Lifetime Achievement Award. This award, which recognizes an individual with outstanding career achievements in neuroscience who has also significantly promoted the professional advancement of women in neuroscience, will be given on October 19th at the Annual Society for Neuroscience Meeting. Congratulations, Dr. Shatz.

Appointments and Promotions

Maja Artandi has been promoted to Clinical Assistant Professor of Medicine (General Internal Medicine), effective 9/01/09..

Kim D. A. Bullock has been promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences (Behavioral Medicine), effective 9/01/09.

Annette Chavez has been reappointed as Clinical Associate Professor (Affiliated) of Surgery, effective 9/01/09.

Susan Frayne has been reappointed to Associate Professor of Medicine at the Veterans Affairs Palo Alto Health Care System, effective 9/01/09.

Susan Galel has been reappointed to Associate Professor of Pathology at the Stanford University Medical Center, effective 9/01/09.

Gill Harcharan has been reappointed to Associate Professor of Urology at the Stanford University Medical Center, effective 9/01/09.

Kimberly Hill has been promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences (Behavioral Medicine), effective 9/01/09.

Peter H. Hwang has been promoted to Professor of Otolaryngology – Head and Neck Surgery at the Stanford University Medical Center, effective 9/01/09.

Kathleen Kenny has been reappointed as Clinical Assistant Professor of Medicine (General Internal Medicine), effective 9/01/09.

Seung Kim has been promoted to Professor of Developmental Biology, effective 9/01/09.

James Lau has been appointed as Clinical Associate Professor of Surgery (General Surgery), effective 8/01/09.

Jason T. Lee has been reappointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 9/01/09.

Marc B. Lee has been promoted to Clinical Assistant Professor of Neurosurgery, effective 9/01/09.

Bryant Lin has been promoted to Clinical Assistant Professor of Medicine (General Internal Medicine), effective 9/01/09.

Kristine H. Luce has been promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences (Behavioral Medicine), effective 9/01/09.

Jeffrey A. Norton has been reappointed to Robert L. and Mary Ellenburg Professor in Surgery effective 9/01/09.

David Peng has been appointed as Clinical Associate Professor of Dermatology, effective January 1, 2010.

Rita Popat has been reappointed as Clinical Assistant Professor of Health Research and Policy, effective 9/01/09.

Zakia Rahman has been reappointed as Clinical Assistant Professor (Affiliated) of Dermatology, effective July 1, 2009.

Lisa Shieh was promoted to Clinical Associate Professor of Medicine (General Internal Medicine), effective 9/01/09.

Michael Snyder has been appointed to Professor of Genetics, effective 9/01/09.

Susan M. Swetter has been promoted to Professor of Dermatology at the Veterans Affairs Palo Alto Health Care System and at the Stanford University Medical Center, effective 9/01/09.

Ian Tong has been promoted to Clinical Assistant Professor of Medicine (General Internal Medicine), effective 9/01/09.

Mytilee Vemuri has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences (Behavioral Medicine), effective 8/01/09.

Joanna Wysocka has been reappointed to Assistant Professor of Chemical and Systems Biology and of Developmental Biology, effective 9/01/09.

Dean's Newsletter

October 26, 2009

Learning and Knowledge from the East and the West

During the past week I have had the chance to view the Li Ka Shing Center for Learning and Knowledge (LKSC) from several perspectives. On October 16th, the LKSC Executive Committee reviewed the latest updates on construction, and I had the opportunity to tour the facility (including the impressive newly planted palm trees that lead from Campus Drive to the entrance) and review progress on the Foundations and Academic Walks, which comprise the accompanying art and history project that will integrate our new medical campus. I also reviewed updated plans with student leaders.

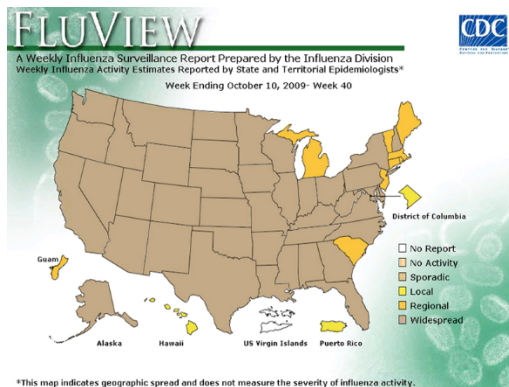
Then, on October 23rd, I met in Hong Kong with Mr. Li Ka Shing to thank him for the gift that will help transform Stanford Medicine. The LKSC is moving rapidly toward completion (see <http://lksc.stanford.edu/>) and will begin hosting selected events in the spring of 2010. We currently anticipate a phased move-in, beginning in March 2010 and extending through the summer. It will be ready for the opening of classes next August, and I am confident that it will more than live up to our hopes of creating a state-of-the-art center for education and learning that also serves as the front door to the medical school. With its completion Stanford Medicine will be the beneficiary of wonderful new resources for students and trainees.

Between the October 16th meeting of LKSC Executive Committee and the October 23rd visit with Mr. Li, I also had the opportunity to visit Shantou University in southern China as well as the Li Ka Shing Medical Faculty of the Hong Kong University. I was joined in the visits by Drs. Charles Prober, Senior Associate Dean for Medical Student Education, and David Gaba, Associate Dean for Immersive and Simulation-Based Learning. We had the opportunity to engage in a dialogue about approaches to medical education and about how the LKSC will contribute to global learning – particularly at Shantou University. As part of our East West Alliance and as an extension of the Stanford Challenge, these evolving global partnerships open new doors for shared learning as well as the generation of new knowledge.

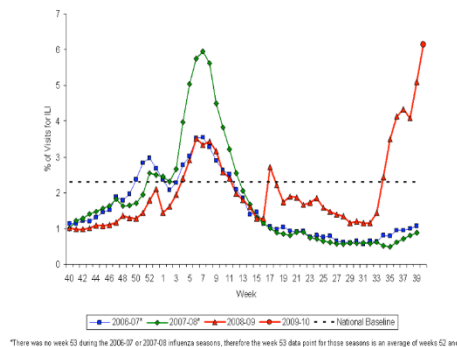
Status on H1N1

H1N1, which now accounts for nearly all cases of flu in the USA, is widespread across 41 states, including California. Of note, the proportion of deaths attributed to pneumonia and influenza has increased and exceeds what is normally expected at this time of year (see CDC figures below). Of particular concern, deaths among children are increasing, even in those without antecedent illness or risk factors. According to the CDC, there have been 86 confirmed pediatric 2009

H1N1 deaths since April; 39 of these have been reported to CDC since August 30, 2009. While the H1N1 nasal spray has



Reported influenza like illnesses



arrived in California, the inactivated vaccine is still not available, although it is expected soon (see: <http://www.cdph.ca.gov/HealthInfo/discond/Pages/H1N1Vaccine.aspx>). As noted in earlier communications, several high risk groups have been identified who should be immunized as soon as the vaccine is available, including:

- Pregnant women
- Persons who live with or provide care for infants aged <6 months (e.g., parents, siblings, and daycare providers)
- Health-care and emergency medical services personnel. As noted in prior communications, the Medical Executive Committees at Stanford Hospital & Clinics and the Lucile Packard Children's Hospital have determined that all medical staff and Advanced Practice Practitioners must be immunized to seasonal influenza and H1N1 unless there is a severe allergy to eggs, prior history of Guillan-Barre syndrome or certain other neuro-degenerative disorders. Failure to comply will result in suspension of medical privileges. Members who feel they have any other compelling reason for exemption should contact the Chief of Staff directly. Dr. Bryan Bohman, Chief of Staff, commented this policy in his October 23rd memorandum to the SHC Medical Staff entitled "Mandatory Flu Vaccination Policy Announcement."
- Persons aged 6 months through 24 years (note that children age 6 months – 9 years should receive two doses of the H1N1 vaccine. Children over 10 years of age should receive one dose)
- Persons aged 25 through 64 years who have medical conditions that put them at higher risk for influenza-related complications
- While persons over 65 should receive the vaccine, they are not included by CDC in the initial risk group (unless they have co-morbidities) since they are generally expected to have milder disease because of prior exposure and pre-existing antibody to H1N1.

For individuals diagnosed with H1N1, early antiviral intervention with oseltamivir (Tamiflu®) or zanamivir (Relenza®) is important for high-risk groups including:

- Children younger than 2 years old
- Persons aged 65 years or older
- Pregnant women and women up to 2 weeks postpartum (including following pregnancy loss)
- Persons of any age with certain chronic medical or immunosuppressive conditions
- Persons younger than 19 years of age who are receiving long-term aspirin therapy

It is important to remember that we are still very early in the flu-season and that the trends now being observed are concerning – mandating that we do all we can to prevent and treat infection as carefully and well as possible.

Review of the Stanford NCI Cancer Center is Underway

On Thursday, October 15th, more than 30 physicians and scientists from across the nation participated as site visitors in the review of Stanford's 3-year renewal as an NCI designated Cancer Center (see: <http://cancer.stanford.edu/>). Following many months of preparation and weeks of rehearsals, the site visit team listened to reports and updates from leading Stanford faculty about the research and clinical advances that have transpired in the three years since Stanford first achieved designation by the NCI in 2006.

In addition to thanking each of these Stanford leaders I want to specifically acknowledge Dr. Beverly Mitchell, George E. Becker Professor in Medicine and Professor, by courtesy, of Chemical and Systems Biology and Director of the Stanford Cancer Center. Since first joining Stanford as Deputy Director of the Cancer Center and, since August 2008, as Director (http://deansnewsletter.stanford.edu/archive/07_07_08.html#2), Dr. Mitchell has done an outstanding job in leading and directing the Cancer Center. She has worked tirelessly to assemble an outstanding team, create a community of excellence and cancer focus, and bring Stanford to ever higher levels of excellence in cancer-related education, research, patient care, advocacy and community service. Her many contributions were clearly evident during the NCI site visit. I know she has won the respect and confidence of everyone who has worked with her – and I want to add my thanks and appreciation as well.

NIH Director Interviewed by Paul Costello

Paul Costello, Executive Director of Communications and Public Affairs at the School of Medicine, recently interviewed Francis Collins, MD, PhD, who was confirmed and sworn in as Director of the NIH in August 2009. The interview is in the “1:2:1” research and policy podcast series conducted by Paul. The interview with Dr. Collins is timely given the concerns about the level of NIH funding we might see following the end of the ARRA (American Recovery and Reinvestment Act), which will become reality with the FY11 budget. Dr. Collins addresses the NIH budget, his priorities and more in his interview, which is at: <http://med.stanford.edu/121/2009/collins.html> .

2010 Employee of the Year Spirit Awards

In April 2010, the School of Medicine will again award Annual Employee of the Year SPIRIT Awards to two exceptional staff members. The winners will be selected based on outstanding performance, which includes dedication, initiative, motivation, positive attitude and customer service. Staff members must have outstanding performance and have been employed as regular employees, at 50% FTE or more, in one department/unit for the past 2 years. Nominations opened on Monday, October 12th. A special web site has been set up at <http://med.stanford.edu/SPIRIT/>. Please submit your nomination for the person you think should win the SPIRIT Award.

Celebrating Stem Research – and Irv Weissman – at Stanford

Since it was founded at the end of 2002, the Stanford Institute for Stem Cell Biology and Regenerative Medicine has become recognized around the world as one of the leading centers of excellence in this rapidly advancing field. Fueled by support from the California Institute of Regenerative Medicine (CIRM) and soon to be housed in the Lorry Lokey Stem Cell Research Building (Stanford Institutes of Medicine I), the success of the Institute is the work of remarkable faculty and leadership. Among these is Irv Weissman, who has served as Director since the Institute was founded and who, together with an incredible group of colleagues, has made incredible scientific advances that are literally creating new fields of stem cell biology – including areas that have a close association with cancer.

Stem cell biology took a pause recently to recognize and celebrate the 70th birthday of Irv Weissman in a symposium held on Saturday, October 17th. Leaders in stem cell biology and related disciplines traveled from around the world to share ideas, data and celebratory comments and reminiscences about Irv. He has had an integral relationship with Stanford for nearly 50 years, and Irv has helped to shape not only new fields of science but also the medical school that has been so closely aligned with his life and work. Stanford and Irv have a hand in glove relationship, and his reach has encompassed education, research, patient care, mentoring, leadership, good friendship (varyingly mixed with fly fishing, wine and [often unhealthy] food) – with fascinating insights and deep dedication. It was with fondness and great respect that I had the opportunity to join a chorus of Irv admirers from multiple generations of family, friends and colleagues to say thanks for all he has done and continues to do – and, of course, Happy 70th. We hope this will be a new beginning for Irv and Stanford.

Senior Faculty Transitions

On October 23rd, the Association of American Medical Colleges (AAMC) published an update on faculty age profiles at US medical schools during the past 40 years (from 1967-2007). During this time period, the overall number of faculty has increased from 17,584 to 119,018. Interestingly, the average age of faculty has risen from 41.4 in 1967, to 44.7 in 1987 to 48.5 in 2007 (the last year for which there is complete data). Similarly, the percentage of faculty over 55 years of age increased from 9% in 1967 to 19% in 1987 to 29% in 2007. These findings are consistent with my recent comments on the increasing age of first NIH awards (<http://deansnewsletter.stanford.edu/#1>).

There are, of course, multiple ways of viewing these data. On one hand, it is good news that faculty are able to sustain longer productive careers. On the other hand, it is important to consider the implications of a larger number of more senior faculty retiring over a short time period, especially as this would affect the faculty workforce. Regardless, it is important to seek ways to support the career development and longevity of senior as well as junior faculty. This is something we have taken to heart at Stanford with the work of the Senior Transitions Task Force that was led by Dr. Gary Schoolnik (see: http://deansnewsletter.stanford.edu/archive/08_25_08.html#4) which resulted in a website containing information we hope is helpful to our faculty (see: <http://med.stanford.edu/academicaffairs/senior-faculty/>). The AAMC report reminded me to reacquaint you with the information resources the Task Force assembled.

Congratulation to New Members of the Institute Of Medicine

The Institute of Medicine (IOM) of the National Academy of Sciences named 65 new members and five foreign associates on October 12th. Election to IOM is widely considered one of the highest honors in medicine and health and recognizes individuals who demonstrated outstanding achievements. The IOM was established in 1970 and is recognized as a national resource for “independent, scientifically informed analysis and recommendations on health issues.”

Among the 65 new members are five current Stanford Medical School faculty. These include:

Russ Altman, MD, PhD, Professor and Chair, Department of Bioengineering, and Professor of Genetics, Medicine, and Computer Science

Patrick Brown, MD, PhD, Investigator, Howard Hughes Medical Institute; and Professor, Department of Biochemistry

Michael L. Cleary, MD, Lindhard Family Professor in Pediatric Cancer Biology, Departments of Pathology and Pediatrics

Allan L. Reiss, MD, Howard C. Robbins Professor, Department of Psychiatry and Behavioral Sciences, and Director, Center for Interdisciplinary Brain Sciences Research

Lawrence Steinman, M.D., Professor of Neurology, Pediatrics, and Genetics, Department of Neurology and Neurological Sciences

The new members join the 57 existing Stanford faculty who are Members of the IOM. Congratulations to all!

Awards and Honors

- ***Scott Delp, PhD***, Professor of Bioengineering and of Mechanical Engineering, and, by courtesy, of Orthopaedic Surgery, and co-director of the Stanford Center for Biomedical Computation, has been appointed as an initial holder of the James H. Clark Professorship

in the School of Engineering. The James H. Clark Fund for Bioengineering was established in 1999 to support bioengineering faculty generally, and was previously used to support new faculty in starting up their labs. This is the first time that the fund will be used to support two endowed Professorships; the other is Jim Swartz. Congratulations to Dr. Delp.

- **Tom Krummel**, the Emile Holman Professor and chair of the Department of Surgery, was recently installed as the President of the Halsted Society for the 2010 Society year. This is one of the oldest and most prestigious surgical organizations in the country whose purpose is to further the scientific principles and ideals; to encourage exchange of ideas, free and informal discussion, and a spirit of sociability and good fellowship among its members. Congratulations Dr. Krummel.
- **David Stevenson**, Vice Dean and Senior Associate Dean for Academic Affairs, the Harold K. Faber Professor of Pediatrics and Professor, by courtesy, of Obstetrics and Gynecology, is the 2009 Hewlett Award Recipient and his grand rounds will take place on November 4th titled: "Targeted Chemoprevention of Neonatal Jaundice: Personalizing Medicine for Babies." Congratulations Dr. Stevenson.

Upcoming Event

Stanford School of Medicine's Eighth Annual Fall Forum on Community Health & Public Service

Tuesday, October 27th

5:30 – 7:30 pm

Frances C. Arrillaga Alumni Center (326 Galvez Street)

Keynote address by *Winston F Wong, MD, MS*, Medical Director for Kaiser Community Benefit and a former Medical Director at Asian Health Services in Oakland. Keynote Title: "Resuscitating the Body Politic." More information can be found at: http://och.stanford.edu/fall_forum.html

Please mark your calendar and plan to join us as we celebrate student contributions to community health through public service and community partnership research. The event is free and open to the public. If you have any questions, please contact Fall Forum coordinators: Dinah Arumainayagam (dinah.arum@gmail.com) and Vinca Chow (vincachow@gmail.com).

Appointments and Promotions

- **Sanjeev Dutta** has been promoted to Associate Professor of Surgery and of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 10/01/09.

- **Michael Kaplan** has been reappointed to Professor of Otolaryngology – Head and Neck Surgery and, by courtesy, of Neurosurgery, at the Stanford University Medical Center, effective 10/01/09.
- **Lawrence Recht** has been reappointed to Professor of Neurology and Neurological Sciences and, by courtesy, of Neurosurgery, at the Stanford University Medical Center, effective 10/01/09.

Dean's Newsletter November 9, 2009

Public Disclosure of Industry Relationships

Earlier this year, Stanford School of Medicine became one of the first medical schools in the country to adopt a policy of public disclosure of financial relations of faculty with industry. We felt it was important for faculty to have as honest and transparent relations with students, colleagues, patients and the public we serve as possible. Accordingly, we extended our 2006 Stanford Industry Interactions Policy to include public disclosure on the School of Medicine's website of all industry interactions that exceed \$5000 per year beginning in late August of 2009 (see: http://deansnewsletter.stanford.edu/archive/03_30_09.html#6) and http://deansnewsletter.stanford.edu/archive/08_31_09.html#5).

As I have also discussed in prior issues of the *Dean's Newsletter* (see: http://deansnewsletter.stanford.edu/archive/03_30_09.html#6), Senator Charles Grassley (R-IO) has introduced legislation entitled "The Physician Sunshine Act" that would require the pharmaceutical and device industries to publicly disclose payments to physicians for consulting, lecturing, etc. In anticipation of the legislation, a number of industries have begun websites making such disclosures. The November 5th *New York Times* (<http://www.nytimes.com/2009/11/04/health/policy/04sunshineside.html>) reported the names of individuals who received the highest quarterly payments from Eli Lilly. Included in the list was an Adjunct Clinical Instructor in Stanford Department of Psychiatry and Behavioral Sciences. The inclusion of this individual attracted considerable media coverage and, at least for me, was a surprise. Let me begin by saying that I am extremely appreciative of the time, knowledge and expertise our ACF faculty provide to our students, trainees and community. And we are grateful that they do this *pro bono*. In turn we are pleased to extend a Stanford title to those who fulfill the criteria for appointment to the ACF (see: <http://med.stanford.edu/academicaffairs/acf/>).

Recognizing that our ACF colleagues are almost always in full-time clinical practice and that their Stanford teaching responsibilities constitute a small percentage of their time, we have tried to respect the boundaries of their Stanford responsibilities. Accordingly we have limited our policies on industry relations and conflict of interest (see: <http://med.stanford.edu/coi/siip/>) to their official Stanford responsibilities. But the recently reported situation raises the question of whether such a compartmentalization is feasible or achievable. That is, once a Stanford title is bestowed, it is hard for the public (including industry) to distinguish whether a physician is acting on her or his own or in a Stanford capacity.

Accordingly, I have appointed a Task Force to examine how our Industry Interactions Policy and conflict of interest disclosure policies (including public disclosure) should apply to Adjunct Clinical Faculty. It is likely that the vast majority of ACF have little to no industry relations. But it should not be forgotten that recent surveys have indicated that approximately 94% of physicians (including those in clinical practice) receive gifts or payments from industry. And, in the case of the ACF individual reported by Eli Lilly, the amount of payment was considerable. While I am not passing a judgment on a specific case or individual, I do think it is important that we acknowledge that any person with a Stanford faculty title (including ACF) bears responsibility for how the title is used and how relationships with industry are performed and disclosed. I will have more to report on this in a few weeks.

Education versus Marketing: Use of Stanford Facilities for Promotional Videos

Over the past several weeks a number of questions have been raised about the appropriate use of Stanford's space, name and trademarks to promote commercial and business interests of outside third parties. Stanford's resources exist to support the University's missions of the creation, preservation and dissemination of knowledge. The use of Stanford's name to imply support for an outside business entity or by inference the endorsement of a product or service has the potential of distorting the University's primary teaching and research mission and is not permissible.

Several administrative policies detail specific guidelines concerning the use of Stanford's name, space (which includes the use of Stanford University Medical Center services or facilities) and trademarks. I urge you to refer to these policies in the Stanford Administrative Guide (see below) should you have any questions about participating in a video for an outside business interest.

For additional counsel on this issue, you can contact Paul Costello, Executive Director of Communication and Public Affairs at Paul.Costello@Stanford.edu. The relevant policies are: <http://adminguide.stanford.edu/14.pdf> and http://adminguide.stanford.edu/15_5.pdf.

Stem Cell Biology and Regenerative Medicine

Since its inception in 2003, the Stanford Institute for Stem Cell Biology and Regenerative Medicine has continued to develop in stature and achievement. Building on the fundamental discoveries in stem cell biology that have been made by Stanford faculty and their colleagues, a new phase of research is emerging in the form of proposals and plans to translate important discoveries from the bench to the bedside. These efforts begin with a compelling idea and engage interdisciplinary teams of investigators at Stanford and collaborating institutions around the world. To foster the translation of science into clinical practice, unique relations with industry and with the FDA will also be needed. To facilitate this new phase of research, the California Institute of Regenerative Medicine (CIRM) has taken the bold step of providing major financial support (up to \$20 million per project) for competitive proposals by "disease teams" ready to

make progress toward initiation of a clinical trial within 48 months after the start of the funding. Clearly this is a major commitment for CIRM as well as for the disease teams, and it brings with it considerable and important shared expectations and accountability.

At the October 28th meeting of the ICOC (the governing board for CIRM, of which I am a member), Stanford faculty proved highly successful in the competition for “disease team” funding. Indeed, of the fourteen disease teams that were approved by the ICOC (of course I had to recuse myself from any consideration of the Stanford applications), three faculty were approved as Principal Investigators (PI) and one as a Co-PI. This is a remarkable achievement in its own right, although it is also consistent with the success of Stanford faculty in past CIRM competitions.

The Stanford disease teams include projects in leukemia, stroke and the dermatologic disorder dystrophic epidermolysis bullosa (see also: <http://med.stanford.edu/ism/2009/october/cirm.html>). Other CIRM funded disease teams will address potential stem cell treatments for HIV/AIDS, sickle cell disease, brain tumors and solid tumors, diabetes, macular degeneration, cardiomyopathy, and amyotrophic lateral sclerosis. Many different approaches and technologies are employed and the assembled teams include collaborators from the USA, Canada, and the UK. The Stanford led disease teams are:

- ***Principal Investigator Al Lane***, Professor and Chair of Dermatology (with Anthony Oro and Marius Wernig as Co-PIs) “*iPS Cell Based Treatment of Dominant Dystrophic Epidermolysis Bullosa*”
- ***Principal Investigator Gary Steinberg***, Professor and Chair of Neurosurgery (with Stanley Carmichael of UCLA as Co-PI) “*Embryonic-Derived Neural Stem Cells for Treatment of Motor Sequelae Following Sub-cortical Stroke*”
- ***Principal Investigator Irv Weissman***, Professor of Pathology and of Developmental Biology and Director of the Institute for Stem Cell Biology and Regenerative Medicine (Ravindra Majeti and Bev Mitchell as Co-PIs) “*Development of Therapeutic Antibodies Targeting Human Acute Myeloid Leukemia Stem Cells*”
- ***Co-Principal Investigator Gary Nolan***, Professor of Microbiology and Immunology (with Dennis Slamon of UCLA as Principal Investigator and Michael Press of USC as Co-PI) “*Therapeutic Opportunities to Target Tumor Initiating Cells in Solid Tumors*”

The funding is tracked to the PI and, based on that, Stanford will receive \$51.7 million. With these new awards, Stanford has received 42 of the 321 grants awarded by CIRM – which translates into a total of \$162,979,744. This is the largest amount of CIRM funding of any institution in California – which now totals \$1.01 billion. This is an incredible contribution by the citizens of California (through Prop 71, which created CIRM) to support stem cell research. Clearly the next several years will be tremendously exciting scientifically.

In addition to support from California and CIRM for stem cell and regenerative medicine research, several Stanford faculty were also successful in receiving major awards from the

National Heart, Lung, and Blood Institute (NHLBI), one of the National Institutes of Health, for pioneering stem cell research. They are:

- **John Cooke**, Professor of Medicine, and Alan Friedman of Johns Hopkins University will focus on the safe reprogramming and differentiation of adult cells to blood-forming cell lines for eventual application to blood or vascular disorders.
- **Robert Robbins**, Professor and Chair of Cardiothoracic Surgery and Director of the Cardiovascular Institute, and Deepak Srivastava of the J. David Gladstone Institutes, San Francisco, plan to produce usable and reliable induced pluripotent stem cells that can be used for cell therapy in the heart.
- **Mark Krasnow and Irving Weissman** will focus on identifying and characterizing progenitor cells involved in healthy lung and blood development that ultimately may be used in addressing disease or injured states.

Taken all together, Stanford's programs in stem cell biology and regenerative medicine are moving forward with remarkable vigor and results. These efforts will also be more tangibly visible when the Lorry Lokey Building for Stem Cell Research (a.k.a. the Stanford Institutes of Medicine I) opens in the summer of 2010.

Dr. Emmanuel Mignot is Appointed Director of the newly created Stanford Sleep Center

Thanks to the pioneering work of Dr. William Dement, Stanford has long been seen as a leading center in sleep medicine – and in many ways the architect of the field. The program has been anchored in the Department of Psychiatry and Behavioral Sciences and has made major contributions to the science of sleep and its disorders as well as significant advances in the diagnosis and treatment of sleep disorders. Of note, in February of 2009, a state-of-the-art Sleep Center opened at the new Redwood City Ambulatory Center that is owned and operated by Stanford Hospital & Clinics.

Over the years the science and medicine related to sleep has evolved, matured and become more interdisciplinary. Accordingly, a Task Force led by Dr. David Stevenson and Dr. Kathy Gillam was appointed in 2008 to examine the best models and organizational structure to sustain and enhance the excellence of the sleep research and clinical programs at Stanford. While a number of models were proposed, we ultimately settled on establishing the Stanford Center for Sleep Sciences and Medicine (SCSSM). In doing so, we recognized that the optimal starting point was a “hybrid model” that anchored the new Center in the Department of Psychiatry while also permitting it to reach out and collaborate with other departments and disciplines in the medical school and university.

To foster the interdisciplinary focus of the SCSSM, it was determined that the director would report to the Dean (or Vice Dean) and that there would be a Steering Committee of department chairs and hospital administrators involved in sleep related activities. The goal of the SCSSM will be to “engage the broad Stanford community in research, education and patient care in sleep medicine.” It was also determined that the leader of the SCSSM would be appointed by the Chair of the Department of Psychiatry as the Chief of the Division of Sleep Medicine, thus aligning the

Center and Division as a organizational unit that is located administratively in the Department of Psychiatry while also serving as an interdepartmental Center that serves the broader community.

I am very pleased to announce that Dr. Emmanuel Mignot has accepted my offer to become the first Director of the SCSSM. Concurrently, Dr. Alan Schatzberg has appointed Dr. Mignot Chief of the Division of Sleep Medicine in the Department of Psychiatry. Dr. Mignot is the Craig Reynolds Professor of Sleep Medicine and is internationally recognized for his pioneering research in narcolepsy and other sleep disorders. He has received numerous awards and honors and is an elected Member of the Institute of Medicine of the National Academy of Institutes. I join Dr. Schatzberg in being extremely pleased that Dr. Mignot will lead our new Center for Sleep Science and Medicine.

Evolving Agenda in Clinical and Translational Research

On Friday, October 30th the Spectrum Strategic Advisory Board met to review the progress of Stanford's Clinical and Translational Science Award (CTSA). Stanford is one of 46 institutions across the USA that has received an NIH CTSA award. These awards are designed to assist medical centers to develop a transformative home for clinical and translational science through innovation, education and the optimization of resources. Stanford's CTSA, also known as Spectrum, receives \$5 million annually from the NIH (and an additional \$3M from the School and University). It is unique in being anchored in the broader university and in its efforts to reach out to the Schools of Engineering, Humanities & Sciences, Business, Law, Education and Earth Science – as well as to the interdisciplinary Institutes on the Environment and on Human Health and to community initiatives, both locally and globally.

Stanford's Clinical and Translational Research Unit (<http://sccter.stanford.edu/>) has sought to bring together adult and pediatric programs (under the banner of Spectrum Child Health: <http://spectrumchildhealth.stanford.edu/>) and to create the infrastructure for clinical research, including regulatory and compliance functions as well as the panoply of requirements (e.g., core facilities, clinical trials budgeting, informatics and statistics support) that enable effective and optimized clinical research. One of the important objectives of Stanford's CTU is to forge connections with industry and development partners through SPARK (led by Dr. Daria Mochly-Rosen) and the Biodesign Program (led by Dr. Paul Yock). The Stanford CTU also helps foster novel research through pilot funding programs and has also developed unique Stanford connections – such as between the medical school and the Stanford Synchrotron Radiation Laboratory (SSRL) at SLAC to enhance drug discovery.

The Stanford CTR has also been building education and training programs designed to develop future physician-scientists and scholars as well as to prime the pipeline for diversity and excellence. These include programs that enrich science learning for high school students in addition to leadership and community training for faculty and trainees. In tandem are an increasing number of efforts to develop community programs and interactions – both locally and globally.

During our Spectrum Advisory Meeting we had excellent updates on each of these initiatives and I was very pleased by the progress being made in our overall clinical and translational research

efforts. I am particularly grateful to Dr. Harry Greenberg, the PI for our CTSA and Director of Spectrum, as well as the Co-Directors Drs. Phil Lavori, Charles Prober, Brandy Sikic and David Stevenson. While this is very much of a work in progress, it is clearly gaining momentum and excellence. Thanks to all – and especially our faculty, students and trainees.

NIH Director's Major Initiatives

During the November 5th Board Meeting of the Foundation for the NIH, Francis Collins, newly appointed NIH Director, outlined five of his major priorities. These include:

1. ***The application of new technology to understanding how life works and goes wrong.*** He referred to big science projects like expanded genomics and imaging that might catalogue “all proteins and all genes” and how they are related to normal and abnormal life processes.
2. ***Translating basic science discoveries into new and better treatments.*** He referenced improving the pipeline for discoveries and innovations and specifically commented on high throughput technologies and chemical genomics and the TREND project.
3. ***Putting science to work for the benefit of health care reform,*** including the use of evidence based medicine, quality outcomes research, pharmacogenomics and the use of mobile technologies to monitor and improve health outcomes.
4. ***Encouraging a greater focus on global health,*** including communicable and non-communicable diseases and also neglected tropical diseases.
5. ***Reinvigorating and empowering the biomedical research community,*** including focusing on the pipeline for new biomedical scientists as well as the funding to support bioscience research.

While these themes are important, they are largely about more big science initiatives and did not focus on basic research as a primary underpinning. I would hope that future presentations would offer a greater attention to basic research as an underpinning to translational research and medicine.

Laptop Security and Encryption

I brought to your attention in a past Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/04_07_08.html) the critical issues of laptop security, privacy of information and the need for encryption. At the Executive Committee meeting on Friday, November 6th, Todd Ferris, Associate CIO – IT Services, and Ellen Amsel, Director, Information Security Services, provided an update on these topics. They reminded us that if identifiable patient or research subject health information is stored on a laptop or any other removable media (e.g., USB drive, CD, portable hard drive), that information must be encrypted (Stanford University Data Classification: http://www.stanford.edu/group/security/securecomputing/dataclass_chart.html), and they provided the following information:

Stanford's central IT organization, ITS, has funded PGP, which is encryption software that is compatible with both PCs and Macs. PGP is available to everyone at Stanford at no cost. ITS is providing 24/7 support for PGP, and each user can have up to three licenses for use on three different computers. Information on PGP can be found at: <http://www.stanford.edu/services/encryption/wholedisk/index.html>. We strongly encourage the use of PGP (or other encryption tool) and remind you that current, reliable backups of your data are always important. If your laptop is stolen, even if it is encrypted, you will need a copy of your data so you can continue your work. Backups, of course, should also be properly protected. Additional information can be found at the School of Medicine website: http://irt.stanford.edu/security/encryption_main.html.

Contact your local IT support person to help you with PGP or another encryption solution that best fits your needs. You can also contact the School of Medicine Service Desk at 725-8000. In the event of a lost or stolen laptop, contact the School of Medicine Privacy Officer at 725-1825. There is a presentation that contains all of this information and more at: <http://med.stanford.edu/irt/security/protecting/EncryptionPresentation>.

I urge you to take the necessary steps to assure that you are in compliance with this important policy.

Opportunities to Help Our Neighbors

The Dean's Office is excited to rally in aid of our community and run a food & fund drive to benefit Second Harvest Food Bank of Santa Clara and San Mateo Counties. Most of us know someone who is struggling to make ends meet, and we have the opportunity to ensure that no child, family or senior goes hungry. Through your generosity we can provide hope for the 207,000 people Second Harvest feeds each month. Please join us in this effort to feed our neighbors who, each month, have to decide between paying for rent, utilities, or medicine and providing food for their loved ones.

Drop off food donations in the barrels located in the Dean's office, Alway building, M-121. Please note the most needed foods:

- *Meals in a can (Stew, Chili, and Soup)*
- *Peanut Butter*
- *Cans with pop top lids*
- *100% Fruit Juices*
- *Canned Fruits*
- *Canned Vegetables*
- *Tuna/Canned Meat*
- *Low-Sugar Cereal*

The Dean's Office will be collecting donations until **Friday, December 18**.

In addition, the Dean's Office is holding a coat drive over the next few weeks. Coats of all shapes and sizes are welcome. Just bring your clean, gently used coats and jackets to the Dean's Office between **November 9 and December 4**. In conjunction with the One Warm Coat organization, all reusable coats will be distributed free of charge directly to local people in need.

Thank you in advance for your participation!

Upcoming Event

National Health Forum:

New Responsibilities for Scientists, Clinicians and Policy Makers

Thursday, November 18

4:00 – 5:30 pm

Byers Auditorium, Genetech Hall, UCSF Mission Bay Campus

On Thursday November 18th the Institute of Medicine of the National Academy of Sciences will sponsor a regional meeting to which all are welcome. The meeting will be moderated by Dr. Bernie Lo, Professor of Medicine and Director of the Program in Medical Ethics at UCSF, and will feature presentations by Drs. Susan Fisher (UCSF), Sandra Hernandez (The San Francisco Foundation and Board Member at LPCH) and Ralph Horwitz, Chair of Medicine at Stanford. Registration is at www.iom.edu/sfregional.

Awards and Honors

- **Dr. Alan Garber**, Stanford Health Policy Director, has been awarded the Society for Medical Decision Making's Career Achievement Award. Presented at the SMDM annual conference, the award recognizes senior investigators who have made significant contributions to the field of medical decision making.
- **Dr. Lucy Shapiro**, Ludwig Professor of Developmental Biology, will be 2010 recipient of the Abbott Lifetime Achievement Award, the highest honor bestowed by the American Society of Microbiology.
- **Dr. David Stevenson**, Harold Faber Professor of Pediatrics, Vice Dean and Senior Associate Dean for Academic Affairs, received the 2009 Albion Walter Hewlett Award from the Department of Medicine. This award honors "an extraordinary physician in the Stanford community...who has consistently, over decades, demonstrated the exemplary combination of a scientific approach to medicine and compassionate patient care." Dr. Stevenson is the 21st recipient of the Hewlett Award.

- The Academic Council of Stanford University has elected four School of Medicine faculty members to serve on the Advisory Board. The Provost has offered his commendations to each and I share their names with you:
 - **Dr. Ben Barres**, Professor and Chair of the Department of Neurobiology
 - **Dr. Linda Boxer**, Professor of Medicine and Chief of the Division of Hematology, Department of Medicine
 - **Dr. Dr. John Boothroyd**, Professor of Microbiology and Immunology and Associate Vice-Provost for Graduate Education
 - **Dr. Steve Galli**, Mary Hewitt Loveless Professor and Chair, Department of Pathology
- **Yi-Ren Chen**, SMS, has been selected to participate in the 8th Annual Paul Ambrose Scholars Program – one of only 44 medical students across the nation to be selected for this program.

2009 CTSA Seed Grant Awardees: The Office of Community Health is pleased to announce the recipients of the 2009 CTSA Seed Grants. These awards provide research/project funding for Stanford faculty to form new community-based partnerships, enhance existing partnerships or support implementation of a community-based research project with community-based organizations in San Mateo or Santa Clara counties. This year's award recipients include:

- **Lisa Chamberlain**, M.D., MPH , Assistant Professor of Pediatrics and **Meg Itoh**, M.D., Pediatric Resident, Lucile Packard Children's Hospital for: Understanding the Lives and Health Needs of Refugee Foster Care Youth in Santa Clara County
- **Halsted R. Holman**, M.D. , Professor of Medicine, Emeritus for: Improving Care for Chronic Disease through a Community Partnership
- **Samuel So**, M.D., FACS, Director, The Asian Liver Center at Stanford University for: Studying the Efficacy of Education and Community Center Vaccination and Screening Services to Reduce Chronic Hepatitis B
- **Dee West**, Ph.D. Professor, Department of Health Research and Policy and **Bang Nguyen**, Dr.PH , Consulting Assistant Professor, Department of Health Research Policy for: Building Community Academic Partnerships for Cancer Control Research
- **Eunice Rodriguez**, Dr.PH , Associate Professor, Department of Pediatrics and Center for Education in Family and Community Medicine and **Nancy Morioka-Douglas**, M.D., MPH, Clinic Professor, Clinic Chief, Stanford Family and Community Medicine for: Refining and Disseminating HealthyU: A Health Science Learning Journey
- **Michaela Kiernan**, Ph.D. Senior Research Scientist, Stanford Prevention Research Center for: Translation of Group-Based Behavioral Obesity Treatments to Extend Community Reach

Appointments and Promotions

Elias N. Aboujaoude has been promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 9/01/09.

Euan A. Ashley has been reappointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 12/01/09.

Rashmi Bhandari has been reappointed as Clinical Assistant Professor of Anesthesia (Pediatric Anesthesia), effective 11/01/09.

Richard J. Bloom has been reappointed as Clinical Associate Professor (Affiliated) of Surgery, effective 9/01/09.

Carlos Bustamante has been appointed to Professor of Genetics, effective 1/01/10.

Manish J. Butte has been appointed to Assistant Professor of Pediatrics, effective 11/01/09.

Emilie V. Cheung has been reappointed to Assistant Professor of Orthopaedic Surgery at the Stanford University Medical Center, effective 12/01/09.

Ramsey Cheung has been promoted to Professor of Medicine at the Veterans Affairs Palo Alto Health Care System effective 11/01/09.

Ronald Cohen has been reappointed as Clinical Professor of Pediatrics (Neonatal and Developmental Medicine), effective 6/01/09.

Todd Dray has been reappointed as Clinical Assistant Professor (Affiliated) of Otolaryngology – Head and Neck Surgery, effective 9/01/09.

Ting-Ting Huang has been promoted to Associate Professor (Research) of Neurology and Neurological Sciences, effective 11/01/09.

James I. Huddleston has been reappointed to Assistant Professor of Orthopaedic Surgery at the Stanford University Medical Center, effective 12/01/09.

Peter J. Koltai has been reappointed to Professor of Otolaryngology – Head and Neck Surgery at the Stanford University Medical Center, effective 11/01/09.

Ware Kuschner has been reappointed to Associate Professor of Medicine at the Veterans Affairs Palo Alto Health Care System, , effective 11/01/09.

Ralph S. Lachman has been appointed as Clinical Professor of Radiology, effective 10/01/09.

Julie Livingston has been promoted to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/01/09.

Brian J. Feldman has been appointed to Assistant Professor of Pediatrics , effective 11/01/09.

Sandra Luna-Fineman has been appointed as Clinical Associate Professor of Pediatrics (Hematology and Oncology), effective 1/21/10.

Daphne Ly has been appointed as Clinical Assistant Professor (Affiliated) of Surgery (General Surgery), effective 8/01/09.

Lawrence McGlynn has been promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 9/01/09.

Ashraf I. Osman has been appointed as Clinical Assistant Professor of Cardiothoracic Surgery, effective 1/01/10.

Cheryl Pan has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/01/09.

Krystle Q. Pham has been promoted to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/01/09.

Claude Rogé has been reappointed as Clinical Assistant Professor (Affiliated) of Pediatrics (Pediatric Cardiology), effective 9/01/09.

Jonathan R. Strayer has been appointed as Clinical Associate Professor of Neurosurgery, effective 11/01/09.

Jesse Tannenbaum has been reappointed as Clinical Assistant Professor (Affiliated) of Pediatrics, effective 9/01/09.

Fan Yang has been appointed to Assistant Professor of Orthopaedic Surgery and of Bioengineering, effective 11/01/09.

Dean's Newsletter

November 23, 2009

2009 Summit On Clinical Excellence

On November 19th the Stanford University Medical Center held its third annual Summit on Clinical Excellence. Sponsored by the School of Medicine, the Stanford Hospital & Clinics and

the Lucile Packard Children's Hospital, this year's Summit focused on communications, teamwork and the ever increasing challenge of "hand-offs" in the clinical setting. Bryan Bohman, Chief of Staff at SHC, serving as the course director and moderator, did an excellent job in both capacities.

In my opinion, this was the best of the Clinical Summits to date, largely because it engaged a broad array of SUMC faculty and staff in its planning and leadership. One of the most striking and important features was the transparency and honesty about what is working at SUMC and, importantly, what is not working. Indeed the Summit began with a recitation of failures or near misses in clinical excellence and reflected a willingness on the part of our community to acknowledge our failings as a way to make future improvements.

It is clear that SUMC has made significant strides in quality excellence over the past three years. But it is also abundantly clear that much work remains – and, importantly, that continued efforts are needed to prevent backsliding. All faculty and staff must embrace a commitment to quality excellence. It is also clear that these efforts need support and commitment by institutional leaders. This was evident at the Summit by the attendance and comments from members of the SHC and LPCH Board of Directors, including Mariann Byerwalter, Chair of the SHC Board of Directors, and John Lillie, Chair of the LPCH Board of Directors. CEOs Martha Marsh (SHC) and Chris Dawes (LPCH) also expressed their support to quality excellence. I offered my support as well and underscored that a commitment to excellence in the quality and excellence of patient care needs to be as embedded and embraced as is our very evident commitment to excellence in research. Creating a better balance of our missions at Stanford was a topic I addressed in some detail in my February 17, 2009 Newsletter (see: http://deansnewsletter.stanford.edu/archive/02_17_09.html#2c).

In addition to excellent presentations by Clarence Braddock, Professor of Medicine and Medical Director for Quality at SHC, and Christy Sandborg, LPCH Chief of Staff, the Summit featured a presentation by Dr. Allan Frankel from the Institute for Healthcare Improvement and Division of General Medicine at the Brigham & Women's Hospital in Boston on the critical role that communication plays in promoting or reducing errors. He demonstrated how critical teamwork is and showed how much the value of teams differs in the healthcare field compared to the airline industry, which has put a premium on teamwork and error reduction through communications, checklists and a culture that makes everyone responsible for assuring safety. In medicine this will require rebasing the traditional hierarchical order of medical practice to one that empowers all providers to engage in the identification and elimination of potential safety or quality errors without a fear of retribution or retaliation. To do this there needs to be interplay between the attributes of leaders, the norms of conduct of teams and the focus on improvement in the units responsible for safe, effective and quality driven patient care. Among the characteristics are:

Attributes of Leaders	Norm of Conduct of Teams	Improvements Sought by Units
<i>Ensure Respect</i>	<i>Plan Forward</i>	<i>Continuously Test</i>
<i>Ensure Psychological Safety</i>	<i>Reflect Backward</i>	<i>Relentlessly Seek to Improve</i>
<i>Set Expectations</i>	<i>Communicate Clearly</i>	

	<i>Resolve Conflicts</i>	
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Improving communication among clinical teams at SHC and LPCH was an action item at the Summit. Multidisciplinary teams of physicians, nurses, and other healthcare professionals met in small groups to develop specific action plans addressing some of the most challenging areas of communication. The efforts they began at the Summit will be followed-up in the months ahead as their plans are further developed and then implemented.

Summits and retreats are helpful in bringing diverse communities together to share knowledge and experience and to develop plans for the future. They are successful if the plans are further developed and then brought to fruition. Clearly this is the challenge and the goal. But there can be no doubt that the November 17th Summit for Clinical Excellence highlighted important issues and created a forum for assuring clinical excellence.

Faculty Forward: School of Medicine Job Satisfaction Survey

One of my overarching priorities is to foster a workplace that is valued by our faculty, students and staff. There is no doubting that the pressures of an academic medical center are significant – especially during periods of constraint such as those as we have experienced in recent times. Nonetheless it is important that we continuously strive to do more to support our community and, periodically, assess how we are performing and what further might be done at the division, department or school-wide level. In 2007 Stanford participated in a pilot project of the AAMC and the Collaborative on Academic Careers in Higher Education (COACHE). I reported on the results of that survey in the February 17, 2009 Dean’s Newsletter (see: http://deansnewsletter.stanford.edu/archive/02_17_09.html#2b).

In April 2009, Stanford was one of 23 medical schools that participated in the next phase of the Faculty Forward COACHE project. In this survey, locally coordinated by Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership, we asked all faculty to participate (Investigators, Clinician Scholars/Investigators, Clinician Educators). Surveys were sent to 1,061 individuals, and responses were received from 467 (44%), including 54 (45.4%) of the 119 basic science faculty and 413 (43.8%) of clinical faculty. A disproportionate percentage of women (180/325 or 55.4%) compared to men (287/736 – 39.0%) responded.

Responses were grouped into nine themes, including the nature of the work; climate, culture, collegiality; collaboration/mentoring/feedback; promotion; compensation/benefits; recruitment and retention; governance and operations; clinical practice and global satisfaction. The data was presented in various ways, including peer and cohort comparisons, areas of strength and weakness and gender or minority status. In this update I want to share the categories in which Stanford was ranked first or second out of five in a peer group comparison and in the top half of the overall cohort. I think it is best to consider these results as global trends, although there is similarity to the earlier survey, giving this update some added strength. Here are the data in the aforementioned categories by strength and then weakness.

Areas of Strength (Top of the Group)

1. Nature of Work

- a. Value placed on research/scholarship at the medical school, department and division levels
- 2. *Climate, Culture, Collegiality***
 - a. The intellectual vitality of departments
 - b. That work is appreciated by patients, students and residents
 - c. The culture of the medical school in cultivating interdisciplinary work, entrepreneurialism and excellence
- 3. *Collaboration/Mentoring/Feedback***
 - a. Opportunities to collaborate with faculty in other departments in the medical school and with faculty in other schools at the university
- 4. *Promotion***
 - a. The criteria for promotion around research and scholarship are clear
 - b. The opportunities for professional development at the medical school level
- 5. *Compensation/Benefits***
 - a. Positively seen (compared to peers) are housing benefits, tuition benefits, assistance with spousal hiring, parental leave, availability and the quality of childcare
- 6. *Recruitment and Retention***
 - a. The medical school is seen as successful in hiring high quality faculty members – as are departments and divisions
 - b. Similarly, the school, departments and divisions are seen as successful in retaining high quality faculty members
 - c. Success is seen in retaining female faculty members
- 7. *Governance and Operations***
 - a. Positively seen are communications from the dean’s office to the faculty about the medical school – including explaining overall finances to the faculty
 - b. Also ranked high are the dean’s priorities for the medical school and the pace of decision making at the school and department level
 - c. Faculty feel they can express their opinions about the medical school without fear of retribution
- 8. *Global Satisfaction***
 - a. The department and medical school as a place to work
 - b. “If I had it to all over again, I would again choose to work at this medical school”
 - c. “If I had it do all over again, I would choose an academic career”

Areas of Potential Weakness (areas ranked low in comparison to peers and the entire cohort)

- 1. *Nature of Work***
 - a. The number of hours worked in an average week and the control that one has over one’s schedule
 - b. The value the medical school and department (as well as the department chair and division chief) place on teaching, patient care, community service, administration
- 2. *Climate, Culture, Collegiality***
 - a. How well one “fits” (a sense of belonging) in one’s department
 - b. The quality of personal interactions with departmental colleagues

- c. Respect of departmental colleagues of “my efforts to balance work and home responsibilities”
 - d. The faculty in my department get along well together
 - e. My work is appreciated by my immediate supervisor
 - f. The workplace culture fosters collegiality or opportunities to all faculty regardless of race/ethnicity
- 3. Collaboration/Mentoring/Feedback**
- a. Usefulness and frequency from unit head on career performance
- 4. Promotion**
- a. Criteria for promotion based on teaching, patient care, institutional service
 - b. Female and male faculty have equal opportunities for promotion rank.
 - c. Minority and non-minority faculty have equal opportunities for promotion in rank
- 5. Compensation/Benefits**
- a. Salary, health benefits and retirement benefits
- 6. Governance & Operations**
- a. The availability and quality of research space
 - b. The equity in distribution of research space among faculty
 - c. “My department does a good job explaining departmental finances to faculty”
 - d. Availability of administrative support to do one’s job
- 7. Clinical Practice**
- a. Support from administrative or office staff for ones clinical care activities
 - b. Opportunities for physician input in management decisions

In a number of important ways, the results of the most recent survey mirror those of others we have conducted over the years. It is true (and appreciated) that we have made progress in closing some of the gaps in gender disparity. However, with respect to our core missions, we still have a culture where contributions to patient care and education do not appear to be as highly valued as are contributions to research. I have previously discussed this and won’t recite all the reasons this belief arose and why it continues to be fostered. And I do want to underscore that I too value contributions to research as a core value. That said, I also view contributions to education and patient care as equally important to the overall success of our medical school and medical center. In reviewing the data in more detail, I note that it appears that some of the perceptions that contributions to patient care and education are of less value than research contributions are arising at the department and division level. It is important for leaders and faculty throughout the school to foster a better sense that excellence in contributions in all of our missions contribute equally to our overall success.

Perceptions of what is valued are within our control and, just as we need to cultivate an environment that fosters excellence in quality in patient care (see above), so too do we need to foster a sense of balance and quality across all of our missions – another topic I have focused on in past Newsletters (see: http://deansnewsletter.stanford.edu/archive/02_11_08.html#b) since this was also the topic of our 2008 Leadership Retreat. Career development and faculty support will also be an important ongoing initiative and a major topic for review at our 2010 Leadership Retreat.

Supporting the Research Mission in Academic Medical Centers

At the recent Association of American Medical Colleges (AAMC) meeting I chaired a session about how medical centers are preparing for changes in the support for research in the years ahead. There can be no doubt that the USA has excelled in biomedical research during the last half of the 20th century and the beginning of the 21st, largely through sponsored federal research support from agencies like the National Institutes of Health (NIH), the National Science Foundation (NSF) and, in defined areas, the Departments of Energy and Defense, among others. This support led to the rapid growth of academic medical centers across the USA, evidenced by a more than tenfold increase in the size of faculty and the expansion of research facilities (some much more than others) at virtually every academic medical center.

Despite a research budget just above \$30 billion for the NIH in 2009 (not counting stimulus support from the *American Recovery and Reinvestment Act of 2009* [ARRA]), the competition for research support is significant and, even when successful and fully funded, institutions need to invest considerable additional resources from other sources in order to support a mission in research. The amounts and sources of cross-subsidization for research vary among institutions and generally include clinical income, gifts, endowment or institutional reserves and for some institutions, state support.

While this model has been highly successful for decades, the last several years have witnessed a number of threats to its sustainability. Among these was the downturn in research support to below inflation levels from 2003-2009 (coupled with a sometimes pernicious attitude toward science emanating from both the government as well as the private sector). The magnitude of this problem was significantly worsened by the economic downturn that reached crisis proportions in late 2008 and that resulted in major losses of endowments in universities, non-profit foundations and, in tandem, private and institutional philanthropy in support of research. The full impact of these dramatic funding reductions has been at least temporarily offset by ARRA, which has injected \$8.2 billion into biomedical research. Indeed ARRA funding has had a major positive impact on Stanford (as well as virtually every academic center) but this reprieve may be short lived since ARRA ends with fiscal year 2010. Accordingly, the amount of money that will support research in fiscal year 2011 remains unknown but must be a source of concern – given the overall national budget and looming extraordinary deficits.

There is already considerable debate about whether ARRA support has been meaningful. This question needs to be put into context. A study recently commissioned by the AAMC showed that the nation's 131 medical schools and 400 teaching hospitals employ 1.86 million full-time employees and are directly or indirectly responsible for 3.3 million full-time jobs. Based on the expenditures of academic medical centers the annual total economic impact is estimated as \$512 billion – which means that academic medical centers comprise 20% of the health-care sector of the economy (see <http://med.stanford.edu/ism/2009/november/academic.html> for further detail). ARRA funding has thus been directed to a significant segment of our economy. At Stanford we believe that ARRA has had a significant impact on our research programs and on the preservation and creation of jobs in our community, and we have recently posted a website that describes these positive effects (see: <http://med.stanford.edu/stimulus/>).

The immediate challenge – and the topic of my comments at the AAMC meeting – is how to prepare for the post ARRA funding environment, which begins next year. I highlighted ten issues that are worthy of consideration – all of which we are exploring at Stanford.

1. ***Recruiting and retaining the most talented individuals***: While we have had to impose a hiring freeze during the past two years (especially for basic science faculty), we are hopeful that we will be able to resume hiring selected junior faculty in the next couple of years. We recognize that they are our future lifeblood and best source for continued excellence in discovery and innovation. But we also recognize that considerable institutional resources are needed to recruit the most talented junior scientists. In tandem, we continue to work on retaining our most talented faculty, and we recognize that our faculty are often considered targets of opportunity by other institutions. Successful retention includes providing interim support for faculty whose research funding may have temporarily lapsed. More importantly, it includes fostering an environment that remains attractive and stimulating to the most exciting investigators.
2. ***Being selective in the number of faculty recruited at any one time***: While there is a need to create a critical mass and to sustain excellence in defined areas, it is also true that searching for the best faculty requires time and effort and that ultimate selectivity cannot be compromised. If a search fails to define a candidate of exceptional excellence, it is better to pause and start over rather than to make a compromise that might sacrifice future excellence. A common theme among our departments is the desire to find someone “better than themselves” who provides new talents and skills. This requires considerable effort, and running too many searches at once can dilute focus and lead to inadvertent compromise.
3. ***Being thoughtful about the overall size of the faculty***: A common refrain among medical schools is an expressed desire to grow their faculty and become more prominent in the NIH rankings of institutional funding. I think this is not a wise focus. It is far better to fall short on total funding in favor of having individual faculty who are highly supported and competitive for peer-reviewed funding. This may mean limiting the growth of faculty – which is very much part of the culture at Stanford. However, this view is not shared at most medical schools. I would argue, though, that when resources are constrained – as they are likely to be in the years ahead – it is preferable to have fewer faculty who are each highly competitive and accomplished than to have a larger number of faculty who may compete only on the margin during times when funding pay lines are reduced. I do recognize that most institutions and leaders do not share this perspective – but it should at least be considered.
4. ***Being careful about the size and amount of research space***: A frequent hallmark of success is the number of buildings devoted to research and the amount of laboratory space available to individual investigators. Indeed, a number of institutions have viewed the number of construction cranes on site as a measure of institutional success and even excellence. I would argue to the contrary. It is preferable to have more limited space that is fully occupied and supported than to have excess capacity. Further, it is likely going to

be important to reconsider the amount of space and people any single faculty member or investigator can support.

At Stanford we have long employed space charges to place a premium on research space and have tried to plan new space based on clear faculty projections. We are also focused on supporting common space and shared equipment. Going forward we need to be more focused on reducing the cost of research by faculty, departments and centers. The concept of building space with the hopes of recruiting faculty who will bring considerable research funding with them is a somewhat dangerous strategy and will likely become even more hazardous in the years ahead. I recognize that peer institutions may not share this point of view, but I think it too deserves consideration.

5. ***Reducing expenses:*** I know that individual investigators exercise considerable rigor in controlling research expenses. But I am also confident that, just as in every other endeavor, better ways to reduce administrative expenses and overhead are achievable. This will require considerable effort and planning, since expense control has not been a focus (or even a sought after characteristic) of most faculty – who are appropriately more interested in advancing discovery and innovation. Working more creatively with teams focused on expense reduction and even incentivizing success are strategies that need to be pursued.
6. ***Creating expectations:*** There are major differences in the amount of institutional support provided to faculty in a medical school in comparison to other parts of a university. In fact it is almost invariably considerably less for faculty in medical schools. We think it is important to have defined expectations about how much of a faculty member's compensation and support should be based on grants. This is graded according to faculty seniority and ranges 40 to 60% (or more) for more senior faculty. Clearly this is a source of stress at times when grant funding is diminished, and thus it is important to have some base of support for research faculty as well as resources for bridge funding to cover lapses in funding.

At Stanford we have a defined bridge-funding program in place that, thankfully, has been relatively infrequently used to date. Fortunately, nearly every faculty member who has received funding from this source has been able to restore research funding over time. But there needs to be an expectation that, if grant funding is not successful after bridge funding (and assuming no other extraordinary factors), reductions in compensation are to be anticipated. That is, there cannot be an expectation that research faculty who are not able to support their salary and programs can depend on departmental or institutional support. It is best when this is baked into the culture and is applicable to all faculty members.

7. ***Leveraging funding:*** We have had an active program of providing modest and competitive seed grants to faculty who are addressing new research themes, especially if they are interdisciplinary and/or create bridges between basic and clinical faculty. While results are still somewhat anecdotal, it appears that these seed grants leverage about a 5-10 fold success in subsequent peer-reviewed funding support. They also enable faculty who would not otherwise have necessarily worked with each other to connect – and that

opens new venues for innovation. We have not done enough to support program project grants or big science efforts, since that has run against our traditional institutional priorities and culture. But we are doing that more selectively and will need to put more effort into that in future years – especially if that becomes an increasing focus of NIH support.

8. ***Seeking new funding sources:*** It is also important to seek new sources of funding that can complement or create synergies with traditional federal sponsored research. These might come from non-profit foundations or industry (although attention to potential conflict of interest and intellectual property are important caveats). In California, we have been major beneficiaries of state support for research, especially through the California Institute of Regenerative Medicine (CIRM). CIRM is supported by the 2004 Proposition 71, which allocated \$3 billion to this endeavor. Other states have also begun supporting research in stem cell biology; Texas has recently begun a major funding program for cancer research. These state funding sources are important and can compensate for reductions in federal support. But they may create inadvertent disparities across the nation and could even lead to an expectation that states should fill in the shortfalls of the federal investment in research – which would be potentially dangerous for the future prominence of the USA in biomedical research.

In addition to state, foundation and industry support, it is likely that clinical income will also continue to be sources for funding research at academic medical centers. However it should be expected that this source will be impacted over time by health care reform, which will lead to reduced payments to medical centers and narrower margins. Significant healthcare reform is a clear priority, but it will have consequences on the research mission of many academic centers, especially those that have relied on clinical income as a source for research support.

9. ***Creating buffers:*** Our hope before the economic downturn was to create a buffer for our faculty by raising gifts to support and even endow graduate education. We also hoped to generate significant philanthropic support to provide graduated endowment support for junior faculty that would increase with promotion and tenure. This remains a priority, but our timeline is delayed by the economic downturn. In future years we will hope to generate such support for our medical school faculty in order to provide better insulation against the undulations in sponsored research support.
10. ***Advocating for research funding:*** In addition to doing all we can to better manage our institutions and support our faculty and students, it is essential that leaders of academic medical centers and faculty do all they can to advocate for more stable research funding that, at a minimum, keeps pace with inflation. It would be a tragedy if the economic forces now at play resulted in a deterioration of the unique role the USA has played in advancing research discoveries and innovations. We need to do all we can to support this unique contribution to global health and security.

I have provided a high-level outline of some of the issues we need to address. The list is certainly not comprehensive and the examples are incomplete. But I hope they foster discussion and also

attract comments and suggestions about how we can better support our research mission in the years ahead. Please don't hesitate to offer input and suggestions.

What Students and Trainees (and the Rest of Us) Need to Know about Privacy and Security

In recent weeks several issues have emerged that prompt a review of privacy and security issues that should be available to and known by our learning community. The following list has been generated and provided by the Office of General Counsel, and I provide them for your consideration.

1. **“Need to know” access:** Under federal and state privacy requirements, you cannot access anyone's identifiable health information (“protected health information” or “PHI”) without written authorization, unless you have a need to know for a permissible reason. For medical students, permissible reasons include:

(1) treatment of a patient for whom you have responsibility; and (2) participation in Stanford training programs (*e.g.*, classroom lectures, case studies, morning reports, student presentations, and clinical instruction in the treatment setting). There are a limited number of other permissible reasons to share PHI, such as if it is required by law or necessary for certain health care operations in which you are participating (such as quality-of-care reviews). Research access is addressed below.

Note that PHI is defined *extremely* broadly. It includes not only patient name, medical record number, and contact information, but even initials, treatment dates, birth date, patient zip code, images, a relative's name or identifiable information, and other information that, together with what is otherwise known, could reasonably be used to identify a person. PHI is protected whether the person is living or deceased. PHI can be in any form: written, electronic, or verbal.

Activities that do not meet the “need to know” standard include, for example: using electronic medical record systems to look up a patient for whom you have no treatment responsibility; talking with a family member or friend about a patient case with any reference to PHI; forwarding to or discussing PHI in a School of Medicine chat room or on a social networking site such as Facebook; and sharing PHI with anyone, even at Stanford, who does not have a specific job-related need to know.

1. **Minimum necessary:** You may use, share, or access only the minimum necessary PHI. Accessing more than the minimum necessary PHI is against the law. If you are helping to treat a patient, the minimum necessary could be the full medical record. In contrast, if de-identified information suffices for some educational activities or presentations, or very minimal PHI could be used, then that is all that you may use. Note that Stanford privacy policies restrict the use of certain PHI (such as mental health information) for training or educational purposes; this reflects stricter confidentiality requirements for sensitive information.
2. **Research:** If you are conducting any research using PHI, you need prior IRB approval. Even before you initiate your research, if you need to know whether there are enough

patients with a specific condition to propose a research study, you must have prior IRB approval and/or approval of the School of Medicine privacy officer; you cannot search the electronic medical records to find this out without prior written approval.

In many studies, the IRB requires researchers to obtain written authorization from individuals to use their PHI for research. The IRB may waive authorization (e.g., in retrospective record studies) if legal criteria are met. Keep documentation of your IRB approvals, both for general recordkeeping purposes and so that you can show your access was permissible if any question is raised.

1. **Security**: Use excellent judgment and follow Stanford security policies to protect the security of PHI. Do not share your password; you will be deemed responsible for access to PHI under your login name. Do not take patient information home or away from the School or Hospital unless it is properly secured (e.g., encrypted for electronic files and a locked container for paper). Avoid using PHI in emails if possible, and if it is necessary, use secure email and follow Hospital patient-email policies.

If you learn of a possible breach of privacy or security, report it immediately to the School of Medicine or Hospital privacy officers at 650-725-1828 or 650-724-2572. Federal and state laws require Stanford to investigate and report breaches very quickly to the government and affected individuals, so it is critical for you to share any information about such an incident immediately with the above contacts.

1. **Legal and public relations risks to you and Stanford**: As electronic medical record systems proliferate and high-profile privacy and security breaches in California and elsewhere have occurred, federal and state officials have enacted new privacy and security laws, which are being aggressively enforced. Significant fines (thousands to millions of dollars) may be imposed on individuals and institutions for a breach or other violation of privacy and security laws, depending on the severity and circumstances.

The California Department of Public Health reports individuals who have violated privacy laws to the relevant licensing boards for review and disciplinary action. In addition, privacy and security breaches are posted on state and federal government websites, and institutions have a legal duty to notify the media of certain breaches.

As one example of the dramatic change in the enforcement climate, federal rules formerly excused a violation if a health care provider did not know of the privacy violation, and could not have known of it even through reasonable efforts. Now, even though the provider did not know of the breach, that same scenario triggers fines, although at a lower level (\$100-\$50,000 per violation) than if the facts show a knowing violation.

Your best protection is to access, use, or share only the minimum necessary PHI, and then only when you have a permissible need to know. Use de-identified information, or encrypted PHI, whenever possible. Keep any PHI secure to avoid unintentional access or a breach.

Some Notable Recent Events

1. ***Frontiers in Human Health***: On November 11th we hosted the first in our new series of cutting edge science and medical topics for the community. This first program focused on Regenerative Medicine and was designed to describe the importance of basic research in creating new knowledge in its own right and as a source of potential and future improvements in human health. This was a dinner event (paid for by the more than 300 attendees) that featured prominent faculty at each table to foster discussion and dialogue. The event also featured an interactive dialogue on regenerative medicine by three faculty members representing different fields and disciplines. They included **Ben Barres**, MD, PhD, Professor of Neurobiology, Developmental Biology and Neurology and Neurological Sciences (and Associate Member of the Neurosciences Institute); **Jennifer Cochran**, PhD, Assistant Professor of Bioengineering; and **Marius Wernig**, MD, Assistant Professor of Pathology (and Member of the Institute for Stem Cell Biology and Regenerative Medicine). Following brief comments and reflections on their own work, Paul Costello, Executive Director of the Office of Communication and Public Affairs, led a panel discussion with Drs. Barres, Cochran and Wernig as well as with the audience. It was a highly successful event – also evidenced by the fact that more than 100 individuals were on a waiting list to attend. We will be doing a series of similar events in the future.
2. ***Women's Cancer Center: Under One Umbrella***: Thanks to the outstanding efforts of a volunteer host committee led by **Lisa Schatz** along with Co-Chairs **Susie Fox**, **Lainie Garrick**, **Lisa Goldman** and **Dianne Taube** and an excellent committee as well as outstanding support from our Office of Medical Development, we hosted a terrific event benefiting the Women's Cancer Program at Stanford. I should quickly add that this event was catalyzed by the participation and attendance of Academy Award winning actress **Nicole Kidman** and her Grammy Award winning husband **Keith Urban**. Ms. Kidman has been a long-time friend and supporter of **Dr. Jonathan Berek**, Professor and Chair of Obstetrics and Gynecology at Stanford and director of the Women's Cancer Center. In addition to wonderful comments by Ms. Kidman, which were especially laudatory about Dr. Berek and his wife Deborah, the event also featured a performance by Keith Urban. And as wonderful as these were, most moving were the comments **Dr. Ellie Guardino**, Assistant Professor of Medicine, who recounted her commitment to improving the lives of women facing breast cancer through research and its ultimate application to patient care. Her message was made even more poignant by her recounting of her own recent struggle with cancer and how it transformed her life and family – and led to a rededication to being a physician- scientist who helps others. Dr. Guardino's comments reminded us why our cause and mission are so important. And the several hundred attendees who were the beneficiaries of this moving benefit will hopefully be even stronger advocates and supporters of the Stanford Cancer Center.
3. ***Alumni Gathering in Boston***: On the evening of Sunday, November 15th, the Stanford Medical Center Alumni Center hosted an event in Boston in conjunction with the annual AAMC meeting. Nearly a hundred alumni (out of the over 400 in the greater Boston area) attended. **Dr. Linda Clever**, Associate Dean for Alumni Affairs, hosted the event, which permitted alumni to reconnect and refresh their memories of their time at Stanford. I gave

an update on our activities, especially in education, and we had a terrific discussion with Stanford alumni across many generations.

4. **Team Science Training 2009:** During the week of October 26th, over 60 faculty, students, and staff gathered at Quadrus Conference Center to participate in the medical school's first ever "Team Science Training Program." This course was led by Dr. Margaret Neale, a professor of organizational behavior at the Stanford Graduate School of Business. Sponsored by the Career Development and Diversity portion of the Stanford Clinical and Translational Science Award (CTSA), the program was designed to equip scientific teams with the knowledge and tools needed to improve their productivity.

Given the importance of teamwork in the conduct of clinical and translational research, this type of training will continue to be an important focus of the current CTSA. More information about the Team Science Training Program is available at: <http://med.stanford.edu/diversity/ctsa/pastprograms.html>

Upcoming Events

Stanford Health Policy Forum:

Key Challenges in Pharmaceutical Regulation

A Discussion with Donald Kennedy, PhD, President Emeritus of Stanford University and John C. Martin, PhD, Chairman and CEO, Gilead Sciences

Moderated By **Daniel P. Kessler**, Stanford University

Wednesday, December 9, 2009

11:00 a.m. to 12:30 p.m.

Clark Center Auditorium

This forum is free and open to the public, however due to space limitations, please RSVP online at <http://www.stanfordtickets.org/> or visit <http://healthpolicyforum.stanford.edu/> Additional information on Stanford Health Policy Forums can be found at <http://healthpolicyforum.stanford.edu/or> or by calling 650-725-3339.

Awards and Honors

- **Dr. David Relman** was named the first Thomas C. and Joan M. Merigan Professor: The event formally announcing Dr. David Relman as the first Merigan Professor was notable and significant on multiple levels. First, the new professorship is named in honor of Dr. Tom Merigan and his wife Joan. As you likely know, Tom Merigan is one of the world's pioneers in infectious disease research with a particular focus on chronic viral infections, especially hepatitis and HIV/AIDS. His contributions are nonpareil. In addition to the honor of an endowed chair that recognizes Dr. Merigan, it is also notable that the financial source for the chair comes from his own personal resources and those of his family and friends. Clearly this is a wonderful affirmation of a life committed to science that will now be sustained in perpetuity. Dr. Relman, in his still relatively short career, has opened new vistas to the novel diagnosis and pathogenesis of bacterial disorders and

to the greater role of bacteria in global ecology, biodiversity, biosecurity and beyond. The new chair provided a wonderful opportunity to celebrate both the career of Tom Merigan and the exceptional contributions of Dr. Relman. Please join me in extending our appreciation to Tom and Joan Merigan and our congratulations to Dr. Relman.

- ***Dr. Lucy Shapiro, Virginia and DK Ludwig Professor of Developmental Biology and Dr. Harley McAdams, Professor of Developmental Biology*** are the 2009 co-recipients of the 2009 John Scott Award. This prestigious award was first given in 1834. Previous recipients include such notable inventors and discoverers as Madame Marie Curie, Thomas Edison, the Wright brothers, and Jonas Salk, among others. Drs. Shapiro and McAdams received the 2009 John Scott in recognition of “their application of electrical circuit analysis to genetic networks, which enlightened our understanding of living cells.” The award was presented on November 20th in Philadelphia.
- ***Dr. Craig Miller***, the Thelma and Henry Doelger Professor of Cardiovascular Surgery, received the Eugene Brauwald Academic Mentorship Award from the American Heart Association on November 15th for “his exceptional 30-year record of training, mentoring and enriching the career development of emerging cardiovascular surgeons and researchers.”
- ***Dr. Sandy Napel***, Professor of Radiology, has been elected to the College of Fellows of the American Institute for Medical and Biological engineering (AIMBE). Located in Washington, D.C., AIMBE is the leading advocacy group for medical and biological engineering and is comprised of some of the most important leaders in science and engineering, the top 2% of medical and biological engineers.
- ***Alan M. Garber***, Henry J. Kaiser Jr. Professor and Prof of Medicine &, by court, of Economics, HRP & Economics in the GSB & Senior Fellow at FSI & SIEPR and Stanford Health Policy Director, has been awarded the Society for Medical Decision Making’s career achievement award. Presented at the SMDM annual conference, the award recognizes senior investigators who have made significant contributions to the field of medical decision making.

2009 CTSA Seed Grant Awardees: The Office of Community Health is pleased to announce the recipients of the 2009 CTSA Seed Grants. These awards provide research/project funding for Stanford faculty to form new community-based partnerships, enhance existing partnerships or support implementation of a community-based research project with community-based organizations in San Mateo or Santa Clara counties. This year’s award recipients include:

- **Lisa Chamberlain, M.D., MPH** , Assistant Professor of Pediatrics and **Meg Itoh, M.D.**, Pediatric Resident, Lucile Packard Children’s Hospital for: Understanding the Lives and Health Needs of Refugee Foster Care Youth in Santa Clara County
- **Halsted R. Holman, M.D.** , Professor of Medicine, Emeritus for: Improving Care for Chronic Disease through a Community Partnership

- **Samuel So**, M.D., FACS, Director, The Asian Liver Center at Stanford University for: Studying the Efficacy of Education and Community Center Vaccination and Screening Services to Reduce Chronic Hepatitis B
- **Dee West**, Ph.D. Professor, Department of Health Research and Policy and **Bang Nguyen**, Dr.PH , Consulting Assistant Professor, Department of Health Research Policy for: Building Community Academic Partnerships for Cancer Control Research
- **Eunice Rodriguez**, Dr.PH , Associate Professor, Department of Pediatrics and Center for Education in Family and Community Medicine and **Nancy Morioka-Douglas**, M.D., MPH, Clinic Professor, Clinic Chief, Stanford Family and Community Medicine for: Refining and Disseminating HealthyU: A Health Science Learning Journey
- **Michaela Kiernan**, Ph.D. Senior Research Scientist, Stanford Prevention Research Center for: Translation of Group-Based Behavioral Obesity Treatments to Extend Community Reach

Congratulations to all.

Appointments and Promotions

- **Michael Dake** has been appointed to Professor of Cardiothoracic Surgery, effective 12/01/09.
- **Craig Levin** has been appointed to Professor (Research) of Radiology effective 12/01/09.

Dean's Newsletter December 14, 2009

Happy Holidays!

I want to wish you and your family a very Happy Holiday Season. I know this has been a challenging year for everyone – both personally and professionally. I am deeply grateful and indebted to our students, staff and faculty for their incredible work and many accomplishments during 2009. I recognize that the life of a medical center never really stops but I do hope that each of you can find some restful time during the University's Winter Closure. It is perhaps the only time of the year when campus activity – and notably email traffic – really does slow down. I hope you each have time with family and friends (or whatever you choose to do) but would encourage each of you to use discretion in sending email communications – limiting them will be a good way of giving the gift of “peace and goodwill” to your Stanford friends and colleagues. Best wishes for 2010!

2009: A Notable and Memorable Year

There can be no denying that 2009 has been a remarkable year, with major ups and downs in the economy, our national agenda, our image on the world stage and, closer to home, our very sense of personal and institutional security and well-being. I'm sure I don't need to remind you that the economic meltdown that became so apparent in September 2008 has dominated much of our attention and agenda this year. As 2009, the 50th Anniversary of the school's move to the Stanford campus, draws to a close, I am reminded of the many successes of our students, staff and faculty despite the enormous challenges each has faced personally and professionally. That said, there is no denying that each of us has faced significant losses in personal savings and financial security. Nonetheless, for the most part, we have much to be thankful for.

I don't deny that we anticipate a number of major challenges in the years ahead. However, as a school, we have weathered the storm as well or better than nearly all other medical schools and, at least for 2010 we don't anticipate any major changes in our overall portfolio. Our success to date is a tribute to the diligent work of many leaders throughout the school – at the individual, division, department, center, and institute level. Many hard decisions and choices were made, not always with popularity or even appreciation, but in the aggregate they have provided stability at a time of major loss and uncertainty. I am grateful to everyone but want to thank in particular the work of Marcia Cohen, Senior Associate Dean for Finance and Administration, for her diligence and leadership during a most challenging year. Despite a major downturn in our endowment, gifts and support from foundations, the School's consolidated financial statement at the end of the fiscal year ending August 31, 2009 showed a surplus of \$34 million. While there was a loss in our central administrative units, nearly all of our clinical departments posted a positive margin – which, given the incredible events of 2009, is quite remarkable.

How did this happen? There is no denying that everyone sacrificed in some manner over this past year. Except for equity purposes or promotions, compensation for faculty and staff was held flat and, in some cases, voluntarily reduced. The school's central administrative units reduced expenditure by nearly 15% and, unfortunately, had to layoff or reduce effort levels for 40 staff members due to programmatic changes or closures. While such cutbacks were proportionally lower in our departments, especially the clinical departments, they experienced a number of cost shifts and expenditures that required considerable sacrifice as well.

More specifically, the consolidated FY09 (September 1, 2008 – August 31, 2009) year revenues for the school totaled \$1.115 billion. The major sources of revenues were: sponsored research (direct costs of \$280 million and indirect cost recovery of \$108 million), which were up 1 and 3% respectively compared to FY08; clinical income, \$356 million (up 14% from FY08); and designated funds of \$105 million (up 15%). We are distinctive even among research-intensive peers in having slightly more income from sponsored research (34% of total revenues) than clinical income (32% of total revenues). I should hasten to add that while the faculty did extremely well in competing for ARRA (American Recovery and Reinvestment Act) funding (aka "stimulus funding"), the impact on the FY09 budget is minimal given the timing in the fiscal year of receipt of the funding from the NIH. Not surprisingly, expendable gifts were down 9% in FY09 compared to FY08 (\$67 vs. \$74 million).

Viewed from the perspective of financial stability, it should be noted that because of the work of our faculty, each of the clinical departments had a year-end clinical surplus – some of which will

be used to pay incentive bonuses that are part of faculty compensation. Another measure of our financial integrity is the strength of our endowment and reserve balances (or expendable fund balances). As I have reported in past newsletters, the Stanford University endowment was significantly impacted by the 2009 fiscal crisis. The School of Medicine endowment, which is invested with the University Merged Endowment Pool, experienced a loss of 26.4% or \$601 million, resulting in an August 31, 2009 market value of \$1.676 billion – which is still the second highest among US medical schools. Coupled with this are expendable reserves of \$473.6 million (\$318.2 of which is in departments and, to significant extent, in restricted faculty accounts). It should not be missed that this level of fiscal stability is superior to most any medical school and greater than many universities in the aggregate.

Based on these financial results, we believe that our FY10 budget gaps have been largely addressed, and we don't anticipate (at this time) any new major expenses or revenue losses. That said, an important lesson of 2009 is how volatile the financial marketplace can be, underscoring the importance of fiscal prudence and financial cushions to weather stormy times (and we have had quite a tsunami this past year). Looking forward, we will benefit over the next year from our ARRA research awards of \$87 million to date but, at the same time, we need to get ready for a likely downturn in NIH funding in FY11. Despite the President's clear commitment to science and technology, early forecasts is that the base NIH budget (that is, without the ARRA stimulus of \$10.4 billion) will rise at 2% -- less than inflation. This will almost surely mean a return to the constrained research funding we all experienced in the post-NIH doubling era from 2003-2009. Anticipating and preparing for this will be an enormous challenge – although, given the overall excellence of our faculty and the fact that we are not carrying significant debt or underutilized research space, we are as well positioned as any school to meet it..

As I write this newsletter (while returning from Washington DC and meetings with the Association of American Medical Colleges), the impact of healthcare reform stands as the big unknown. Needless to say, the scope of the proposed reform is a slim shadow of what might have been, and its overall impact is uncertain. Given the continued rise in healthcare costs it is inevitable that downward pressures on costs and expenditures are inevitable, and the only thing that seems certain at this time is that revenues for healthcare will decline. While this will surely be a challenge, it is also a necessity – but the size, scope and nature of the changing healthcare economy could have major impacts on academic medical centers.

Regardless of the external economic pressures, it is incumbent on Stanford to strive for excellence in the delivery of innovative, highest quality patient care with the lowest possible costs and excellent patient service. It is also imperative that we plan carefully for the further development and maturation of the shared integrated clinical services of the School of Medicine, Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. These services need to embrace not only the Medical Center but our community regionally and more broadly.

Given the obvious challenges of supporting our missions in education, research and patient care, I would be remiss in not highlighting at least a few of the accomplishments of our students, faculty and staff during this past year. We have continued to admit amazingly talented medical and graduate students and to be able to educate them in highly successful programs and with among the lowest overall debt burdens in the nation. And in just a handful of months we will

begin educating our students in the new Li Ka Shing Center for Learning and Knowledge (LKSC), which will offer unparalleled opportunities for innovative approaches for knowledge and skill acquisition. Not only will the LKSC be central to student education, it will also become the locus for pioneering continuing and life-long education for faculty and the community and for a paradigm shift in how medical education is conducted.

Also in 2009 we reached out to the community in a number of novel education and learning programs, most notably our Mini-Medical School, the first quarter of which (The Dynamics of Human Health) enrolled more students than any other course in the history of the Stanford's Continuing Studies Program. I want to thank Kathy Gillam for her incredible help with this course and Dr. Sherry Wren for serving as the course co-director – along with the amazing faculty who taught these sessions. In case you are interested, they will be available on Stanford iTunes in early 2010.

In addition to the big boost from ARRA funding, among the most notable events of 2009 was President Obama's affirmation of the importance of science and innovation – a statement that began the reversal of the anti-science sentiments that dominated the prior eight years. An enormous amount of advocacy work remains to be done in order for research funding to break away from the past decade's peaks and valleys and arrive at a more predictable level of support that keeps pace with inflation. Still, we must be thankful for the ARRA boost, which came at a critical juncture for Stanford's and our nation's biomedical research enterprise.

Even more important from my perspective than the purely quantitative success of research awards is the nature of the awards our faculty continue to receive. Stanford boasts the highest number of NIH Pioneer awards of any university in the nation (four new ones were added in 2009) along with an amazing number of Innovation Awards, Challenge and Grand Opportunity Awards. In addition, Stanford has the largest number of awards and amount funding of any school in California from the California Institute for Regenerative Medicine (CIRM), including, most recently, three of the 14 major CIRM translational disease awards. The number of distinguished research awards from foundations is equally remarkable, as is an incredible number of faculty awards and honors. What makes a university great is the quality of its faculty and here Stanford is exceptional. At the same time, we have been limited by economics in the recruitment of new basic science faculty – which has been a real source of disappointment and is something I hope we can begin reversing in 2010 and beyond.

One of my major goals over the past years has been to foster the development of our clinical programs to be as excellent as our efforts in research. Thanks to the recruitment of a number of excellent chairs, the combined efforts of faculty leaders across the school and important partnerships with SHC and LPCH, we have witnessed important successes – especially in national rankings on quality metrics – and some improvements in overall service (although much work remains in this arena). The new programs sponsored by SHC at the North Campus in Redwood City along with the Sherman Avenue Imaging Center have been notable additions. So too is our increasing presence as an NCI Cancer Center – the three-year review for which occurred in mid-October. And our increasing success in clinical and translational research is being fostered by the CTSA, the SPARK program and important collaborations including the one with the Northern California Cancer Center. Further, the number of community- based programs

is growing, and opportunities in global health are becoming more robust with the creation of the Office of Global Health this past year.

Despite the pressures of the past year, faculty support and development have been a focus of departments and the school, and progress is being demonstrated in enhancing diversity and leadership as well as the retention of women faculty. It is notable that in the most recent COACHE survey, Stanford faculty are clear (compared to peers) in their overall satisfaction at the School of Medicine (for more information, see <http://deansnewsletter.stanford.edu/#2>). That said, there are many aspects of faculty development and support that need improvement at the departmental as well as school-wide levels, and this must be a continuing emphasis for the future.

So, as we reach the end of 2009 it seems clear that despite the many challenges, we have done well as a community and as a school and medical center. This is directly proportional to the efforts of our staff, faculty and students, and it is important to pause and both celebrate and thank each of them. But we can't pause too long since the next wave of opportunities and challenges loom before us. I am confident that we will find ways to succeed despite constraint and adversity as long as we function as a community that supports each other and our important missions. That is always a challenge in a time of constraint – but, in the end, it is what distinguishes leaders and institutions.

Laurel Price Jones Named AVP and Director of the Office of Medical Development

I am very pleased to announce that Laurel Price Jones will become our Associate Vice President and Director of the Office of Medical Development on January 1, 2010. She succeeds Doug Stewart, who left this position in February 2010.

Ms. Price Jones has most recently served as the Vice President for Development and Alumni Affairs at George Washington University, where she doubled the fundraising success, secured two of the university's largest gifts in its history and supervised a staff of 224 individuals. Prior to her position at GW, Ms Price Jones served as the Vice President for Development and Alumni Affairs at the Rochester Institute of Technology. In addition to her university-wide experience, Ms Price Jones has had notable medical center experience, having previously served as the Managing Director of the Development Department at University Hospitals of Cleveland and the Director of Corporate and Foundation Relations at the Cleveland Clinic. She began her career in development at Oberlin College, where she also graduated with a Bachelor's degree in Physics and a Master's degree in Biology.

Ms. Price Jones brings an outstanding record of experience and accomplishment to her new role at Stanford. Importantly, she has won respect and praise from trustees, faculty and university leaders in all facets of her career. She was selected through a national search, and I am extremely pleased she has accepted this incredibly important leadership position in the School of Medicine. Please join me in welcoming Ms. Price Jones to Stanford.

Department Success in Faculty Counseling

One of the most important activities of departments is their essential role in mentoring, counseling and guiding the career development of junior faculty. Giving feedback to faculty is a critical part of this process and is something that is taken seriously at the departmental and school level. Each year the Office of Academic Affairs tracks the success of departments in documenting compliance in annual faculty counseling. For the past three years twelve (12) departments have had 100% success in faculty counseling, and I would like to single them out for special thanks and appreciation. They are:

Departments with 100% Success in Faculty Counseling for the Past 3 Years	Department Chair
Anesthesia	Dr. Ron Pearl
Comparative Medicine	Dr. Sherril Green (and previously Dr. Linda Cork)
Dermatology	Dr. Al Lane
Developmental Biology	Dr. Roel Nusse
Health Research and Policy	Dr. Phil Lavori
Medicine	Dr. Ralph Horwitz
Neurobiology	Dr. Ben Barres
Neurology and Neurological Sciences	Dr. Frank Longo
Ophthalmology	Dr. Mark Blumenkranz
Orthopaedic Surgery	Dr. Bill Maloney
Otolaryngology: Head and Neck Surgery	Dr. Rob Jackler
Pathology	Dr. Steve Galli

I offer my appreciation and commendations to each of these departments and to their Chairs. I hope that in the future all of our departments will have a 100% success rate.

The 2010 & 2011 School of Medicine Faculty Fellows

The Office of Diversity and Leadership received a wealth of nominations for outstanding candidates for the 2010 Faculty Fellows program. Owing to the broad range of seniority within the pool of nominated candidates, the review committee selected one cohort of Faculty Fellows for 2010, and a class of more senior Fellows who will participate in this year long program beginning in 2011.

We are delighted to announce the selection of the 2010 Faculty Fellows: Amin Al-Ahmad, MD (Medicine), Eliza Chakravarty, MD (Medicine, Immunology/ Rheumatology), Alan Cheng, MD (Pediatric Otolaryngology), Emilie Cheung, MD (Orthopaedic Surgery), Robert Dodd, MD (Neurosurgery), Hayley Gans, MD (Pediatrics), Neeraja Kambham, MD (Pathology), Jonathan Kim, MD (Ophthalmology), Maarten Lansberg, MD, PhD (Neurology), Jason Lee, MD (Surgery), Chris Longhurst, MD (Pediatrics), Merritt Maduke, PhD (Molecular & Cellular Physiology), Karen Parker, PhD (Psychiatry), Anna Penn, MD, PhD (Pediatrics/Neonatology),

Matthew Strehlow, MD (Surgery/ Emergency Medicine), and Lu Tian, ScD (Health Research & Policy).

The candidates chosen for the 2011 class are: Annelise Baron, PhD (Bioengineering), Matthew Bogyo, PhD (Pathology), James Brooks, MD (Urology), A. Dimintrios Colevas, MD (Medicine/ Oncology), Tina Cowan, MD (Pathology), David Firoentino, MD, PhD (Dermatology), Miriam Goodman, PhD (Molecular & Cellular Physiology), Steven Lindley, MD, PhD (Psychiatry), Sean Mackey, MD, PhD (Anesthesia), Nancy Ewen Wang, MD (Surgery/ Emergency Medicine), David Weill, MD (Medicine), and Wei Zhou, MD (Surgery).

The Faculty Fellows program brings these faculty members together for monthly meetings featuring invited leaders who serve as role models by sharing their own leadership journeys, describing their own leadership styles and addressing specific challenges they have faced in their own careers. In addition, small mentoring groups led by senior faculty mentors meet once between each of the dinner meetings to discuss leadership challenges specifically and in general. Other topics, such as work/life balance issues, are also open for discussion.

Fellows also engage in a structured development planning process aimed at identifying opportunities for growth and development. The result is a personalized career development plan that they implement with their chair or division chief.

Candidates are nominated by their department chairs and other supervisors and are ranked on the basis of leadership potential and demonstrated commitment to building diversity. A review committee consisting of Drs. Hannah Valentine, Julie Moseley, Richard Shaw, Juliana Barr and Sanjeev Dutta, actively participated in selecting these two groups.

School of Medicine Staff Recognition Program

The School of Medicine's Annual Staff Recognition Program has been a long-standing great tradition to honor staff contributing many years of service to the school. This year, a new program is planned. It will include a multimedia event/reception to be held on Thursday, April 22, 2010 at the new Li Ka Shing Center for Learning and Knowledge (LKSC), from 4:00 to 6:00 PM. This recognition event will honor staff who celebrated anniversary dates in calendar year 2009 for 5, 10, 15, 20, 25, 30, 35, and 40 years of service. SPIRIT Award winners will also be honored at this event.

Staff members who reached a service date mentioned above in the calendar year 2009, will receive their invitation for the April event this month. The invitation will include additional information about the Recognition Program. In March, a brand new employee recognition web site will be launched with videos, photos, and comments from awardees and supervisors.

Stay tuned for more communications and information as we plan this new program. We look forward to honoring many employees who have contributed so many years to the success of the School of Medicine!

Awards and Honors

- ***Fellowship and Faculty Awards benefiting the Lucile Packard Children's Hospital and the pediatric programs at Stanford University School of Medicine*** were acknowledged and celebrated at an event on November 30th. Thanks to the generous support from individuals committed to advancing the health of children, 72 fellows and faculty – along with a number of the individuals who made these awards – were honored for their important contributions.
- ***The Radiological Society of North America (RSNA)*** made major awards to two Stanford faculty members. **Dr. Gary Glazer**, Professor and Chair of the Department of Radiology, was awarded the Gold Medal, the Society's highest honor, in Chicago at the RSNA's annual meeting in December (<http://med.stanford.edu/mcr/2009/glazer-0626.html> for the earlier announcement of this honor). Dr. Glazer joins other Stanford luminaries in receiving this honor – notably Malcolm Bradshaw (1999), Herbert Abrams (1995) and Robert Newell (1958).

In addition, **Dr. Sam Gambhir** is the 2009 RSNA Outstanding Researcher Award winner. This award is given “to recognize and honor one senior individual who has made original and significant contributions to the field of radiology or radiologic sciences throughout a career of research.”

Please join me in congratulating Drs. Glazer and Gambhir.

Appointments and Promotions

Denis P. Bouvier has been appointed to Clinical Associate Professor of Medicine (General Internal Medicine), effective 12/01/09.

Jauhtai Joseph Cheng has been appointed to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences (Geriatric Medicine), effective 11/01/09.

Melissa M. Chin has been promoted to Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 10/01/09.

Jenifer L. Culver has been promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 12/01/09.

Jeffrey L. Fraser has been reappointed to Clinical Associate Professor (Affiliated) of Neurology, effective 11/01/09.

Julieta M. Gabiola has been promoted to Clinical Associate Professor of Medicine (General Internal Medicine), effective 11/01/09.

Phillip M. Harter has been appointed to Associate Professor (Teaching) of Surgery, effective 12/01/09.

Gary E. Hartman has been reappointed to Clinical Professor of Surgery (Pediatric Surgery), effective 10/01/09.

Frank T. Kagawa has been reappointed to Clinical Professor (Affiliated) of Medicine (Respiratory and Critical Care Medicine), effective 9/01/09.

David M. Kahn has been promoted to Clinical Associate Professor of Surgery (Plastic and Reconstructive Surgery), effective 11/16/09.

Cynthia J. Kapphahn has been reappointed to Clinical Associate Professor of Pediatrics (Adolescent Medicine), effective 9/01/09.

Albert C. Koong has been promoted to Associate Professor of Radiation Oncology, effective 12/01/09.

Vladimir Nekhendzy has been reappointed to Clinical Associate Professor of Anesthesia and of Otolaryngology – Head and Neck Surgery, effective 12/01/09.

Harman Singh Paintal has been appointed to Clinical Assistant Professor (Affiliated) of Medicine (Pulmonary and Critical Care Medicine), effective 10/01/09.

Kimberly G. Shepard has been promoted to Clinical Associate Professor (Affiliated) of Otolaryngology – Head and Neck Surgery, effective 10/01/09.

John Stevenson has been reappointed to Clinical Assistant Professor (Affiliated) of Surgery (General Surgery), effective 9/01/09.

John M. Sum has been reappointed to Clinical Associate Professor (Affiliated) of Pediatrics (Neurology), effective August 1, 2009.

Gloria W. Wang has been appointed to Clinical Assistant Professor (Affiliated) of Ophthalmology, effective 10/31/07.

Lauren J. Witcoff has been reappointed to Clinical Associate Professor of Pediatrics (Pediatric Pulmonary Medicine), effective 9/01/09.

Dean's Newsletter

January 11, 2010

Questions, Challenges and Opportunities for 2010

As we came to the end of 2009, many pundits focused on the negative aspects and “disasters” of the first decade of the 21st Century. Of course there can be no denying the ups and (mostly) downs of the past decade, which opened with high anxiety over Y2K and closed with high

anxiety over the national and global economic crisis (amid many other problems). This approach leads many to be happy to bid adieu to the past 10 years of job losses, stock market crises, unpopular wars and terrorism, among so many other problems. Some critics said that the movie “Up in the Air” would be seen in the future as describing our moral condition and national mood in 2009 in the same way that “It’s a Wonderful Life” depicted the end of the 1930’s. What a horrible thought!

While not minimizing or overlooking the very serious financial, human and moral issues that characterized the past decade, I believe that it nevertheless represented a period of excellence for the School of Medicine. We emerged from the unfortunate merger and de-merger with UCSF with a clearer sense of mission, and over the past decade we have achieved remarkable success in each of our missions of education, research and patient care. And we also performed well in improving our financial security, despite the very difficult challenges and losses we experienced in 2009 (see <http://deansnewsletter.stanford.edu/#2>). For instance, in education, the past decade witnessed an innovative new curriculum for medical education, a new Masters in Medicine program for PhD students, the ARTS program for clinical fellows, and the launch of the Stanford Society of Physician Scholars program, which links residents with each other and with our students as well as with our broader academic mission and opportunities. Now we have an additional goal of developing new venues for enriching the pipeline for educating future physicians and scientists through programs that extend to the high school level.

During the past decade we have also seen remarkable accomplishments by students and faculty who won many major and highly coveted awards and honors – some in numbers disproportionate to the size of our Stanford community. We recruited hundreds of new faculty, enriched our leadership and opened many new and exciting programs. We launched the Stanford Institutes of Medicine, which complemented the success of our basic and clinical departments, centers – and of course individual faculty. Our clinical programs have expanded, and relations with our major affiliates (Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital) have become further integrated and robust; these are complemented by important relations with the VA Palo Alto Health Care System and the Santa Clara Valley Medical Center.

We are witnessing a transformation of our medical campus, fueled in part by fund raising – over \$1.17 billion since 2001. Our image in the media has been transformed and now highlights the successes of our faculty and school rather than misdeeds. And we have played important leadership roles in some of the most important debates in academic medicine – including embryonic stem cell research, individual and institutional conflict of interest and academia - industry relationships, funding for research and the future of health care and its reform. While I am also aware of missed opportunities, I do believe that the state of health of the Stanford School of Medicine is far better than it was at the beginning of the past decade. Because of our individual and collective contributions we have overcome and even exceeded many challenges and obstacles, and we stand poised for exciting times ahead.

As I look forward to 2010 and beyond, a number of important challenges and questions come to mind. Because we have so many important constituencies and interlinked missions, it is not appropriate or fair to focus on just one aspect of our broad enterprise. Of course we ultimately need to prioritize what can be addressed or accomplished during any particular span of time, but

keeping a running list of important issues, challenges and needs is also important. So, I will take the liberty of sharing some of my thoughts regarding questions and issues I am thinking about in a number of key areas. I want to underscore that these thoughts are not exclusive nor do they convey promissory notes. Rather they are meant to highlight what I think are important areas for focus and hopefully to provoke you to comment on them and add additional reflections and recommendations.

Since this is an iterative process it is best to view the following as a list of issues as of the beginning of 2010 – with adjustments, additions, deletions and prioritizations to occur during the next year and beyond. To help organize them, I am listing my issues and questions in specific categories – although I do recognize that there is considerable overlap as well. In some ways this is similar to the process I followed in initiating our Strategic Plan *Translating Discoveries*, when I highlighted questions and opportunities in my first Dean’s Newsletter on April 2, 2001 – my first day at Stanford (see: http://deansnewsletter.stanford.edu/archive/04_02_01.html).

- **Medical Student Education:** The New Stanford Curriculum was launched in the Fall of 2003 and has been fine tuned since then. It brought a major realignment of basic and clinical science education along with a requirement for Scholarly Concentrations. The New Curriculum initially focused on the preclinical years but has subsequently been complemented by changes in clinical education as well as the more recent introduction of Educators 4 Care and other innovations.
 - With the opening of the Li Ka Shing Center for Learning and Knowledge (LKSC) and, in particular, the Goodman Simulation Center, scheduled for mid-2010, the question of how clinical education will evolve and change with greater access to simulation and immersive learning becomes important. Of course it is our hope that there will be highly significant changes in this area– but this will be a work-in-progress that really commences in 2010.
 - During 2010 we need to bring to resolution and implementation the policies, process and procedures for evaluating the performance of medical students during clinical education.
 - The work of the task force on medical student tuition needs be concluded and implemented.
 - Our financial aid program for medical students remains among the best in the nation (although our endowment resources have been dramatically reduced because of the 2009 fiscal crisis), but we need to reassess how financial aid is provided and ask whether new approaches (including selective merit based scholarships) should become part of the overall portfolio.
 - It is important to re-examine the length and scope of medical education and its continuum through residency and fellowship training. Among the issues needing evaluation is whether we can alter the length or expectations of undergraduate education for selected students admitted to Stanford and whether specific medical school tracks or pathways can be coupled with modifications of residency and fellowship training. The goal is to assure academic excellence as well as to shorten the overall duration of training.
 - As I have noted in prior communications, the Association of American Medical Colleges (AAMC) has called on medical schools to increase class size by 30%.

While the putative reason for this proposal is to address a projected physician workforce shortage (especially in primary care), it is not clear that simply increasing class size will be of benefit unless accompanied by concurrent changes in postgraduate (residency and fellowship) training as well as new career opportunities. For example, to make primary care more attractive, it is important to adjust compensation opportunities as well as work expectations.

I have previously noted that more attention needs to be given to how non-physician healthcare providers can contribute to the medical workforce and how the role of physicians as primary care providers or specialists should be redefined. As part of our mission in training physician leaders and scholars it is important for Stanford to engage in this debate. The question of whether we should increase our class size and, if so, to what purpose also needs further debate and discussion. In addressing these issues it will be imperative to balance our resources and stay true to our key missions.

- ***Graduate Student Education***

- We continue to attract outstanding students who pursue PhD degrees. There is no question that the small and focused department structure at Stanford affords excellent settings for creating a critical mass for mentoring students. But the question of whether the current departmental structure promotes sufficient interdisciplinary opportunities for students that transcends departmental boundaries remains unresolved. The idea of changing the current structure has proponents and detractors, but this is an area worthy of continued discussion.
- A proposal for a new PhD program in Stem Cell Biology and Regenerative Medicine was recently reviewed and endorsed by the School's Executive Committee. This proposal, which will now proceed to the University Academic Council, has also raised the question of how many degree granting programs (whether departmental or interdisciplinary) – and indeed how many graduate students – the School of Medicine can support, especially at times of fiscal constraint.
- We need to develop additional institutional resources to support the costs of graduate education. This is a major fundraising goal.
- While progress has been made, we need to do more to enhance the diversity of our graduate students. A number of innovative programs are in place through the Office of Graduate Education as well as other programs that seek to prime the pipeline at the high school and college level. This is a long-term and high priority.
- The Masters in Medicine program, founded by Professor Ben Barres, is an innovative offering that has become highly sought after by incoming PhD students. It offers a potential pathway for educating scientists who are skilled and conversant in translational research and clinical medicine. It will be important to assess the impact of this program as well as mechanisms for continuing its support over time.

- ***Postdoctoral Scholars*** (aka Fellows) remain our largest single group of trainees. They include “postdocs,” who have joined specific faculty and research projects and clinical

fellows (see below), who join clinical departments for specialty and research training. Postdocs and clinical fellows are often the unsung heroes of our research and clinical programs. However, given the process of their selection and the highly individualized nature of their work, they can also become the most disenfranchised group in the medical school.

- An important goal must be to continue to improve the professional and personal lives of our postdoctoral fellows. This rung on the training ladder is the closest step to either a faculty position or another initial professional career opportunity. Finding the right balance between mentored research and career independence remains a key goal - particularly in guiding the transition from trainee to Principal Investigator. Of course, mentoring is both essential and something we do with varying success. This is an area in which we need to improve further.
 - Because postdoctoral trainees are lab and program based, it is easy for them to become isolated from each other and from broader university life. The Office of Postdoctoral Affairs (<http://postdocs.stanford.edu/>) has made strides in developing programs for this special group of trainees. Further, the Stanford University Postdoctoral Association (see: <http://www.stanford.edu/group/supd/index.shtml>) provides opportunities for networking and community activities. Supporting and enhancing these programs is a key goal – and I am certainly interested in suggestions about how we might improve the opportunities for postdoctoral scholars at Stanford.
- ***Residents and Clinical Fellows:*** In most institutions, including Stanford, graduate medical education (which defines those serving as residents and clinical fellows) falls under the province of clinical departments and teaching hospitals. This is also true at Stanford. While this is the correct affiliation, it is important to foster greater integration and contiguity from medical school through residency, fellowship and practice. A major new program, the Stanford Society of Physician Scholars , is being launched as a collaborative effort between clinical departments and the Dean’s Office to create new and innovative linkages between undergraduate and post-graduate medical education (see: <http://ssps.stanford.edu/>). This is an important opportunity to develop a truly unique program for Stanford. But given the demands on the time available to residents and the stresses of clinical training, it will be challenging as well and we will need to monitor the program’s impact carefully and critically.
- ***Continuing Medical Education (CME):*** In 2008 Stanford became the first medical school to restrict industry support for specific CME courses or programs in order to control and limit bias and commercial financial influence on our curriculum.
 - Given the changes in academe – industry relations, we have an opportunity to change the paradigm of CME and to focus more thoughtfully on providing physicians with evidence-based learning opportunities as well as a focus on quality and effectiveness in clinical care. This opportunity will be particularly enriched by the resources available for immersive learning and simulation technologies in the Li Ka Shing Learning and Knowledge Center, which will open in the early Fall of 2010.

- We have also been exploring possibilities for rebasing our relationship with industry to promote education while avoiding financial influence or bias. This will be an experiment that will require rigorous oversight and monitoring.
 - The 2009 Fall Quarter and first installment of our “mini-medical school” was highly successful and exceeded all enrollment numbers of Stanford’s Continuing Education programs – ever (see: http://deansnewsletter.stanford.edu/archive/09_28_09.html#4). On Tuesday, January 12th we begin our second quarter of the mini-medical school, which is entitled *Medicine, Human Health, and the Frontiers of Science*, and once again we have reached full capacity (250 students – the limit that can fit into the Braun Auditorium). We look forward to another two excellent quarters of outstanding lectures by our superb faculty.
- ***Alumni Relations and Affairs:*** This has been a year of transition in leadership of the Alumni Affairs with Dr. Linda Clever taking over as Associate Dean from Dr. Ross Bright, who served in this position for nearly two decades. We thank Ross Bright for his major contributions, which included championing and overseeing the new alumni magazine *Bench and Bedside*. Dr. Clever brings incredible energy, experience and commitment to her role, and she will partner with the Stanford Medical Center Alumni Association leaders to improve our interaction with alumni from across the medical center. This is an incredibly important area that must be high priority for the years ahead.
 - ***Basic Research*** remains the fundamental underpinning of Stanford’s excellence and uniqueness – but without continued support its excellence can be vulnerable.
 - During the past couple of years we have had to freeze or hold most basic science recruitments. We need to change this over the next years both to renew excellence and to promote diversity. We also need to better balance the distribution of junior and senior faculty – which has become too tilted toward senior faculty.
 - While research funding in 2009 and 2010 has been significantly improved by the American Recovery and Reinvestment Action (ARRA), which infused \$8.2 billion into the NIH (along with significant increases to NSF and other federal agencies), the stimulus funding ends with this fiscal year. The forecasts for NIH funding in FY11 are markedly reduced by comparison to the level of stimulus funding and will once again pose major challenges for faculty – since pay lines for funding are likely to reach all-time lows. Once again we will need to do all we can to help bridge faculty through rough patches in sponsored research funding. And we will need to do all we can to make the case to Congress and the American public of the importance of supporting and funding basic science research – we are already deeply engaged in advocacy efforts in this area.
 - A major goal remains raising philanthropic support to support our research faculty – ideally beginning with a graduated endowment that commences with the initial appointment and increases at reappointment, tenure and beyond up to an endowed professorship. Given the fiscal meltdown, achieving this will be more difficult – but it is a very high priority.
 - Seed grants through our Stanford Institutes of Medicine and Strategic Centers have been a terrific way to initiate innovative new research and interdisciplinary

research programs, innovations and discoveries. These funds have also leveraged successful competition for sponsored research funding. We need to be able to find ways to continue these seed programs.

- We need to continue to examine the cores and service centers that support basic research and try to establish more successful methods for their support. This may require some consolidation as well as, potentially, co-locations and modified management systems and expectations.
 - An ongoing challenge is our serious limitation in animal space as well as the per diem costs for animal use. A strategic planning effort is underway to address immediate as well as long term plans. We will also need to consider creative and open minded options, including offsite animal facilities that support our broad research programs.
- ***Clinical and Translational Research:*** When our Strategic Plan, *Translating Discoveries*, was initiated in 2002, it reflected our aspirations more than our realities. Over the past several years considerable progress has been made at the departmental and school-wide levels, including a successful application to become an NCI-designated Cancer Center, a successful CTSA application and the launch of the Spectrum Program. These are important accomplishments, but many challenges remain.
 - The pipeline for educating, training and then supporting physician clinical investigators as well as scientists who participate in or lead translational research efforts remains a challenge. While we have made progress we need to do more to enrich the pipeline – and to help foster and develop successful career pathways. This will be a major topic at our 2010 Leadership Retreat – with more to follow.
 - The infrastructure necessary to support clinical and translational research is significant and is made more challenging by the ever-increasing array of compliance requirements and regulatory demands in human subjects research. Finding successful ways to meet these requirements while still fostering innovative clinical research will require continued focus and effort – a process that is underway but which is very challenging.
 - Supporting the career development of clinical investigators is challenging because, among other reasons, these faculty are trying to balance the demands of clinical practice with the stresses of developing a successful portfolio in clinical research. Time and financial pressures are significant – especially the challenge of finding funding sources for clinical research time.
 - We need to develop additional strengths in population science that complement our excellence in basic and clinical research.
 - We need to find better ways to extend our clinical research and clinical trials into the community and to develop more innovative community partnerships that promote diversity and excellence.
 - Continuing to foster connections and interactions between basic and clinical science faculty – as well as those from other disciplines – is critical if we are to promote the most innovative research. Improving communication, shared education and seed funding are among the important aids – but this also requires support from the school’s clinical and basic science chairs and other leaders. This will also be a major topic at our 2010 Leadership Retreat.

- ***Global Health:*** While a number of our faculty and many students have long been engaged in research and education with colleagues around the world, until this year we have not had an organized effort in global health. With the arrival of Dr. Michele Barry as Senior Associate Dean for Global Health we have a unique opportunity to create specific programs as well as an umbrella organization that helps organize and codify important global health initiatives. Building on Stanford's strong entrepreneurial spirit of discovery, Dr. Barry and her colleagues will seek novel ways to foster design, innovation and evaluation on a global and local level. A strategic planning effort is underway and will be rolled out over the course of the next several years.
- ***Patient Care Issues.*** As an academic medical center, we hold clinical care as one of our three core missions, along with education and research. In 2010 and beyond, healthcare reform (in whatever manner and rate it unfolds) will affect how the United States organizes, pays for and delivers patient care. During the past years (and in some cases decades) Stanford has developed considerable excellence in tertiary and quaternary care. While this will remain our core strength and area of excellence we face some major challenges.
 - We need to continue to seek opportunities that differentiate Stanford Medicine as a leader in patient care delivery, innovation, quality outcomes, patient service satisfaction and cost efficiency.
 - We need to develop methods to align a broader physician care network regionally in the Bay Area and beyond that focuses on both primary and specialty care.
 - We are developing a Center for Quality and Efficiency as a joint program with Stanford Hospital & Clinics that will be led by a nationally recognized physician. Further announcements about this will be forthcoming.
 - We need to continue the joint planning activities between the School of Medicine and both SHC and LPCH that reaffirm and recalibrate prior efforts at integrated planning. These strategic planning efforts should help determine the areas for ambulatory and inpatient opportunity, focus and growth, as well as the numbers and skill sets of physicians and faculty needed to assure continued and enhanced success. These efforts need to be interdepartmental and fully aligned with SHC and LPCH.
 - We are currently doing the planned five year review of the "funds flow model" with SHC and are in the final stages of a new "funds flow model" with LPCH. The outcome of these discussions and negotiations will have major implications for the faculty, school and hospitals.
 - We need to engage in more comprehensive planning with the VA Palo Alto Health Services and the Santa Clara County Valley Medical Center, which are important affiliations for the School of Medicine.
- ***Faculty Development, Leadership, Diversity and Satisfaction***
 - Over the past several years we have made considerable progress in fostering faculty development, leadership and diversity – thanks in particular to the efforts of Drs. Hannah Valentine, David Stevenson and their colleagues. But we still have a long distance to travel to achieve the overall excellence we all want in this

critical area. Over the next years the Offices of Diversity and Leadership and Academic Affairs will continue the programs that have been put in place during the last several years and will add new opportunities to promote faculty support and interaction. This is a work in progress – but surely one of the most important areas of need.

- Recent surveys have shown that faculty satisfaction has improved and that in comparison to other medical schools around the country, the overall satisfaction of Stanford faculty stands at the top. But this cannot be interpreted as overall success, since there are clearly many stresses and strains that impact faculty development, especially for the clinical faculty, who bear the continuing pressure of serving multiple missions simultaneously. We are exploring ways of reducing stress, including implementation of alternative work schedules. I am particularly concerned about the career development of our outstanding women faculty, since national data continue to demonstrate their disproportionate loss from faculty ranks – especially early in career development. We will be reviewing proposals to address these issues at upcoming Executive Committee meetings and I will share the results with you as they unfold.
- I have previously reported that faculty at Stanford feel certain that research is highly valued but are less clear about the perceived value of our missions in clinical care and education at both departmental and school-wide levels (see: http://deansnewsletter.stanford.edu/archive/11_23_09.html#2). I have also been clear in my own communications about this, emphasizing that our future success as an academic medical center mandates that we value equally and support each of our missions – education, research and patient care. This also means that we value our faculty carrying out these missions – as investigators, clinician/scholars, and clinician/educators. Based on the discussions we had at the 2009 Leadership Retreat we have not achieved this goal – especially for clinician/educators. A number of departmental task forces were assembled this past year to come up with creative strategies to better understand and value the role of clinician/educators. We will be discussing those reports at upcoming Executive Committee meetings. Again, I will share those results with you in future Dean's Newsletters.
- In addition to improving the role, contributions and value of clinician/educators, we have also been further developing the criteria for assessing clinician/scholars. Specifically, metrics for evaluating clinical performance have been added to the appointment and promotion process and in the near future, improved criteria for assessing the impact of contributions to education will be added. We want to affirm the importance of high quality patient care as well as teaching as criteria for promotion.
- A number of important leadership searches are currently underway, including the chairs of Psychiatry and Dermatology and the Medical Director of the Cancer Center, and we anticipate a number of new leadership searches during 2010. Each of these searches and of course the candidates ultimately recruited to Stanford will have a major impact on our future. As I have noted in prior communications, our most important resource is the quality and excellence of our faculty, staff and

students, and identifying and recruiting the very best talent we can find will truly shape our future.

- ***Compliance and Regulation.*** Over the last decade the number of compliance and regulatory requirements for faculty and institutions has grown enormously and now consumes vast amounts of time, energy and resources. The impact of these compliance and regulatory requirements on each of our missions is enormous, especially when coupled with the number of institutional and departmental accreditation and certification requirements. I recognize that the goal of many of these policies and rules is to protect students, research integrity, patient confidentiality and safety, as well as institutional integrity and the public trust. Nevertheless, a general outcome has been that the requirements have become increasingly stringent, comprehensive and demanding over time.

We have worked with organizations like the Association of Academic Health Centers to help develop rational standards for some of the compliance requirements, and we have also been a leader in developing policies to address some onerous issues – including individual and institutional conflict of interest (see: <http://med.stanford.edu/coi/>). This is an evolving area and one in which Stanford has shown leadership. But it is one in which rules and expectations change relatively rapidly and vulnerabilities arise frequently. And it is one where the pendulum can swing too far in one direction or another, so that it is important to seek a balance that promotes innovation and an entrepreneurial spirit without compromising the public trust.

- ***Facilities and Infrastructure***
 - During 2010 the first phase of our on-campus master plan will be completed with the opening this summer of the Li Ka Shing Center for Learning and Knowledge and the Lorry Lokey Stem Cell Research Building (SIM1). Together with the below ground tunnels and infrastructures that have been put in place to connect buildings and move all deliveries underground, the School of Medicine will have spent nearly \$350 million in construction costs (which is more than the Graduate School of Business is spending to re-do its entire campus!). That said, these new facilities will provide major new resources for education and research and will begin the process of developing a medical school campus that looks and feels more integrated and coordinated. It will open a new door to the University and in particular the Science and Engineering Quad via Foundations Walk, and it will provide a corridor that links the Clark Center (and eventually Biology and Chemistry) to the school's research and education facilities along Academic Walk. We are planning opening ceremonies for early Fall and look forward to sharing these wonderful new facilities with you.
 - On the immediate horizon is the Jill and John Freidenrich Center for Translational Research, which will be housed at 800 Welch Road and which is slated for completion in 2012-13.
 - At the beginning of 2008 (before the economic meltdown) we anticipated that FIM1 (Foundations in Medicine I) would open by 2014 on the lawn footprint just north of CCSR, and that SIM2 would follow in around 2016. Now the timing of

these facilities is less clear, although we are proceeding with programmatic planning for FIM1.

- We are also examining all of our off-campus space, which currently includes a number of sites on California Avenue, Sand Hill Road, Arastradero Road and in Menlo Park and beyond to determine whether there are more creative and economically sounder ways of consolidating sites and potentially developing new opportunities that foster innovation and discovery.
 - And of course we are eager to help our hospital colleagues with the planned rebuilding of SHC and the expansion of LPCH. These facilities are still undergoing entitlement review by the City of Palo Alto, and a decision by the City Council is expected by the end of the year (or hopefully sooner). Taken together, the new facilities at the Medical School and both hospitals will transform the Medical Center in extraordinary ways.
- ***Information Resources and Technology:*** Thanks to the leadership of Dr. Henry Lowe and the IRT group he has assembled, Stanford Medicine has one of the most advanced and interactive websites of any medical school in the nation (or world). Special commendation goes to Michael Halaas for his many contributions. The continuing evolution of our web presence and its ability to create greater interactivity internally among students, trainees and faculty are incredible assets – as is its power to create greater connectivity to our communities locally and globally. Over the past two decades all of us have become more digital. This change has offered unique opportunities for accessing data and knowledge – but it also carries vulnerabilities in the areas of privacy, theft and misinformation.

We are also witnessing the incredible transformation of our library from a repository for books and journals to an on-line service that connects faculty, staff and students to knowledge sources at any time and from any place. This raises some important questions – including what the future of a medical library will be going forward and how we will differentiate Stanford from other medical schools. A strategic planning process for knowledge and library services is being completed and I will be happy to share the results when it is finished. But we are clearly in a new world order – and we want to play an important role in leading and directing the library of the future.

- ***Finance and Administration.*** In my last Newsletter of 2009 (see: <http://deansnewsletter.stanford.edu/#2>) I detailed the financial performance of the School of Medicine this past and very challenging year. Although we suffered major losses in endowment and received less support from foundations and philanthropic donors than in past years, we still emerged in a strong financial position. This is not to say that we haven't had challenges (we had to reduce expenses – especially in our central administration – by nearly 15%, and this has had consequent negative programmatic and human capital costs). But we have been judicious in our financial planning and have been benefited from strong leadership and oversight in this important area. Going forward, we must anticipate declines in research funding (with the expiration of the stimulus ARRA funding this September) as well as the still untold economic consequences of healthcare reform. Coupled with the overall financial climate in California and nationally, it is

imperative that we remain vigilant and prudent in our short and long-term planning. At the same time, we do not want to miss important opportunities in recruitment, programmatic innovation or facilities and infrastructure.

I have tried to be as transparent as I can be about our resources and how they are distributed between the central administration and the departments. I fully recognize that each faculty member has unique needs and certainly we would love to meet everyone's expectations. But for the foreseeable future, I expect our investments will need to be constrained and prudent – which will certainly result in some frustration and disappointment. But it is better that we be conservative and prepare for the future wisely than to overstep our financial bounds (as some peer institutions have done) and end up truncating our future opportunities. We also need to examine whether the way we are organized and structured to support our missions in education, research and patient care still makes sense – or whether other models for finance and administration need to be developed and employed.

- ***Communication, Advocacy and Public Policy.*** We have continued to make major strides in our communications internally, to our colleagues at Stanford and to the general public. I believe that we have among the very best offices of communication of any medical school in the nation, and I appreciate the leadership that Paul Costello and his colleagues have brought to this area. The contributions of the Office of Communication and Public Affairs to our website, to the media and in publications (particularly *Stanford Medicine*) are exceptional. So too are the Podcasts and other innovations that have been developed. A recent example is “Scope,” a blog from the Office of Communication and Public Affairs that covers achievements of Stanford faculty, students and staff, but also offers insights on medical and scientific developments around the world. Members of the Office of Communication and Public Affairs staff aim to discuss on Scope stories and issues that might not be given adequate attention or analysis by the mainstream media. The blog can be found at <http://scopeblog.stanford.edu>.

Scope is the latest offering in a series of new media initiatives from the Office, including its “1:2:1” podcast, which features interviews with notable scientists, policy makers and journalists; a Flickr photo stream; a YouTube channel; a Twitter feed; and a Facebook fan page. Links to those resources can be found at <http://mednews.stanford.edu>. And I will try to continue doing my part through the bi-weekly Dean’s Newsletter – now in its 9th year of continued reporting! In addition to communication, a number of Stanford faculty (myself included) have spent considerable time in advocacy and public policy issues around research, healthcare reform and education. A number of important contributions have been offered, and this will clearly remain an ongoing and important activity for many faculty, students and staff.

- ***Philanthropy and Resource Development.*** Key to our future success will be a robust fundraising program. As noted earlier in this Newsletter, the School of Medicine has raised \$1.17 billion since 2001, which has helped fund new facilities and programs. While the economic downturn that began in 2008 has affected our fundraising efforts, we have continued to enjoy and benefit from the incredible loyalty, support and generosity of

friends and alumni. On January 1st Laurel Price Jones joined the School as our new Associate Vice President for Medical Development (see: <http://deansnewsletter.stanford.edu/#3>). A key part of our past success has been developing a clear and focused message around priorities and then casting them as “big and transformative” ideas. This will need to be our goal going forward as we attempt to generate support for students, faculty, programs and facilities. Needless to say, this is an area that I am also heavily and personally invested in for the School.

As noted earlier, this list is best viewed as a series of priorities, ongoing activities, opportunities and challenges as I have been reflecting on them. The list is certainly incomplete and is not intended to be all-inclusive. My reason for sharing it with you is that these issues (among others) are ones that come to my mind as I think about the immediate and future concerns and challenges facing the school, medical center and university. I have left out information that is proprietary or still too confidential. But I have also tried to be transparent with the hope that you will feel free to add your thoughts, suggestions or recommendations. Please don't hesitate to share your views with me.

Best wishes for the New Year and beyond.

Appointments & Promotions

Christopher Barnard has been promoted to Adjunct Clinical Associate Professor of Dermatology effective 1/01/10.

Gregory A. Denari has been promoted to Adjunct Clinical Associate Professor of Medicine, Division of General Internal Medicine effective 9/01/09.

Mehran Farid-Moayer has been promoted to Adjunct Clinical Assistant Professor of Psychiatry and Behavioral Sciences effective 1/01/10.

Bernard Fine has been promoted to Adjunct Clinical Assistant Professor of Medicine, Division of Hematology effective 9/01/09.

Nancy Hua has been promoted to Adjunct Clinical Assistant Professor of Medicine, Division of General Internal Medicine effective 9/01/09.

Manuela Kogon has been promoted to Adjunct Clinical Assistant Professor of Psychiatry and Behavioral Sciences effective 1/01/10.

Vivian Levy has been promoted to Adjust Clinical Assistant Professor of Medicine, Division of Infectious Diseases and Geographic Medicine effective 1/01/10.

Vinod Menon has been promoted to Professor (Research) of Psychiatry and Behavioral Sciences effective 1/01/10.

Judith A. Stewart has been promoted to Adjunct Clinical Assistant Professor of Psychiatry and Behavioral Sciences effective 1/01/10.

Dean's Newsletter

January 25, 2010

Trends in Healthcare: Some Forecasts from The Advisory Board and Related Reflections

The past year has been filled with forecasts of healthcare reform and its impact. As the Congress moves to its next phase of reconciliation and then a vote on its lumbering plan, we can begin to anticipate the many changes that will unfold over the next years. These will affect physician and provider workforces, physician compensation, the balance between specialty and primary care services, the graduate medical education pipeline, hospital services and the balance between inpatient and ambulatory care, hospital (and medical center) margins, and over time, cost controls. While the attention in the news has been on extending coverage and access to care, a focus on quality, information technology and the overall use of technology will continue to be major themes. The thorny but central issue of fee-for-service, when it is really addressed, will impact many of the current impasses— and the major constituencies who continue to lobby and press for sustaining the present (and past) rather than fully planning for the future.

The Advisory Board, a provider of comprehensive performance improvement services to the health care and education sectors, recently presented an interesting summary. While there are many views that will be at variance with their findings, some of the commentary is of interest and will likely be relevant to our own planning at Stanford Medicine. Among these is that 59% of institutions responding to a survey on patient volumes do not expect inpatient surgical growth in 2010. At the same time, many institutions believe that they have already made significant expense reductions in recent years – thus affecting their options on both the revenue and expense sides of the equation.

Overall, changes resulting from health care reform (although it is more uncertain at this moment about what is likely to happen this year) are likely to impact hospital margins that are sensitive to higher cost technical and procedural (including surgical) services. With changes in the economy as well as consumer education and overall costs, there could be more shifts away from surgical to medical or other treatment options – again affecting overall hospital revenues. Utilization management groups and decision support services that insurance companies are setting up to control expenditures will likely influence these shifts in the locus and scope of care. The forecasts, taken as a whole, predict that these and other changes will decrease inpatient services across a wide spectrum of disciplines. Utilization may also decrease in outpatient services, although less than for inpatient volumes.

While these are general projections and their impact will surely differ in various regions and communities of the country, it is hard to escape the conclusion that some features will have a local impact. In part this expectation also relates to overall changes in national and institutional economic foundations that affect debt capacity, investment income, operating income and philanthropy. The economic downturn has influenced each of these factors and has resulted in a lower capital base against which to secure debt capacity or investment income. I have written

about the effects of these changes on the university and medical school (see: http://deansnewsletter.stanford.edu/archive/12_14_09.html#2), and there is every reason to believe that they will also impact our healthcare facilities equally if not moreso.

At most academic medical centers – as well as medical centers in general – most projected growth is in Medicare, which has significant implications since Medicare reimbursements are significantly less than those of commercial payers. With an increasing chronic disease burden in the USA, costs will increase along with pressures to increase cost effectiveness and improve coordination – which clearly makes sense. This will be accompanied by a number of new accountability and bundling models of care – something that I hope we can impact as we establish, together with Stanford Hospital & Clinics (SHC), a new Center of Quality and Effectiveness later this year (with details to follow in a future newsletter). To control costs (or, in the new vernacular, “bend the cost curve”) a better balance of in-patient and ambulatory services along with utilization of technology and higher cost practices and procedures will be sought – although like all of these changes, they will likely unfold over an extended timeline. On a local level, opportunities to improve care delivery, coordination, quality and cost will likely be fostered – and Innovation Zones have been advocated to stimulate these initiatives.

The Advisory Board (as noted above) has put forth some possible implications of the interplay between increasing the number of individuals in the USA covered with insurance together with payment innovation and delivery system reform. Again, these are still opinions but they should provoke critical thinking. They include the following:

1. The transition to outcomes –focused reimbursement will materially increase risks to revenue growth
2. Operating efficiency will challenge top-line growth as the driver of future inpatient profitability
3. Bundled payments and other reimbursement innovations will make specialty care more rare and less profitable
4. Rewards in primary care practice will evolve to focus on coordination, chronic disease management and population health
5. Total cost management will begin to supplant fee-for-service incentives in the health systems business model
6. All providers will maintain tighter and fewer affiliations across the delivery system
7. M&A (merger and acquisition) strategy will expand in scope to focus increasingly on (functional) vertical integration
8. Information-driven care, not simply information technology adoption, will ascend as a competitive differentiator
9. Consumer-driven health care will be driven (further) to the margins
10. New regulatory frameworks and entities will emerge

I share these observations more to provoke discussion than to provide a specific set of predictions. As I stated at the outset, a lot of pundits have offered forecasts about healthcare reform. That said, now more than a year into the debate and political and legislative process, some things are becoming clearer and more likely. At a minimum they compel us to think creatively about how to lead rather than wait for change to emerge or be instituted and to think

more broadly across the domains of inpatient and ambulatory care to develop ways of improving the health of local and regional communities. There will not be a single solution but there will be lots of opportunities for change and evolution. Like all evolutionary processes a lack of adaptation to a new landscape can have serious consequences for individuals and institutions. And since healthcare systems are likely to change over the next decade, the need to be thoughtful and creative is an imperative for all of us.

Human Tragedy Comes on Different Scales But Is Always Painful

It is natural that we feel the loss of individuals who are members of our family and community. On December 17th Dr. Brant Walton, a young and promising faculty member in the Department of Anesthesia, died of colon cancer, leaving his wife Melissa and 3-year old son Will. His friends and colleagues felt his loss deeply and acknowledged his life in a ceremony at Memorial Church on January 19th.

On January 7th, Dan Begovich, husband of Stanford University Board Member Mariann Byerwalter, died unexpectedly, leaving behind his wife and three young boys – Joseph, Daniel and Neal. Hundreds of members of the Stanford, Bay Area and global communities shared his loss and celebrated his life in an exceptionally moving and meaningful memorial service at St. Catherine of Siena Catholic Church on January 14th – also Dan's birthday.

Death is part of the human condition and something we all will face. As a pediatric oncologist and AIDS specialist for children, I have witnessed the death of children over a number of decades. Even when death comes as an end to suffering, it creates a deep void in those left behind – especially family, friends and community. This void runs even deeper when death occurs suddenly and unexpectedly or at a young age and for those leaving behind young families. And it can impact our collective human consciousness, as it did with the recent tragedy in Haiti. The catastrophic events that have transpired in Haiti over the past nearly two weeks is beyond words. Many have reached out to help as best as they can, including a dedicated group of physicians and nurses from the Stanford Emergency Department (see: <http://med.stanford.edu/ism/2010/january/haiti-team.html>). They deserve our deep admiration and respect.

I also want to thank the Stanford community for contributing to the relief efforts in Haiti. One of the many forms this is taking is a challenge grant program from the Stanford Medical Center (including departments, Stanford Hospital and Clinics) and the President and Provost's office. To date more than 1000 individuals have made personal contributions totaling over \$118,000. The money will go to support operations at the Hospital Albert Schweitzer, which is located near Port-au-Prince. I thank Dr. Michele Barry, Senior Associate Dean for Global Health, for initiating this match program (see: <http://med.stanford.edu/ism/2010/january/haiti.html> for details on how to give to the challenge grant). I also thank the wonderful Stanford community for their support.

These personal and global tragedies are devastating – especially for the individuals and families directly and immediately affected. Our hearts go out to them. But these events are also reminders

of our human fragility and of why it is important to support each other, not only at times of crisis and loss – but throughout our lives as well.

Continued Work on Faculty Development and Leadership

Faculty diversity, leadership, development and satisfaction are enormously high priorities for me and for the School of Medicine. In numerous ways we have worked diligently to enrich diversity, promote leadership, foster faculty development and enhance career satisfaction. According to Senior Associate Dean Dr. Hannah Valentine, who updated our Executive Committee on January 15th, we have made progress in the past several years, especially since the Office of Diversity and Leadership that she leads was founded in November 2004.

In the November 23, 2009 Dean's Newsletter (see:

http://deansnewsletter.stanford.edu/archive/11_23_09.html#2) I provided updated results from the AAMC COACHE Survey, which assesses faculty satisfaction. Recognizing that every survey has its limitations, this follow-up study demonstrated that, among the participating institutions, Stanford faculty had the highest score among the subset designated as our peers as well as among all participating institutions on the two measures of "global satisfaction." Specifically, overall, more than three-quarters of those responding indicated that they are "satisfied or very satisfied" with Stanford as a place to work and (separately) that if they had to do it over again, they would still choose academia and Stanford as the place to be. This is good news and for many would be sufficient to say that we are doing well by our faculty. And while I do believe that we are trying to be as supportive as possible, neither I, nor Dr Valentine nor others in leadership positions believe that we have achieved all that we can or should.

Indeed, we believe we have work to do in creating the correct sense of value among those engaged in missions of education, research and patient care – especially education and patient care. We believe we have work to do in improving the services and resources to support faculty at all stages of career development, especially at the department and division level, in promoting an environment that fosters better balance between home and work, that addresses perceptions or realities of opportunities based on gender and ethnicity, and that does a better job in mentoring and guiding faculty through their career development. These are not new topics or issues, but they are ones that require additional effort. In fact they are themes we will be discussing further at the Annual School of Medicine Leadership Retreat on February 5th.

One initiative that has achieved unquestioned success and broad respect is the Faculty Fellows Program, which graduated its fourth class on January 20th. This program brings together faculty from clinical and basic science departments and creates small communities guided by a faculty mentor along with community sessions that explore the careers and life journeys of Stanford leaders. I had the opportunity to speak to this group last year along with the President, Provost and others from the medical center and university. At the graduation dinner the fellows reflected on how the program benefited them individually and even collectively. Among the most important lessons I learned from their comments is the importance of community and how their experience as Faculty Fellows connects them in a significant way with each other, the medical school and the university. They have the opportunity to learn about leadership through the stories and experiences of others and from each other. And their personal assessments, reflected through

the eyes of Julie Moseley, Director of Organizational Effectiveness, provides each of them with new and invaluable insights for self reflection.

I offer my commendations and congratulations to the 2009 Faculty Fellows and look forward to working with them in the years ahead. This year's Fellows include:

Timothy Angelotti	<i>Associate Professor of Anesthesia</i>
Juliana Barr	<i>Associate Professor of Anesthesia</i>
Preetha Basaviah	<i>Clinical Associate Professor of Medicine</i>
Helen Bronte-Stewart	<i>Associate Professor of Neurology</i>
Kay Chang	<i>Associate Professor of Otolaryngology</i>
Waldo Conception	<i>Associate Professor of Surgery</i>
Firdaus Dhabhar	<i>Associate Professor of Psychiatry</i>
James Fann	<i>Associate Professor of CT Surgery</i>
Lauren Gerson	<i>Associate Professor of Medicine</i>
Geoffrey Gurtner	<i>Professor of Surgery</i>
Peter Kao	<i>Associate Professor of Medicine</i>
Anna Messner	<i>Professor of Otolaryngology</i>
Ruth O'Hara	<i>Associate Professor of Psychiatry</i>
Steve Roth	<i>Associate Professor of Pediatrics</i>
Richard Shaw	<i>Professor of Psychiatry</i>
Gavin Sherlock	<i>Assistant Professor of Genetics</i>
Rebecca Smith-Coggins	<i>Associate Professor of Surgery</i>
Julie Theriot	<i>Associate Professor of Biochemistry</i>
P.J. Utz	<i>Associate Professor of Medicine</i>

In addition to congratulating our 2009 Faculty Fellows I also want to thank the incredible contributions of this year's Faculty Mentors. They really helped to make the program the success it turned out to be and we are deeply indebted to them. They included:

Linda Boxer	<i>Professor of Medicine and Chief, Division of Hematology, Department of Medicine</i>
Al Lane	<i>Professor of Dermatology and Chair, Department of Dermatology</i>
Stephen Galli	<i>Mary Hewitt Loveless Professor of Pathology and Chair, Department of Pathology and of Microbiology & Immunology</i>
David Stevenson	<i>Vice Dean and Senior Associate Dean for Academic Affairs, Harold K Faber Professor of Pediatrics</i>

Special thanks must go to Dr. Hannah Valentine for her dedication and wonderful leadership of this and related programs. I also want to thank Jennifer Scanlin, the Program Manager for the Office of Diversity and Leadership, along with Lydia Espinosa, Administrative Associate, for their many contributions.

The Potential of an Evolving Role of the MCAT in the Evaluation of Medical School Applicants

One of the key milestones to gaining entrance to medical school is the Medical College Admissions Test (MCAT) – some version of which has been around since 1922, twelve years after the Flexner Report on Medical Education. Over the past 88 years, the format of the MCAT exam has been reviewed some five times – the last review was nearly two decades ago, even though there have been regular updates in content. Two years ago the Association of American Medical Colleges (AAMC) appointed a 22 member task force led by Dr. Steve Gabbe, Senior Vice President for Health Sciences and CEO of the Ohio State University Medical Center, to critically examine the future of the MCAT. Called the MR5 committee, it is comprised of experts and leaders from academic medicine, including deans, admissions officers, representatives from student and educational affairs and diversity offices, and basic and clinical faculty along with other college faculty and leaders and medical students.

The MCAT has largely focused on knowledge content and aptitude for science and medicine. The MR5 committee has already reached out to over 1200 medical school faculty, residents and students about how the current MCAT format predicts success in medical school – or more broadly, in medicine. An important and unresolved issue is whether medical schools do enough to examine the personal and professional attributes of applicants and how those correlate with outcomes in medicine.

Whether an exam can and should seek to define the personality profile that characterizes a doctor is a matter for serious discussion and debate. Dr. Pauline Chen began addressing this topic in an opinion piece entitled “Do You Have the ‘Right Stuff’ to be a Doctor” in the January 15th issue of the New York Times (see:

<http://www.nytimes.com/2010/01/15/health/14chen.html?scp=3&sq=pauline%20chen&st=cse>).

Dr. Chen notes that some medical schools have begun administering personality tests and have noted some correlation with success in medical school and beyond. Whether this should become a feature of the MCATs is one of the key issues that the MR5 committee will be grappling with over the next two years.

Combining scales and measures to evaluate both the skills to learn and practice medicine and the personality features that define a potential for professionalism and excellence in medicine is important but also challenging. Success in medicine comes in many forms, since career opportunities are highly variegated and can evolve over time. Significant caution needs to be exercised in making sure that personality tests, if used, do not become too proscribed, monotonic or limiting. What defines the personality profile of an MD who discovers new ways of understanding human biology or new ways to treat or prevent disease is likely quite different from metrics that might define a primary caregiver. My guess is that there will be some significant overlap, especially since within the life of a physician careers as an investigator, healthcare provider and administrator can unfold over time or even concurrently. The more important goal would be to delineate personality metrics that might predict adverse outcomes or unsuitability for medicine.

These are important issues, and I suspect that many of you are unaware that these discussions are even taking place – much less possibly moving toward recommendations in the next couple of

years. I will certainly do my best to keep you apprised as information unfolds. Certainly feel free to share your thoughts and I will make sure they get to the MR5 committee.

Stanford Mini-Med School: Take Two

On January 12th we welcomed a new class to the second quarter of our highly successful Mini-Med School. As with our Fall Quarter, the Winter Quarter was filled to capacity (250 participants and a long waiting list). The course remains the most popular among all Stanford Continuing Studies programs. The first session set the bar quite high for all future presentations. Dr. Geoff Rubin, Professor of Radiology, gave a tour de force lecture entitled “Inside Out: How Imaging Technology Offers a Portal to Human Anatomy and Disease” that reviewed the history and current as well as future applications of radiography, CT imaging, ultrasonography, MR imaging and nuclear imaging. And Dr. Dan Bernstein, Alfred Woodley Salter and Mabel Smith Salter Endowed Professor in Pediatrics, delivered the January 19th lecture on “The Developing Heart in Health and Disease”. Future programs will include presentations on vascular disorders of the nervous system, vision in health and disease and a number of other exciting topics.

The programs from the Fall Quarter have started to be available at Stanford on iTunes U. In addition, the School of Medicine will launch a dedicated web site in early February for the lectures. We will let you know when it is available for viewing.

Awards and Honors

- ***The Kidney Transplant Team*** has once again been cited by the Scientific Registry of Transplant Recipients as the best in the nation in exceeding higher than expected results in both patient and graft survival at one and three years following transplantation. Thanks to the leadership of Drs. Stephan Busque and John Scandling and an outstanding transplant team, this service continues as one of the very best anywhere. Thanks and congratulations to an outstanding clinical service.

Dean's Newsletter February 8, 2010

Translating Discoveries: the 2010 Strategic Leadership Retreat

On Friday, February 5th we held our Annual Strategic Planning Leadership Retreat. We brought together just over 90 leaders from the basic and clinical departments, the institutes and the Dean's Office, as well as faculty and staff leaders, student and postgraduate leaders, and leaders and officials from the hospitals, the SHC Board of Directors and the University. Because of the economic downturn, I decided to keep the retreat local and to reduce it from two days to one. It was held at the Quadrus Conference Center on Sand Hill Road, and we took as our theme *Translating Discoveries 2010*. Despite the truncated schedule I found that the retreat provided an outstanding opportunity to review our progress on some of the key initiatives regarding faculty development that were stimulated at the 2009 Strategic Planning Leadership Retreat and

to focus attention on important themes for Stanford Medicine in the years ahead. I will give some of the highlights of the retreat in this newsletter and will plan to drill down on specific initiatives in forthcoming issues.

The retreat was bookended by thought-provoking presentations by two notable leaders. We opened with a talk by Dr. Rick Klausner, former Director of the National Cancer Institute (where I interacted with him quite closely) and past Executive Director for Global Health of the Bill and Melinda Gates Foundation. Dr. Klausner is presently serving as Managing Partner for The Column Group and serves as advisor to a number of world and government leaders on health, science and education. The retreat closed with a dinner presentation by Bob Klein, well-known in California as the leading force for Proposition 71 and President of the California Institute of Regenerative Medicine. Both Rick Klausner and Bob Klein are “out-of-the-box” thinkers, and each raised important questions, challenges and issues regarding the current status of biomedical research and its future – focusing on translational research – or, as Dr. Klausner refers to it, “translatable discoveries.”

Rick Klausner highlighted the limitations of the current funding models for research – especially at the NIH. He also addressed the impediments of moving basic science discoveries to clinical medicine, including the length of time and risks involved and how this is impacting the viability of the biotechnology industry. He advocated a shift in thinking to a greater focus on “problem solving” research. This would require a change in the ethos of the research establishment – away from the way scientists and clinicians currently think and interact and to the way technology transfer occurs. It would require thinking about different – and more broadly defined – funding sources (a theme Bob Klein picked up in his presentation at the end of the retreat). I have to admit that I resonated to Rick Klausner’s problem solving approach, since I tried to invoke it nearly two decades ago in solving problems in child health. In fact I pushed it to the point of establishing a national network to address problem solving in pediatric research (the Glaser Pediatric Research Network), but the funding sources were not available to sustain the effort. Perhaps that is something that is changeable and that could promote this concept on a larger level.

As I noted, Bob Klein also pursued a theme of out-of-the-box thinking about how to fund biomedical research – and offered provocative perspectives on how research might be supported in the future based in part on how the model for Prop 71 and CIRM was formulated. The intriguing prospect of a global fund for biomedical research echoed some of the ideas put forth by Rick Klausner and provide the basis for further thinking and discussion.

We also had two truly outstanding scientific presentations that serve as exemplars of what makes Stanford such a remarkable institution. The topics were chosen to illustrate the connections between basic science and clinical medicine and how knowledge and experience on each side of this equation inform and stimulate the translation of discoveries. Mark Krasnow, Professor and Chair of Biochemistry, reviewed the evolution of his research in the development of the lung, which began in experimental models and has moved to the elucidation of this process in humans and which now has important implications for studying diseases like asthma and cancer. Karl Deisseroth, Associate Professor of Bioengineering and Psychiatry, demonstrated how his experiences with human depression prompted him to better understand current psychiatric

therapies, which led to his fundamental discovery of optogenetics and the development of tools that help elucidate brain function. Both Mark Krasnow and Karl Deisseroth had training in medicine and science, and both recognize the importance of interactions and collaborations between basic and clinical science as well as interactions with faculty in other schools at Stanford in promoting new ideas and fostering the translation of their discoveries.

We also explored three major topics directly related to *Translating Discoveries 2010* through faculty panels that elicited great interaction and discussion. Background material was available to the participants, including excerpts from the recently published book The Vanishing Physician-Scientist (edited by Dr. Andrew Schafer. Ithaca: Cornell University Press, 2009). The panels included:

1. ***Educating Physician Scientists and Translating Scientists.*** Panel members were Drs. Karl Deisseroth, Sam Gambhir, Geoff Gurtner, Seung Kim, Holbrook Kohrt, and Mark Krasnow.
2. ***What Are the Necessary Ingredients for Promoting Interdisciplinary and Interdepartmental Research and Education?*** Panel members were Drs. Russ Altman, Jim Ferrell, Sherril Green, Karla Kirkegaard, Hugh O’Brodvich, and Anne Villeneuve.
3. ***How Can We Better Secure Faculty Success? Exploring Models for Mentoring and Career Development.*** Panel members were Drs. Steve Galli, Ann Leung, Frank Longo, Jody Puglisi, Christy Sandborg, and Mike Snyder.

We will be distilling the discussions that took place by these panels, and I will report on our synthesis, recommendations and action items in future newsletters. As I reflect on the overall discussion, I take note of the common threads that emerged from the discussion and that link these important topics. The first is how much the medical school benefits from being an integral member of a great university. The geographic proximity to the other Stanford schools fosters incredible interactions among faculty and students. In addition, the highly entrepreneurial spirit of our community and our desire to think boldly benefits enormously from the Stanford culture. Our shared focus on quality over quantity permeates the entire Stanford community. Of course that means that in a school like Medicine we have a number of important disciplines that are represented by only a handful (or less) of people. On the other hand, our small size promotes interactions and makes it important that each recruitment seek the very best – whether student, staff or faculty. Another important common thread is time and the many demands we all face in striving for excellence in our multiple missions. The limits of time are expressed differently in education, research and career development.

For example, there is no question that the length of time required to become a physician-scientist or a scientist focused on basic research and/or translational medicine is excessive. While efforts are being made to address this in different residency programs (e.g, cardiovascular surgery, neurosurgery and others) it is really the continuum from undergraduate (college) to medical and/or graduate school to postdoctoral training that poses the challenge. Each of these sectors is discrete and governed by different regulations and certifications. We have been discussing how to take some bold steps and develop new pathways toward educating and

training future physician-scientists and translating scientists in a more focused and compressed manner. I truly think we have the opportunity to do something unique at Stanford, and this will surely be a topic for future exploration and discussion.

The limitation of time is certainly a factor in the ability of our faculty to engage in interdisciplinary research and education. This is true for faculty engaged in full-time research, but is particularly the case for those at the interface between research and patient care. Some of the hurdles can be overcome by seed funding that brings faculty and especially students and postdocs together to address novel research opportunities. This can also be enhanced by shared faculty and student meetings within departments and facilitated by connections forged through the Institutes of Medicine, BioX or chance meetings among faculty and students. At the same time, the pressures of time (for writing grants, doing research, caring for patients, teaching) negatively affect opportunities to attend seminars or other events that might stimulate new knowledge or new possibilities for collaboration.

A number of concrete suggestions were put forth about how to deal with some of these challenges and they too will be discussed in future events and newsletters. A notable external validation of how well we are doing in interdisciplinary research and education – in fact likely far better than virtually any other institution – was also conveyed by one attendee. There is no question that we are more likely to highlight what is wrong than what was successful. So, it is important to point out the areas of achievement – even though we don't want to rest on laurels and do want to remain motivated to constantly strive to do better.

Not surprisingly, time is also a challenge in securing faculty success – both for faculty and for their advisors and mentors. We heard some important approaches to mentoring from departments that made this an area of focus following the 2009 Retreat. Indeed, evidence of success was forthcoming from both basic science departments as well as larger clinical ones. But there appears to be dissonance between the overall satisfaction of our faculty (where we score at the top in various comparisons with other medical schools) compared to perceived success in mentoring (where we seem to do less well). Whether this is a definitional problem or a real one is an important question, as is the degree of additional effort we should expend to promote even better outcomes. Because there is still considerable attrition of faculty out of careers as physician scientists or academic scientists, especially of women and members of underrepresented minority groups, I strongly believe we have much more work to do in this area – particularly for our clinician-scholars and scientists. In my opinion, we still need to address some novel and different approaches that run against current accepted norms – but I don't believe we can afford to not do this.

In sum, we covered a fair amount of ground in some important areas of academic medicine. I have touched on a few highlights and am purposefully leaving the details for additional distillation and refinement – with the goal of setting some new priorities that we can focus on over the months ahead. Clearly more to follow!

Federal Budget for Science and the NIH: The Ups and Downs

During my 23 years as an Intramural Investigator at the National Institutes of Health (NIH) there were lots of ups and downs in NIH funding. But the downs were usually short-lived, rarely exceeding two years, and the ups were generally modest, generally at or slightly above inflation. Overall the NIH budget climbed over time – but slowly, and when I left Bethesda for Boston in 1996, the overall NIH budget was just over \$13 billion. At that time the NIH enjoyed strong bipartisan support, and the promise that science would yield discoveries that would improve the lives of patients across a number of serious human diseases loomed large. While it now seems like ancient history, this was also the time when the public and the Congress were learning about the human genome, and the “big science” effort to sequence the genome was often heralded with promissory notes of how cures would soon follow the unraveling of the language of life. It was also during this time that new treatments were changing the outcomes for patients with HIV/AIDS – a disease that had only been recognized some 15 years previously and that had captured the public’s attention and fears.

Advocacy for biomedical research was supported by a large number of quite varied disease advocacy groups – especially cancer, AIDS, and diabetes – and was joined by the scientific community, universities, research institutions and beyond. This led to the plan to double the NIH budget over a five-year period, which began in 1998 and continued through 2003. Expectations for the impact of this significant incremental funding on the creation of new diagnostics, therapies and preventive strategies were high and were fueled by promises, even if well intentioned, that exceeded reality. In retrospect, it cannot be seen as a surprise that, in 2002 and 2003, the Congress began asking for the breakthroughs and cures emanating from the doubling. While much important work was accomplished, the reality is that tangible deliverables of the translation of basic research into clinical care often require years and sometimes decades. As a community we did not do a good job of delivering that message – and, in fact, we spent too time focused on the promise that research discoveries would reap benefits in ways that were really unrealistic. We should not forget that lesson.

As a consequence, from 2003 through 2009, when the American Recovery and Reinvestment Act of 2009 (ARRA) was launched as part of the “stimulus plan,” the NIH budget had been held flat for 6 years – losing some 17% of its buying power in 2008 compared to 2003. The consequences of flat funding for faculty, trainees and institutions across the nation were significant. These were made even worse by the anti-science mood that was increasingly expressed from Washington but also observed in many sectors of our country. Not surprisingly the mood of many scientists was worried and sometimes gloomy, and the pressures to submit more and more grants for less and less funding eroded much of the enthusiasm of years past. That changed in 2009 with the \$8.2 billion that the NIH was to spend over two years to support biomedical research, coupled with an administration that clearly signaled that it values science and innovation. The medical and scientific community once again rose to the occasion and savored the increased funding.

From the moment the ARRA funding began there was anxiety about what would happen in FY2011 – when the two years ended. Some believed that the ARRA funding would reset the NIH “base” at \$37-40B, making up for the losses of 2003-2008, and “right size” our scientific enterprise. There is no question that, like medical schools across the country, Stanford has benefited from the ARRA support (see: <http://med.stanford.edu/stimulus/> on “Investing in

Medicine”). Others, and I admit I was in this group, did not see the resetting of the NIH base as likely, given the overall economic climate. In fact, a number of colleagues and I would argue instead that sustainable funding that kept pace or exceeded inflation would be more important for our scientific enterprise than the boom or bust cycle that has characterized the last dozen years.

Of course hopes of even keeping pace with inflation seemed low when the President announced a freeze on spending (with some notable exceptions) last week. Forecasts for NIH looked gloomy indeed. And while they are still below where we would like, the fact that the President’s budget proposed an increase for NIH is further evidence of the Administration’s support for scientific research. With the release of the budget this past week, NIH is slated for a 3.2% increase over last year’s base to \$32.089 billion. This increase is at the projected level of the Biomedical Research and Development Price Index (BRDPI). Further, the President’s budget proposes a 6% increase in training grant stipends and a 2% increase in the average noncompeting and competing RPG. Given how funding for nearly all other programs is likely to fare, this must be seen as good news and as a vote of confidence for science – even though it will still put a lot of pressure on faculty and trainees competing for grants.

In addition to funding for NIH, other components of biomedical research and healthcare sector were included in the President’s budget, including:

- Health Professions: Title VII and Title VIII health professions education programs indicates a 2.2 percent increase over FY 2010NHSC
- The National Health Service Corps budget is proposed for a 19% increase over FY10 – to \$169 million
- The Agency for Healthcare Research and Quality has the largest percent increase (53.9%), an increment of \$214 million to a proposed \$611 million in FY 2011
- The President’s FY 2011 budget also requests a 1.5% increase for research at the VA, bringing the total to \$590 million for VA research.

Overall, these current proposals are much more favorable than what many of us assumed just a week ago – even if less than what was hoped for two weeks ago. Of course these remain budget proposals and there is a lot of political maneuvering that will occur before the FY11 budget is fully defined. But at least the NIH is projected to keep pace with BRDPI. Hopefully we can get back to a time of more sustainable funding – and put the up and down rollercoaster behind us. And as noted earlier in this newsletter, we also need creative new ways to foster biomedical research funding – perhaps on a global level.

Translating Breakthroughs in Stem Cell Research

At the CIRM (California Institute for Regenerative Medicine) meeting on February 4th, the translational research project led by Dr. Al Lane, Professor and Chair of Dermatology, was

presented at a public forum. Dr. Lane, together with his colleagues Dr. Anthony Oro, Associate Professor of Dermatology, and Dr Marius Wernig, Assistant Professor of Pathology, discussed how they are building on nearly two decades of basic research to translate their discoveries to treat the dominant form of epidermolysis bullosa (EB). This tragic disease occurs in both a dominant and recessive form (which is the most severe) and has devastating consequences for affected children. Over years of remarkable research the Stanford team has developed an understanding of the molecular underpinnings that define this disease and have developed two approaches – one based on gene therapy and the second utilizing induced pluripotent stem cells (iPS). The latter approach resulted in a major disease team award from CIRM (one of four received by Stanford faculty: http://deansnewsletter.stanford.edu/archive/11_09_09.html#3 and see: <http://med.stanford.edu/ism/2009/october/cirm.html>). The story told by Drs. Lane, Oro and Wernig is inspirational – and was made even more so by Ms. Lynn Anderson, President and Founder of the EB Medical Research Foundation – who recounted the incredible struggle of her two children, both of whom ultimately died of EB after years of suffering. The potential for hope emanating from basic and translational research serves as an exemplar of our mission at Stanford and our goal of finding treatments that improve the lives of adults and children facing serious and catastrophic disease.

Healthcare: The Role of Protocols

Rest assured. I won't offer any forecasts (and not even many comments) about where healthcare reform stands at this point – other than how relative it all is. Before the Senate election in Massachusetts I confess to being disappointed with how little the Senate and House Bills contained any substantive reform. Now even they look like an advance compared to where things now stand!

Regardless of what comes out of the Congress or Washington, it is important that we focus on doing what is right for health care: providing the best and most advanced clinical care possible, with outstanding quality and service and at the lowest cost possible. Coupled with this is continuing to innovate and bring knowledge from research to the patient. Also key is moving away from the perverse incentives that “fee for service” fosters to evidence-based care that improves health and does not overuse technology, expensive resources or tests and resources that are really not necessary.

I have long felt that one way to accomplish some of these goals is to take a lesson from how children with cancer are treated in the USA (and even worldwide). For decades, the vast majority of children with cancer have been enrolled in multicenter cooperative group protocols that assess and compare the current “state of the art” to something better. Sometimes that means more or different therapy and sometimes it means less treatment. But the overall formats of care (which diagnostic tests are indicated and when they need to be repeated; which technologies need to be deployed and when; which treatment schedule is used and how it is monitored and modified; what constitutes a positive or negative outcome) are organized by approved protocols. While some may view these as recipes for care, they actually serve to organize and codify complex regimens into clinical trials that optimize treatment as well as improve knowledge and advance the state of the art. Perhaps more than in any other area of medicine, protocol based therapy and clinical trials have become the accepted standard in pediatric oncology and, I believe, have also

contributed to the sequential improvements that have occurred over the past several decades in childhood cancer. It has also been demonstrated that simply being treated on a protocol improves outcomes – probably by better organizing and codifying the interventions that are employed.

An important question is whether this model can be accepted beyond pediatric oncology – an issue I have raised previously in this newsletter. There is no question that the pediatric oncology community has accepted protocol-based therapy as the standard. And there is no question that nearly all the rest of medicine has not gone down a similar pathway – including adult oncology. Thus, the introduction of protocol based regimens in various other diseases as the standard approach would require considerable organization as well as a culture change. Most physicians remain convinced that they must individualize care for each patient they treat, and they often eschew the concept of treatment algorithms or guidelines that emerge from clinical effectiveness studies. Indeed this became a political hot button during the health care debate last year. This issue was raised again in an opinion piece by Dr. Jerry Groopman in the February 11th issue of *The New York Review of Books* (see: <http://www.nybooks.com/articles/23590>). Dr. Groopman raises strong concerns about the wide use of clinical guidelines emanating from expert panels (he particularly raises concern about government panels) and cites some of his own errors in formulating specific guidelines for hematopoietic cytokines. I find many of his arguments compelling, but I see them as different from the use of clinical protocols in pediatric oncology, in which they serve as a dynamic form of clinical effectiveness guidelines. They are generated by experts and monitored for outcome, and they form the basis for future investigations and interventions.

As the healthcare debate recalibrates and rebases, I do think it would be interesting to test how well the protocol-based approach used in pediatric oncology can be used in other disciplines. Coupled with interactive electronic medical records, such protocol-based approaches could build in metrics for quality, utilization and better cost control. This approach does not require overregulation and it is compatible with individual decision-making whenever the conditions so require. It is a model worth exploring.

Developing a Community Network

For more than a year the leadership of the School of Medicine (SOM), Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH) have been exploring ways to reach out to physicians in our communities, both locally and regionally. The overarching goal is to create more effective communications with community physicians – especially those doing primary care – and to create alignments that improve the outcomes of the patients they serve. A number of mechanisms to foster a community network are being explored, and the opportunities for sharing information and technology are being evaluated. To help this initiative, Dan Ginsburg, Chief Operating Officer for SHC, announced this past week the appointment of Mr. Bruce Harrison as the Executive Director for the affiliate network currently in formation by LPCH, SHC and SOM. Mr. Harrison was previously Senior VP and Chief Administrative Officer for WellStar Physicians Group, a multi-specialty medical group with over 400 providers, 80 locations and 1.2 million annual visits in Marietta, Georgia. He also previously held administrative positions at Scripps Clinic and Research Foundation and UC San Diego Medical Center. He will be joining SHC on February 15th. As details about the community and affiliated network are further defined, I will communicate them to you in future newsletters.

Tuition Changes for Medical Students

More than a year ago, Dr. Charles Prober, Senior Associate Dean for Medical Education, appointed a “Tuition Committee” to consider restructuring the tuition program at the medical school. It was felt that the current structure, which comprises 13 quarters at full tuition and additional quarters at a reduced rate called TMR (Terminal Medical Registration), was too complex and didn’t compare easily to the tuition structure at other medical schools. TMR was originally put in place many years ago to encourage students to spend a fifth year doing supervised research at the school; however, it is confusing because the benefit of lower tuition does not come while the student is doing the research, but rather at the end of his or her clinical years. In addition, it falsely represents Stanford as one of the most expensive schools among our peers, since comparisons are calculated based on tuition in the first three quarters of attendance, which does not take into account the TMR savings that comes at the end of the MD journey at Stanford.

The Tuition Committee comprised staff from Educational Programs and Services, including Financial Aid, Admissions, and others; and over a dozen students. This group concluded that the structure should be changed to reflect the goals of greater simplicity and comparability by smoothing the tuition rate across all years, incorporating the lower TMR into all quarters. The resulting structure eliminates TMR and institutes a research rate, which (we hope) motivates students to stay for an additional year of research by matching the timing of a reduction in tuition with the research. The result is a tuition rate that is more than 5% lower than the expected rate in each of the first 13 quarters, saving students money in the initial years of their education. For students taking the additional year of research—which the vast majority of our students do—a combination of the low research rate plus Medical Scholars funding is expected to make that year free of cost, including covering a standard cost of living amount. The new tuition structure applies only to incoming students, beginning next fall (August 2010).

The AAMC reports tuition rates for medical schools according to the first three quarters of tuition, so these changes will more accurately represent Stanford’s cost relative to our peers in the thirteen-school consortium; rather than being viewed as the third most expensive school, after Washington University and Case Western, we are likely to be closer to the middle of the pack, nearer Harvard, Penn, and Duke. Over a full four-or five-year degree program the new structure costs slightly more than it would have under the current structure for a typical student. We believe that our position relative to peer institutions will remain positive, and we anticipate that our graduates will continue to have among the very lowest debt in the country.

To Be Shod or Not To Be Shod

Like many endurance athletes who read Christopher McDougal’s now popular book entitled Born to Run: A Hidden Tribe, Superathletes, I have been toying with the idea of whether to try to run barefoot instead of with my trusted Asics Nimbus 11. McDougal tells the story of the Tarahumara tribe in Mexico who run astounding distances on a daily basis with minimal injury. In addition to a fascinating story, the book takes on a theme that has become a sports cult passion; namely, that the introduction of cushioned running shoes in the 1970s – which have become more elaborate and cushioned since then – serve to promote more injury than they

prevent. Since I have been wearing various evolutions of these running shoes – indeed since the 1970’s – and have had my fair share of injuries, it is hard to not question whether things would be different in a non-shod state. Alternatively, I wonder whether I’d still be doing 50-70 miles per week (as I continue to do decades later) had I not had the advantage of modern running shoes.

The speculation offered by McDougall was intriguing but now takes a more significant twist with the publication by DE Lieberman et al of “Foot strike patterns and collision forces in habitually barefoot versus shod runners” in the January 28th issue of *Nature* (see: <http://www.nature.com/nature/journal/v463/n7280/pdf/nature08723.pdf>). Since these data fly in the face of all that we have been taught about running shoes (albeit largely through marketing) it will be interesting to see how these observations impact behavior – as well as future generations of running shoes. Given the number of runners among our faculty, students and staff I am confident this new report – and the blogs and hype around it – will provoke questions and debates and, I hope, some additional research.

It’s always fascinating to see how new data can upset prior “truths.” But as we all know, the half-life of most new knowledge is all too short.

Mini Med School Website Is Launched

As I have described in previous newsletters

(http://deansnewsletter.stanford.edu/archive/09_28_09.html#4, http://deansnewsletter.stanford.edu/archive/01_25_10.html#5), we are offering, in partnership with Stanford Continuing Studies Program, a three quarter mini med school course that was very well received by our community. The fall quarter is now available through Stanford iTunes at this web site: <http://med.stanford.edu/minimed/>. The winter quarter course currently in progress will be added early in the spring quarter, and the spring quarter will be added early in the summer. This is a great opportunity to see some of the school’s most distinguished faculty discuss their areas of expertise, and I am very pleased that we can make their presentations available to all.

Awards and Honors

- ***Branimir I. (Brandy) Sikic***, Professor of Medicine (Division of Oncology), Associate Director of the Cancer Center, and Director of the Clinical and Translational Research Unit, has been awarded the Presidential Medal for Science and Medicine from the President of Croatia, Stjepan Mesic. The Presidential Medal recognizes his achievements in cancer research, and his contributions to medical education and cancer care and prevention in Croatia. One of the key outcomes of a meeting between the Croatian government and the US National Institutes of Health in 2007 was a law banning cigarette smoking in public places throughout the country. Congratulations, Dr. Sikic.
- ***Sarah Geneser, PhD***, postdoctoral fellow in the Radiological Sciences Laboratory, was awarded a Dean's Postdoctoral Fellowship from the Stanford School of Medicine, to model the impact of hormone replacement therapy on breast cancer risk and progression to better understand the physiological effects on breast tumor development. She is working with Dr. Sylvia Plevritis to investigate the impact of mammography screening and treatment on breast cancer incidence and survival.

- **Hua Fan-Minogue, PhD**, Stanford Molecular Imaging Scholars Program (SMIS) Fellow in the Multimodality Molecular Imaging Lab, was awarded a Travel Fellowship from the Helena Anna Henzl Gabor Young Women in Science Fund to attend the American Association for Cancer Research (AACR) 101st Annual Meeting 2010.
- **Norbert Pelc, ScD**, professor of radiology and bioengineering, was elected to the position of Third Vice President of the Radiological Society of North America.
- **Rebecca Rakow-Penner, MD/PhD** candidate in biophysics and graduate student in the Radiological Sciences Laboratory, was selected as a finalist for the Young Investigators' W.S. Moore Award in clinical science. Finalists will be given the honor of presenting their papers at the upcoming Joint Annual Meeting of the International Society for Magnetic Resonance in Medicine-European Society for Magnetic Resonance in Medicine and Biology (ISMRM-ESMRMB), which will be held in Stockholm, Sweden, May 1-7, 2010.
- **Ying Ren, MD**, radiologist at Sheng Jing Hospital of China Medical University and postdoctoral scholar in the Translational Molecular Imaging Lab headed by Dr. Juergen Willmann, has received the 2010 Stanford Dean's Fellowship for her research proposal entitled "Evaluation of Activity and Remission of Inflammatory Bowel Disease by Molecular Targeted Microbubble-Enhanced Ultrasound in a Mouse Colitis Model."
- **Arne Vandenbroucke, PhD**, postdoctoral scholar in the Molecular Imaging Instrumentation Lab, received a three-year postdoctoral fellowship from the Department of Defense (DOD) Breast Cancer Research Program (BCRP) of the Office of the Congressionally Directed Medical Research Programs for his research proposal entitled "Commissioning and Characterization of a Dedicated High-Resolution Breast PET Camera."
- **David Wang, MD**, fourth-year radiology resident, has won two awards: a Radiological Sciences of North America (RSNA) Travel Award for Young Investigators in Molecular Imaging and a World Molecular Imaging Conference Travel Stipend. David received these awards for his research on gene therapy using ultrasound and custom-made microbubbles, which serve as carrier vehicles for therapeutic delivery.

Congratulations to all!

Appointments and Promotions

Marian M. Adams was promoted to Clinical Associate Professor of Pediatrics (Neonatal and Developmental Medicine), effective 1/01/10.

Cathy Angell was reappointed as Clinical Assistant Professor (Affiliated) of Pediatrics (Neonatal and Developmental Medicine), effective 1/01/10.

Scott D. Boyd was appointed to Assistant Professor of Pathology at the Stanford University Medical Center, effective 1/01/10.

Ian P. Brown was promoted to Clinical Assistant Professor of Surgery (Emergency Medicine), effective 12/01/09.

Jennifer L. Carlson was promoted to Clinical Assistant Professor of Pediatrics (Adolescent Medicine), effective 1/01/10.

Ian Carroll was appointed to Assistant Professor of Anesthesia at the Stanford University Medical Center, effective 1/01/10.

Lorinda Chung was reappointed to Assistant Professor of Medicine at the Veterans Affairs Palo Alto Health Care System, effective 1/01/10.

Rebecca E. Claure was reappointed as Clinical Assistant Professor of Anesthesia (Pediatric Anesthesia), effective 1/15/10.

Stanley Deresinski was appointed as Clinical Professor of Medicine (Infectious Diseases), effective 1/01/10.

Gundeep Dhillon was reappointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 1/01/10.

Chrysoula Dosiou was reappointed as Clinical Assistant Professor of Medicine (Endocrinology, Gerontology and Metabolism), effective 1/01/10.

Ram Duriseti was reappointed as Clinical Assistant Professor of Surgery (Emergency Medicine), effective 1/01/10.

Gary Fanton was reappointed as Clinical Professor of Orthopaedic Surgery, effective 12/01/09.

Howard H. Fenn was reappointed as Clinical Associate Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 9/01/09.

Karen J. Friday was reappointed as Clinical Professor (Affiliated) of Medicine (Cardiovascular Medicine), effective 1/01/10.

Kathleen Fujino was promoted to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/01/09.

Joyce Fu-Sung was appointed as Clinical Assistant Professor of Obstetrics and Gynecology (Maternal-Fetal Medicine), effective 7/01/10.

Gregory H. Gilbert was reappointed as Clinical Assistant Professor of Surgery (Emergency Medicine), effective 9/01/09.

Lucinda Hirahoka was appointed as Clinical Assistant Professor of Medicine (General Internal Medicine), effective 2/01/10.

William A. Jensen was reappointed as Clinical Professor (Affiliated) of Medicine (Pulmonary and Critical Care Medicine), effective 9/01/09.

Daniel T. Kato was reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/01/09.

Sandhya Kharbanda was appointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 1/01/10.

Carl M. Kirsch was reappointed as Clinical Professor (Affiliated) of Medicine (Respiratory and Critical Care Medicine), effective 9/01/09.

Birgit Maass was appointed as Clinical Assistant Professor of Anesthesia (Pediatric Anesthesia), effective 3/01/10.

Anthony Mascola was reappointed as Clinical Assistant Professor of Psychiatry and Behavioral Sciences (Behavioral Medicine), effective 9/01/09.

Mirna Mustapha was appointed to Assistant Professor of Otolaryngology , effective 2/01/10.

Sonya Misra was reappointed as Clinical Assistant Professor (Affiliated) of Pediatrics (Neonatal and Developmental Medicine), effective 1/01/10.

Jayakar Nayak was appointed to Assistant Professor of Otolaryngology – Head and Neck Surgery at the Stanford University Medical Center, effective 1/01/10.

Sachie Oshima was reappointed as Clinical Assistant Professor of Surgery (Emergency Medicine), effective 9/01/09.

Periklis Panousis was promoted to Clinical Assistant Professor of Anesthesia, effective 4/16/10.

Jeffrey S. Peterson was reappointed as Clinical Assistant Professor of Surgery (Emergency Medicine), effective 9/01/09.

Jennifer M. Phillips was promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences (Adolescent Psychiatry), effective 1/01/10.

Craig S. Rosen was promoted to Associate Professor of Psychiatry and Behavioral Sciences at the Veterans Affairs Palo Alto Health Care System, effective 1/01/10.

Josef I. Ruzek was appointed as Clinical Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 12/01/09.

Gaetano J. Scuderi was promoted to Clinical Assistant Professor of Orthopaedic Surgery, effective 1/01/10.

Jeannie L. Seybold was promoted to Clinical Assistant Professor of Anesthesia (Pediatric Anesthesia), effective 2/10/10.

John L. Tatman was reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/01/09.

Hyma T. Vempaty was appointed as Clinical Assistant Professor (Affiliated) of Medicine (Blood and Marrow Transplantation), effective 10/01/09.

Wen-Kai Weng was reappointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 1/01/10.

Thomas Wentzien was promoted to Clinical Associate Professor (Affiliated) of Medicine (Cardiology), effective 8/01/09.

Sarah R. Williams was reappointed as Clinical Assistant Professor of Surgery (Emergency Medicine), effective 9/01/09.

Steven T. Woolson was reappointed as Clinical Professor of Orthopaedic Surgery, effective 1/01/10.

Kristen Yeom was appointed to Assistant Professor of Radiology at the Lucile Packard Children's Hospital, effective 1/01/10.

Dean's Newsletter February 22, 2010

Transition in Leadership at Stanford Hospital & Clinics

Since the last edition of this newsletter, Martha Marsh, President and CEO of Stanford Hospital & Clinics (SHC), has announced her retirement. Ms. Marsh joined SHC on April 2, 2002 – a year to the day after I came to the Medical School as Dean in 2001. During the past almost eight years, she and I have worked extremely closely, and I have tremendous respect for her leadership, collegiality and friendship. I want to thank her for her many contributions to SHC, the medical school, university and community. It has been a privilege to work with her and her leadership team.

It is sometimes hard to remember how different things were in 2001-2002. We were in the immediate aftermath of the failed merger with UCSF, and the negative impact of the merger and de-merger on the morale, strategic direction and financial status of the medical center was profound and even palpable across the medical center and university. I certainly recognize that those who preceded us had worked diligently on behalf of the medical center and university through the tumultuous challenges that characterized American medicine during the 1990s. But the convergence of a multiplicity of external and internal forces and events threatened the future of Stanford Medicine at the dawn of the 21st century.

I surely do not believe or want to imply that the currently dramatically improved state of the medical center today is related solely to a small handful of individuals – in the hospital(s), school or university. But I do believe that the collaboration, coordination and shared efforts of our respective leadership teams – which extend to our clinical and basic science chairs, faculty, staff and students – have made a major difference for Stanford Medicine. As we begin 2010, we still face enormous challenges, but we are now on an incredibly stronger financial underpinning.

The widening gulf that existed between our basic science and clinical faculty has been breeched, and the tensions between the medical center and university largely repaired. SHC now stands as an exemplar of high quality patient care and a resource for innovation in clinical research. Despite the surprising commentaries from some members of the Palo Alto City Council, the Medical Center is increasingly respected and valued by our community locally and globally. I attribute many of these directional changes to Martha Marsh's leadership and our shared efforts.

A search is now beginning for the next CEO at Stanford Hospital. As is often the case, many in our community are stepping forth with their views, perceptions and recommendations about the type of leader needed and about whether our current organization optimizes our prospects for continued success. As I have written in the past, there are 132 academic health centers (AHCs) in the USA that are comprised of a medical school, teaching hospital and sometimes related professional schools (e.g., nursing, pharmacy, dentistry, public health). They include state and private schools and universities, together with teaching hospitals that either are owned by the university or are independent and connected to the medical school by various affiliation agreements.

Some of these AHCs are governed by a single leader (e.g., an executive vice-president to whom the dean and hospital CEOs report), and others (like Stanford) have separate leaders for the medical school and hospitals. The organizational and governance structure is often designed to optimize coordination and integration – and it recognizes the frequent tensions (often financial) that exist between a medical school and teaching hospital. These tensions are real and are certainly challenged by the economic forces impacting patient care, research and education. Understandably, the tensions are less when resources are abundant and become more challenging during times of constraint – like the ones we are facing now and will continue to face for many years to come.

I do not intend to argue for the primacy of any one model of governance, nor do I believe that any organizational structure assures success. In the end it comes down to the individuals in leadership roles and how willing they are to communicate, collaborate and compromise. I know of no governance or organizational structure that overcomes non-collaborative individuals, and I also believe that cooperative leaders can transcend even imperfect organizational models. Because we are distinctive among our peers in how we are organized, I was asked a few years ago to reflect on Stanford as a Case Study.

My opinion piece was published in **Academic Medicine** (2008;83 (9): 867-72). At the end of the article I listed 10 lessons learned (or at least ones I think I learned) during my time at Stanford. I think those lessons are relevant today and, in particular, are pertinent to questions of our future governance, organization and leadership. In that spirit, I repeat them here for your consideration:

(My) Lessons Learned

- Because AHCs are often highly matrixed by interdependent interactions and relationships between academic and clinical programs, they are also fragile and can be adversely affected when one mission gets off track or dominates the enterprise in an unhealthy way. This was true at Stanford Medicine when the merger with UCSF created distractions, financial losses, and distrust between the faculty in basic and clinical departments and between the AHC and university. To overcome these challenges, a transparent and thoughtfully articulated plan was essential.
- Overcoming a major disruption such as a failed merger requires a redefinition of the mission, goals, and objectives of both the medical school and the AHC. It requires buy in from multiple constituencies including the basic and clinical science faculty, students, and staff. It also requires healing among communities that had felt disenfranchised or even abandoned by an institutional direction they did not understand or support.
- Communication is a key component of institutional transformation, along with clearly delineated plans that are modified and adjusted to accommodate to the various institutional constituencies and their not infrequently differing perspectives. This requires communication from the leadership that is transparent, engaging, informative, and continuous.
- Institutional progress requires plans and objectives that are not only transparent but also achieved. Institutional ownership of the planning process and its deliverables is essential and should not be delegated to outside consultants or individuals who are not responsible and accountable.
- Transformational planning is a constant process with frequent ebbs and tides. Because of the diversity of talents, interests, and commitments at an AHC, it cannot be expected or anticipated that unanimity of opinion or support will be achieved. Difficult choices need to be made, priorities set, and accountability recognized. That said, progress is more possible when the institutional planning is adjusted to fit the culture, history, and values of the institution.
- Most AHCs have to make choices about their areas of focus and institutional priorities, because few are large enough to do everything. When there are internal or external constraints, forward planning is essential. Even if the plans are not fully achieved, they provide a foundation for future adaptation and modulation. During the past several years, the school's strategic plan, *Translating Discoveries*, has served as an anchor by which to align missions in education, research, and patient care.
- Understanding the inherent strengths and distinguishing features of an institution is also essential to successful planning. When Stanford's medical school began separating its functions and missions from its parent university, it lost the trust of the university faculty and became perceived as a liability rather than as an asset. Efforts to better integrate the medical school with the missions of the university (through the BioX program, the department of bioengineering, and the Institutes of Medicine) have helped to overcome some of the misperceptions and have led to positive interactions that appeal broadly to university leaders and the community.
- Leadership models at AHCs are highly varied, and none are necessarily sustainable over time. Stanford's separate leadership of its medical school and two major teaching hospitals provides both strengths and weaknesses. Whereas the overall mission has been served because of the positive interaction of current leaders, this model is not necessarily sustainable, and it could be compromised by resource constraints that pit one mission

against another or by changes in individuals that alter the dynamics or trust of the institutional leaders

- Having the trust and authority of the university president, provost, and board of trustees is essential, especially when major changes are contemplated or being implemented. But, this trust is also subject to change and, thus, must be constantly reinforced by evidence of progress. Objective external evaluation of this project on a regular basis serves to validate the plans and the leadership. But, it must be recognized that such external reviews can also result in changes in institutional direction or leadership as well—and, thus, this also must be anticipated.
- AHCs are likely to be especially challenged in the next decade, ironically because of the destabilization likely to occur from some of the forces that brought them into their current structure and function. For example, with the anticipated changes in Medicare and the reduced support for biomedical research from the NIH, the historically highly leveraged success of AHCs will be increasingly compromised.

Likely, new models will need to be developed to sustain core missions in research and education as well as patient care. These external forces make ongoing institutional planning essential; without such efforts, inadvertent damage can easily occur. As mentioned earlier, despite their formidable strengths, AHCs are also fragile, and without planning and leadership, they can lose their focus and, potentially, their preeminence, by an institutional direction they did not understand or support.

I am not certain how transportable these lessons will be to the future leaders of Stanford Medicine, but I do recognize that paying attention to history is an important way to avoiding future mistakes. That said, the future of the current organizational structure and governance of Stanford Medicine will rest heavily on the individuals who lead the school and the hospital in the years ahead. In that regard I hope that our recent past history will have an enduring value into the future.

Leadership Transitions in the School of Medicine

The complexity of medical schools also require continuity of leadership over time – often much longer than leadership roles within universities, businesses or foundations. At the same time, changes in leadership are important opportunities for renewal and recalibration accompanied by regular processes of evaluation and assessment. In the Medical School all institutional leaders (i.e., basic and clinical department chairs, institute directors and senior decanal positions) are time-limited appointments – generally 5 year terms, albeit renewable up to defined limits. Many senior leaders at Stanford also hold “at will” appointments, which means that they serve at the “pleasure of the president or the dean with the concurrence of the president.”

Transitions in medical school leadership are governed by tradition, policy, performance and personal career decisions. Conventionally, basic science chairs serve for single five-year terms and successors are chosen from within the department – often the associate chair assumes leadership for a five-year period. On occasion, some basic science chairs elect or are requested to serve a second term – but rarely if ever does chair service exceed 10 years. Clinical science chairs serve renewable 5- year terms with a maximum of 20 years. The School and University leadership believes that extensions beyond 20 years are not in the best long-term interests of departments or individuals.

The performance of department chairs and institutional leaders is evaluated annually with more detailed performance assessments occurring near the completion of a term. Even with outstanding performance it is valuable for institutions and individuals to be renewed at defined or not-to exceed intervals. While it is not mandatory, the convention at Stanford (and indeed for almost every medical school) is for clinical chairs to be selected by a national search. This permits institutions like Stanford to do all it can to engage the best leadership possible – and to also empower its clinical leaders through the search and selection process.

At the beginning of 2010 a number of clinical chairs positions are undergoing evaluation for potential reappointment. Others are under search (or soon will be) because the department chair has elected to step down or has reached the maximum duration limit. I hope to announce soon the new chair of the Department of Psychiatry and Behavioral Sciences, who will succeed Dr. Alan Schatzberg, who has served as chair so successfully for 19 years. I also expect to conclude the search for the next chair of the Department of Dermatology, given Dr. Al Lane's decision to step down as chair after 14 years of service. A search committee has recently been formed for the next chair of the Department of Radiology to succeed Dr. Gary Glazer, who has led with excellence (and by exception) for 22 years.

We hope to find Dr. Glazer's successor by the time he completes his final term at the end of August 2011. In addition, Dr. Richard Hoppe has informed me that he plans to step down as chair of Radiation Oncology at the completion of his current term in August 2011, and we will soon be appointing a search committee for his successor. Each of these leaders has performed in an outstanding manner and we all owe them our respect and gratitude.

In addition, a number of clinical chairs have recently or will soon be reappointed to a second term, including Drs. Bobby Robbins, Chair of Cardiothoracic Surgery; Rob Jackler, Chair of Otolaryngology/Head & Neck Surgery; Dr. Bill Maloney, Chair of Orthopaedic Surgery; Frank Longo, Chair of Neurology and Neurological Sciences; and Dr. Jonathan Berek, Chair of Obstetrics & Gynecology. Dr. Steve Galli, Chair of Pathology, has recently completed an evaluation after serving for two terms and will be reappointed to a third term. Two other clinical chairs, Dr. Ron Pearl (Anesthesia) and Linda Shortliffe (Urology), are currently undergoing our evaluation process for potential reappointment. These evaluations, which are conducted through our Office of Academic Affairs, gather input from within and outside the chair's department – a process that is helpful to the school and the individual.

Institutions like Stanford are built on individuals and leaders. I am deeply grateful to each of our leaders and also look forward to working closely with those who will join our leadership team in the future.

Appreciation for Stanford's Support to Haiti

The heartbreaking images of the tragic earthquake that struck Haiti just over a month ago still loom large in our minds. As is often the case, the media focused our attention intensely on Haiti in the first awful days and weeks following the earthquake, calling to our attention the hundreds of thousands of individuals who were killed or the millions who were injured or displaced by an earth-shattering event that took only tens of seconds to unleash its destructive forces. Also predictably, the media has now largely moved elsewhere and for many, the tragedy of Haiti

recedes into memory banks well versed in world tragedies. Except, of course, for the survivors, who are impacted every moment of every day by the ongoing consequences of the earthquake. Their memories are very much in the present.

Heroic teams (including those from the Stanford University Medical Center – see: <http://med.stanford.edu/ism/2010/february/haiti-follo-0208.html>), along with global relief organizations and the economic support from nations around the world, dealt remarkably and admirably in providing food, water, medical care and other resources in the immediate aftermath of the tragedy in Haiti. Most have now returned home. They carry with them indelible memories of experiences that transcend even the worst human suffering than nearly any of us can imagine.

However, the ongoing crisis requires continuing support – something that Dr. Michele Barry, Professor of Medicine and Senior Associate Dean for Global Health, immediately recognized when she helped stimulate the matching program that raised some \$370,000 from the Stanford community for the Hôpital Albert Schweitzer (HAS) in Haiti. I have previously extended my own appreciation to the Stanford community for its contributions. I would now like to share a message of appreciation that Dr. Barry recently received from Dr. Ian Rawson, the Medical Director of HAS.

Dear Michele,

What a wonderful out pouring of concern and support you have encouraged from Palo Alto! This has inspired us - the demands on HAS have been enormous, and I continue to be awed by the response from everyone here at the hospital. Almost every employee has been affected directly by the quake - family members who have died or been displaced, and others who have come out from the capital to live in their lacours. And then they face the challenge of caring for patients with devastating injuries.

Our major challenge now is the social and health concerns of the more than 20,000 internally displaced persons who have come out to the Valley, all of whom need immunizations, primary care, food and jobs. The UN agencies look to us, as the major NGO in this region, to develop programs on their behalf. Our field staff has registered all of the IDPs in our electronic medical record system, so we can find them and fold them in to our support programs.

These are new challenges for HAS, and we would not have the strength or courage to take them on without the support from all of you at Stanford. Mere thanks do not suffice...

For some reason, I was not able to "copy all" on this message so I would appreciate it if you could forward this to your original addressees.

Best wishes,

Ian

If you are interested in learning more from the first experiences of the Stanford Medicine teams that provided medical care in Haiti, I call your attention to two upcoming presentations:

1. **Dr. Paul Auerbach**, Professor of Surgery (Emergency Medicine), will speak at the Department of Medicine's Grand Rounds on Wednesday March 31st at 8 am in the Braun Auditorium
2. **Dr. Robert Norris, Professor of Surgery (Emergency Medicine) and the ED Team** will share their experience at an event sponsored by Martha Marsh (SHC), Chris Dawes

(LPCH) and myself (SoM) at 5:30 pm on Thursday April 1st – also in the Braun Auditorium. [Download Flyer](#)

The Interface between Patient Care, Innovation and Research

One of Stanford's most distinguishing hallmarks is the spirit of innovation and discovery that permeates our institution. New insights can result from methodical experimentation or be triggered by a new or unanticipated observation. While we generally think about the “ah-ha” moment in relation to basic fundamental research, such insights can also emerge from an observation at the bedside – as the result of a procedure, device or medication (e.g., an “off-label use of drug or biological or a variation on an operative technique). In some cases these are extensions of standard patient care, but on occasion the lines between innovative patient care and research can get blurry, and sometimes the line can be crossed – often inadvertently, although with consequences.

Because we want to foster innovation in research and patient care as well as the safety and protection of individuals as “human subjects,” we have recently appointed a task force to examine the broad issue of innovation and patient care. More specifically, this group is charged with creating a system that would determine when innovations in patient care should be defined as research and, as such, protected by institutional review and oversight. This task force is being coordinated between Stanford Hospital & Clinics and the School of Medicine and is being led by Dr. Geoff Rubin, Professor of Radiology and Associate Dean for Clinical Affairs.

At least at one level, clinical innovation in patient care crosses over into “research” whenever it involves: the prospective intent to create new knowledge; a systematic approach to the selection, treatment and/or follow-up of patients (or subjects); outcomes measurement; and the potential or prospect for reporting the data publicly – in peer reviewed or other publication. When one or more of these conditions exist, the patient care should be formalized in a clinical protocol that is reviewed and approved by the Institutional Review Board (IRB).

The work of the task force is just beginning and will seek broad input. At its initial meeting, the task force enumerated five factors they deemed essential to an effective system that could distinguish patient care from clinical research – and especially activities that should be conducted under the umbrella of the IRB. These include:

- Identifying procedures, therapeutic approaches, diagnostic tests, and preventions that either are or should be research
- Confirming through peer review that the identified clinical activity fulfills the requirements for management under this process
- Assuring that clinical activities are discontinued until an IRB approved protocol can be instituted and then only occur under that protocol
- Assessing the results of the trial to determine if/when the investigational care may transition to routine clinical care
- Recommending criteria for privileging physicians to provide the new “clinical innovation”

The group recognizes the importance of getting input from various clinical leaders as well as those with regulatory experience and oversight. Drawing on the experience of other academic centers and available reports (e.g., <http://healthcare.partners.org/phsirb/inntherp.htm>) will also be part of the process. At least as a start, the group identified some conditions that might trigger a determination of when clinical innovation is migrating to research and the need for IRB review and approval. These might include:

- The number of subjects who have undergone or expect to be undergoing the procedure/test
- A determination of whether reasonable physicians differ on the appropriateness of the care
- The likelihood that the innovation could cause harm versus benefit
- Whether the application of the innovation sufficiently prevalent that it can be studied
- The details of the Belmont Report (<http://ohsr.od.nih.gov/guidelines/belmont.html#goa>)

Clearly this is an important topic and one for which the committee is interested in comments and recommendations. If you would like to offer opinions, perspective or guidance please contact Dr. Geoff Rubin.

The Coulter Program – a Model for Seed Grants

At the February 19th Executive Committee, Dr. Russ Altman, Professor and Chair of the Department of Bioengineering, gave an update on the highly successful Stanford-Coulter Translational Research Grants Program. As noted on the website, the Stanford Coulter Program “funds projects proposed by multi-disciplinary teams of biomedical engineers and clinical scientists. The devices, diagnostic procedures and treatments that result from the work of these teams are intended to result in patents, spawn start-up biomedical companies and/or be transferred through licensing agreements to existing companies. The Stanford-Coulter program also seeks to raise awareness—on campus and beyond—of the importance of translational research through multi-disciplinary collaboration. Every aspect of the program is designed to increase, enhance and accelerate this process.”

Dr. Altman gave amazing examples of proposals that this program has supported over the past several years, many resulting in major scientific papers, new products or companies or tremendous leveraging for competitive sponsored research funding. Virtually every proposal has included faculty members from the School of Medicine and Bioengineering. If you are interested in learning more about this program see: <http://bioengineering.stanford.edu/coulter/aboutus.html>.

I hasten to add that the Stanford-Coulter program is joined by a number of other seed grant programs sponsored by the Medical School or University (e.g., BioX programs, Stanford Institute of Medicine Seed Grant Programs, Children’s Health Research funding, Beckman Center Interdisciplinary Translational Research Program, etc). These programs share in common their support for novel and innovative research and the prospect for bringing new teams of faculty together to engage in research that might not otherwise have happened. They all boast a tremendous leveraging effect as well. That said, these programs require considerable institutional

commitment and it is timely that we review them more comprehensively to demonstrate their presumed impact and success.

Phishing at Stanford

I assume you have similar experiences to mine. Every so often I get an email request that looks real and asks for a response. The latest had to do with my email storage being fully occupied – which made some sense since I file most emails. Thankfully, rather than responding to the query I checked with our Information & Resources Technology (IRT) support and learned that the messages I was receiving was phishing – and trying to induce me to provide information (which thankfully I didn't do and about which I try to stay vigilant). That said, it can be confusing. Accordingly I share the following advice message to all of you that comes from Ellen Amsel, Information Security Officer and Director of Information Security Services in the School of Medicine's IRT.

Emails have been circulating through the Stanford email system asking for your SunetID (userID) and password.

Stanford will NEVER ask you for this type of information, and it is important that you not provide it, EVER.

These emails are actually attempts (known as phishing) to get you to divulge your password so that the sender of the request can gain unauthorized access to your email and other computer accounts.

If you have erroneously responded to such an email with your SunetID and password, please contact us immediately (IRT Information Security Services or Ellen Amsel) so that we can assist you.

If you have a question regarding email that you receive, you are encouraged to contact IRT Information Security Services about this and we will respond promptly.

Please remember to safeguard your SunetID and password and not divulge it to anyone, even if the email appears legitimate.

Please pay careful attention to solicitations and if you have any questions contact our security service.

Malcolm Gladwell and Medicine and the Muse

Dr. Audrey Shafer asked me to share the great news that **Malcolm Gladwell** (author of ***The Tipping Point, Blink, Outliers, What the Dog Saw***) will be this year's speaker at the Medicine and the Muse Symposium on Thursday, April 8th at 5 pm. Of note this event will also feature presentations, music and exhibits by Stanford Medical Students. Also, it will be held in the new Conference Center in the Li Ka Shing Learning & Knowledge Center – perhaps the first major event in this wonderful facility. The Symposium is free and open to the public. If you have any questions contact Paula Bailey.

Postdoctoral Fellowship Awards

The Office of Postdoctoral Affairs invites applications for the Spring 2010 cycle of the Dean's Postdoctoral Fellowships. The Dean's Fellowships were established to support the advancement of postdoctoral research training under a mentorship of a faculty member at the School of Medicine, through awards to current and prospective postdocs. Preference is given to junior postdocs and junior faculty mentors.

The Fellowships are often used as seed money while outside funds are sought. Awards are made in the form of a stipend directly to the postdoctoral fellow, up to \$20,000 per year for one year. Spring awards start in July 2010 through June 2011. A second year may be awarded on a competitive basis. Proposals should be submitted electronically online in addition to a paper submission to Teri Hanks in the Office of Postdoctoral Affairs by 12 noon, Tuesday, March 16, 2010. Further information can be obtained

at: http://postdocs.stanford.edu/scholars/fellowships_dean.html

Awards and Honors

- **Dr. Harry Greenberg**, Joseph D. Grant Professor in the Department of Medicine and Microbiology & Immunology and Senior Associate Dean for Research, will be a recipient of the American Liver Foundation's Salute to Excellence Award "honoring those have made outstanding contribution to technology and medical innovation." A celebratory event will be held in San Francisco on Saturday March 13th. Please join me in congratulating Dr. Greenberg.
Profile: http://med.stanford.edu/profiles/Harry_Greenberg/

Dean's Newsletter March 8, 2010

Dr. Laura Roberts Named Next Chair of Psychiatry

I am very pleased to announce that Dr. Laura Roberts will join Stanford in September 2010 as the next Chair of Psychiatry, succeeding Dr. Alan Schatzberg, who has served as Chair since July 1991. During Dr. Schatzberg's 19-year tenure, the department has grown in size, scope and depth and is widely recognized as one of the very best academic departments of psychiatry in the nation. We owe a deep debt of gratitude to Dr. Schatzberg for his leadership. We learned from virtually every prospective candidate that their interest in Stanford was related to the excellence of the University and School and to the fact that the department has such outstanding faculty, students and trainees. The Search Committee, which was chaired by Dr. Heidi Feldman, the Ballinger-Swindells Professor of Developmental and Behavioral Pediatrics, did a spectacular job in indentifying an outstanding group of leaders, many of whom are sitting department chairs, as candidates for this important position.

Dr. Roberts is currently the Charles E. Kubly Professor of Psychiatry and Behavioral Medicine and Chair of the Department of Psychiatry at the Medical College of Wisconsin (MCW), a position she has held since 2003. She received her undergraduate, Masters and MD degree from

the University of Chicago. She trained in Clinical Medical Ethics at the University of Chicago and the pursued training in psychiatry at the University of New Mexico, including a Fellowship in Child and Adolescent Psychiatry. She rose rapidly through the academic ranks at the University of New Mexico, where she became Professor of Psychiatry and Director of the Institute for Ethics before moving to MCW.

Dr. Roberts is highly respected by her basic and clinical science colleagues at MCW as well as by leaders in psychiatry across the nation. She has received numerous awards including being named Distinguished Life Fellow by the Association for Academic Psychiatry and the Distinguished Psychiatrist Award from the American Psychiatric Association. She is a Fellow of the American Psychiatric Association, the American Society of Psychosomatic Medicine and the American Psychopathological Association. She has also held numerous leadership positions in national and international organizations along with significant leadership roles in academia. Her research has focused on the intersections of ethics, mental illness, education and training and research. She is the author of 117 peer-reviewed publications and numerous book chapters and reviews and the editor or co-editor of 8 books.

The Search Committee, as part of its work, identified a number of important attributes for the Chair of Psychiatry at Stanford, including evidence of effective leadership, commitment to clinical vision, high quality respected research, commitment to teaching and mentoring, a clear and inspiring vision for the future of psychiatry and strong interpersonal skills. I am pleased to say that the finalists the Committee identified excelled in many of these criteria, and Dr. Roberts was viewed as clearly superior in her leadership and interpersonal skills, among many other outstanding attributes. I have had the opportunity to interact with her in numerous settings over the past several months and have sought and received evaluations and opinions from national leaders as well as members of the Stanford community. These were outstanding and made her choice as the Chair an exciting prospect. I am extremely pleased that she has now accepted our offer and will be joining Stanford in September. She will be accompanied to Stanford by her family, including five children.

In addition to again thanking Dr. Schatzberg for his outstanding contributions as a faculty member and Department Chair, I also want to thank Dr. Heidi Feldman for her excellent work as the chair of the Search Committee. She was joined by Linda Boxer, MD, PhD, Professor, Department of Medicine, Chief, Division of Hematology; Michele Calos, PhD, Professor, Department of Genetics; Nancy Fischbein, MD, Associate Professor, Department of Radiology; Chantal Forfota, Medical Student; Stephen Galli, MD, Professor and Chair, Department of Pathology; Rona Giffard, MD, PhD, Professor and Vice-Chair of Research, Department of Anesthesia; Ian Gotlib, PhD, Professor, Department of Psychology, Senior Associate Dean of the Social Sciences, School of Humanities & Sciences; Al Lane, MD, Professor and Chair, Department of Dermatology; Nancy Lee, Vice President, Clinical Operations, SHC; Frank Longo, MD, PhD, Professor and Chair, Department of Neurology & Neurological Sciences; James McCaughey, Chief Strategy Officer, LPCH; Lorene Nelson, PhD, Associate Professor, Department of Health Research and Policy, Chief, Division of Epidemiology; Mary Ann Norfleet, MD, Emeritus (Clinical) Professor, Dept of Psychiatry & Behavioral Sciences; Carla Shatz, PhD, Professor, Department of Biology and of Neurobiology, Director, Bio-X Program; Marcia Stefanick, PhD, Professor (Research), Department of Medicine and Gary Steinberg, MD,

PhD, Professor and Chair, Department of Neurosurgery, Director, Institute for Neuroinnovation and Translational Neurosciences.

Finally I want to thank Ms. Kendra Baldwin for the exceptional work she has done in staffing our leadership searches and for the tremendous support we receive from the Office of Institutional Planning. As I have often stated, what makes institutions great is the quality of the individuals who join them. We are so very fortunate to have such a great community of excellence in psychiatry, and I am thrilled to welcome Dr. Laura Roberts to be the next leader of this important department.

Students Thank Donors for Their Financial Support

On Wednesday evening, March 3rd we hosted our annual Medical Education Donor Appreciation Dinner. This annual event celebrates the incredible contributions our donor community has made to support the Med Scholars and financial aid programs for Stanford Medical Students. Thanks to the remarkable efforts of our donors Stanford students graduate with the lowest amount of debt of any medical school in the USA – whether private or public. The financial aid our students receive enables them to pursue their ambitions and dreams in ways that are much less encumbered by the financial constraints that impact students in virtually every other school of medicine. Currently 9% of our \$1.676 million endowment and 2% of our \$473.6 million expendable reserves are used to support financial aid for medical and graduate students. It likely goes without saying that the current endowment funds are down by 26.4% compared to 2008, prior to the economic meltdown.

What makes the Donor Appreciation Dinner so special is that students receiving financial aid join donors for the dinner discussion. This brings face to face, often in a highly personal way, the donors and the students who are directly benefiting from their contributions.. Their shared stories and interactions help each to understand the impact of the funding being given or received. It's a powerful fusion of commitment, interests and gratitude.

While each donor and every student has a compelling personal story, we have the tradition of sharing more publicly a few individual journeys. This year Dr. Charles Prober, Senior Associate Dean for Medical Student Education, led a panel discussion that included four students: Krishnan Subrahmanian, SMS 2, Luis Gutierrez, SMS 3, Elsie Gyang, SMS 4, Juno Obedin-Maliver, SMS 5. They each come from very different backgrounds and life experiences but share in common their incredible accomplishments and the fact that, for each of them, the financial aid they are receiving has enabled them to attend Stanford and pursue their dreams.

Graduate Admissions Interview Week

March 4-6 was Graduate Student Interview Weekend. Each year our thirteen Bioscience PhD graduate programs, which are shared between the Schools of Medicine and Humanities & Sciences, invite the top ranked graduate student applicants to Stanford to interview with one or more departments and to meet and interact with students and faculty. This year 291 students (out of the 1,556 applicants) visited campus to explore their opportunities at Stanford and, of course, to be interviewed by the faculty before the final selections are made.. We are extremely fortunate

to have outstanding PhD students in the Bioscience Programs, and, in speaking with various department chairs and program directors. I was very pleased to hear that they felt this year's candidates were quite spectacular. Invitations for admission will be sent shortly and final selections made by March 12.

New Center for Cancer Systems Biology

Sylvia Plevritis, Ph.D., Associate Professor of Radiology, was informed this past week that she will lead one of the National Cancer Institute's eleven new Centers for Cancer Systems Biology. The theme of Dr. Plevritis proposal is "Modeling the Role of Differentiation in Cancer Progression." In the press release announcing Stanford University's new center, Dan Gallahan, program director for the Integrative Cancer Biology Program commented, "These centers represent a unique multidisciplinary union of outstanding scientists and clinicians who will work to unravel the complexities of cancer through the novel application of technology and mathematical modeling. Their discoveries and models will be critical to our continued success in understanding and treating this disease". This is terrific news for Stanford and the faculty who contributed to this important proposal. Please join me in congratulating Dr. Plevritis and her team for this wonderful success.

***Stanford Medicine* Focuses on Issues in Child Health**

Stanford Medicine, the Medical School's major institutional publication, has won award after award for its excellence in covering major themes in science and medicine. The Spring 2010 issue of *Stanford Medicine* has just been released and explores important challenges impacting child health. Rosanne Spector, editor of *Stanford Medicine*, joined forces with colleagues at the Lucile Packard Children's Hospital to put together this latest issue which is accessible on-line at: stanmed.stanford.edu/2010spring/

Our Office of Communication and Public Affairs has done a powerful job in helping Stanford to play a leading role among academic medical centers in reporting and covering major issues in the biosciences. Thanks to all who contributed to this issue of *Stanford Medicine*, which continues this record of accomplishment in such an excellent way.

Awards for Continuing Medical Education

I have written frequently about the significant concerns for conflicts of interest resulting from directed support from industry for continuing medical education (see: http://deansnewsletter.stanford.edu/archive/09_14_09.html#4). These concerns led to our Stanford University School of Medicine Policy on Commercial Support for Continuing Medical Education (CME) that went into effect in October 2008 and which was revised in July 2009 (see: http://cme.stanford.edu/documents/Comm_Support_7.09.pdf). Importantly, our policies did not eliminate all industry support for CME but restricted it to funding through the Office of CME and not through departmental or course specific programs.

In January 2010 Dr. Rob Jackler, Associate Dean for CME and Professor and Chair of Otolaryngology, was the recipient of a \$3 million gift from Pfizer to "design and implement a novel curriculum that uses a variety of advanced technologies and teaching methods, including

simulated and immersive learning tools” (see: <http://med.stanford.edu/ism/2010/january/cme.html>). Importantly, the Pfizer gift came with no strings or conditions and the company is not involved in the selection of the projects to receive funding. Dr. Jackler has informed me that the Selection Committee has now determined the projects that will receive support during this first year of funding. They include the following:

- Training Physicians to Become Better Communicators: A Study on the Implementation of a Skill-Based Communication Curriculum. *Sanjeev Dutta, Department of Surgery*
- Heart Failure Readmission Metric Based Quality Improvement. *Michael B. Fowler, Paul Wang, Department of Medicine*
- Surgical Quality, Best Practice and Innovation. *Paul M. Maggio, James Lau, Jeffrey A. Norton, Department of Surgery*
- Reengaging Practicing Physicians in the Diagnostic Utility of the Physical Examination. *Abraham Verghese, Department of Medicine*
- Stanford Center for Simulated and Immerse Learning. *David Gaba, Department of Anesthesia*
- Stanford Professional Development, Kelly Skeff, Department of Medicine
- Improving the care of atopic dermatitis by pediatric primary care providers. *Anna L. Bruckner, Department of Otolaryngology*
- An Evidence-Based PI-CME Program to Enhance Cultural And Linguistic Competence Among Practicing Physicians. *Clarence H. Braddock III, Department of Medicine*
- Evaluation and Management of Childhood Obesity. *Thomas N. Robinson, Department of Pediatrics*
- Stanford Palliation Education Network Competency based Communication Training and Evaluation (SPCCTE). *VJ Periyakoil, Department of Medicine*
- Outcomes-based Continuing Medical Education at CAPE. *Lou Halamek, Department of Pediatrics*
- A Study of Simulation for Training Perioperative and Procedural Patient Safety. *Sanjeev Dutta, Department of Surgery*
- A hands on primer to upper extremity problems. *Catherine Curtin, Jeff Yao, Department of Orthopaedic Surgery*

The 2010 Faculty Fellows Program

One of our most successful opportunities for leadership development and community building is the Faculty Fellows Program that was initiated by Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership (see: <http://med.stanford.edu/diversity/leaders/fellows.html>). I noted in the January 25th Newsletter the 2009 graduates of the program (http://deansnewsletter.stanford.edu/archive/01_25_10.html#3). On February 22nd I had the opportunity to meet with the 2010 Faculty Fellows for one of their first “leadership journey presentations.” I am thrilled to see another group entering into this program. As in the previous iterations of the program, the Faculty Fellows will interact with each other and in small groups with their assigned mentor. I note below this year’s Mentors and the Faculty Fellows who are assigned to each:

- Dr. Chirsty Sandborg (Mentor), Professor of Pediatrics and Chief of Staff, Lucile Packard Children’s Hospital:
 - Faculty Fellows
 - Dr. Emilie Cheung, Department of Orthopaedic Surgery
 - Dr. Maarten Lansberg, Department of Neurology
 - Dr. Amin Al-Ahmad, Department of Medicine
 - Dr. Jason, Lee, Department of Surgery
- Dr. Phil Lavori (Mentor): Professor and Chair, Health Research & Policy
 - Faculty Fellows
 - Dr. Anna Penn, Department of Pediatrics
 - Dr. Hayley Gans, Department of Pediatrics
 - Dr. Robert Dodd, Department of Neurosurgery
 - Dr. Matthew Strehlow, Department of Surgery
- Dr. Heidi Feldman (Mentor), Professor Pediatrics
 - Faculty Fellows
 - Dr. Merritt Maduke, Department of Molecular and Cellular Physiology
 - Dr. Chris Longhurst, Department of Pediatrics
 - Dr. Alan Cheng, Department of Otolaryngology
 - Dr. Lu Tian, Department of Health Research and Policy
- Dr. David Stevenson (Mentor), Vice Dean and Senior Associate Dean for Academic Affairs, Professor of Pediatrics
 - Faculty Fellows
 - Dr. Neeraja Kambham, Department of Pathology
 - Dr. Eliza Chakravarty, Department of Medicine
 - Dr. Karen Parker, Department of Psychiatry
 - Dr. Jonathan Kim, Department of Ophthalmology

Congratulations to the 2010 Faculty Fellows and special thanks to this years mentors and, of course, to Dr. Valantine and the Office of Diversity and Leadership.

Upcoming Events: Stanley Cohen Lecture

Lecture: Stanford Geneticist Stanley N. Cohen

Wednesday, March 10, 7:30 pm

Cubberley Auditorium (<http://www.stanford.edu/dept/HPS/CubberleyDirections.html>)

*Sponsored by the Continuing Studies Program and the Historical Society
Free; open to the general public, with no registration required*

Dr. Cohen co-invented the technique of DNA cloning that allowed genes to be transplanted between different biological species and then propagated in their recombined state. This accomplishment earned Dr. Cohen a National Medal of Science, a National Medal of Technology, and membership in the National Inventors Hall of Fame.

Please join us to learn about Stan Cohen's life and his chance encounter with Herb Boyer that launched a research project so important it resulted in creation of an entire new industry. Hear him talk about the international controversy caused by their discovery that led to a new way of life scientists interacting with the public, the press, legislators, and industry. Learn about his views on the future of biotechnology and new directions his research is taking him.

The evening will begin with a presentation by Dr. Lucy Shapiro, Stanford Professor of Cancer Research, about the scientific contributions of Dr. Cohen and their significance for the world. Then Dr. Cohen will be interviewed on stage, followed by a question and answer session with the audience. This is your chance to engage with one of the most consequential scientists of our time.

Three New Paul and Daisy Soros Fellowships for New Americans

The Paul and Daisy Soros Fellowships for New Americans have been awarded to 30 "creative and accomplished young immigrants or children of immigrants" in the 2010 competition. The 2010 Fellows were selected from 890 applicants from 297 undergraduate and 140 graduate institutions. I am proud to let you know that three Stanford Medical Students are among the 30 new fellows. Each two-year award provides cash grants of up to \$50,000 and tuition support of up to \$40,000. The three Stanford Medical School winning a Paul & Daisy Fellowship for 2010 are:

- ***Abdul Rasheed Alabi*** (SMS3), born in Pittsburgh, did his undergraduate work at Knox College. His family resides in Ilorin, Kwara State of Nigeria.
- ***Shah Ali*** (SMS2), born in Pakistan and whose family resides in Jersey City, NJ. He was an undergraduate at Rutgers University.
- ***Bowen Jian*** (SMS1) was born in China and was an undergraduate at Stanford. His family lives in Gaithersburg, Maryland.

These three new Soros Fellows join the 31 others awarded to Stanford Medical Students since this program began. Notably, Stanford has the second highest number of Soros Fellows (34) to Harvard at 54.

Please join me in congratulating our three new Soros Fellows and in thanking the Foundation for this wonderful support.

Awards and Honors

- Stanford's Medical School's SCOPE blog has just won **Best New Medical Weblog of 2009** awarded by Medgadget. Edited by the school's staff writers, SCOPE (<http://scopeblog.stanford.edu/>) covers medical news with a slightly academic angle, laced with a bit of opinion from a savvy group. Congratulations to the writers!
- **Dr. Natalie Rasgon**, Professor of Psychiatry and Behavioral Sciences will be receiving the Lila A. Wallis Award from American Medical Women's Association.

Appointments and Promotions

Susan Anderson has been promoted to Adjunct Clinical Associate Professor of Medicine effective 9/01/09.

Peter Chiu has been promoted to Adjunct Clinical Professor of Medicine, effective 9/01/09.

David Karpf has been promoted to Adjunct Clinical Professor of Medicine, effective 9/01/09.

R. Elaine Lambert has been promoted to Adjunct Clinical Professor of Medicine, effective 9/01/09.

Dean's Newsletter March 22, 2010

A Beginning for Health Care Reform

Sunday, March 21st witnessed a historic vote in the Congress for healthcare reform. While a couple of months ago I personally felt that the current legislation fell short of expectations, the prospect of no progress at all was more than daunting. Thus, I am happy to see at least a beginning of healthcare reform underway. I am also pleased that a number of physician groups offered their support for the House Reconciliation Bill. Of particular note, this past week the Association of American Medical Colleges (I am on the Board of Directors for the AAMC) formally offered its support for the healthcare reform legislation. So too did the Association of Academic Health Centers (I am the Chair of its Board of Directors). I am pleased that our academic enterprise formally expressed support even though I am well aware that individual members have varying concerns about the current legislation. But it is a beginning, although with lots more to do before we get to the end. At least that is something to be grateful for!

Match Day Results 2010

On Thursday, March 18th 93 medical students who will graduate this June received the news of their "Match" from the National Residency Matching Program (NRMP). Each year medical students planning to begin their residency submit their ranked list of choices to the NRMP. Similarly, residency programs provide their ranked list of selected applicants to the NRMP. Using an algorithm that favors student choice, the "Match List" is generated and announced to students and programs at the same time (corrected for time zone) around the world. Our students received their "Match" results at 10 a.m. in a ceremony held in our new Li Ka Shing Center for

Learning and Knowledge (LKSC). It is wonderful that this was the first official function held in the LKSC – which will not fully open until this summer.

This year some 16,000 students graduating from allopathic schools in the United States applied to the NRMP to participate in the 2010 Match. In addition, 10,941 students and graduates of international medical schools participated in the Match. Also, 2,045 graduates of osteopathic schools and 1,356 previously graduated MDs also participated, bringing the total number of match applicants to 30,543. The number of available positions included 22,809 residency slots and 2,711 second year residency positions.

Overall, Internal Medicine and Pediatrics saw increases in the number of positions filled by US medical school applicants. As in past years, some residencies continue to be among the most competitive, including Neurological Surgery, Orthopaedic Surgery, Dermatology and Otolaryngology. Of our 93 participating students, approximately 40% are graduating after 4 years of medical school, 40% will have done 5 years, and the remainder six or more years (most of these doing combined degree programs). Eight areas of residency training account for 67% of our graduates. These include Pediatrics (14 students, although 2 will pursue Pediatric Neurology), Internal Medicine (12 students), Dermatology (7 students), Orthopaedic Surgery (7 students), Radiology (6 students), Ophthalmology (6 students), Psychiatry (5 students) and Emergency Medicine (5 students). Three students each Matched in Obstetrics/Gynecology, General Surgery, Anesthesiology, Otolaryngology, Neurology, Neurosurgery or Pathology. Two students each Matched in Radiation Oncology, Family Medicine or Plastic Surgery. And one student each Matched in Urology or Physical Medicine and Rehabilitation.

Nine programs were Matches for two or more of our students: 23 Matched at a Stanford Program, 15 in a Harvard program (the MGH, Brigham & Women, Children's Boston, Beth Israel-Deaconess), 7 at Johns Hopkins, 7 at UCSF, 4 at Columbia/Cornell programs, 3 at U Penn, 3 at UCSD, 2 at UCLA and 2 at U. Washington. All told, roughly 75% of our 2010 graduates will be in either California or Massachusetts!

With that broad overview, here is the 2010 Match List:

**Stanford University School of Medicine
2010 Residency Match Results**

<i>Agulnik, Asya</i>	Childrens Hosp Boston-MA	Peds-Primary/BMC
<i>Aillaud Manzanera, Marissa</i>	Stanford Univ Progs-CA	Pediatrics
<i>Airan, Raag Dar</i>	Washington Hosp Ctr-DC	Medicine-Preliminary
	Johns Hopkins Hosp-MD	Rad-Diag/Research
<i>Andermann, Tessa</i>	Stanford Univ Progs-CA	Internal Medicine
<i>Baras, Jacqueline</i>	Stanford Univ Progs-CA	Internal Medicine
<i>Bartos, Jason</i>	Stanford Univ Progs-CA	Internal Medicine

<i>Batra, Sonny</i>	Hosp of the Univ of PA	Radiation Oncology
<i>Brenner, Jacob Samuel</i>	Stanford Univ Progs-CA	Internal Medicine
<i>Butts, Carmen Ginay</i>	UC Davis Med Ctr-CA	Family Medicine
<i>Caballero, Jorge Alejandro</i>	Santa Clara Valley MC-CA	Transitional
<i>Cahoy, John</i>	Johns Hopkins Hosp-MD	Orthopaedic Surgery
<i>Chan, Trevor Chufay</i>	Kaiser Perm-Santa Clara-CA	Medicine-Preliminary
	Stanford Univ Progs-CA	Anesthesiology
<i>Chao, Daniel Lee</i>	Santa Clara Valley MC-CA	Transitional
	Univ of Miami/Bascom	
	Palmer-FL	Ophthalmology
<i>Chen, Ian Ying-Li</i>	Stanford Univ Progs-CA	Internal Medicine
<i>Chock, Monika Kimberley</i>	Santa Clara Valley MC-CA	Transitional
	Stanford Univ Progs-CA	Dermatology
<i>Chua, Ian</i>	Stanford Univ Progs-CA	Pediatrics
<i>Clark, Bennett William</i>	Johns Hopkins Hosp-MD	Internal Medicine
<i>Crowell, Andrea Leah</i>	Emory Univ SOM-GA	Psychiatry
<i>Czechowicz, Josephine Ann</i>	Stanford Univ Progs-CA	Otolaryngology
<i>Deshmukh, Swati Devendra</i>	B I Deaconess Med Ctr-MA	Medicine-Preliminary
	Johns Hopkins Hosp-MD	Radiology-Diagnostic
<i>Dingman, Andra Lee</i>	U Colorado SOM-Denver-CO	Pediatrics
	U Colorado SOM-Denver-CO	Child Neurology
<i>Doan, Thuy Anh</i>	Santa Clara Valley MC-CA	Medicine-Preliminary
	Univ of Washington-WA	Ophthalmology
<i>Duke , Crystal</i>	Univ of Chicago Med Ctr-IL	Pediatrics
<i>Eichstadt, Shaundra Lana</i>	Stanford Univ Progs-CA	Plastic Surgery (Integrated)
	San Mateo Behavrl	
<i>Forfota, Chantal Veronique</i>	Hlth/Recvry Svcs-CA	Psychiatry
<i>Fredericks, Carolyn Anne</i>	Stanford Univ Progs-CA	Medicine-Preliminary
	Johns Hopkins Hosp-MD	Neurology
<i>Garcia, Debra Elena</i>	Denver Health Med Ctr-CO	Emergency Medicine
<i>Gomes, Carly Isabel</i>	NYP Hosp-Columbia U Med	
	Ctr-NY	Pediatrics
<i>Hammer, Mark</i>	Albert Einstein Med Ctr-PA	Transitional
	Barnes-Jewish Hosp-MO	Radiology-Diagnostic

<i>He, Lingmin</i>	Santa Clara Valley MC-CA	Medicine-Preliminary
	Stanford Univ Progs-CA	Ophthalmology
<i>Higgins, Luke James</i>	Harbor Hospital Ctr-MD	Transitional
	Johns Hopkins Hosp-MD	Rad-Diag/Research
<i>Hoang, Stanley T</i>	Stanford Univ Progs-CA	Neurological Surgery
<i>Hsu, Mark</i>	Stanford Univ Progs-CA	Urology
<i>Hwang, Cindy H</i>	Stanford Univ Progs-CA	Medicine-Preliminary
	Oregon Health & Science Univ-OR	Anesthesiology
<i>Irani, Afraaz</i>	Palmetto Health Richland-SC	Orthopaedic Surgery
<i>Isaza, Natalia</i>	Stanford Univ Progs-CA	Pathology
<i>Jaiswal, Siddhartha</i>	Massachusetts Gen Hosp-MA	Pathology
<i>Johnston, Emily Elizabeth</i>	Stanford Univ Progs-CA	Pediatrics
<i>Kalani, Maziyar Arya</i>	Stanford Univ Progs-CA	Neurological Surgery
<i>Kamdar, Nirav Vikram</i>	Stanford Univ Progs-CA	Medicine-Preliminary
	Massachusetts Gen Hosp-MA	Anesthesiology PG 2-4
<i>Kattah, Michael George</i>	Brigham & Womens Hosp-MA	Internal Medicine
<i>Ke, Michael Chinwen</i>	Stanford Univ Progs-CA	Med Prelim/Neurology
	Stanford Univ Progs-CA	Neurology
<i>Keuroghlian, Alex Sogomon</i>	Massachusetts Gen Hosp-MA	Psychiatry
	NYP Hosp-Columbia & Cornell-NY	Otolaryngology
<i>Kohlberg, Gavriel David</i>		
<i>Lane, Brooke</i>	Brigham & Womens Hosp-MA	Path(AP only & comb AP/CP)
<i>Lin, Steven Yu-Ta</i>	O'Connor Hospital-CA	Family Medicine
<i>Lunn, Mitchell Ryan</i>	Brigham & Womens Hosp-MA	Internal Medicine
<i>Michalski, Mark Heinz</i>	St. Mary's Hospital/UCSF-CA	Internal Medicine
<i>Montez, Kimberly Gayle</i>	UC San Diego Med Ctr-CA	Pediatrics
<i>Morelos, Melissa De La Mora</i>	UC San Diego Med Ctr-CA	Pediatrics
<i>Morgan, Jayson Allen</i>	UC San Francisco-CA	Internal Medicine
	Mass Eye and Ear Infirmary-MA	
<i>Mori, Matthew C</i>		Otolaryngology
<i>Moss, Jason Matthew</i>	UC Irvine Med Ctr-CA	Medicine-Preliminary
	SUNY-Downstate-NY	Ophthalmology
<i>Nelson, Sarah Elizabeth</i>	Lahey Clinic-MA	Med Prelim/Neurology-Tufts

<i>Ng, Jacqueline Ka-Wan</i>	Tufts Medical Center-MA Santa Clara Valley MC-CA Oregon Health & Science Univ-OR	Neurology Transitional Ophthalmology
<i>Obedin-Maliver, Juno</i>	UC San Francisco-CA	Obstetrics-Gynecology
<i>Ogunrinade, Olakunle</i>	Memorial Sloan-Kettering-NY NYP Hosp-Weill Cornell Med Ctr-NY	Transitional Dermatology
<i>Ortiz-Rubio, Paulina</i>	Childrens Hosp Boston-MA NYP Hosp-Columbia Univ Med Ctr-NY	Peds/Childrens Hosp Psychiatry
<i>Ozowara, Larry U</i>	Stanford Univ Progs-CA U Massachusetts Med School- MA	General Surgery Medicine-Preliminary
<i>Paniagua, Ricardo</i>	U Texas Southwestern MC- Dallas-TX U Arizona/UPHK GME Consortium-AZ	Dermatology/Dallas Emergency Medicine
<i>Peraza, Joe Sixto</i>	UCLA Medical Center-CA Colorado Health Foundation- CO	Pediatrics Transitional
<i>Plant, Ashley Serene</i>	UC San Francisco-CA	Dermatology
<i>Pollitt, Ricardo Alberto</i>	Stanford Univ Progs-CA	Orthopaedic Surgery
<i>Pouliot, Michael Andrew</i>	Massachusetts Gen Hosp-MA Brigham & Womens Hosp-MA	Medicine-Preliminary Radiation Oncology
<i>Pretz, Jennifer Lee</i>	Kaiser Perm-Santa Clara-CA Univ of Illinois-Chicago-IL	Medicine-Preliminary Ophthalmology
<i>Prickett, Adam</i>	Massachusetts Gen Hosp-MA	Neurological Surgery
<i>Pricola, Katie Lynn</i>	U Utah Affil Hospitals-UT	Emergency Medicine
<i>Ray, Jeremiah Wayne</i>	Santa Clara Valley MC-CA	Medicine-Preliminary
<i>Rios, Eon Joseph</i>	Stanford Univ Progs-CA Einstein/Montefiore Med Ctr- NY Einstein/Montefiore Med Ctr- NY	Dermatology Surg-Prelim/Plastic Surgery Plastic Surgery
<i>Saber, Sepideh</i>	UC San Francisco-CA	Internal Medicine
<i>Shah, Sumit Anil</i>	Kaiser Perm-Santa Clara-CA	Medicine-Preliminary
<i>Shin, David Sunwoong</i>		

	U Washington Affil Hosps-WA	Radiology-Diagnostic
<i>Silva, Richard</i>	UC San Diego Med Ctr-CA	Pediatrics
<i>Simon, Peter John</i>	UC San Francisco-CA	Pediatrics-Primary
<i>Singh, Maneesh Hakam</i>	Hosp of the Univ of PA	Internal Medicine
<i>Slikker, William</i>	Rush University Med Ctr-IL	Orthopaedic Surgery
<i>Soskin, Philippa Naomi</i>	UC San Francisco-CA	Emergency Medicine
<i>Sridhar, Meera</i>	UC San Francisco-CA	Obstetrics-Gynecology
<i>Tenforde, Adam Sebastian</i>	Kaiser Permanente-Oakland-CA	Medicine-Preliminary
	Stanford Univ Progs-CA	Phys Medicine & Rehab
<i>Tsai, Thomas Chen-Chia</i>	Brigham & Womens Hosp-MA	General Surgery
<i>Uquillas, Carlos Andres</i>	NYU School Of Medicine-NY	Ortho Surg/Hosp Joint Diseases
<i>Vaninetti, Michael</i>	Brigham & Womens Hosp-MA	General Surgery
<i>Wertz, Diana L</i>	Stanford Univ Progs-CA	Psychiatry
<i>Whitaker, Kristen Rose</i>	UCLA Medical Center-CA	Obstetrics-Gynecology
<i>Williams, Ariel Aila</i>	Johns Hopkins Hosp-MD	Orthopaedic Surgery
<i>Williams, Ryan Patrick</i>	St Louis Childrens-MO	Pediatrics
	Children's Hospital-Philadelphia-PA	Child Neurology
<i>Yim, Eugene Sun</i>	B I Deaconess Med Ctr-MA	Emergency Medicine
<i>Zissen, Maurice Henry</i>	Scripps Mercy Hosp-San Diego-CA	Transitional
	Massachusetts Gen Hosp-MA	Radiology-Diagnostic

Thanks to the support of the Stanford University Medical Center Alumni Association, we had an opportunity to congratulate our Stanford students and their families and friends who were able to attend at the Fifteenth Annual Match Day Celebration at the Faculty Club. Please join me in congratulating each of our students. I also want to thank the faculty and staff who have taught, guided, advised, mentored and supported our students along their journey. Becoming a physician is a long road, and graduation from medical school and the Match are just a couple of punctuation marks along the way. But they are incredibly important milestones and our students have performed in an outstanding fashion. I am proud of each of them and grateful to all of you for helping to make their dreams come true.

In addition to welcoming our Stanford medical students who participated in the Match, I am also very pleased that we will soon be welcoming outstanding students from around the nation who have matched in residency programs at Stanford Hospital and the Lucile Packard Children's Hospital. They too will be part of our Stanford community and will contribute to care of our patients and the education and training of our students and community.

Match Day is deeply etched in the minds of everyone who has graduated from medical school and participated in the Match. I recall my own Match Day and the new paths it opened. I wish all of our students and incoming residents the very best of success and happiness in their future careers in medicine.

National Advisory Council (NAC) Review 2010

On Monday, March 8th the School of Medicine's National Advisory Council (NAC) visited Stanford to review the School's overall progress and offer their advice and guidance about the School to the President and Provost. The NAC is chaired by Dr. Ed Benz, President of the Dana Farber Cancer Institute/Harvard Medical School and includes Drs. Elizabeth Blackburn (UCSF), Tom Boat (Cincinnati Children's Hospital), Ying-Ying Goh (SU Board of Trustees), Jennifer Grandis (University of Pittsburgh), Dan Lowenstein (UCSF), Trudy Mackay (North Carolina State University), Jim Madara (University of Chicago), David Nichols (Johns Hopkins), Arthur Rubenstein (University of Pennsylvania), Bill Stead (Vanderbilt), Mike Zinner (Brigham & Women's Hospital/Harvard Medical School) as well as Mariann Byerwalter (SU Board of Trustees) and Mary Cranston (SU Board of Trustees).

The visit began with my overall update of the significant events that have impacted the School during the past year. Needless to say, 2009 was a very challenging year due the economic meltdown that reached a peak (well, really a nadir) just a year ago. As I have recounted in prior newsletters (http://deansnewsletter.stanford.edu/archive/12_14_09.html), the University's endowment fell by 26.4% by the close of FY09 (August 31, 2009). For the School this meant a \$604 million loss in its endowment, which declined to \$1.676 billion. While this is certainly a significant decline, our endowment remains the second largest medical school endowment in the nation. Importantly, the endowment is coupled with current expendable reserve balances of \$473.6 million – nearly two thirds of which reside in department or faculty accounts. Looked at another way, even though 2009 brought significant challenges, the school and departments (particularly the clinical departments) still have a healthy, even if a highly restricted cushion.

In fact, we ended FY09 with a \$34 million consolidated surplus (which includes central administration, departments and institutes), although achieving this required considerable sacrifice. This included layoffs, a hiring freeze on staff and faculty (especially where a defined revenue stream was lacking) as well as an approximately 15% reduction in central administrative costs. Fewer reductions were passed on to departments but everyone shared in the challenge. We were also slightly buffered by increases in clinical income (due the hard work of the faculty) and research funding (with relatively minimal impact from ARRA in FY09, although greater impact is expected for 2010 [the current fiscal year]). For FY10 we are currently projecting clinical income of \$388 million and sponsored research income of \$448 million. As I have also noted in prior communications, we are one of the only medical schools with greater research than clinical revenues – even though clinical income has been increasing in recent years.

I also reported our ARRA funding results to the NAC. These currently total approximately \$91 million (although \$28 million of this represents the funding of previously submitted grants). Overall, 37.9% of ARRA funding was in research project grants, 18.9% in Grand Opportunity (GO) awards and 10.7% in Challenge Grants. At this point we have achieved about 95% of the

success we had hoped for in ARRA funding. At this juncture it appears that a significant amount of funding will carry through 2012 and help buffer the otherwise flat NIH budget. While this support for research is needed and welcomed, we all have concerns about NIH funding in FY12 and beyond.

Another big event of the past year was the three-year review of the Stanford Cancer Center, which occurred on October 15, 2009. Over the past several years, thanks to the leadership of Dr. Bev Mitchell and her colleagues, the Stanford Cancer Center (SCC) has continued to evolve. The Center now includes 311 members from 33 departments and 4 schools. Cancer research is clearly a university wide initiative. We await the final results of the review, but we are optimistic that we will achieve significant funding for the SCC.

In a related piece of good news, Dr. Doug Blayney will join us this summer as the Ann and John Doerr Medical Director of the SCC. Dr. Blayney has been the Medical Director of the Cancer Center at the University of Michigan for the past seven years and is also the President of the American Society for Clinical Oncology. I have known Dr. Blayney since he trained at the National Cancer Institute in medical oncology and have great respect for his experience as a practicing oncologist, academic leader and national advocate for the delivery of the highest quality care for cancer patients that is achievable. Stanford Hospital & Clinics and the School of Medicine support Dr. Blayney's position. He will also be the Associate Director for Clinical Care our NCI-Designated Stanford Cancer Center and the Associate Chief for Clinical Affairs in the Division of Medical Oncology of the Department of Medicine.

I also pointed out to the NAC that Stanford's excellence is directly related to its outstanding students and faculty. This past year brought in excellent medical and graduate students along with outstanding post-doctoral scholars. It also witnessed Stanford's uniqueness as measured by its disproportionate share of NIH Pioneer Award winners (four more in 2009 bringing Stanford's total to 15 of the 81 Awards given since the inception of this program five years ago). Similarly, faculty excelled in Innovator Awards, HHMI New Investigators Awards as well as a proportional number elected to the Institute of Medicine and National Academy of Sciences. Together with a number of highly distinguished awards and honors given to faculty, these metrics serve as indicators of a uniquely gifted community of excellence.

This past year also has witnessed some important transitions. One of the most notable recent ones is the announcement by SHC President and CEO Martha Marsh that she is retiring at the end of this fiscal year (see: http://deansnewsletter.stanford.edu/archive/02_22_10.html#1). There was also the welcome news to share about the arrival of Dr. Mike Synder as our new Chair of Genetics and the very recent announcement that Dr. Laura Roberts will be our next Chair of the Department of Psychiatry and Behavioral Sciences (see: <http://deansnewsletter.stanford.edu/#1>). I also reviewed recent and upcoming transitions in department leadership and other positions within the medical school. It is also notable that in addition to leadership positions, we have recruited approximately 425 physicians and scientists to our School of Medicine faculty during the past nine years. Of course there has also been attrition for a variety of reasons, but given our full-time faculty size of 840, this represents a lot of new faculty members over a relatively short amount of time (even though it is about 20% of the School's history in Palo Alto).

Looking ahead, we face both incredible opportunities and significant challenges. The uncertainty around health care reform (although this is moving to some resolution after the March 21st Congressional vote) and the volatility of support for research funding from the NIH, which is greater than we might like, make it difficult to plan for the future. But regardless of the funding constraints, we do recognize the importance of being true to our missions in education, research and patient care. The importance of sustaining and improving our record of excellence and quality in each of our missions is clear – and will be ever more essential. We also recognize the importance of renewing our talent, improving our diversity, rebuilding our facilities, and enriching our resources as among the essential components to a successful future. We have made progress in each of these areas but there is much yet to be accomplished.

We reviewed some of these opportunities with the NAC, including our efforts to promote greater translation of research through innovative programs like SPARK; rebuilding and reorganizing our facilities both on and off campus; and benefiting from incredible science and discoveries. To that regard, the NAC heard exciting progress in translating discoveries in cardiovascular research from Dr. Bobby Robbins, Chair of Cardiothoracic Surgery and Director of the Cardiovascular Institute along with Dr. Joe Wu, Assistant Professor of Medicine and of Radiology, as well in the neurosciences thanks to an update from Dr. Gary Steinberg, Chair of Neurosurgery and Director of the Stanford Institute for Neuro-Innovation and Translational Neuroscience.

The NAC will make its final report to the President and Provost, and I will share the results I am able to with you when it becomes available. That said, I did hear directly from NAC members how impressed they are by the work going on at Stanford – which is a tribute to you, our faculty, students and staff.

Recognition and Appreciation of Our Staff

What makes a great university is the quality of its people. Understandably, credit readily flows to faculty and students for their many contributions – which at an institution like Stanford are quite remarkable. However, many of those contributions would not be possible without the exceptional staff who support our missions in education, research and patient care. Even more remarkable is that our dedicated staff are so committed to Stanford that they continue to work on our behalf year after year – some for more than 30 or even 40 years.

This year we are recognizing our incredible staff in two ways. There will be a reception on Thursday April 22 at the Li Ka Shing Center for Learning and Knowledge (LKSC). We are also launching a new Employee Recognition website that I hope you will visit. It can be found at: <http://med.stanford.edu/employeerecognition/>. On the web site you will find videos honoring employees with 35 and 40 years of service, and photos and stories recognizing staff with 20, 25, and 30 years of service. Additionally, we acknowledge the two School of Medicine Spirit Award winners for this year. The web site also provides a section for “Your Comments,” a way for anyone who would like to post a message to any of the staff being honored and comment on your experiences working with these employees. I encourage you to visit the web site and join me in congratulating this year’s Spirit Award winners and our employees who have reached milestone employment anniversaries of 5, 10, 15, 20, 25, 30, 35, and 40 years of service.

Congratulations to our employee with 40 years of service:

Tom Nozaki, Department of Genetics

Congratulations to our employees with 35 years of service:

Marcia Bieber, Obstetrics & Gynecology

Beverly Bonfert, Cardiothoracic Surgery

Mary Jane Eaton, Department of Pathology

Pamela Petrie, Information Resources & Technology

Congratulations to our Spirit Award Winners:

Katie Allen, Department of Surgery, Division of Multi-Organ Transplantation

Jeff Melton, Department of Medicine, Stanford Prevention Research Center

I also want to thank the individuals who developed this new site, including Norma Leavitt, Deborah Stasi, Koorosh Davoodian, John Worley, Pam Lowney, Todd Holland, Richard Renn and Angie Lucia. Finally, I offer my deep appreciation to *all* of our wonderful staff.

The Latest Trip Reduction Results

As you all know from past communications, it is very important that we cut down on the number of people driving alone to campus during the peak traffic hours in the morning and evening in order to comply with General Use Permit (GUP) restrictions, as well as to reduce our carbon footprint.

We have received excellent news from the Parking and Transportation Office: The 2009 university-wide counts set a record for number of trips below the 2001 baseline: 634 trips below the baseline for the morning commute, and 364 below for the afternoon commute. In addition to our efforts, the large difference between the 2008 and 2009 numbers were influenced by university layoffs and the relocation of some departments to off-campus sites.

Year	Number of Trips Below the 2001 Baseline	
	AM	PM
2009	634	364
2008	454	131
2007	416	97
2006	426	164
2005	91	30

I am also pleased to report that the School of Medicine had participation well above the University average on the annual Parking & Transportation survey this past Fall (49%, as compared to 44% across the University's other schools) as well as comparing favorably in self-reported drive-alone trips. Our morning drive-alone percentage was 35% while our afternoon rate was 32%, compared to the University's other units, which averaged 38% and 35%, respectively.

However, our self-reported performance compared to the prior year has actually deteriorated, so while we are performing well compared to the University's other areas, we have not kept up to our own high standards. Last year our response rate was 58%, and our morning drive alone

percentage was 32% while our afternoon rate was 28%. The rest of the University increased by similar amounts from the prior year's survey.

Please continue your efforts to walk, ride a bicycle, or take public transportation to campus. Congratulations to the majority of you who do your part to reduce pollution and traffic congestion and keep us in compliance with the county's General Use Permit.

We Are Moving!

It has been long in coming and it won't be finished until summer 2010. But the Dean's Office, which has been long located in the Alway Building, is moving to the Third Floor of the new Li Ka Shing Center for Learning and Knowledge (LKSC). We are in our new office suite as of Monday, March 22nd! Over the next several months the LKSC will become alive as audiovisual, immersive learning equipment, furniture and finishing touches are put into place. We are anticipating welcoming students to the Berg Family Commons on the Fourth Floor of the LKSC in May, and we plan to have the building fully ready for our new medical and graduate students when they matriculate this summer and fall.

The LKSC is shaping up to be an incredible facility. I admit significant bias in being very pleased with how it is coming along and look forward to your visiting this new facility as it is phased in over the next several months.

Upcoming Events

Stanford Health Policy Forum: The Future of Health Reform

Thursday, April 1

1:00 PM – 2:30 PM

Clark Center Auditorium, 318 Campus Drive

This timely Stanford Health Policy Forum event will be a conversation on health reform with Stanford University's leading experts. Our panel will discuss what the goals of health reform should be, and why; will evaluate the current health reform efforts of the Obama Administration and Congress; and will propose what steps the country should take next to best achieve these goals. This moderated program will conclude with a dialogue with the audience.

This forum will be moderated by **Daniel P. Kessler**, Professor in Management, Law, Health Research and Policy, Graduate School of Business, Law School and School of Medicine. Featured speakers include **Philip Pizzo**, Dean, School of Medicine; **Alan Garber**, Director of the Center for Health Policy and the Center for Primary Care and Outcomes Research; **Alain Enthoven**, Professor of Public and Private Management, Graduate School of Business.

This Forum is free and open to the public. Space is limited. For more information please visit <http://healthpolicyforum.stanford.edu/> or call 650-725-3339.

Haiti...The Day After: Dr. Norris and the ED Team Share Their Story

Thursday, April 1

5:30 – 7:00 PM

Braun Auditorium (located in Mudd Chemistry Building), 333 Campus Drive

One day after Haiti's 7.0 earthquake, Dr. Robert Norris, Chief of the Division of Emergency Medicine, reached out to the ED team for volunteers to join IMC's relief effort. Throughout SHC, LPCH and the School of Medicine, individuals contributed to the effort. Stanford Hospital & Clinics and Lucile Packard Children's Hospital donated more than \$20,000 in supplies, pharmaceuticals, and equipment. The ED response team was on its way within 24 hours thanks to all of the work that occurred behind the scenes. Come listen to their experience and see their pictures first hand. Space is limited...first come, first seated.

Health Care in the US: A Work in Progress

Wednesday, April 14

4:00 – 6:00 PM

Annenberg Auditorium, Cummings Art Building, Serra Street & Lasuen Mall

The event, a panel discussion of this critically important topic, will be co-sponsored by the Stanford Emeriti Council and the Stanford Historical Society. Panelists include: Chair **Philip Pizzo**, Dean, School of Medicine, at Stanford University; **Victor Fuchs**, Henry J. Kaiser, Jr., Professor of Economics and of Health Research and Policy, emeritus and Senior Fellow at the Freeman-Spogli Institute for International Studies; **Alain Enthoven**, Marriner S. Eccles Professor of Public and Private Management, emeritus and a core faculty member at CHP/PCOR; **Alan Garber**, Henry J. Kaiser Jr. Professor of Medicine and, by courtesy, Economics; Senior Fellow at the Freeman-Spogli Institute for International Studies; **Arnold Milstein**, Chief Physician, Mercer.

Appointments and Promotions

Susan Atwater has been reappointed as Clinical Associate Professor of Pathology, effective 3/01/10.

Robson Capasso has been appointed Clinical Assistant Professor of Otolaryngology – Head & Neck Surgery, effective 3/15/10.

Laura LeCompte Dyner has been appointed as Clinical Assistant Professor of Pediatrics, effective 7/01/10.

Stephen D. Emond has been appointed as Clinical Assistant Professor (Affiliated) of Surgery, effective 3/01/10.

Christopher Engleman has been reappointed as Clinical Assistant Professor (Affiliated) of Ophthalmology, effective 1/01/10..

James I. Fann has been promoted to Professor of Cardiothoracic Surgery at the Veterans Affairs Palo Alto Health Care System, effective 3/01/10.

Nancy Fischbein has been reappointed to Associate Professor of Radiology at the Stanford University Medical Center, effective 3/01/10.

Gregory Glasscock has been reappointed as Clinical Associate Professor of Pediatrics, effective, 9/01/09.

Mary Therese Jacobson has been promoted to Clinical Associate Professor of Obstetrics and Gynecology, effective 3/01/10..

Geoffrey A. Kerchner has been appointed to Assistant Professor of Neurology and Neurological Sciences at the Stanford University Medical Center, effective 3/01/10.

Anita Kulkarni has been appointed Clinical Assistant Professor (Affiliated) of Surgery, effective 3/01/10.

Edward McNamara has been reappointed as Clinical Associate Professor of Pediatrics, effective 9/01/09.

Marc Melcher has been reappointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 3/01/10.

Marcelo Jorge Pando Rigal has been appointed as Clinical Assistant Professor of Pathology, effective 3/01/10.

Anstella D. Robinson has been promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 9/01/09.

Harman Singh has been appointed as Clinical Assistant Professor of Neurosurgery, effective 8/01/09..

Kathryn J. Stevens has been promoted to Associate Professor of Radiology at the Stanford University Medical Center, effective 3/01/10.

Cynthia J. Wong has been appointed as Clinical Assistant Professor of Pediatrics, effective 5/01/09.

Dean's Newsletter

April 5, 2010

We Value and Appreciate our Adjunct Clinical Faculty

I want to begin by thanking our Adjunct Clinical Faculty (ACF) for their valued and much appreciated contributions to the education of our students and trainees. We are the beneficiaries of over 650 ACF who volunteer their time and expertise to enhance and enrich our educational programs. In doing so they bring a breadth and depth of clinical and life experiences that are quite special and important and that span the entire domain of adult and pediatric medicine.

Over the last weeks an issue has arisen that may lead some of our respected ACF colleagues to question whether we value them and their autonomy and independence. Specifically this relates to the decision to extend our Stanford Industry Interactions Policy (see: <http://med.stanford.edu/coi/siip/policy.html>) to everyone who holds a Stanford title – including our ACF. When we first initiated our SIIP policies that banned gifts, free meals, speaker bureau participation and a number of other important issues, we decided to exclude our ACF colleagues. Since 2006, when those policies were adopted, there has been ever increasing attention on the financial interactions of physicians with industry, and this has become a topic of considerable scrutiny in the print media and elsewhere. In fact the recent healthcare reform legislation includes provisions requiring major pharmaceutical and device companies to publicly list payments to physicians. Such reporting has already begun on a voluntary basis. Indeed, quite surprising to me was a report in the New York Times in January that noted that the physician receiving the highest amount of industry payment for lecturing was at Stanford. This individual turned out to be member of the ACF. Not surprisingly the media does not distinguish whether a faculty title is associated with a voluntary or university-employed individual. The association is with the university or medical school – thus creating a panoply of institutional risks and queries.

I certainly make no value judgments about the right of a community physician to be part of an industry speakers' bureau and to give lectures and presentations on behalf of industry for which the individual is compensated. That is of course his or her right and personal decision. But when an individual holds a Stanford title, an association with an industry speakers' bureau is highly problematic and creates risks for individuals and for the institution. It is not possible to turn a Stanford title on and off. And it is likely that a pharmaceutical company is interested in having an individual speak or act on its behalf or because of the Stanford title. These factors create overlapping interests and conflicts.

Given this situation and the importance of protecting and valuing our Stanford name – as well as the individuals who hold Stanford titles – we have made the decision to extend our SIIP policy to everyone with a faculty title, whether voluntary or otherwise. This is an evolution of our original 2006 SIIP policy – but is consistent with our institutional goals and, in many ways, with the changes that have unfolded in academic-industry interactions over the past several years.

I apologize to our colleagues if the extension of our SIIP policies poses new and perhaps unexpected (and even unwanted) challenges. And I do recognize that some of our current Adjunct Clinical Faculty may decide to give up their Stanford appointment. Of course I hope that this does not take place. In time I do believe that the expectations we are setting will be established throughout the nation – and the feedback I have had from leaders around the country affirms that perspective. As a major academic medical center we have an obligation and a mandate to gain the public trust – and the changes we are making are one more step toward that important goal.

A Juxtaposition of Healthcare Realities

On April 1st I participated in two quite different events on healthcare. The first was the “Stanford Health Policy Forum: The Future of Health Reform” (<http://healthpolicyforum.stanford.edu/>), in which I participated in a panel discussion led by Dan Kessler, Professor in Management, Law

and Health Policy and Policy, along with Alain Enthoven, Professor of Public and Private Management in the Graduate School of Business, Emeritus, and Dr. Alan Garber, Director for the Center of Health Policy and the Center for Primary Care and Outcomes Research and the Henry J Kaiser, Jr. Professor of Medicine and by courtesy, of Economics and Health Policy and Research. We had a spirited debate on the historic healthcare legislation signed by President Obama last week in which there was a wide range of opinion that went from gloomy to optimistic.

While I recognize that there are many imperfections in the recently passed legislation, I am on the more optimistic side of the debate, and I underscored that, at a minimum, the new legislation recognizes that health care should be extended to all USA citizens and that protection of healthcare benefits from private insurance also needs regulation. That said, we all acknowledged that the new legislation does little to control the cost of healthcare and that this will need to be a dominant focus going forward. While some of the panelists argued that they would not have “voted” for the reconciliation bill, I underscored that doing nothing was not an option given the ever-rising cost of healthcare in the USA – where the amount spent on healthcare is more than twice that of any other developed nation. At least the new legislation will serve as a beginning for healthcare reform that will surely evolve, be refined and even significantly changed over the next decade or more. But it is a historic beginning and that is worth recognizing and celebrating.

While I described the debate on the reform of the US healthcare system as ranging from gloomy to optimistic, I gained an important perspective on this issue during the presentation later that same day by members of the Stanford Medicine community who had traveled to Haiti to take part in the relief efforts there following the horrendous earthquake that occurred on January 12th. (see: <http://stanfordmedicine.org/communitynews/2010winter/haiti.html>). The Haiti presentation was sponsored by Stanford Hospital & Clinics, the Lucile Packard Children’s Hospital and the Stanford School of Medicine. Eight incredible individuals from Stanford Emergency Medicine shared their experiences, reflections and lessons learned from their weeks in Haiti. They described what they encountered on their arrival in Haiti and the conditions in which they worked and cared for incredibly injured and impaired adults and children. It was truly both extraordinary and devastating.

As a physician who spent decades caring for children with catastrophic illness I found myself struggling to imagine the incredible human suffering that occurred in Haiti in a dramatically compressed time and space. This was the experience that our Stanford colleagues and other members of the medical community from around the world encountered. The Stanford team who presented on April 1st represented only a portion of the overall contributions by Stanford doctors and nurses. But the nurses and physicians who spoke openly, honestly and compellingly at this event deserve our profound admiration. They included Paul Auerbach, Ian Brown, Jonathan Gardner, Gaby McAdoo, Anil Menon, Bob Norris and Julie Racioppi. They are each medical heroes, deserving of our deepest respect for their selfless contributions to relieve extraordinary suffering during the incredible and horrible disaster in Haiti.

For me the incredible juxtaposition of these two events during a five-hour period of my day was striking in a deeply personal way. Going from the economic arguments about healthcare in the world’s wealthiest nation to the devastation and near absence of healthcare in one of the world’s

poorest nations gave deep meaning to the role of health professionals. It was a stark reminder of what is really important and also of the value of health professionals committed to relieving human suffering rather than economic gain or loss. That focus has been absent from much of the US healthcare debate – but it is the sole focus of the citizens of Haiti. That too is a lesson for all of us.

Moving Toward Improved Clinical Effectiveness

During the past several years we have had a concerted and joint effort among the School of Medicine, Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH) on the quality of the patient care we are delivering. This has been both a top-down and bottom-up effort, and it has resulted in significant improvements in our quality performance when compared to peers on a national level. Considerable and continuous improvements are needed, but there can be little doubt that these have been made – and will continue to be made. More recently, a joint effort between Stanford Hospital & Clinics and the School of Medicine to improve clinical effectiveness was launched. The organization and governance of this effort includes a Clinical Effectiveness Leadership Team that works in conjunction with a Clinical Effective Data Committee and a Clinical Effectiveness Council.

At the SHC Board of Directors' Quality Performance Committee meeting of March 24th, Dr. Kevin Tabb, Chief Medical Officer, gave an update on ongoing efforts of the Clinical Effectiveness program. Of interest, he highlighted a number of projects that were proposed directly by medical staff and nursing professionals and that are currently underway. They represent a range of activities and issues and share in common the goal of improving clinical effectiveness. Examples include:

- Reduction of surgical site infection
- Reduction of hospital acquired infections
- Reduction in B mode scanning in orthopedics
- Clinical resource management
- Clinically appropriate utilization of blood products
- Daily and Pre-operative lab test utilization
- Reduction in mortality due to sepsis
- Reduction of the length of stay of patients undergoing colorectal procedures
- Patient transfer task force
- Revision of insulin order sets for diabetic patients
- Heart failure management and readmissions
- Resource utilization for sequential compression devices
- Utilization of high cost drugs

This list is not inclusive and is part of an expanding effort to improve clinical effectiveness throughout SHC. Some of these projects are specific to a discipline or clinical service while others are broad and more comprehensive. They are each important in weaving a more integrated effort to improve clinical effectiveness step by step.

Dr. Tabb also announced the initiation of a new Technology Assessment Committee (TAC) that will focus on new medical devices, surgical procedures, diagnostic tests and new pharmaceutical

and clinical programs and evaluate them according to their clinical, financial and operational impact. Given the impact that technology and drugs play on increasing healthcare expenditures, this is an extremely important effort. Importantly, the work of the TAC is multidisciplinary and includes input from physicians, nurses and administrative leadership.

As healthcare reform evolves, efforts to control cost will be an imperative for SHC. But controlling costs should not be at the expense of innovation and development. Nor should technology and new developments be embraced or deployed without assessing their utility and costs. So the TAC is likely to be an important committee – and one whose charge, scope and impact will surely evolve in the years ahead.

The Respectful Workplace – An Ongoing Issue

On May 14, 2002 I announced in the Dean's Newsletter (see: http://deansnewsletter.stanford.edu/archive/05_13_02.html#1) the initiation of a series of seminars and workshops on the "respectful workplace." These programs were launched about a year after I joined Stanford to address the many behavioral and personal interaction difficulties and communications challenges that had impacted faculty, staff and students. The kinds of issues for concern included raised voices, heated language, name-calling, belittlement and intimidation; displays of anger, rage or threat; rude, offensive or abusive conduct; public criticism of an employee; inappropriate description of employees by those in charge of programs; racism and discrimination; and disparagement of employees with diverse backgrounds or lifestyles. While these may sound like extreme examples, they were not infrequently reported behaviors in 2002 and, while progress has been made, they still exist today. Each of us has a responsibility to help assure a respectful workplace in our communications with each other, regardless of whether these occur with the spoken or written word, or with email or other forms of interaction.

In 2002 we established a School goal regarding the Respectful Workplace. I would like to reiterate that goal again: "Stanford University School of Medicine is committed to providing a work environment that is conducive to teaching and learning, research, the practice of medicine and patient care. Stanford's special purposes in this regard depend on a shared commitment among all members of the community to respect each person's worth and dignity. Because of their roles within the School of Medicine, faculty members, in particular, are expected to treat all members of the Stanford community with civility, respect and courtesy and with an awareness of the potential impact of their behavior on staff, residents, fellows, students and other faculty members."

Over the past several years "Respectful Workplace" presentations and discussions have been given to all School of Medicine departments and have been discussed during the orientation of new faculty and staff appointments. While we have not experienced some of the significant challenges that existed in the 1990's and early part of this decade, I am well aware that challenges and problems still persist. Some have taken new forms, one of the most notable being email communications. The topic of email etiquette has been much discussed, especially the fact that the lack of face-to-face contact permits some to offer comments that are inappropriate or even libelous. What is missed is that email communications are virtually always retrievable during an investigation. Further, using "confidential" does not assure that email cannot be used in a legal discovery. So it is incredibly important for everyone using email to do so with

“respect” and with the recognition that whatever they communicate can become public knowledge. I am aware that faculty, students and staff communicate in ways that create individual and institutional liabilities – an issue that needs further discussion and education.

There are many additional examples and issues – all of which underscore the need to rekindle our focus on assuring a “Respectful Workplace.” Over the next months the Human Resources Group will be seeking your input regarding your own experiences and observations. We will use this to help guide future programs that will heighten, inform and engage all of us in being part of a Respectful Workplace.

International Academic Medical Centers Seek Innovation

Academic medical centers comprised of schools of medicine, teaching hospitals and varying constellations of other professional schools (e.g., nursing, public health, pharmacy) have been part of American medicine since early in the 20th century – especially since the 1910 Flexner Report, which defined medical schools and centers. In other parts of the world, academic medical centers are new entities that are endeavoring to overcome the challenge of split alignments between Ministries of Education and Health. As these international centers have evolved, they have begun to explore new funding mechanisms – not dissimilar to those of American Academic Health Centers (AAHC). This was the topic of discussion at the recent International Forum sponsored by the Association of Academic Health Centers on March 22-23rd.

The models being pursued are quite different. In Canada, for example, a member owned and unified entity has been created in which the Intellectual Property from all member medical centers comes to a single entity under the umbrella of the MaRS Discovery District (see: <http://www.marsdd.com/index.html>). Other models are being explored in The Netherlands, and Singapore among others. Most are looking toward ways to bring products of discovery forward to industrial partners. They vary in their intent to commercialize and, in some instances, they get close to the borders of conflict of interest. Understandably there was considerable discussion about how academic medical centers in the USA are redefining their relations with industry to create partnerships that seek to avoid conflicts of interest. This is a major topic in its own right and one that organizations like AAHC are seeking to evaluate. It seems clear that there is much to learn in this area as different models are pursued in the USA as well as worldwide. Sharing what is working and not will be important as this new territory is explored.

Call for Judges and Volunteers for the Intel Science & Engineering Fair

We have received a request for scientific judges and volunteers for the Intel Science and Engineering Fair that will be held on May 11-12 at the San Jose Convention Center. This education event will bring together some 1500 high school students from around the world to compete for \$3 million in awards and scholarships. Currently there is a shortage of qualified judges in a number of areas where the School of Medicine has expertise – especially animal science, biochemistry, cellular and molecular biology, medicine and health. Judges should have an MD or PhD degree or an MS with 5-6 years of experience. To learn more about this opportunity to volunteer and support the future of science and engineering see www.isef2010sanjose.org. You can apply on-line. Thanks for considering this request.

Notable Events

- ***The Mini-Med School*** begins its Third Quarter: On Tuesday evening, March 30th we opened the Spring Quarter of our Mini-Med School – “Transforming our Understanding of Human Health and Disease” (see: <http://med.stanford.edu/minimed/spring/>). We began with a presentation on the immune system by Dr. David Lewis, Professor of Pediatrics, and will move to discussions of autoimmunity and then to vaccines, areas closely tied to the immune system. Later in the quarter we will consider movement and movement disorders and then the important issues of gender in health and disease. Subsequent topics will include aging and such contemporary issues as obesity. We will end the quarter with a series of presentations on cancer, focusing on its biology, early diagnosis and treatment. As with the Winter and Fall Quarters, we have great interest and participation in the course. The Fall Quarter is currently available on Stanford iTunes (<http://med.stanford.edu/minimed/fall/>) and the Winter Quarter will be posted on iTunes shortly.
- ***Frontiers in Health:*** On March 31st we hosted our “Spring Frontiers in Health,” focusing on Personalized Genomic Medicine. Some 300 members of the community joined us in the Arrillaga Alumni Center and participated in three types of discussion. The first was dialogue with faculty members who sat at each dinner table and engaged the community by describing their work and research. The second discussion focused on three scientific presentations on genomic medicine by three outstanding faculty members: Dr. Russ Altman, Chair of the Department of Bioengineering and Professor of Bioengineering, Genetics, Medicine, and by courtesy, Computer Science; Dr. Iris Schrijver, Associate Professor of Pathology and director of the Molecular Genetic Pathology Laboratory; and Dr. Mike Snyder, Professor and Chair of the Department of Genetics and Director of the Stanford Center for Genomics and Personalized Medicine.

Following their presentations, each of the speakers engaged in a panel discussion led by Paul Costello, Executive Director of Communications and Public Affairs, which also included a discussion with the attendees. It proved to be an informative and far reaching discussion of the incredible and transformative changes taking place in genetics and genomics and their impact on the individual genomic profiling that will soon become part of personalized medicine. The positive benefits of these amazing new technologies along with their risks as well as personal and societal dilemmas were featured. The future of genomic medicine has been an important topic among our students and faculty during the past year, and it was important to extend this dialogue to our community. There is no question that this is a topic we will be revisiting many times in the years ahead. And there is also no doubt that this is a field where Stanford currently excels and where we will surely make incredible contributions in the very immediate future.

Upcoming Events: Malcolm Gladwell

- **Medicine and the Muse 2010: An Arts, Humanities and Medicine Symposium**

Thursday, April 8th
5:00 pm followed by reception at 7:00 pm
Hewlett Teaching Center, 370 Serra Mall

Malcolm Gladwell, noted author of *The Tipping Point*, *Blink*, *Outliers* and *What the Dog Saw* will speak at the 2010 Medicine and the Muse, An Arts, Humanities and Medicine Symposium. This wonderful annual event will also include presentations, music and art exhibits by Stanford Medical Students. For additional information contact Paula Bailey pbailey@stanford.edu or <http://bioethics.stanford.edu/arts/>

- **Health Care in the US: A Work in Progress**

Wednesday, April 14

4:00 – 6:00 PM

Annenberg Auditorium, Cummings Art Building, Serra Street & Lasuen Mall

The event, a panel discussion of this critically important topic, will be co-sponsored by the Stanford Emeriti Council and the Stanford Historical Society. Panelists include: Chair **Philip Pizzo**, Dean, School of Medicine, at Stanford University; **Victor Fuchs**, Henry J. Kaiser, Jr., Professor of Economics and of Health Research and Policy, emeritus and Senior Fellow at the Freeman-Spogli Institute for International Studies; **Alain Enthoven**, Marriner S. Eccles Professor of Public and Private Management, emeritus and a core faculty member at CHP/PCOR; **Alan Garber**, Henry J. Kaiser Jr. Professor of Medicine and, by courtesy, Economics; Senior Fellow at the Freeman-Spogli Institute for International Studies; **Arnold Milstein**, Medical Director, Pacific Business Group on Health; faculty member, UCSF Institute for Health Policy Studies.

This event is free and open to the public. Ample time will be set aside for audience participation.

Awards and Honors

- **Dr. Bill Newsome**, Professor of Neurobiology and Member of the Howard Hughes Medical Institute, has been awarded the Karl Spencer Lashley Award of the American Philosophical Society for his work on nervous system integration. Of note, Dr. Eric Knudson, also Professor of Neurobiology received this same award in 2008. Please join me in congratulating Dr. Newsome on this wonderful honor.
- **Dr. Alice Whittemore**, Professor of Health Research and Policy, has been selected as the 2010 recipient of the Nathan Mantel Lifetime Achievement Award in Statistics and Epidemiology from the American Statistical Association. This award recognizes lifetime contributions to the development and application of statistical science to problems and issues in epidemiology. Please join me in congratulating Dr. Whittemore on this highly prestigious award.
- **Dr. Mary K Goldstein**, Professor of Medicine, has been named the recipient of the 2010 Under Secretary's Award for Outstanding Achievement in Health Services Research, the

highest honor for a VA health services researcher. You can read more about this major award and Dr. Goldstein at

http://www.hsrp.research.va.gov/for_researchers/awards/under_secretary/awardees/2010.cfm. This is a major honor and we offer our deep congratulations to Dr. Goldstein.

- **Dr. Brad Efron**, Max H. Stein Professor and Professor of Statistics and of Health Research and Policy, will add to his many honors with the Distinguished Alumni Award from the California Institute of Technology (see: http://media.caltech.edu/press_releases/13332). This is a wonderful honor. Congratulations to Dr. Efron.
- **Dr. Michael Longaker** was named the first recipient of the American Association of Plastic Surgeons Basic Science/Translational Researcher of the Year Award. He also delivered the Joseph E. Murray Lecture at the 89th meeting of the American Association of Plastic Surgeons in San Antonio, TX .
- **Dr. Michael Federle**, associate chair for education and professor of radiology, was recently honored with the 2010 Society of Gastrointestinal Radiologists (SGR) Walter B. Cannon Medal Award, which is bestowed annually upon a distinguished gastrointestinal radiologist. Dr. Federle received this accolade for his sustained achievement over the course of his career. He was honored with his medal award at the 2010 Abdominal Radiology Course (ARC) Meeting in Orlando, Florida, on February 21-26, 2010.
- **Dr. Gary H. Glover**, director of the Radiological Sciences Laboratory in the Richard M. Lucas Center for Imaging; professor of radiology and, by courtesy, of electrical engineering and of psychology, has received the Outstanding Achievement Award from his alma mater, the University of Minnesota. This award is the highest honor an alumnus can receive from the University of Minnesota, second only to an honorary degree.

Dean's Newsletter

April 19, 2010

Council of Deans Considers Some of the Major Issues Facing Medical Schools

At the Spring Council of Deans (COD) Meeting on April 10-12th, we focused on some of the major challenges facing medical schools and academic medical centers now and into the future. At last year's meeting the COD developed a number of action steps that have been worked on during the past year and that we are in the process of refining and updating. They include the following areas:

- ***The public has high expectations for academic medicine and we need to better articulate and demonstrate our "value proposition."*** More specifically we have work to do to fully demonstrate our value to and impact on our communities.
- ***The strengths and attributes that allowed academic medicine to succeed in the past are not likely to be sufficient in the future.***

- ***Medical education is a continuum in which the medical school plays a central role in the development of the physician.*** Here we need to better define the continuum of medical education (from pre-college through medical school, residency and beyond).
- ***The research enterprise as we know it must change at the local and national levels.*** I have led this workgroup and will offer some additional comments below.
- ***Academic medicine needs to be at the table in addressing healthcare reform.***
- ***Our current business model is no longer sustainable.*** This topic was also addressed by our plenary speaker, Professor Clay Christensen, the Jane Cizik Professor of Business Administration at the Harvard Business School and author of *The Innovator's Dilemma* and *The Innovator's Prescription* (which focuses on healthcare). His views shatter many of our current beliefs and constructs, and he offered some provocative insights that I will comment on below.
- ***We need better alignment with our partners at both the local and national levels.*** This includes alignment between the medical school, teaching hospital and practice plan. Parenthetically, even with our challenges I think we have succeeded at Stanford in this area better than many (even most) of our peers.

The Research Enterprise

As I mentioned above, I chaired the workgroup that focused on supporting the research enterprise. In doing so I emphasized that research is a defining mission for academic medical centers. During the past several decades the basic and clinical science research programs have grown considerably at most medical schools and academic medical centers, fueled primarily by competitive sponsored federal funding, especially from the National Institutes of Health (NIH). Faculty size (especially clinical faculty) has also grown significantly - nearly 11-fold since Medicare was established in 1965 – making many academic medical centers significantly larger, more complex and more expensive entities. Their funding is highly leveraged and includes sponsored research funding (largely from the NIH), clinical income (which in many centers subsidizes the missions in research and education), tuition (which doesn't cover the cost of education), state or public support, endowment income, patent and royalty payments and gifts. Further, as important and fundamental as research is to our core mission, it is also a cost center and requires an approximately 25% subsidy from institutional sources to break even.

Until 1998 NIH funding increased at a reasonably steady rate that was at or above inflation. Between 1998 and 2003 the budget of the NIH doubled, and most academic centers responded by increasing the size of their faculty and the resources and infrastructure to support research. However, following 2003 the NIH budget was flat and below inflation until 2009, when the American Recovery and Reinvestment Act (ARRA) provided a significant, albeit two-year time limited, increase in NIH funding. Looking beyond 2011-2012, it seems likely that the NIH budget will be challenged. Indeed institutions that have grown in size or built research space based on the assumption of continued NIH support now face serious financial challenges. Possible scenarios include a continuation of a flat NIH budget (thus a loss of purchasing power)

or increases below, at or slightly above inflation (see additional comments below based on the presentation from Francis Collins, Director of the NIH).

No matter how one looks at the equation, it seems inevitable that competitive research funding will be more limited, posing a serious threat to the US biomedical research enterprise. How academic medical centers respond to research funding challenges will impact their future excellence and value to the future of biomedicine. This scenario is further influenced by our nation's economic climate, which has put major limits on the availability of state support to medical schools and institutions. The economic downturn has significantly and negatively affected university and medical school endowments as well as the resources available to foundations that support biomedical research. Gifts from individual or institutional donors have also been impacted by the economic downturn. And with healthcare reform now moving forward it is also inevitable that revenues to hospitals and medical centers will decline in the years ahead. Thus it is clear that business as usual – and certainly one based on growth – is not sustainable.

Based on these scenarios, a number of conclusions are evident. First, it is important that medical schools and medical centers critically examine their size and scope. Too much emphasis has been placed on the amount of NIH funding an institution receives as a metric of excellence, instead of focusing on quality. It is much more important to concentrate on quality instead of numbers since that is a much better way to remain competitive and adaptable. Thankfully this is the model we have largely followed at Stanford. This approach affects how institutions support their research mission related to people (faculty recruitment, retention, career guidance as well as support for students and postdoctoral fellows and trainees); the infrastructure required to support a research mission (including facilities, size of labs and space charges, shared equipment, animal costs and the function of cores). Unfortunately it is clear that our institutions each play a role in increasing the price for recruitment and retention by our shared competition for faculty and students.

Developing metrics to define individual and institutional success is important. Individuals and institutions also need to define the mix and blend of research funding, including state and federal sources, foundation and gift support as well as revenue from the clinical mission of academic centers. How these funding sources will change as a function of the current economic climate and the changes emanating from healthcare reform will require careful monitoring and thoughtful planning.

It is also important for institutions to address ways of sharing resources within their own walls (cores, shared equipment, expectations and funding for space, etc) as well as to look toward regional interaction and shared resources. Examples such as the New York City Structural Biology Consortium or the Massachusetts Computation Collaborative or the San Diego Stem Cell Consortia deserve attention and broader replication.

In tandem with the interactions of academic medical centers with the public and private sector, it is important to find ways to rebase academic-industry relations in ways that conform to new conflict of interest policies but which also promote the translation of basic research to clinical application. Finally, it is important that academic medical centers and the AAMC be better

advocates for research to the broad public and private sectors they serve and that they demonstrate the value proposition of academic medicine and biomedical research.

Is the Current Model Sustainable?

Over the years Professor Clayton Christensen has offered provocative insights on disruptive technologies and how once successful business enterprises were transformed or became extinct with innovations that are simpler and more decentralized. The history of computing is a notable example in its evolution from the central main frame to the increasingly decentralized mini-computer to personal computer to laptop, PDA and beyond. Christensen posits that the current tertiary hospital is not sustainable, because it is organized around the principle of having the capability of doing everything for everyone. This results in a costly infrastructure that is beyond the needs of most patients and that requires spreading costs (and thus increasing the overall cost for care).

Christensen further argues that the complexity of most hospitals fosters both inefficiency and the lack of coordination that impacts the patient experience and related outcomes. In specialties or services where the care model can operate more autonomously (e.g., orthopedics, ophthalmology and certain surgical procedures like hernia repair), a focused facility is likely to be more successful. In contrast, when multiple consulting services are needed to provide high-quality care (e.g., cardiac care), a specialty facility is likely to be less successful. While Christensen would argue that an integrated delivery system might be the most effective model, he also acknowledged that such systems (e.g., Kaiser, Geisinger) are less successful in fostering innovation. Christensen also believes that the overall complexity of an academic medical center is problematic specifically in the overlap of its research and education missions – which might be done more effectively if they were permitted more discrete execution.

Relevance to Stanford Medicine

In my view, Christensen poses a number of important and provocative challenges but not really a solution that optimizes care delivery and that still fosters innovation and discovery. I continue to believe that these challenges are an opportunity for a small and integrated institution like Stanford to excel – but it is also clear that we have considerable work to do to optimize patient care, quality, service, cost and innovation – and also to excel at education and research. But striving toward excellence rather than being reduced to the mean must be our aspiration and goal.

As I assess the status of Stanford Medicine against the challenges posed by Clay Christensen and the issues posed at the Council of Deans, I believe that many of the decisions we have made over the past almost ten years have positioned us well – whereas as in other areas we still have work to do. For example, the fact that Stanford remains one of the smallest schools among its peers has its limitations (especially when rankings based on total NIH funding are published). However, the fact that we have emphasized quality over quantity continues to serve us well and increasingly is a model that other schools are seeking to emulate. That said, it is imperative that we continue to assess the way we are organized and how we conduct and integrate our missions in education, research and patient care. For example, we have made strides in our education programs, including better coordinating the path from medical student to resident and fellow – a goal that still needs considerable effort. We will address this further as we launch three new planning efforts in education that we hope to complete over the course of this year – one aimed

at medical education, the second at graduate education and the third at postdoctoral training. At the end of this process we will certainly want to assess their interrelations – but some focused planning is important initially.

We also need to further assess our patient care activities and carry out important forward-looking strategic planning in areas that link our research and clinical missions to foster innovation: cancer, cardiovascular, neuroscience, regenerative medicine, immunology-transplantation. These planning efforts will help shape our opportunities and needs in faculty size and scope and the resources needed to support them. Overall, we need to continue to ask the core question of how we bring value to our community through the innovations we discover, the services we provide, the quality we deliver and the affordability of our programs and services.

Updates on the NIH from Dr. Francis Collins

Dr. Francis Collins, Director of the NIH, addressed the Council of Deans meeting on April 12th. He reviewed the major themes he has been forecasting for biomedical research and also highlighted some initiatives that follow the recent healthcare reform legislation. He acknowledged that, at the completion of the ARRA (American Recovery and Reinvestment Act) funding that concludes in FY11, the biomedical research community faces a “cliff” that will have a significant impact on research funding. Even though the President is highly supportive of science and technology, the nation’s economy has seriously eroded the ability to fund the NIH at a level that would return success rates to the 30% level. In fact to do that would require an NIH budget of \$37.5 billion compared to the \$32 billion that is now approved. Accordingly, Collins projected success rates of 20% - which are certainly higher than a number of Institutes predict given the current funding levels.

While Dr. Collins emphasized his continued support for basic science research, the themes he presented fall into more of a big science theme. He has discussed these previously (see the January 1st issue of *Science* 2010; 328:35-36

(<http://www.sciencemag.org/cgi/content/full/327/5961/36?ijkey=RFCOTgo29UiRY&keytype=ref&siteid=sci>), as well as in the interview he did with Paul Costello, Executive Director of Communications and Public Affairs, which can be found on 1:2:1 (see: <http://med.stanford.edu/121/2009/collins.html>). They include:

- ***Applying the opportunities emerging from genomics and other high throughput technologies that will impact human disease.*** This is one of the “big science” agenda items he has referred to previously. It includes the application of next generations of DNA sequencing, nanotechnology, small molecule screening, the use of “comprehensive approaches” that combine “all” genes, proteins, common variants, etc. for exploratory rather than hypothesis driven research on such challenges as cancer, autism, the microbiome. In these instances a strong effort on computational biology is critical.
- ***Translating basic science into clinical medicine*** using technologies like small molecules and stem cells, among others. An example Collins cites is the program for Therapeutics for Rare and Neglected Diseases (TRND), which will allow promising compounds to be taken through preclinical testing by NIH to promote translational research.

- ***Putting science to work in healthcare reform*** by focusing on comparative effectiveness, prevention and personalized medicine, pharmacogenomics, health disparities, regulatory science (in collaboration with the FDA), health information technology and health economics.
- ***Promoting global health*** in collaboration with organizations like the Bill and Melinda Gates Foundation to promote the discovery of novel targets in pathogens and facilitate advances in diagnostics, treatment and prevention strategies. He also cites a role for the NIH in helping to build capacity and training opportunities in the developing world.
- ***Reinvigorating and empowering the biomedical research community*** by thinking more creatively about training and career development awards. Specifically he cited the prospect of a Whitehead-like model to support early independence for selected graduate students as a way of shortening the time to achieving peer-reviewed RO1 funding. He also emphasized the importance of not allowing funding constraints to diminish innovation – which is evidenced by programs like the NIH Pioneer Awards, New Innovator Awards and Transformational RO1 awards.

In addition to these initiatives, Collins noted two programs that were contained in the healthcare reform legislation and that could have an impact on medical schools and academic health centers – although the details are still somewhat sketchy. These are:

1. ***A Patient-Centered Outcomes Research Institute*** that would be overseen by a Board of Directors, receive direct funding as well as future support from a trust fund, and promote Comparative Effectiveness Research (CER) in conjunction with the Agency for Healthcare Research and Quality (AHRQ). Collins estimated that this program would be likely to achieve funding at the \$500 million level per year. This is in addition to the other funding sources for CER through NIH and AHRQ. Clearly this is an area that we need to pay more attention to, and I am hopeful that we will make progress through programs like our new Center for Clinical Quality and Effectiveness, which I will be announcing formally soon.
2. ***The Cures Acceleration Network***, initially proposed by Senator Arlen Specter (D-PA) to be a freestanding agency, will now be located in the Office of the Director. Its stated goal is to advance the development of new therapies and cures for debilitating and life-threatening diseases by removing barriers between laboratory discoveries and clinical trials. If this program is funded (it is not at this time), it could contain project grants of \$15 million along with partnership grants. While the details are limited, it sounds somewhat like the Disease Planning Grants funded by the California Institute of Regenerative Medicine, which are designed to promote the translation of basic laboratory research in stem cell biology into clinical trials.

In sum, there is some good news and some obviously concerning news. The good news is that the current Administration clearly supports and values science and biomedical research. There also seems to be a strong commitment to support basic research and also innovative ideas and proposals. A commitment to supporting the trainees and fostering the pipeline for bioscience

research is clearly stated. It is also evident that there will be an increased focus on big science, collaborative research efforts (including through the CTSA network) and stronger linkages of basic research to healthcare delivery, regulatory science, and clinical and translational research than has been the case in the past. How the balance will be struck remains to be seen. At the same time, the level of funding available to support the biomedical research mission of the nation is less than optimal, making it ever more critical that at Stanford we focus on quality in our applications and that we anticipate and address the new funding areas being delineated. Some of these play to our current strength, whereas others will require building expertise – but I feel confident we can do that, even though I know this will be a challenging time.

Medical Student Applicants Return for Admit Weekend

On April 9-10 some 72 students admitted to the School of Medicine returned to campus for Admit Weekend 2010. In addition to meeting each other and current students and faculty, this highly talented group of students received updates on the curriculum and scholarly concentrations opportunities as well as advising and support services, including financial aid. They had a chance to tour the medical school (including the new Li Ka Shing Center for Learning and Knowledge) as well as the hospitals and university. Where to attend medical school is a life changing decision and, while our admitted students have a number of choices, I would hope that the distinctive characteristics of Stanford are readily apparent. Our exceptional excellence in research, unique interactions with the other schools at Stanford and close partnerships with our affiliated teaching hospitals and community are complemented by the commitment of our faculty, students and trainees to our tripartite missions in education, research and patient care. I can certainly say that whenever I have the opportunity to view the breadth and depth of excellence at Stanford, I am deeply impressed and very grateful to be a member of our Stanford community.

US News & World Report: Relativity, Perceptions, Explanations (and Some Excuses)

Let's face it - I truly dislike the annual exercise of the US News & World Report (USNWR) ranking of medical schools. My major issue with these annual rankings is that some of the metrics are misguided and can foster perverse incentives. Since coming to my role at Stanford I have regularly expressed my concerns to the editors of USNWR in person and in writing. Among my messages is that they are too focused on the size of the medical school and not enough on quality. Specifically, a number of the more heavily weighted metrics do not adequately or appropriately measure the true excellence of research and education programs. For example, 20% of the weighted score is based on total NIH grants dollars at the institution, which reflects more the size of the research enterprise than its quality. Indeed, given the small size of the research faculty at Stanford compared to peer "research intensive" intensive medical schools, it is not a surprise that we do not compete in this area compared to medical schools that have twice to ten times the number of faculty. In fact we are 12th in total NIH grants. On the other hand, NIH dollars per faculty member is a better measure of the success of faculty, and on this measure we are #1 in the nation.

While I was successful in persuading the USNWR editors to blend total funding with funding per faculty member, USNWR still chose to weigh the score 2:1 in favor of total funding, so the impact of size is more powerful than quality. Even more importantly, other important measures

of research success and quality are not included at all, many of which would help students to assess the research faculty. For example, it would help to know the number or proportion of faculty at a medical school who were members of the Howard Hughes Medical Institute program or who had been elected to organizations like the Institute of Medicine and National Academy of Sciences or other prestigious organizations. Of course there are other examples of excellence beyond research funding. Further, too much emphasis is placed on the size of the faculty in the faculty/student ratio metric. It would be more useful to provide the success of faculty in mentoring and advising students or the number of students engaged in research with the faculty or who had scientific publications during medical school.

What is really concerning in the USNWR ranking is the emphasis on GPA and MCAT score as a measure of student excellence at the exclusion of any metrics that address other measures of student success along with the diversity of the students, the institutional support for their education or amount of indebtedness on graduation. From my point of view, having schools compete on size and MCAT scores is simply too narrow and poorly focused.

Of course, I had all these same concerns a year ago and have communicated them to USNWR over the years. But despite these concerns and convictions, Stanford was ranked #6 last year – although in reality we were tied with three other schools (Yale, Duke and U. Washington for that slot). So, relatively speaking we were somewhere between number 6 to nine. In the USNWR issue on April 15th, Stanford's rank dropped to 11th – which I obviously don't like. How could that happen in just one year – especially since the ranking of Stanford by our peers place us fourth? In reality, given the impact of total NIH dollars, small changes in other metrics made all the difference. For example, our ranking on MCAT scores went from 7th (at 11.6) to 10th (at 11.3), and ranking in quality assessment by Residency Program Directors went from 4th to 5th place. These changes were enough to move us out of the group tied for 6th place to 11th place. But in reality this was due to only a 2 - point difference in the aggregate score, which makes all these comparisons really insignificant – both statistically and in many other ways.

When all is said and done, I would like to think that thoughtful individuals would see through the ranking and not confuse them with quality. But I also recognize that the simple change from 6th to 11th elicits an emotional response. At the same time I am proud of the fact that our faculty are among the best in the world on the metrics that really count and that we are ready and willing to select outstanding students who come from diverse backgrounds and with amazing life experiences. And I am pleased that our peers rank us so highly. OK, I have shared my reactions – now it is time to move on.

The Stanford Cancer Center Holds its Annual Retreat

The Stanford Cancer Center (SCC) held its Annual Members Retreat on April 7th at Quadrus Conference Center. Dr. Beverly Mitchell, the SCC Director, gave an update on the status of our review by the National Cancer Institute and sought to foster interactions and collaborations among the Stanford cancer community. You may recall that Stanford succeeded in receiving designation by the NCI in 2007 and had its three-year review in October 2009. Over the past several years our cancer programs have grown in size, integration and success. Since 2006, 50 new faculty in cancer-relevant disciplines have been recruited to 13 basic or clinical science

departments. At the same time, the membership in the SCC has grown from 260 to 315 members, and the funding from the NCI has grown from \$36 million to \$42 million (with total cancer relevant funding increasing from \$47 to \$65 million). Perhaps even more important is the excellence of the science that is being conducted and the increasing amount of interaction and collaboration that is taking place in research and patient care. While Stanford has a number of truly outstanding programs I continue to believe that our cancer programs will prove to be one of our most important and significant programs in the future because of the important connections and opportunities they afford in patient care, research and education. I was very pleased to spend a little time at the retreat and to witness firsthand the excellence and depth of our Stanford Cancer Center community.

Call for Nominations: Postdoctoral Mentoring Awards 2010

The Stanford University Postdoc Association (SUPD) is pleased to announce the third annual SUPD Postdoctoral Mentoring Award. This award aims to recognize faculty and staff scientists who show excellence in supporting the development of postdocs at Stanford into creative independent thinkers, teachers, administrators, managers and professionals. The nominee must have mentored the nominator, but need not have been their primary advisor. The selection committee, composed of postdoctoral scholars will compile a shortlist of nominations, which will then be considered in more detail. Two awards are typically made. To learn more about the award or to submit a nomination, please go to: <http://supd.stanford.edu/award>. The deadline for nominations is Friday, April 23, 2010.

Upcoming Event

27th Annual Stanford Medical Student Research Symposium

3:00 pm

Thursday, May 13, 2010

Ballroom, Li Ka Shing Center (LKSC), 291 Campus Drive

Thirty-eight MD and MD/PhD students and three MD-student groups will present their original research projects carried out in laboratories, clinics and the community - locally and abroad. Students will be available at their posters for informal discussions from 3:00pm-5:30pm. At 5:45 pm following closing remarks, the Stanford University Medical Center Alumni Association will announce the students with the outstanding research posters. For information about this event, please contact Mara Violanti (marav@stanford.edu).

Awards and Honors

- **Dr. Ross Bright**, Associate Dean for Alumni Affairs, Emeritus, is the 2010 Recipient of the J.E. Wallace Sterling Lifetime Alumni Achievement Award. During 18 years Dr. Bright served under three deans and championed the importance of alumni relations. Among his many contributions was the broadening of the Alumni Association to include graduate students, residents and postdoctoral fellows. Dr. Bright was instrumental in the development of the Stanford University Medical Center Alumni Association magazine “Bench and Bedside.” I have been honored to work with Dr. Bright for nearly half of his

tenure as Associate Dean and have tremendous respect for his dedication and commitment to Stanford and its alumni. Please join me in congratulating Dr. Bright.

- **Dr. Sheri Fink, MD** won the 2010 Pulitzer Prize for her joint project with ProPublica and The New York Times on an investigative reconstruction of what has been described as euthanasia by doctors at the Memorial Medical Center in New Orleans after they had been stranded by Hurricane Katrina (see: http://www.nytimes.com/2009/08/30/magazine/30doctors.html?_r=1&pagewanted=print)
- **Dr. Lucy Shapiro**, Virginia and DK Ludwig Professor in the Department of Developmental Biology, will be honored at the commencement ceremony of the Albert Einstein College of Medicine, where she will be presented the Distinguished Alumna Award.
- **Dr. Karl Blume**, Professor of Medicine, Emeritus, has been selected by the European Group for Blood and Marrow Transplantation (EBMT) for an award and Honorary Membership for his outstanding activities and contributions to stem cell transplantation and to education.
- **Dr. Tom Raffin**, the Colleen and Robert Haas Professor of Medicine (Pulmonary Medicine), Emeritus, and **Dr. David Magnus**, Professor of Pediatrics (Bioethics), shared an honor on April 15th thanks to the generosity of the Haas family. In 1999 Dr. Raffin was named to the Haas Professorship with the recognition that, when he became emeritus, the professorship would be named in his honor. He became emeritus in 2009, and the Thomas A Raffin Professorship was established in Bioethics. I am pleased to announce that Dr. Magnus is the first incumbent. Drs. Raffin and Magnus, along with their families, friends and colleagues, shared this joint honor with Colleen and Robert Haas at a wonderful event on April 15th. Much appreciation and congratulations to all.

Appointments and Promotions

Marilyn West Butler has been promoted to Clinical Professor of Surgery, effective 9/01/10.

Lisa Chamberlain has been reappointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 6/01/10.

Angela E. Chen has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 4/01/10.

Mark L. Cohen has been reappointed to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 9/01/09.

Alejandro Dorenbaum has been reappointed to Clinical Associate Professor of Pediatrics, effective 12/01/09.

Jerome Jay Gabriel has been appointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 5/01/10.

Brenda Golianu has been promoted to Associate Professor of Anesthesia at the Stanford University Medical Center, effective 4/01/10.

Peter W. Gregor has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 9/01/09.

Odette Harris has been appointed to Associate Professor of Neurosurgery at the Stanford University Medical Center, effective 4/01/10.

Stefan Heller has been promoted to Professor of Otolaryngology – Head and Neck Surgery, effective 4/01/10.

Jeanette Hsu has been appointed to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 4/01/10.

Nishita Kothary has been reappointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective 4/01/10.

William T. Kuo has been reappointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective 5/01/10.

Gary Lee has been reappointed to Clinical Associate Professor (Affiliated) of Medicine, effective 9/01/09.

Gordon K. Lee has been reappointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 5/01/10.

Billy W. Loo has been appointed to Assistant Professor of Radiation Oncology at the Stanford University Medical Center, effective 4/1/10.

John D. Louie has been promoted to Clinical Assistant Professor of Radiology, effective 7/01/10.

Arnold Milstein has been appointed to Professor of Medicine, effective 4/01/10.

Kristen Nord has been reappointed to Clinical Assistant Professor (Affiliated) of Dermatology, effective 9/01/09.

Jean-Marc Olivot has been promoted to Clinical Assistant Professor of Neurology and Neurological Sciences, effective 5/01/10.

Ronald A. Schuchard has been appointed to Clinical Associate Professor (Affiliated) of Neurosurgery, effective 4/01/10.

Neil Schwartz has been reappointed to Clinical Assistant Professor of Neurology and Neurological Sciences and of Neurosurgery, effective 5/01/10.

Akshat Shah has been appointed to Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 4/01/10.

Frederick J. Van Rheenen has been reappointed to Clinical Professor of Medicine, effective 3/01/10.

Anthony J. Ricci has been promoted to Professor of Otolaryngology – Head and Neck Surgery, effective 4/01/10.

Cornelia M. Weyand has been appointed to Professor of Medicine, effective 4/01/10.

Ira G. Wong has been reappointed to Clinical Professor of Ophthalmology, effective 1/01/10.

Dean's Newsletter

May 3, 2010

Employee Recognition Day Celebrates Why Stanford is Such a Great Institution

Virtually every day our media services carry announcements of the contributions of our faculty, students and trainees in science and medicine. These contributions are often remarkable; they have helped transform knowledge and have created new tools to diagnose, treat or prevent human disease. Indeed, our faculty are among the most lauded in the world, having received the highest amount of peer-reviewed funding per person in the country, along with a disproportionate share of prestigious awards and memberships in distinguished societies and foundations such as the Howard Hughes Medical Institute, the National Academy of Sciences, Institute of Medicine among others. And while these accolades are well deserved, none would have been possible without the dedicated commitment and support from the outstanding staff who bring vibrancy, intelligence, diligence and success to the Stanford community. These individuals carry out key experiments, support students and trainees, participate in our clinical care mission, oversee veterinary services, provide administrative support and help connect our community over time and space. Indeed, many of our valued staff have worked at Stanford for decades – some even 40 years or more.

On April 16th we celebrated the hundreds of staff who have worked at Stanford for five or more years in a festive recognition event held in the new conference center in the Li Ka Shing Center for Learning and Knowledge. In particular we noted the 65 staff members who have worked at Stanford for more than 20 years, including Tom Nozaki, who has logged in 40 years of service, and Beverly Bonfert, Jane Eaton and Pamela Petrie, who have each served for 35 years (<http://med.stanford.edu/employeeerecognition/>). We also celebrated fifteen staff who have

worked at Stanford for 30 years and whose bios can be found at <http://med.stanford.edu/employeeRecognition/honorees/30years/>. Also highlighted are the 21 individuals who have worked here for 25 years (see: <http://med.stanford.edu/employeeRecognition/honorees/25years/>) and the 35 who have been members of our community for 20 years (see: <http://med.stanford.edu/employeeRecognition/honorees/20years/>).

In addition to honoring our employees, we also celebrated the two individuals who were named by their colleagues as the recipients of the 2010 Spirit Award. This is the 10th year that this award has been given to individuals who embody consistent dedication, initiative, motivation, positive attitude and service to those whom they support or interact with. This year's awardees are:

- **Katie Allen**, Administrative Associate in the Department of Surgery and its Division of Multi-Organ Transplantation.
- **Jeff Melton**, Information Systems Manager in the Department of Medicine and the Stanford Prevention Research Center

Ms. Allen's and Mr. Melton's bios can be viewed at <http://med.stanford.edu/employeeRecognition/spirit/>. Please join me in congratulating them and in thanking all of our Stanford Medical School employees.

Thinking About Learning: Now and the Future

As we begin outfitting the new Li Ka Shing Center for Learning and Knowledge (LKSC) for the coming academic years, many will celebrate the state-of-the-art programs we will be putting into place. I am certainly proud of our accomplishments and grateful to all who have made these successes possible. However, I find myself already thinking about the future and how we can get ready to leap beyond our current (even though not even yet fully installed) technologies into the world that will await us 10-20 years from now. The medical and graduate students who will join Stanford in 2020 and beyond (if not even sooner) will be the recipients of knowledge yet to be created. It is inevitable that their learning styles will be different from those of today's students. They will no doubt pose challenges and opportunities for how we educate them and for the settings that will be necessary to optimize learning. We all recognize that knowledge content will evolve rapidly. But we are just at the cusp of watching the tools of education change dramatically.

For example, as I complete the final editing of the sixth edition of one of the textbooks I have edited for the past two decades, I am keenly aware that these large paper bound compendiums will give way to digitized formats in the future. Indeed, most knowledge content will soon be carried in hand held devices and searches into large data storehouses will replace the shelves of journals and books of our medical libraries. In fact, they already have. These changes are already self-evident. Less clear is how students who have grown up with these technologies will learn and how we can engage them most successfully. There is also the need to balance highly technologically driven learning tools with the very real need of sustaining – and enhancing –

humanism and professionalism as part of the medical school curriculum and lifetime learning journey. This continuum, which will begin in high school (if not earlier), will continue throughout the life of the physician and scientist, and it is time to start to envision those changes, many of which will occur incrementally— and some of which we cannot even begin to imagine.

To begin preparing for the future I am initiating a planning process that will focus discretely on medical student, graduate student and postdoctoral scholar education and learning with the goal of aligning them along a continuum as the planning process unfolds. Each of these planning efforts will commence with a mini-think tank that we will hold this summer. This will be followed by more focused task force explorations in the fall with the goal of bringing the dialogue together in time for our Leadership Retreat in February 2011. Some of the questions we will address are extensions of the challenges and opportunities I highlighted in my January 11, 2010 Dean's Newsletter (see http://deansnewsletter.stanford.edu/archive/01_11_10.html). These questions will be amplified and supplemented by issues now arising as we prepare to open the LKSC. Most importantly they will be guided by “unknowns” we will try to envision for the future. We will do our best to progressively engage broad participation in this dialogue and I will certainly do my best to keep you apprised in future issues of the Newsletter.

Invitation to the May 12th Open House for the Li Ka Shing Center for Learning and Knowledge

The Li Ka Shing Center for Learning and Knowledge (LKSC) will open its doors for a sneak peak at the new spaces and programs during a one day "Teaching and Learning Open House" on May 12th from 10am-3pm (<http://lksc.stanford.edu/openhouse/>). Since the building will not be fully operational until August 16th, this is a unique chance to see the teaching spaces and the simulation areas prior to fall quarter. This will be one of the only opportunities for staff and faculty to see the spectacular views from the student-only 4th floor Yeung Family Rooftop Patio and the Berg Family Commons as well as the other teaching and learning spaces that make the LKSC one of the most remarkable centers in the world.

Visitors to the May 12th Open House will be able to take a self-guided tour through all of the key areas of the building. Each area will highlight a unique program including:

- The Immersive Learning Center on the Ground Floor
- The high-tech class room facilities on the First Floor
- The incredible and highly flexible Conference Center and class rooms on the Second Floor
- The Dean's Office Suite and class rooms on the Third Floor
- The Student Commons, including exercise facility and study rooms on the Fourth Floor

We look forward to welcoming you to the LKSC on Wednesday, May 12th from 10 am – 3pm.

Alumni Visit Stanford and the LKSC

Saturday, May 1st was Alumni Day for the School of Medicine. The theme of the day,

“Transforming Medical Education,” honored medical school graduates from the era when the school was housed in San Francisco, those who graduated over the 50 years that have passed since the school joined the campus of Stanford University and, in anticipation, future generations of graduates epitomized, in part, by the new Li Ka Shing Center for Learning and Knowledge (LKSC). Alumni graduating in the 1940’s and 1950’s to the present attended sessions on medical education featuring presentations by leading faculty followed by tours of the LKSC. The enthusiasm and excitement of the alumni was palpable – as was their pride in Stanford Medicine past and future.

In addition to thanking all of our faculty speakers, I want to add my deep appreciation to the exceptional work done by our Office of Medical Development in planning and coordinating the alumni events – of course in conjunction with the Stanford University Medical Center Alumni Association. Thanks to all!

Thanks from Haiti’s Hôpital Albert Schweitzer

Immediately after the horrific earthquake that devastated Haiti and especially its capital city of Port au Prince on January 12th, relief teams from Stanford (see: <http://med.stanford.edu/ism/2010/february/haiti-follo-0208.html> and http://deansnewsletter.stanford.edu/archive/02_22_10.html#3) and around the world rushed to bring medical care and other vital resources to the millions of Haitians whose lives had been so dramatically disrupted by this natural disaster. In addition to this emergency relief, communities provided financial support to help rebuild Haiti’s fractured infrastructure – something that was already fragile even prior to the earthquake. Stanford University has played an important role in this relief effort thanks to the vision of Dr. Michele Barry, Senior Associate Dean for Global Health, and other Stanford faculty like Dr. Ralph Greco, Johnson and Johnson Professor of Surgery, who have spent years working in Haiti at the Hôpital Albert Schweitzer. Dr. Barry recommended that dean’s office and departments provide funds that could be matched by students, faculty and staff of Stanford University. Over a 10 day period, this resulted in approximately \$350,000 of funding – a testimony to the generosity and compassion of the Stanford community (<http://med.stanford.edu/ism/2010/february/haiti-donate-0208.html>).

On April 26-27th, Ian Rawson, the Managing Director of Hôpital Albert Schweitzer visited Stanford to offer his thanks and appreciation for contributions that helped the doctors and staff to provide exceptional medical care during the immediate aftermath of the extraordinary crisis. I had the pleasure to meet with Mr. Rawson and want to convey directly to you how much the contributions you provided impacted the lives of individuals who suffered incredible losses and personal devastation. On behalf of the Hôpital Albert Schweitzer, Mr. Rawson wanted me to offer his deepest thanks and appreciation.

AAMC Previews the Changing Face of Tenure in Medical Schools

As we recognize all too well, the last two years have been economically challenging for our nation, our university and our medical school. Despite these challenges, I have also underscored that, compared to many of our peers across the nation, Stanford remains on solid financial footing, although a number of sacrifices and difficult choices have had to be made to sustain our success (see http://deansnewsletter.stanford.edu/archive/12_14_09.html#2). At the same time, it is important to remind ourselves that medical schools remain vulnerable because of their

dependency on competitive sponsored funding for research and income from patient care activities – both of which are impacted by changes in the economic environment. Also vulnerable to the changing economic climate is support from gifts, endowment income, support from foundations and, where applicable, state and other public financing. Accordingly, medical school faculty are largely on “soft money” even though many aspire to “tenure track positions.”

A recent “Analysis in Brief” from the Association of American Medical Colleges, reported that the prospect for tenure with a specific financial guarantee is becoming increasingly uncommon. For example, a 2008 survey of the 111 medical schools that offer “tenure” for their clinical faculty found that 41% had no financial guarantee associated with tenure. Even when a financial guarantee was available, in most cases it was for a base salary. Notably, over the past decade financial guarantees for clinical faculty have been declining, with 38% of schools having no financial guarantee in 2008. This is similarly the case for basic science faculty. Increasingly medical schools are offering “tenure of title” which really amounts to the guarantee of an honorary title at the discretion of the medical college but with no right or expectation of financial support.

At Stanford we plan to continue our tenure policy, which guarantees the base salary for University Tenure Line (UTL) faculty who have been promoted with tenure. Medical Center Line (MCL) faculty may receive their base salary when they have achieved “continuing appointment” status as professor. While we have limited the size of our faculty (compared to virtually all of our peers) we have determined that it is preferable to provide support and financial guarantees for a smaller number of highly successful faculty than to limit or eliminate support in order to have a larger faculty. While this has consequences, I continue to believe it is the most responsible way to protect our faculty and their academic freedom.

Conflict of Interest and Professional Societies

In the evolving context of policies regarding academia-industry relations, the Council of Medical Specialty Societies (CMSS) announced on April 21st its CMSS Code for Interactions with Companies. The Code was developed by a 30 member task force comprised of leaders of member societies, and it includes seven core principles that cover:

- ***Conflict of Interest*** policies and procedures for society activities such as meetings, clinical practice guidelines, journals
- ***Financial Disclosure*** whereby public disclosure of any donations and support received from for-profit companies as well as society Board members’ financial and uncompensated relationships with companies.
- ***Independent Program Development*** that provides publicly available policies and procedures ensuring that educational programs, advocacy positions, and research grants are developed independent of industry support
- ***Independent Leadership*** that prohibits professional society leaders (including presidents, CEOs and editors-in-chief of society journals) from having direct financial relationships with relevant for-profit companies in the health care sector.

The full report and list of signers can be found at www.cmss.org/codeforinteractions.aspx.

Concurrently, an increasing number of pharmaceutical and device industries are publicly listing physicians who have received compensation from them for speaking, consulting and related activities. The increasing transparency of financial relationships between industry and academia as well as between industry and practicing physicians is accelerating at a rapid pace. This represents a fundamental transformation of the murky and sometimes conflicted and intertwined financial relationships of just a couple of years ago. This is an important evolution that marks an important turning point in academia- industry relations. And while it is important to sever ties whereby physicians in academia becoming engaged in the marketing activities of industry, it is also important to foster ways for appropriate non-conflicted ways for physicians and scientists to interact with industry to develop new drugs, devices, diagnostics, etc. This is a goal that I, along with others, am also working to achieve.

Awards and Honors

This past week two of our nation's most prestigious academies announced the election of 2010 members – both of which included faculty in the School of Medicine. They included:

- **Joseph B. Shrager, MD**, Professor of Cardiothoracic Surgery and Chief, Division of Thoracic Surgery, was recently elected to the American Surgery Association, which is the oldest and most prestigious surgical Society. Congratulations to dr. Shrager!
- **Richard Barth, MD**, Professor of Radiology and Radiologist-in-Chief of the Lucile Packard Children's Hospital, was elected President of the Society of Chairmen of Radiology at Children's Hospital (SCORCH) for a 2 year term. Dr. Barth will also serve as a member of the Board of Directors for the Society of Pediatric Radiology. Congratulations to Dr. Barth!
- **The American Academy of Arts and Sciences** elected 229 "leaders in the sciences, social sciences, the humanities, the arts, business and public affairs." Among these are the following Stanford School of Medicine faculty:
 - **Karla Kirkegaard, PhD**, Professor and Chair of the Department of Microbiology and Immunology
 - **Michael Levitt, PhD**, Professor of Structural Biology
 - **Thomas Sudhof, MD**, Avram Goldstein Professor in the School of Medicine and Professor, by courtesy, of Neurological Sciences and Psychiatry and Behavioral Sciences and Member, Howard Hughes Medical Institute
- **The National Academy of Sciences** elected 72 members, four of whom are faculty at Stanford University, including one in the School of Medicine:
 - **Roel Nusse, PhD**, Professor and Chair of the Department of Developmental Biology and Member of the Howard Hughes Medical Institute.

Please join me in congratulating Drs. Kirkegaard, Levitt, Sudhof and Nusse.

Appointments and Promotions

- **Jill A. Helms** has been promoted to Professor of Surgery, effective 5/01/10.

Dean's Newsletter May 24, 2010

Dr. Edward “Ted” Harris Dies Following Long Illness

I am very sad to share the news that Dr. Ted Harris died on Friday May 21st.

Dr. Harris joined Stanford in 1987 as the chair of the Department of Medicine and served the School of Medicine, the University and our nation in numerous and important ways. He was a noted scholar and academician and served as the editor of *Kelly's Textbook of Rheumatology* for each of its eight editions. He was also Executive Secretary of *Alpha Omega Alpha Honor Medical Society* and served as the Academic Secretary to Stanford University. He contributed significantly to the American Rheumatism Association/American College of Rheumatology, serving on the Scientific Committee, Fellowship Committee, Executive Committee, Nominating Committee, as Vice President/President Elect in 1984 and finally as President of the ACR in 1985. He received ACR's Presidential Gold Medal, the Society's highest honor, in 2007.

He also served on the board of Governors of the American College of Physicians and was named a Master in the ACP. In addition to his personal contributions as a clinician, investigator, scholar and leader, Ted was the mentor to generations of physicians and rheumatologists, supporting their careers and personal development. He will be deeply missed by his family, children and grandchildren – as well as his family at Stanford. A memorial service will be planned for this summer and I will let you know the details when they are available. In the meantime, we offer our condolences to the many friends, family and colleagues of Dr. Ted Harris

Dr. Arnold Milstein Will Lead New Center on Clinical Quality and Effectiveness

The long debate on healthcare ultimately focused on and made some strides in health-insurance reform, but did relatively little to address healthcare delivery and its related costs. While it is almost certain that further legislation focusing on healthcare reform is not likely to occur in the immediate future, there are opportunities for institutions and communities to explore avenues for innovation around the legislation that has just passed. While cognizant of the enormous challenges that lie ahead, I believe that the unique community of excellence that exists at Stanford offers special opportunities for helping to shape the future reform of healthcare delivery and beyond. Ultimately this will depend on individual leaders, innovative research and education, and important changes in culture that address how we care for patients in the hospital, ambulatory settings, at home and in their communities.

Within this broad context I am pleased to announce that in conjunction with Stanford Hospital &

Clinics (SHC) we will be establishing a new initiative that will be led by Dr. Arnold Milstein, who will join Stanford on July 1st as Professor in the Department of Medicine and Director of the Clinical Excellence Research Center. Dr. Milstein is nationally recognized and acclaimed as an expert in healthcare policy and delivery and is a champion of the view that accelerating the rate of high-value clinical service innovations is the key to offsetting the cost-additive impact of population aging and valuable biomedical technology innovations.

An economics graduate of Harvard, Dr. Milstein received his MD degree from Tufts and then trained in Medicine and Psychiatry at UCSF. He also holds an MPH from UC Berkeley with a focus on health care evaluation. During his distinguished career, which has been recognized by his election to the Institute of Medicine of the National Academy of Sciences, Dr. Milstein has held a number of distinguished positions while anchored with the Mercer Consulting Group, where he has served in various capacities, including Chief Physician and US Health Care Thought Leader, since 1992. Among the numerous positions he has held, he has been Chair and Founding Steering Committee Member of the IHA Physician Group Pay for Performance Program, US Congressional Member to the National Quality Forum, Commissioner in the Medicare Payment Advisory Commission (MedPAC) to the US Congress, Board Member of the AHRQ National Quality Measures Council, Policy Advisory Committee to the RAND ACOVE Study, Co-Founder, Medical and Scientific Director for the Consumer-Purchaser Disclosure Project, Member of the National Quality Forum Strategic Advisory Council and Measure Priority Workgroup, and Co-Founder and Leaps and Measures Measurement Committee Chair of The Leapfrog Group. He has also served as an Associate Clinical Professor at UCSF. Of interest, his recent research led to the formulation and current multi-state testing of "ambulatory care ICUs" (A-ICUs) and "Dx-Rx Pairing." An A-ICU is a new form of ambulatory care expressly designed to prevent costly and dangerous health crises among patients with severe chronic illness. Dx-Rx Pairing tailors a patient's cost-sharing among medication options that offer an equally favorable expected health outcome based on the comparative cost-effectiveness of each medication in treating a patient's specific medical conditions. He is also a leader in the exploration of the value of extending such patient-specific tailoring to a patient's behavioral and genetic risk factors.

In his new position at Stanford, Dr. Milstein will establish a new research center dedicated to accelerating innovations in health care delivery in the US and globally that improve the societal value of health care. Importantly, he will develop and lead a research collaboration of faculty from the university's business, engineering and medical schools as well as Stanford Hospital & Clinics that will focus on use of trans-disciplinary research teams to accelerate the discovery, testing and replication of high value innovations in health care delivery. The collaboratives will also focus on the discovery and refinement of clinical service innovations that produce more health and patient satisfaction and also lower annual per capita health care spending.

Dr. Milstein's appointment and the creation of the new Clinical Excellence Research Center, supported jointly by Stanford Medical School and Stanford Hospital & Clinics, comes at a time of incredible challenge and opportunity. In the wake of the first major legislation on healthcare, Stanford has the opportunity to be truly innovative. This comes at a time when the Medical Center has made considerable progress in its clinical quality initiatives (although much work remains) and is initiating new programs to address the patient experience in multiple dimensions.

It also comes at a time when students and trainees are increasingly interested in and focused on the quality and delivery of care. And it comes at a time when major national academies – including the Institute of Medicine and the National Academy of Engineering – are exploring the ways that engineering and management science can contribute to health care delivery reform. Importantly, it also comes at a time when the National Institutes of Health has announced its commitment to support and fund new ventures in the science of health care delivery, and when support for clinical effectiveness research has reached a high-water mark.

With the interests and talents of our students and trainees and the creativity and knowledge of faculty across the University, the prospect that Stanford and our new Clinical Excellence Research Center can assume a leadership role is incredibly exciting. Having a thought leader and scholar such as Arnie Milstien at the helm of this new initiative offers promise of future insights and innovations that truly can help to transform healthcare delivery.

Navigating the Healthcare Reform Legislation

Much has been spoken, written, claimed, refuted and debated about the *Patient Protection and Affordable Care Act* that was signed into law by President Obama on March 23, 2010. Like many of my colleagues I have been involved in various aspects of this process – but like virtually all, I find the scope of what has been placed in legislation daunting to assimilate given its breadth and somewhat patchwork nature. It is still a stretch to say that this legislation defines a “healthcare system” for the United States. But it does focus on various aspects of health insurance reform – both public and private – and has major implications for virtually every component of the healthcare industry and enterprise that will unfold in its current or amended form between 2010 and 2015 and beyond. Except for the fact that new legislation requires most US citizens and legal residents to have health insurance and that it creates state-based “American Health Benefit Exchanges”, its wide-ranging components do not lend themselves to simplification or easy sound bites. Moreover it contains features and components that might not be expected or that are even surprising – consistent with the legislative process through which the bill was configured.

I doubt that many healthcare providers or leaders have (or will) fully read the legislation, or have a full command of all that is to unfold over the next years – in part because of its inherent intricacies and nuances and also in anticipation of the changes, modifications and amendments that are also likely to occur through the political and legislative process. That said, a helpful summary of the *Patient Protection and Affordable Care Act* has been put together by the *Kaiser Family Foundation* and is available on its website (see: <http://www.kff.org/healthreform/upload/8061.pdf>). The summary has helpful content for the various (and many) components of the legislation. To give you a greater sense of the range of topics and policies that are included in the legislation I will list the key headings (following the Kaiser Foundation summary) and include some of the subheadings. You can consult the website for additional details – but even this outline will give a greater sense of the scope of the topics that are included in the legislation.

- **Individual Mandate**
 - Requirement to have coverage
- **Employer Requirements**

- Requirements to offer coverage
 - Other requirements
- ***Expansion of Public Programs***
 - Treatment of Medicaid
 - Treatment of CHIP
- ***Premium and Cost-Sharing Subsidies to Individuals***
 - Eligibility
 - Premium credits
 - Cost-sharing subsidies
 - Verification
 - Subsidies and abortion coverage
- ***Premium Subsidies to Employers***
 - Small business tax credits
 - Reinsurance program
- ***Tax Changes Related to Health Insurance or Financing Health Reform***
 - Tax changes related to health insurance
 - Tax changes related to financing health reform
- ***Health Insurance Exchanges***
 - Creation and structure of health insurance exchanges
 - Eligibility to purchase in the exchanges
 - Public plan option
 - Consumer Operated and Oriented Plan (CO-OP)
 - Benefit tiers
 - Insurance market and rating rules
 - Qualifications of participating health plans
 - Requirements of the exchanges
 - Basic health plan
 - Abortion coverage
- ***Benefit Design***
 - Essential benefits package
 - Abortion coverage
- ***Changes to Private Insurance***
 - Temporary high-risk pool
 - Medical loss ratio and premium rate reviews
 - Administrative simplification
 - Dependent coverage
 - Insurance market rules
 - Consumer protections
 - Health care choice compacts and national plans
 - Health insurance administration
- ***State Role***
- ***Cost Containment***
 - Administration simplification
 - Medicare
 - Medicaid
 - Prescription drugs

- Waste, fraud, and abuse
- ***Individual Quality/Health System Performance***
 - Comparative effectiveness research
 - Medical malpractice
 - Medicare
 - Dual eligibles
 - Medicaid
 - Primary care
 - National quality strategy
 - Financial disclosure
 - Disparities
- ***Prevention/Wellness***
 - National strategy
 - Coverage of prevention services
 - Wellness programs
 - Nutritional information
- ***Long-Term Care***
 - CLASS (community living assistance services and supports) program
 - Medicaid
 - Skilled nursing facility requirements
- ***Other Investments***
 - Medicare
 - Workforce
 - Community health centers and school-based health centers
 - Trauma care
 - Public health and disaster preparedness
 - Requirements for non-profit hospitals
 - American Indians
- ***Financing***
 - Coverage and financing
 - Sources of information: www.democraticleader.house.gov/

Although there are many provisions in the recently passed legislation, there are also significant gaps that will need to be addressed over the coming years. One of these is healthcare delivery reform, an important topic that I have addressed earlier in this Newsletter. Further, it is important to be aware that even the legislation that has been passed will be phased in over five or more years. Even though a number of insurance reforms and changes in Medicare and Medicaid go into effect in 2010, more are phased in over the next several years. The Kaiser Family Foundation chronology is also helpful on this timeline and can be viewed at: <http://www.kff.org/healthreform/upload/8060.pdf>

Dr. Atul Gawande will be the 2010 Medical School Commencement Speaker

I am very pleased to announce that Dr. Atul Gawande will be the School of Medicine's 2010 Commencement Speaker on Saturday, June 12th beginning at 2 pm on the Dean's Lawn under the "big tent." While the University Commencement ceremony will be held on the morning of

Sunday, June 13th, we have found it important to hold our certificate event on Saturday since a number of our graduates leave for residency orientation sometime over the weekend.

Given that 2010 is the year of “healthcare reform,” the fact that Dr. Gawande will be our commencement speaker is particularly relevant and meaningful. A number of his writings have played a major role in the healthcare debate, particularly his June 2009 article in *The New Yorker* magazine entitled – “The Cost Conundrum,” which was recommended as required reading by President Obama (see: http://doclibrary.com/MSCL49/DOC/Cost_Containment_Article_NewYorker_6.1.092050.pdf).

Atul Gawande is no stranger to Stanford, having been an undergraduate and Rhodes Scholar from the Farm. Following his studies at Balliol College, Oxford he attended Harvard where he received an MD degree as well as an MPH. He trained in surgery at the Brigham and Women’s Hospital and is currently an Associate Professor of Surgery at Harvard Medical School as well as an Associate Professor in the Department of Health Policy at the Harvard School of Public Health. His range of knowledge and talents is broad and legendary and include clinical medicine, quality and effectiveness and health policy and global health. He has served as an advisor to presidents and national leaders and has won national acclaim for his thought-provoking writings and essays and highly regarded books including “*Complications: A Surgeon’s Notes on an Imperfect Science*” (2002), “*Better: A Surgeon’s Notes on Performance*” (2007) and “*The Checklist Manifesto: How to Get Things Right*” (2009). He became a MacArthur Fellow in 2006.

Of course commencement is about our graduating students and their families and they should be our primary focus and cause for celebration. But I am confident their experience will be enriched by Dr. Atul Gawande’s commencement address and its relevance to emerging landscape of health looming before us.

The CEO Position for Stanford Hospital & Clinics

As you know, the search is underway for the President and CEO of Stanford Hospital & Clinics (SHC) to succeed Martha Marsh, who is retiring from her position on August 31st after more than eight years of service. The Search Committee is being co-chaired by Mariann Byerwalter and John Scully, both members of the SHC Board of Directors (Ms. Byerwalter is chair of the Board and they are both University Trustees). Among the search committee members are Dr. Steve Galli, chair of the department of Pathology and Dr. Bill Maloney, chair of Orthopaedic Surgery who were chosen to represent the clinical chairs. I also am serving on the Search Committee.

The Search Committee has defined some of the key characteristics of the future CEO position – based on input from leaders across the hospital, medical staff, university and community. Recently, the SHC Chief of Staff Bryan Bohman distributed some of these fundamental characteristics to the SHC Medical Staff. For completeness, I am communicating to you the same “major elements” of the position that were distributed to the medical staff this past week. They include:

The general role of the SHC CEO, reporting to the SHC Board of Directors is as follows:

- The CEO will be challenged by a highly competitive market, a dynamic health care environment and the responsibility for achieving a standard universally associated with the Medical School and the University at large;
- It is anticipated that the new executive will initially focus on: leading the development and implementation of a well-defined strategic plan that is coordinated with the School of Medicine and charts a path for clinical excellence in its local and extended market while meeting objectives related to education, research and community service; continuing to maintain or exceed a level of financial performance required to meet the hospital's on-going obligations across its broad mission; overseeing the successful completion of the new hospital; and building productive relationships with all key stakeholders.
- Some of the specific responsibilities that have been identified for the position include:
- Working closely with the Board, Medical School Leadership, Medical Staff Leadership and Senior Management, develop an integrated strategic plan for SHC, which plan should include a definition of the organization's position in the local and extended market and the development of associated strategies aimed at achieving annual and long-term quality, service, and financial performance;
- Create, communicate and reinforce a vision for operations that emphasizes the delivery of quality clinical care, service, and integrity;
- Maintain and continue to improve SHC's operational and financial performance;
- Provide leadership to the organization's fundraising efforts and build strong and trusted relationships with a complex array of institutions and individuals;
- Continue to identify opportunities to advance the culture of service and clinical excellence by setting the highest standards for all personal interactions and care;
- Create and execute strategies that persuade key stakeholders to take actions that will advance strong interests and business goals;
- Align communications, resources, and processes to ensure that strategic priorities yield sustainable results;
- Participate in the successful identification and implementation of business development initiatives to increase/improve volume, financial performance and patient service opportunities;
- Work with the Dean of the School of Medicine and Clinical Leadership to expand centers of excellence in clinical care and research;
- Work with community physicians and Medical Staff leadership to ensure the continued access of community physicians and their patients to SHC on an equal basis with faculty physicians;
- Establish and effectively manage on-going relationships with primary constituents;
- Attract, retain and develop top talent;
- Communicate openly and effectively, internally and externally, with a wide variety of constituents to ensure their needs are being met and to ensure the enhanced reputation of SHC.

It is important to note that executive searches require a thoughtful process and a very high degree of confidentiality to protect institutions and individuals. Thus the specifics of the search process are confidential but I am certain that they will be conducted with the highest professionalism, care, precision and timeliness

The School of Medicine Defines Its Presence, Opens Its Doors, and Celebrates Its History

On May 12th the doors to the Li Ka Shing Center for Learning and Knowledge (LKSC) opened to our Stanford community and to our students specifically (see:

<http://med.stanford.edu/ism/2010/may/lksc-main-0510.html>). It was a grand celebration that brought years of planning, challenges and expectations to a notable and meaningful fruition. Certainly in my mind the LKSC creates a new presence for the School of Medicine and offers a multifaceted setting for learning and interaction that makes Stanford truly unique. It stands at the intersection between research and discovery and our major clinical programs and settings. Most importantly it creates a home for our medical and graduate students – for learning, knowledge-seeking, intellectual and social interaction, quiet reflection as well as physical and emotional health and well-being. The LKSC offers a new chapter in the history of Stanford Medicine and opens its doors to a world in which innovation, discovery, technology and humanism will merge to forge tomorrow's physicians and scientists.

While the LKSC is designed to look forward, it is also important to acknowledge and indeed celebrate the individuals, innovations and programs that have created our notable past. Although a number of institutions spend too much time focused on past accomplishments, Stanford almost ignores its past in its efforts to shape the future. While I certainly prefer looking forward, I also believe that some balance is needed to anchor that future. With that in mind, we are now also about to begin revealing the *Stanford Medical Narratives Project* that has been underway during the past couple of years. You will soon be able to visit and hopefully celebrate the history of Stanford Medicine that will be illustrated on some 347 black granite panels that will surround the planters and seating areas along the new Discovery Walk that runs in an east-west direction from the Clark Center past the Fairchild Science Building, the Li Ka Shing Center for Learning and Knowledge, the Beckman Center, through the Lorry Lokey Stem Cell Research Building (SIM1) and CCSR (the Center for Clinical Sciences Research) and beyond. The Medical Narratives Project features the stories, accomplishments and events that began with Elias Cooper in 1858 and that led to the founding of Stanford Medical School in 1908. Based on conversations and reflections from over 100 faculty, students and staff, the Medical Narratives Project details major events in Stanford's missions in education, research and patient care. The project has been developed and shaped by visual artist Susan Schwartzenberg, and landscape artist Tom Leader Studio. My hope is that it will add yet another dimension to our new landscape and evolving new campus, linking our past, presence and future.

Evolution of Academic Medicine in South America and Beyond

On May 20-21 the Association of the Academic Health Centers, where I serve as Chair of the Board of Directors, held its annual international meeting in Sao Paulo, Brazil. The goal of the AAHC International meetings is to bring together leaders of academic centers from different cultures, nations and experiences to exchange experiences as well as opportunities and challenges. Past AAHC International meetings have been held in Asia and Europe. This was the first such meeting in South America and it focused primarily on Brazil along with selected participation for Ecuador and Mexico as well as Canada, the United Kingdom and Europe as well as Australia.

Of course there are major differences in the healthcare and academic systems in different nations and regions (including within the USA). And while it is true that academic medical centers in the USA have been well established (at least in principle) for over a century, it is also true that there is considerable variation in the size, scope, sources of funding, blend of missions and local, regional and national impact among the now 135 academic medical centers in the United States. I reviewed many of the fundamental elements of the USA experience in my plenary session, pointing out the unifying themes (education, research and patient care) but also how and why they differ from each other even within the USA. I also illustrated how academic centers are likely to evolve and change during the era of health insurance (and hopefully healthcare provider) reform, constraints on funding for research and a global down in economics.

At the same time, it was notable to learn at the meeting in Brazil that despite some dramatic differences and expectations, academic medical centers – whether in Europe, Latin and South America, Australia and the United States - share together a common struggle to balance the competing demands of teaching, especially clinical education, against the pressures of delivering patient care. Payment to clinical faculty for medical student and graduate education teaching is virtually always limited, and is counterpoised by pressures to generate patient volume, activity and clinical revenue. Outside of the USA, clinical faculty work part time for their university or teaching hospital, and spend the rest of their time in a private practice setting – with all the tensions and challenges one would expect between these competing masters.

I was also struck that regardless of the culture or region of the world, there is considerable discussion underway on how to better assure the commitment to professionalism, compassion and humanism of students entering the medical profession. Most every country uses standardized metrics to determine admission to medical school (except in certain Latin American countries where “open enrollment” is in place). But all seek to balance factual learning with the imbuing skills of professionalism and humanism and, in concert, work to identify individuals who are likely to engage in unprofessional conduct of behavior. While there is no easy formula, it was of interest to take note that medical schools large or small from different world regions are seeking ways to elevate the practice of medicine and its value to the community. That is very encouraging indeed.

Berry Fellowship Applications

Applications are now being accepted for the Walter V. and Idun Berry Postdoctoral Fellowship for 2010-2011. In establishing the fellowships, the Berrys sought "to benefit humanity through advancing and expanding the understanding of children's health and disease in both the clinical and basic medical sciences." Over the past twenty years, this has been a highly successful program with a specific focus on children's health. The fellowship provides an annual support of up to \$55,000 over twelve months as either stipend or salary, guaranteed for the first of a three-year award period. Funding may be used for health insurance coverage. An additional sum of \$5,000 per year is awarded to offset fellow-related laboratory expenses.

Applications are accepted from individuals interested in pursuing post-residency or postdoctoral training in the clinical or basic medical sciences aimed at advancing and expanding our

understanding of children's health and disease as defined in the broadest sense, under the mentorship of a faculty member at the Stanford University School of Medicine. Information about the fellowship, including eligibility, application guidelines, selection process and funding policy may be found online <http://postdocs.stanford.edu/berry/>. The deadline for applications is June 15, 2010 at 12 noon.

Awards and Honors

- **Dr. Richard A. Barth**, Professor of Radiology, received the Presidential Recognition Award of the Society for Pediatric Radiology, recognizing outstanding contributions to the Society for Pediatric Radiology. The award was received in Boston, MA, on April 17th. Dr. Barth was also elected Second Vice President of the Society for Pediatric Radiology in 2010, and is in line to serve as the Society President in 2013.
- **Dr. Patrick Brown**, Professor in Biochemistry, is the recipient of the 2010 Association of Biomolecular Resource Facilities (ABRF) Award in recognition of his pioneering work in the development of microarrays, and the diverse applications of this technology in genetic research.
- **Dr. Linda Clever**, Associate Dean for Alumni Affairs as received a number of notable awards including the American Medical Women's Association's Elisabeth Blackwell Medal "for the most outstanding contributions to the cause of women in the field of medicine." This is a wonderful honor and while notable in its own right, Dr. Clever's contributions have been even more transcendent. Please join me in congratulating her.
- **Dr. Steve Galli**, The Mary Hewitt Loveless, MD Professor and Chair of the Department of Pathology has been selected by the University Diversity Committee to receive the Stanford University President's Award for Excellence Through Diversity. During his tenure as department chair and member of the faculty, Dr. Galli has been a true leader in promoting diversity and in mentoring and guiding faculty and trainees. He is an exemplary role model and it is wonderful that his contributions are being recognized and awarded by the University. Please join me in congratulating Dr. Galli.
- **Dr. Daniel Herschlag**, professor of biochemistry, chemistry and chemical engineering, has been awarded the 2010 American Society for Biochemistry and Molecular Biology William C. Rose Award in recognition of his outstanding contributions to biochemical and molecular biological research and a demonstrated commitment to the training of younger scientists. He presented an award lecture titled, "How enzymes work," in April at the 2010 annual meeting in Anaheim, Calif. Congratulations to Dr. Herschlag for this honor.
- **Dr. Beverley Newman**, Associate Professor in Pediatric Radiology, was elected to the Nominating Committee of the Society for Pediatric Radiology in recognition of her national stature and leadership in the field of pediatric radiology.

- **Dr. Suzanne Pfeffer**, Professor in Biochemistry, has been elected president of The American Society for Biochemistry and Molecular Biology (ASBMB), and will serve a two year term from July 2010-June 2012.
- **Dr. Shreyas Vasanawala**, Assistant Professor of Radiology, received the GE Healthcare 2010 Thought Leader award at the Annual Meeting of the International Society for Magnetic Resonance in Medicine in Stockholm, Sweden on May 7th, 2010, for innovation in pediatric MRI.
- The Stanford University Post-Doctoral association (SUPD) announced the two winners of the third annual SUPD Postdoctoral Mentoring Award:
 - **Professor Krishna Shenoy** in the department of Electrical Engineering, School of Engineering, and
 - **Professor Anne Brunet** in the department of Genetics, School of Medicine

This award is the first to recognize excellence in postdoctoral mentoring across Stanford University, and carries a cash prize of \$2500 for each winner. Seventy nominations were received in two rounds, and in addition to the two winners, **Professor James Spudich** in Biochemistry and **Professor Andrew Hoffman** from the Department of Medicine and the Palo Alto Veteran Affairs were recognized with honorable mentions.

The Stanford University Post-Doctoral association hopes that this award and recognition will inspire and encourage additional faculty members both at Stanford and in other universities to engage in effective mentoring and leadership for their students and researchers at all levels of education. For those interested in how to develop and evaluate a postdoctoral mentoring plan, a useful resource is provided in the mentoring plan of the National Postdoc Association: <http://www.nationalpostdoc.org/publications/mentoring-plans/mentoring-plan>

Appointments and Promotions

Suvarna Akki has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 4/01/10.

John F. Chardos has been appointed as Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 5/15/10.

James K. Chen has been promoted to Associate Professor of Chemical and Systems Biology, effective 5/01/10.

Curt P. Comstock has been reappointed as Clinical Associate Professor (Affiliated) of Orthopaedic Surgery, effective 9/01/09.

Dawn C. Duane has been reappointed as Clinical Assistant Professor of Neurology and Neurological Sciences, effective 5/01/10.

Jeffrey Englander has been promoted to Clinical Professor (Affiliated) of Orthopaedic Surgery, effective 5/01/10.

William F. Fearon has been promoted to Associate Professor of Medicine at the Stanford University Medical Center, effective 5/01/10.

Stephanie M. Harman has been promoted to Clinical Assistant Professor of Medicine (General Internal Medicine), effective 5/01/10.

Jill A. Helms has been promoted to Professor of Surgery, effective 5/01/10.

Yasuhiro Honda has been appointed as Clinical Associate Professor of Medicine (Cardiovascular Medicine), effective 5/01/10.

Michael A. Horberg has been promoted to Clinical Assistant Professor (Affiliated) of Medicine (Infectious Diseases), effective 8/01/10.

Gloria L. Hwang has been appointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective 5/01/10.

Tonya Kaltenbach has been appointed Clinical Assistant Professor (Affiliated) of Medicine (Gastroenterology and Hepatology), effective 3/01/10.

Patrick J. Kearns has been reappointed Clinical Professor (Affiliated) of Medicine (General Internal Medicine), effective 9/01/09.

Anna Lembke has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 5/01/10.

Michael Z. Lin has been appointed to Assistant Professor of Pediatrics and of Bioengineering, effective 5/01/10.

Ying Lu has been appointed to Professor of Health Research and Policy, effective 5/01/10.

Nubia Medina has been reappointed Clinical Assistant Professor (Affiliated) of Medicine (Primary Care – Family Medicine), effective 11/01/09.

Matthew A. Miller has been appointed as Clinical Assistant Professor of Orthopaedic Surgery, effective 8/15/10.

Sunita Pal has been reappointed as Clinical Assistant Professor of Radiology, effective 5/10/10. **Vyjayanthi Periyakoil** has been promoted to Clinical Associate Professor of Medicine (General Internal Medicine), effective 5/01/10.

Lisa Ann I. Post has been reappointed as Clinical Associate Professor of Psychiatry and Behavioral Sciences (Behavioral Medicine), effective 6/01/10.

Kazuko L. Shem has been reappointed as Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 9/01/09.

Manpreet K. Singh has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences at the Lucile Salter Packard Children's Hospital, effective 5/01/10.

Jane C. Tan has been promoted to Associate Professor of Medicine at the Stanford University Medical Center, effective 5/01/10.

Zachary D. Vaughn has been appointed Clinical Assistant Professor of Orthopaedic Surgery, effective 8/15/10.

Greg Zaharchuk has been reappointed to Assistant Professor of Radiology, effective 10/01/10.

Dean's Newsletter

June 14, 2010

Commencement 2010

Commencement both marks and celebrates an ending as well as a new beginning for students in science and medicine. Each graduate will ultimately have a unique professional portrait resulting from many individual lines of knowledge and experience -- each with a beginning and a termination. How those lines come together shapes the career pathway of each of our students-- and the finished portrait will be the culmination of knowledge and experience acquired over many years. The students who received the MS, MD, and PhD degrees from Stanford on June 13th have completed part of their life journey of knowledge and experience acquisition -- but just a part. Of course we hope that their time at Stanford, individually and collectively, has laid a foundation for lifetime learning. And hopefully that learning and experience acquisition will be broad and deep, critical and analytical, theoretical as well as applied, visionary and innovative as well as practical and relevant.

This year's graduates came to Stanford with highly diversified educational backgrounds and life experiences. All aspired to be doctors and/or scientists, but the careers they will now begin will move them down paths most did not consider or weren't even aware of just a few short years ago.

And if history predicts the future, most will have careers that evolve in packets of change that will result in both predicted and unpredicted outcomes -- which will themselves change over time. This makes the foundational training and education at Stanford so important, since it will serve as the underpinning of various career trajectories that will emerge in the years ahead -- whether in academia, industry, public or private service, and in local or global venues. Without doubt, the knowledge content of the (not too distant) future will replace that acquired by this year's graduates in their years at Stanford. But new insights, even if they lead to radical transformation in our understanding, will be built on prior concepts.

It is our hope that we have prepared our students well for these changes. More importantly, it is my fervent hope that they will lead the changes and shape the future. That is what a Stanford education is about. The degrees conferred on June 13 are punctuation marks in the lives of our graduates-- but they are also opportunities to innovate, create and transform.

This year we are granting 47 Masters in Science degrees, 122 Doctor of Philosophy degrees and 101 Doctors of Medicine degrees. A number of students are recipients of two degrees -- and each is the recipient of a unique opportunity, won through hard and diligent work over many years. We wish each student the very best of success and hope that life is filled with unanticipated opportunities to "make a positive difference" in all domains of life.

Remarks from Commencement Speaker Dr. Atul Gawande

Greetings to the graduating class of 2010. Thank you for inviting me back to this gorgeous place where I'd gone to college and worked in this school's laboratories—and even, in my sophomore dormitory, met my wife. But most of all thank you for letting me be part of this special occasion. To take your place in those folding chairs, you have trod a long road. Many of you have worked for four solid years—or five, or six, or nine. And we are here to declare that, as of today, the twelfth of June, 2010, you officially know enough stuff to be called a graduate of the Stanford School of Medicine. You are Doctors of Medicine, Doctors of Philosophy, Masters of Science. It's been certified. Each of you is now an expert. Congratulations. So why—in your heart of hearts—does it not quite feel that way?

The experience of a medical and scientific education is transformational. It is like moving to a new country. At first, you don't know the language, let alone the customs and concepts. But then, almost imperceptibly, that changes. Half the words you now routinely use, you did not know existed when you started: words like arterial blood gas, nasogastric tube, microarray, logistic regression, NMDA receptor, velluvial matrix.

Okay, I made that last one up. But the velluvial matrix sounds like something you should know about, doesn't it? And that's the problem. I will let you in on a little secret. You never stop wondering if there is a velluvial matrix you should know about.

Since I graduated from medical school, my family and friends have had their share of medical issues arise, just as you and your family will. And inevitably, they turn to the medical graduate in the house for advice and explanation. I remember one time when a friend came with a question. "You're a doctor now," he said. "So tell me: where exactly is the solar plexus?"

I was stumped. It was not anywhere in the textbooks.

"I don't know," I finally confessed.

"What kind of doctor are you?" he said.

I didn't feel much better equipped when my wife had two miscarriages, or our first child was born with part of his aorta missing and we had to figure out what to do, or when my daughter had a fall with a dislocated elbow that I failed to recognize, or when my wife tore a ligament in her wrist that I'd never heard of—her velluvial matrix, I think it was.

This is a deeper, more fundamental problem than we acknowledge. The truth is that the volume and complexity of the knowledge we need to master in medicine and science has grown exponentially beyond our capacity as individuals. Worse, the fear is that the knowledge has grown beyond our capacity as a society. When we talk about the uncontrollable explosion in the costs of health care in America, for instance, about the reality that we in medicine are gradually bankrupting the country, we're not talking about a problem rooted in economics. We're talking about a problem rooted in scientific complexity.

Half a century ago, medicine was neither costly nor effective. Since then, however, science has combated our ignorance. It has enumerated and identified, according to the international disease classification system, more than 13,600 diagnoses, 13,600 different ways our bodies can fail. And for each, we've discovered beneficial remedies—remedies that can reduce suffering, extend lives, and sometimes stop a disease all together. But those remedies now include more than 6,000 drugs and 4,000 medical and surgical procedures—and growing. Our job in medicine is make sure all of this capability is deployed, town by town, in the right way at the right time, without harm or waste of resources, for every person alive. And we're struggling. There is no industry in the world with 13,600 different service lines to deliver.

It should be no wonder that you have not mastered the understanding of them all. No one ever will. That's why we as doctors and scientists have become ever more finely specialized and super-specialized. If I can't handle 13,600 diagnoses, well maybe there are fifty of them I can handle—or just one I might focus my research upon. The result, however, is that we each find ourselves to be specialists worried almost exclusively about our particular niche and not the larger question of whether we as a group are making the whole system of care better for people. I think we were fooled by penicillin. When penicillin was discovered in 1929, it suggested that treatment of disease could be simple—an injection that could miraculously cure a breathtaking range of infectious disease. Maybe there'd be an injection for cancer and another one for heart disease. It made us believe that discovery was the only hard part. Execution would be easy. But this could not be further from the truth. Diagnosis and treatment of most conditions require complex steps and considerations, and often multiple people and technologies. The result is that more than forty percent of patients with common conditions like coronary artery disease, stroke, or asthma receive incomplete or inappropriate care in our communities. And the country is also struggling mightily with the costs. By the end of the decade, at the present rate of cost growth, the price of a family insurance plan will rise to \$27,000. Health care will go from ten percent to seventeen percent of labor costs for business, and workers' wages will have to fall. State budgets will have to double to maintain current health programs. And then there is the frightening federal debt we will face. By 2025, we will owe more money than our economy produces. One side says war spending is the problem, the other says it is the economic bailout plan. But take both away

and you've made almost no difference. Our deficit problem—far and away—is the soaring and seemingly unstoppable cost of health care.

We in medicine have watched all this with mainly bafflement—even indifference. This is just what good medicine is like, we're tempted to say. But we'd be ignoring the evidence otherwise. For health care is not practiced the same way across the country. There is remarkable variability in the cost and quality of care. Two communities in the same state with the same levels of poverty and health can differ by more than fifty percent in their Medicare costs. There is a bell curve for cost and quality, and it is frustrating—but also hopeful. For those getting the best results—the hospitals and doctors measured to be at the top of the curve for patient outcomes—are not the most expensive. They are sometimes among the least.

Like politics, all medicine is local. The systems of care we are in matter. One essential characteristic of medicine is it requires the successful function of systems—assemblages of people and technologies. Among our most profound difficulties is making them work. If I want to give my patients the best care possible, not only must I do a good job but a whole collection of diverse components must somehow mesh together effectively. Health care is like a car that way. In both cases, having great components is not enough.

We've been obsessed in medicine with having great components—the best drugs, the best devices, the best specialists—but we've paid little attention to how to make them fit together well. Don Berwick of the Institute for Healthcare Improvement has noted how wrongheaded this is. "Anyone who understands systems will know immediately that optimizing parts is not a good route to system excellence," he says. He gives the example of a famous thought experiment of trying to build the world's greatest car by assembling the world's greatest car parts. We connect the engine of a Ferrari, the brakes of a Porsche, the suspension of a BMW, the body of a Volvo. "What we get, of course, is nothing close to a great car; we get a pile of very expensive junk." Nonetheless, in medicine, that's exactly what we have done.

Earlier this year, I received a letter from a patient named Duane Smith. He was a thirty-four-year-old assistant grocery store manager when he had a terrible head-on car collision that left him with a broken leg, pelvis, and arm, both lungs collapsed, and uncontrolled internal bleeding. The members of his hospital's trauma team went swiftly into action. They stabilized his fractured leg and pelvis. They put tubes in both sides of his chest to re-expand his lungs. They gave him blood and got him to an operating room fast enough to remove the ruptured spleen that was the source of his bleeding. He required intensive care and three weeks of hospital recovery to get through all this. The clinicians did almost every single thing right. Mr. Smith told me he remains deeply grateful to this day for the people who saved him.

But they missed one small step. They forgot to give him the vaccines that every patient who has his spleen removed requires, vaccines against three bacteria that the spleen usually handles. Maybe the surgeons thought the critical care doctors were going to give the vaccines, and maybe the critical care doctors thought the primary care physician was going to give them, and maybe the primary care physician thought the surgeons already had. Or maybe they all forgot. Whatever the case, two years later he was on a beach vacation when he picked up an ordinary strep

infection. Without the vaccines, the infection spread rapidly throughout his body. He survived but it cost him all his fingers and all his toes.

It was, as he summed it up in his note, the worst vacation ever.

When Duane Smith's car crashed, he was cared for by good, hardworking people. They had every technology available to them. But they did not have an actual system of care. And the most damning thing is that no one learned a thing from this. The story of this man made no difference to anyone. For we have since had the exact same story occur in Boston with an even worse outcome. And I am certain it has happened here, too. Indeed, I would bet you that, across this country, we miss the basic, unglamorous step of vaccination in probably half of emergency splenectomy patients.

Why does this happen? Why does anyone receive suboptimal care? After all, society could not have given us people with more talent, more dedication, and more training than the people we have in medical science—than you. I think the answer is: we have not grappled with the fact that the complexity of science has changed medicine fundamentally. This can no longer be a profession of craftsmen individually brewing plans for whatever patient comes through the door. We must be more like engineers building a mechanism whose parts actually fit together, whose workings are finely tuned and tweaked for ever better performance in providing aid and comfort to human beings.

You come into medicine and science at a time of radical transition. You have met the older doctors and scientists who tell the pollsters that they wouldn't choose their profession if they were given the choice all over again. But you are the generation that was wise enough to ignore them. For what you are hearing is the pain of people experiencing an utter transformation of their world. Doctors and scientists are now being asked to recognize a new understanding of what great medicine requires. It is not just the focus of an individual artisan-specialist, however skilled and caring. And it is not just the discovery of a new drug or operation, however effective it may seem in an isolated trial. Great medicine requires the innovation of entire packages of care—with medicines and technology and clinicians designed to fit together seamlessly, monitored carefully, adjusted perpetually, and shown to produce ever better service and results for people at the lowest possible cost for society.

When you are sick, this is what you want from medicine. When you are a taxpayer, this is what you want from medicine. And when you are a doctor or medical scientist, this is the work you want to be part of. It is work with a different set of values from the ones medicine has traditionally had: values of teamwork instead of individual autonomy, ambition for the right process, not just the right technology, and perhaps above all humility—for we need the humility to recognize that under conditions of complexity, no technology will be infallible and no individual will be either. There is always a velluvial matrix to know about.

You are graduating from a special place. And you are joining a special profession. Doctors and scientists, we are all in the survival business, but we are also in the mortality business. Our successes will always be leavened by the limits to knowledge and human capability, by the unstopability of suffering and death. Meaning comes from our each finding ways to help people and communities make the most of what is known and cope with what is not.

This will take science. It will take art. It will take innovation. It will take ambition. And it will take humility. But the fantastic thing is: this is what you get to do.

I've tried to think of how to sum up our task. All I could come up with is: To do cool stuff that lasts. So here is my wish for you, the 2010 graduating class of the Stanford School of Medicine: May you do cool stuff that lasts.

Remarks from Graduate Student Speaker -- Kenneth Randal Schulz, PhD Candidate in Immunology

We are a part of a small subset of people that have willingly chosen to spend the majority of our lives in place that most people cannot wait to leave, the classroom. There are times, be it while staying up all night to cram the night before an exam or when having to collect samples from mice at 2am, when I am sure most of us have temporarily regretted this decision. But for the most part we enjoy this path, and we are all uniquely similar in our thirst for knowledge and passion for science.

But how did we get here? Think back to when you were in 7th grade. Think of how much you changed between the 7th grade and when you graduated from high school. We transformed from scrawny tweens whose only form of transportation was bicycle, into adults who could vote and drive, and who thought they knew it all. That is the same time span that most of us have spent in grad school. It's easy to lose track of the years in the lab, without the landmarks of new teachers and grades each year. However, this was a significant period of time that we have all learned from, struggled through, and finally completed together. And while we may not have grown 6 inches or started the need to shave we have grown in other ways, like wrinkles and gray hairs. Ironically, we may have reverted back from cars to bicycles.

The beginning of graduate school is an experience like none other. We were rounded up from around the country and plopped together, a bunch of new kids in school, all just trying to feel included as we figured out what was going on. But you quickly realize these fellow students just aren't anyone. You are in a nerd mecca, surrounded by a group of super smart people all interested in complex scientific questions most people wouldn't touch with a 10 foot pole. The Biomass camping trip really brought this to light. Where else could you find people discussing the beauty and complexity of meiosis while drinking box wine and making smores? There I met a ton of friends, in and out of my program, including my roommate for the last 3 years. And together we came back to the reality of grad school.

During grad school, we learned a lot of life lessons. In graduate school, you learn how to see a project through from beginning to end, even when there is no real end. We've all learned how to live in the most expensive place in the US while being paid peanuts. We have learned how to smell free food from miles away and how to get it even if it means sitting in on talks that you aren't invited to. We have also learned to push ourselves to get over whatever obstacle is in our way. We've learned to communicate with others about very complex subjects. If you're fortunate like me you have learned how to collaborate and create an environment that is conducive to benefitting everyone involved. Finally, we have learned to deal with vast uncertainty. Unlike that

7th grade classroom, there are no rules set in stone on what one must do to graduate. Life as a graduate student is a bit different.

Compared to simply following a curriculum handed to us, we have to make relatively uninformed decisions about which lab to join, which project to take on, and how to work on that project. It's good preparation for life. Fortunately, through these trials, we've developed tools to assist us deal with these uncertainties. As scientists, we have been trained to think creatively and logically. We have learned how to gather data from a multitude of sources, and we have learned how to analyze that data to make decisions. It's also important to realize that ambiguities are not bad. They provide the opportunity to have a real impact, to make change. Imagine if all of the experiments you needed to do were predetermined for you. What impact, other than providing hands in the lab, would you have on the project? Instead, the best way to proceed is unknown. This gave all of us the opportunity to inject our own creativity to move a project forward. Rather than being given the correct answers, we have discovered the answers. Rather than studying from books, we have done the work that will be in the future textbooks.

We did not acquire these skills by chance. We have gained the qualities, because we have worked hard to do so. We have also had the opportunity to work hard because of the effort put in by the rest of the people in our lives. We should be very grateful of all of the sacrifices made by our parents. The countless hours they spent helping us with school-work, driving us to soccer practice, and motivating us to succeed. The friends that we've had who have always listen when we've had a rough day. Professors, who, by example, teach us how we can teach others and how we can impact lives. Administrators, who make sure that we are paid on time. And finally, our peers. We've been there to help each other, whether it's help with putting together a presentation, creating a distraction to help deal with a rough day, or just being there to sing back-up during Journey's "Don't stop believing" at the karaoke bar. While graduate school has got to be the most humbling experience one could have, it makes it a lot easier when you understand how many great people you have around you. So, thank you all.

Remarks from Medical Student Speaker -- Ian Charlston Chua

To our esteemed faculty, staff, friends, family, and colleagues, good afternoon and welcome! And to my family... I'm sorry for keeping this a secret, but I figured, I didn't need to give you more reason to bring more cameras

Family... indeed, it manifests itself in many ways... there's my biological family now sitting with shocked faces who've always been there for me, even willing to haul a 100 or so mugs from Mexico or willing to welcome and tour my friends around the Philippines... then there's this extended family at Stanford that I've become a part of and will miss dearly.

It was just yesterday that Sumit, Mark and I were in the MSOB cubicle on an interview day discussing how cool it would be if we were all classmates at Stanford Med, and then soon after I found myself recording a Stanford rendition of Titanic on a cruise ship during spring break with them and a dozen other classmates, and now I'm here graduating with them.

Through these 5 years at Stanford, I've come to meet so many great colleagues among them a few opera singers, NASA rocket scientists, seasoned travelers, dancers, pianists, Olympic athletes, and Honduran badminton champions to name a few; only here is climbing mountains

like Kilimanjaro or working in Africa considered "a bit common." I've also seen my entering class and other different Stanford Med classes go through many serious life experiences together whether it be supporting a classmate's family deal with cancer, dealing with divorce, coming out to friends, celebrating weddings, or celebrating the birth of a baby and having a room full of white-coat wearing medical student friends in a labor and delivery suite.

And now we've all transitioned from being nervous premeds starting med school to nervous med students about to start residency; we've all gone from pestering student services for social funds to pestering the financial aid counselors about how we're going to pay off our loans... In a way, we've grown up...

We've all seen each other grow... and we have our mentors, and our loved ones who've been patient with our periodic grumpiness, schedules, and stressful panicking over residency matching to thank. But we also have our colleagues to thank...just like siblings, we've influenced each other and taught each other in many ways and I believe that we will continue to do so for many years to come.

We all started with wanting to partner up with Kunle, Eugene or whomever had bulging, non-missable veins for our first blood draws, then proceeded to watch (and laugh) as we saw each others' horrified faces while we performed our first pelvic exams with certified sexologists who were quite comfortable with their bodies... and by the time we were in clinics, we were consulting each other about patients' or about family members' medical questions.

And today we become doctors... officially. But more specifically, we are Stanford doctors. As scared or nervous as you may be, I hope you realize how awesome you guys are (yes, you class of 2010)... as many doubts you may have about the future, you're stronger, smarter, and more compassionate than you may know, and a lot of people are proud of you.

To you my Stanford colleagues and siblings, I hope you continue to shine and make your Stanford family proud. You've passed your way to an MD and now is the time to show those residency programs what we're made of! But before you go out and win your nobel prizes, I hope you remember the wise counsel of our parent figures here at Stanford, our fantastic advising deans.

First of all, remember to bring your humanity along wherever you go -- we haven't needed honors, medals or awards to motivate us or to certify our worth, let graduating from Stanford mean that we are intrinsically humanistic, compassionate, and pride ourselves in our ability to be empathetic.

Remember the important people in your lives -- it's easy to be stuck in work-mode all the time, but there are people around us who sacrifice a lot and patiently plan their lives around ours...they deserve our attention, gratitude, and love.

Remember where you came from -- it wasn't long ago that we were clinical students, preclinical students, premeds, so as we move up the ranks, don't forget that there are people that look up to us who are looking for inspiration.

Remember that what you do matters -- as low as we may feel on the medical totem pole, and as tired as we may be, just remember that little idealistic premed in each of us that wanted to

change the world... because for our patients, we may be treating the one person that means the world to them... and we are their doctors, their safety blankets, their shoulders to cry on. I hope that as we move away from this place we've called home, and pursue residency, business, fellowship, more fellowships and become urology prostate kings, or the next Dr. Nortons who dare to mess with the pancreas, we'll be able to remember the reason we wanted to become doctors and that moment Dr. Garcia called to say that Stanford saw potential in us. Remember that day that you became part of this sometimes dysfunctional, continuously improving, but always excellent Stanford Medical School Family. In the end, we share both the hard times and the happy times with family, and it is this human connection that matters and keeps us going. We came to Stanford with different stories to tell, and now we leave Stanford with different stories to write, but for the 4, 5 to 10 years that we were here, we were carrying out one script, we now have a shared history... and that makes a family. And so now, let's cherish this day that we close this chapter of our lives and officially become doctors, and let's also celebrate today remembering those who've made sacrifices for us and been there for us. For some, residency may start tomorrow, but today also belongs to them... our family and friends in the audience.

Thank you colleagues for giving me this privilege to speak before you and our loved ones. It has truly been an honor to be part of this family. Thank you.

Faculty Teaching Awards

The Henry J. Kaiser Family Foundation Award for Excellence in Preclinical Teaching:

- **Rita Popat, Ph.D.**, Clinical Assistant Professor, Health Research & Policy - Epidemiology
- **Ellen Porzig, Ph.D.**, Professor (Teaching), Developmental Biology
- **Julie Theriot, Ph.D.**, Associate Professor, Biochemistry; Associate Professor, Microbiology & Immunology

The Henry J. Kaiser Family Foundation Award for Excellence in Clinical Teaching:

- **Craig Albanese, MD**, Professor of Surgery and, by courtesy, of Obstetrics & Gynecology and Pediatrics
- **Rebecca Blankenburg, MD**, Clinical Instructor, Pediatrics - General
- **Yvonne Karanas, MD**, Valley Medical Center, Santa Clara

Arthur L. Bloomfield Award in Recognition of Excellence in the Teaching of Clinical Medicine

- **Yasser El-Sayed, MD**, Professor of Obstetrics and Gynecology
- **Paul Mohabir, MD**, Clinical Assistant Professor, Medicine - Pulmonary & Critical Care Medicine
- **Tracy Rydel, MD**, Clinical Instructor, Medicine - Family & Community Medicine

Alwin D. Rambar-James B.D. Mark Award for Excellence in Patient Care

- ***Philip Sunshine, MD***, Professor Emeritus, Pediatrics - Neonatology

Kaiser Family Foundation Award for Outstanding Innovative Contributions to Medical Education

- ***David Gaba, MD***, Professor, Anesthesia

Franklin G. Ebaugh Jr. Award for Excellence in Advising Medical Students

- ***Bertha Chen, MD***, Associate Professor of Obstetrics and Gynecology and, by courtesy, of Urology

Lawrence H. Mathers Award for Exceptional Commitment to Teaching and Active Involvement in Medical Student Education

- ***Preetha Basaviah, MD***, Clinical Associate Professor, Medicine - General Internal Medicine

Outstanding Lecture/Presentation

- ***Ben Barres, MD, Ph.D.***, Professor of Neurobiology, Developmental Biology and Neurology and Neurological Sciences and, by courtesy, of Ophthalmology

Outstanding Community Preceptor (Pre-Clerkship)

- ***Mina Charon MD***, Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine)
- ***Marina Martin MD***, Clinical Instructor (Affiliated) of Medicine (General Internal Medicine)

Outstanding Community Preceptor (Clerkship)

- ***Jana Mannan MD***, Department of Obstetrics & Gynecology
- ***Kalpna Nathan MD***, Department of Pediatrics

Outstanding Teaching Assistant

- ***Deepa Galaiya***, SMS 2

Stanford University School of Medicine Award for Graduate Teaching

- ***Jennifer Raymond, PhD***, Associate Professor of Neurobiology

Stanford University School of Medicine Award for Outstanding Service to Graduate Students

- **John Huguenard, PhD**, Professor of Neurology and Neurological Sciences and, by courtesy, Molecular and Cellular Physiology

Arnold P. Gold Foundation Humanism and Excellence in Teaching Resident Awards

More than 70 Residents were nominated for this award by clinical medical students and this year, six were selected as awardees, including:

- **Eva Delgado, MD**, Department of Pediatrics
- **Marie Gonella, MD**, Department of Neurology
- **Marie Holapfel, MD**, Department of Obstetrics and Gynecology (Santa Clara Kaiser Medical Center)
- **Tom Nguyen, MD**, Department of Surgery
- **Margie Teng, MD**, Department of Surgery (Emergency Medicine)
- **Shirin Zarafshar, MD**, Department of Medicine

Arnold P. Gold Foundation Humanism Medical Student Honors Society Inductees

This is the first year that Stanford has participated in the Arnold Gold Humanism Honorary Society. Based on the recommendations of a committee comprised of students and faculty, seventeen students were inducted into the Gold Humanism Honors Society. They are:

- **Chris Bennett**, SMS 3
- **James Berbee**, SMS 3
- **Wendy Caceres**, SMS 4
- **John Carter**, SMS 3
- **Tiffany Castillo**, SMS 4
- **Carlene Chun**, SMS 3
- **Michael Galvez**, SMS 4
- **Jonathan Kleinman**, SMS 3
- **Flynn LaRochelle**, SMS 3
- **Elise Min**, SMS 3
- **Kristin Raj**, SMS 3
- **Jamie Rubin**, SMS 3
- **Kierann Smith**, SMS 3
- **Shobha Stack**, SMS 4
- **Michael Sundberg**, SMS 3
- **John Vorhies**, SMS 3
- **Gavitt Woodward**, SMS 4

Medical Student Annual Research Awards

Five students received awards for outstanding poster/abstract presentations from the 27th annual Medical Student Research Symposium on May 13. The following were chosen from the 37 projects presented at the symposium:

- **Nathan Meng**, "Pre-clinical validation of a portable infant warmer using phase-change material not dependent on a continuous external supply of energy." *Mentor: Vinod Bhutani, MD, professor of neonatology.*
- **Paul Nuyujukian**, "A high-performance cortically-controlled motor prosthesis enabled by a feedback control perspective." *Mentor: Krishna Shenoy, PhD, associate professor of electrical engineering.*
- **Hersh Sagreiya**, "Extending and evaluating warfarin pharmacogenetic algorithms using CYP4F2 and rare variants in CYP2C9." *Mentor: Russ Altman, PhD, professor of bioengineering, genetics and medicine.*
- **Jane Whitney**, "Neuropsychological characteristics of children and adolescents at risk for bipolar disorder." *Mentor: Kiki Chang, MD, professor of child and adolescent psychiatry.*
- **R. Tyler Hillman**, "Neuropilins are essential positive regulators of mammalian hedgehog signaling." *Mentor: Matthew Scott, PhD, professor of developmental biology, genetics and bioengineering.*

The Graduates of 2010

The following are the students who received Masters, PhD and MD degrees in 2010. A number of these graduates are dual degree recipients. Again, congratulations to all.

Kameelah Abdullah

Epidemiology

Eva Balint

Epidemiology

Sarah Bannan

Human Genetics and Genetic Counseling

Deborah Isabel Barragan

Human Genetics and Genetic Counseling

Abraham Issac Bassan

Developmental Biology

Liz Yovanna Bayes Santos

Epidemiology

Fritz Richard Bech

Epidemiology

Steven Lee Chang, MD

Health Services Research

Tara I -Hsin Chang

Epidemiology

Grace Lynn Chen

Genetics

Christopher Boyd Chisholm

Health Services Research

Richard Chiu

Epidemiology

Diana Catherine Darcy

Human Genetics and Genetic Counseling

Alexis Suzanne Davis

Epidemiology

Ellyn Rachelle Farrelly

Human Genetics and Genetic Counseling

Jennifer D Frankovich

Epidemiology

Alexander Angelov Gaidarski III

Biomedical Informatics

Rajesh Gupta

Health Services Research

Mofiz Haque

Epidemiology

Hans Dieter Katzberg

Epidemiology

Amanda Marie Knoth

Human Genetics and Genetic Counseling

Keane K Lee

Health Services Research

Barrett George Levesque

Health Services Research

Vincent Liu, MD

Health Services Research

Yen Yu Lo, MD

Epidemiology

Melissa Bradford Mills

Human Genetics and Genetic Counseling

Alexander Anthony Morgan

Biomedical Informatics

James Don Murphy

Epidemiology

An My Nguyen

Master of Science in Medicine

Phuong Vi Nguyen

Chemical and Systems Biology

Nicholas Michael Perry

Biomedical Informatics

Julia Asa Rasooly

Master of Science in Medicine

Jesse M Rodriguez

Biomedical Informatics

Gabriela Schmajuk

Epidemiology

Jennifer Jane Schneider

Health Services Research

Huy Seng

Biomedical Informatics

Trevor Raymond Shaddox

Biomedical Informatics

Ravi Narain Sharaf

Epidemiology

Lamiya Abdul Azeez Sheikh

Epidemiology

Jacqueline Baras Shreibati

Health Services Research

Crystal Marie Smith-Spangler

Health Services Research

Shila Shyam Soni

Epidemiology

Kristan Lea Staudenmayer

Health Services Research

Nikki McDougal Stoddart

Epidemiology

April Mae Weissmiller

Neurosciences

Stephan Woditschka

Epidemiology

Robert Maxwell Zamkow

Biomedical Informatics

DOCTOR OF PHILOSOPHY

Colin Echeverria Aitken

Biophysics

Ribosome Dynamics and Translation

Matthew Zack Anderson

Genetics

Genetics of Toxoplasma Gondii Tachyzoite to Bradyzoite Differentiation

Erin Lynn Barnhart

Biochemistry

Oscillations, Waves, and Symmetry Breaking in Cell Motility

Odmara Liz Barreto-Chang

Neurosciences

Regulation of Neuronal Survival and CREB - dependent Transcription by CaV1.2 L-type Calcium Channels

Robert J Barretto

Biophysics

Optical Microendoscopy for Imaging Cells Deep Within Live Tissue

Leigh Ashley Baxt

Microbiology and Immunology

Characterization of Rhomboid Protease in Entamoeba Histolytica

Veronica Graciela Beaudry

Cancer Biology

Characterizing the Role of the P53/P63 Target Gene, Perp, in Epidermal Homeostasis and Cancer

Jacqueline Marie Benjamin

Cancer Biology

Beyond Cell-cell Adhesion: Apha-catenin Organization and Function in Cellular Dynamics and Regulation of the Actin Cytoskeleton

Marina Bershteyn

Cancer Biology

Missing in Metastasis in a Basal Body-associated Protein that Regulates Ciliogenesis Sonic Hedgehog Signaling and Hair Follicle Regeneration

Craig Michael Betts

Biochemistry

Cell Cycle Regulation of Centromere Formation

Melanie Cruz Bocanegra

Cancer Biology

Genomic and Functional Analysis of Breast Cancer

Michael Paul Bokoch

Biomedical Informatics

NMR Spectroscopy for Structural and Dynamic Studies of the Beta2-adrenergic Receptor

Ian Michael Brennan

Biochemistry

Chemical Inhibitor Studies of Polo-like Kinase 1 in Late Mitosis and Cytokinesis

Alayne Lisette Brunner

Genetics

Genome-wide Analysis of Mammalian DNA Methylation Patterns

Paul David Bryson

Microbiology and Immunology

Novel Targets Within the Hepatitis C. Virus Nonstructural Protein NS4B and Their Inhibition Using Distinct Classes of Small Molecules

Trever Bradley Burgon

Microbiology and Immunology

Evasion of Innate Immune Responses to Poliovirus: A Genetic Analysis

Deborah Lynn Burkhart

Cancer Biology

Understanding Transcriptional Networks Encompassing Rb-family Regulation

Brittany Burrows

Neurosciences

Shared Neural Mechanisms Underlying Distinct Varieties of Visual Attention

John David Cahoy

Developmental Biology

Genomic Analysis of Highly Purified Astrocytes Reveals in vivo Astrocyte Gene Expression: A New Resource for Understanding Astrocyte Development and Function

Jeff Dennis Campbell

Immunology

The Effects of Limiting the T Cell Repertoire in the Mouse

Hector Yesier Caro

Molecular and Cellular Physiology

Regulation of Adenomatous Polyposis Coli Protein During Growth Factor Mediated Cell Extension

Matthew Carter

Neurosciences

Optogenetic Reverse Engineering of Brain Sleep/Wake Circuitry

Yingguang Frank Chan

Developmental Biology

The Genomic Basis of Parallel Evolution in Three-spined Sticklebacks

Daniel Lee Chao

Neurosciences

Understanding Mechanisms of Synaptogenesis in C. Elegans: from Cell Adhesion to Vesicle Transport

Heather Jean Clemons

Biochemistry

Depot-specific Gene Expression Programs of Adipocytes: Physiological and Developmental Implications

Agnieszka D Czechowicz

Developmental Biology

Gaining Access to Hematopoietic Stem Cell Niche - Novel Non-myeloablative Conditioning Approaches

Bernie Joseph Daigle

Genetics

Using Heterogeneous Sources of Biological Knowledge to Improve the Identification of Differentially Expressed Genes

Erin Lane Davies

Developmental Biology

Molecular Logic of Adult Stem Cell Self-renewal and the Commitment to Differentiation in the Drosophila Testis Stem Cell Niche

Emily Marie Deal

Microbiology and Immunology

Primary Peripheral Human Plasmacytoid Dendritic Cell Responses to Rotavirus Infection: Mechanisms of Induction and Consequences for Pathogenesis

Sridharan Devarajan

Neurosciences

Neural Mechanisms of Visual and Auditory Attention

Natalie Dye

Biochemistry

The Assembly and Interactions of MreB in the Maintenance of Cell Shape in Caulobacter Crescentus

Andreas H Ehrensberger

Biophysics

Purification of a Promoter-specific and Activator-dependent Nucleosome Disassembly Factor

Patrick R Eimerman

Microbiology and Immunology

Characterization of the Extracellular Growth of Listeria Monocytogenes

Eric Joseph Espinosa

Biochemistry

Tethering and Fusion of Rab9 Vesicles at the Trans Golgi Network

Ivette Shiba Estay

Cancer Biology

Ubiquitin Ligase Regulation of GLI

Transcription Factors

Christopher Brian Franco

Immunology

Distinguishing Mast Cell and Granulocyte Differentiation at the Single Cell Level

Sarah Theresa Kerfoot Garcia

Genetics

Genomic and Regulatory Network Diversity Revealed by REST/NRSF, Maltase Glucaomylase and the Protocadherin Gene Cluster

Nanibaa' Angela Garrison

Genetics

Genetic Architecture of Human Pigmentation

Jonathan Isaiah Gent

Genetics

Aenorhabditis Elegans RNA-directed RNA Polymerase RRF-3 in Endogenous RNA Interference

Kenneth Demire Gibbs, Jr.

Immunology

Cytokine Regulation of Normal and Leukemic Hematopoiesis

Andrew Timothy Girvin

Immunology

High-speed Measurements of TCR-proximal Signaling: Implications for Ligand Discrimination

Kristina Marie Godek

Biochemistry

Molecular Mechanisms of Centromeric

Chromatin Assembly

Natalia Gomez-Ospina

Chemical and Systems Biology

CACNA1C: One Gene, Multiple Proteins, Diverse Functions

David Goode

Genetics

Evolutionary Constraint Facilitates

*Interpretation of Genetic Variation in
Resequenced Human Genomes*

Viviana Gradinaru

Neurosciences

Mechanisms of Deep Brain Stimulation

Revealed by Optogenetic Deconstruction of Diseased Brain Circuitry

Eric Lieberman Greer

Cancer Biology

*Dietary Restriction Pathways and Chromatin Regulation in *C. Elegans* Longevity*

Carolyn Ines Hall

Microbiology and Immunology

*Chemically Proving Mechanisms of Invasion and Egress in the Protozoan Parasite, *Toxoplasma Gondii**

Mindy Claire Hebert-Derouen

Cancer Biology

Investigation of Non-cell Autonomous Factors Regulating Sonic Hedgehog Target Gene

Induction in Skin

David Gillis Hendrickson

Chemical and Systems Biology

Systematic Identification of MicroRNA Targets and the Steps in Gene Expression Regulated by MicroRNAs

Lena Wai Mun Ho

Immunology

ATP-dependent Chromatin Remodeling

BRG/Brahma-associated Factors (BAF)

Complexes in the Regulation of Mammalian Stem Cell Self-renewal and Development

Daniel Joseph Hogan

Biochemistry

Regulation of Gene Expression by RNA-binding Proteins and MicroRNAs

Andrew Neely Hotson

Microbiology and Immunology

Host Intracellular Signaling Networks are Perturbed During Bacterial Infection

Michael Howitt

Microbiology and Immunology

*A Novel Chemotaxis Regulator in *Helicobacter Pylori* is Functionally Conserved in the *Epsilonproteobacteria**

Megan Leigh Insko

Developmental Biology

Regulation of the Switch from Proliferation to Differentiation in an Adult Stem Cell Lineage

Siddhartha Jaiswal

Immunology

CD47 Expression During Leukemic and Stress Hematopoiesis Alters Phagocytic Activity of Macrophages

Brandon Eugene Johnson

Molecular and Cellular Physiology

Alternate Exons in the C. Elegans Slo-1 Gene Act in Concert to Diversify Ca²⁺ Dependence and Activation Rate of BK Channels

Jonathan Wiley Jones

Microbiology and Immunology

Molecular Mechanisms of the Cytosolic Innate Immune Response to Francisella Tularensis

Rachel Stern Kalmar

Neurosciences

Moving Through the Brain: A Study of Movement Preparation in the Oculomotor and Reach Systems

Tiara Lynn Aiko Kawahara

Cancer Biology

Control of Transcriptional Programs of Aging by NF-kappaB

Michael Chinwen Ke

Neurosciences

Neural Instructive Signals in the Cerebellum

Nicholas William Kelley

Biophysics

Application of Novel Sampling Methods to the Simulation of Protein Misfolding and Oligomerization

Lawrence Otto Klein

Biophysics

Dynamics of Initial Events in T-cell Activation: Ligand Binding and Signaling

Juliet Klasing Knowles

Neurosciences

P75 Neurotrophin Receptor Mediated Protection from Amyloid-beta Induced Neurodegeneration

Jocelyn Friedman Krey

Neurosciences

From Calcium Channels to Autism: Effects of the Timothy Syndrome Mutation in CAV 1.2 on Neuronal Development

Angela Landrigan

Immunology

Toll-like Receptor Ligands Directly Activate Primary and Malignant T Lymphocytes

Evonne Chen Leeper

Genetics

Genomic Analysis of Neuron-restrictive Silencer Factor Activity in Neuronal and Non-neuronal Human Cell Lines

Jessica Ashley Linderman

Immunology

Immune Reconstitution after Allogeneic Hematopoietic Stem Cell Transplant

Gwen Liu

Microbiology and Immunology

Control of MicroRNA Activity: Regulatory Information Beyond Mature MicroRNAs

Ryan K Louie

Molecular and Cellular Physiology

The Roles of Adenomatous Polyposis Coli and Binding Partners EBI and Beta-catenin in the Regulation of Microtubule Dynamics and Organization

Del Michael Lucent

Biophysics

The Role of Solvent in Protein Folding In Vivo

Eric Maurice Mabery

Immunology

Eiger's Role in Drosophila Melanogaster Immunity

Jeffrey Jacobs Margolis

Microbiology and Immunology

Environmental Implications of Francisella Tularensis Biofilms

Heather Louease McCullough

Genetics

Systematic Analysis of Ribosome Occupancy and Density in the Human Transcriptome

John Kenneth Mich

Biochemistry

Roles for Hedgehog Signaling in Zebrafish Development

Madeleine Grace Moule

Microbiology and Immunology

Francisella Tularensis Host-pathogen

Relationships: Dissecting Bacterial Interactions with the Drosophila Innate Immune System

Madhumitha Nandakumar

Genetics

The Role of Long Chain Fatty Acids in the Caenorhabditis Elegans Innate Immune Response

Ryan Michael Nottingham

Biochemistry

RAB GTPase-activating Proteins at the Golgi: endosome Interface

William Edward O'Gorman

Microbiology and Immunology

Single-cell Analysis of In Vivo Cytokine Response Networks Activated by Infection

Julia Oh

Genetics

A Robust Platform for High-throughput

Genomics in Microorganisms

Kostandin Pajcini

Microbiology and Immunology

Molecular Analysis of Mammalian Muscle Differentiation, Fusion and Regeneration

Ricardo T Paniagua

Immunology

Tyrosine Kinase Pathways in the Rheumatic Diseases

Poornima Parameswaran

Microbiology and Immunology

Molecular Signatures of Virome-host Interactions

Maulik Ramesh Patel

Neurosciences

Molecular Mechanisms of Presynaptic Assembly at Defined Synapses in C. Elegans

Renee Darlene Paulsen

Chemical and Systems Biology

Genome-wide siRNA Screening for Novel Mechanisms of Maintaining Genomic Stability

Mickey Joseph Pentecost

Microbiology and Immunology

Molecular Mechanisms of Listeria Invasion of the Intestinal Epithelium

Emily C Piccione

Cancer Biology

Identification and Characterization of a Novel Epidermal Growth Factor Receptor Variant

Elizabeth Lenz Ponder

Microbiology and Immunology

Probing Protease Function and Drug Target Potential in Plasmodium Falciparum

Andy Chunyue Poon

Chemical and Systems Biology

Temporal Independence in Mitotic Events due to Feedback Regulation

Yi Nuo Vivian Poon

Neurosciences

Extrinsic and Intrinsic Regulators of Polarized Axonal Trafficking and Synapse Formation and Axonal Trafficking in Caenorhabditis Elegans

Laura Marie Prolo

Neurosciences

Impaired Myelination in a Mouse Model of the Free Sialic Acid Storage Disorders

Gabriel Aurelio Quinones

Cancer Biology

Missing in Metastasis Mediates Directional Sensing During Guided Cell Migration

Amy Nicole Radermacher

Immunology

PKC Alpha Plays an Essential Role During Negative Selection in T Cell Development by Modulating Bim Transcription

Rebecca Rakow-Penner

Biophysics

Advances in Breast MRI

Jason Anthony Reuter

Genetics

Modeling Human Tumor Progression -

Identifying an Extracellular Matrix Interaction Network Involved in Epithelial Carcinogenesis

Roberto Rafael Ricardo-Gonzalez

Immunology

The Roles of STAT6 and STAT4 in Glucose and Lipid Homeostasis

Daniel P Riordan

Genetics

Identification of RNA Regulatory Information in the Saccharomyces Cerevisiae Transcriptome

Eon Joseph Rios

Immunology

Regulation of Mast Cell Function by Membranes Trafficking Events

Kimberly Salvia

Neurosciences

Synaptic Vesicle Protein B0AT3 (SLC6A17) Catalyzes Na⁺-coupled Neutral Amino Acid Transport

Robert John Schafer

Neurosciences

Neural Mechanisms Linking Perception, Action and Cognition in the Primate Brain

Tobi Lyn Schmidt

Microbiology and Immunology

Cytokine-induced Killer Cell Tumor Trafficking to Tumors: A Chemokine-directed Migration

Jennifer Cynthia Shieh

Neurosciences

The Role of Endocytosis in Neuronal Migration

Kenneth Randal Schulz

Immunology

*Varying IL-6 Concentration Initiates by
Membranes Trafficking Events*

Paul Andrew Sigala

Biochemistry

Physical and Energetic Dissections of Enzyme Active Site Properties

Tim Stowe

Cancer Biology

*The Role of Pericentriolar Satellites in
Centrosome and Cilia Function*

Lora Beatrice Sweeney

Neurosciences

Semaphorins in Drosophila Olfactory Neural CircuitWiring

Meng How Tan

Developmental Biology

Investigating Novel Cell Cycle-regulated Genes in Caulobacter Crescentus

Joy Sing-Yi Tea

Neurosciences

Chromatin Remodeling and Dendrite Wiring Specificity in the Drosophila Olfactory System

Esteban Toro Gomez

Developmental Biology

*Chromosome Segregation and Structure
In Caulobacter Crescentus*

Robin Deis Trujillo

Microbiology and Immunology

*The Role of the Let-7 Primary Transcript
in Target Recognition and Repression*

Nicole Breaux Trunnell

Cancer Biology

*Multisite Phosphorylation Generates
Ultrasensitivity I the Regulation of Dcd25C by Cdk1*

Christopher Van

Chemical and Systems Biology

*Characterizing the Mechanism of Confined Primer Synthesis at Stalled Replication Forks and
Its Contribution to Checkpoint Activation*

Saul Abraham Villeda

Neurosciences

Age-related Changes in the Systemic Milieu Regulate Neurogenesis in the Adult Brain

Susan Elizabeth Vleck

Microbiology and Immunology

The Role of Glycoprotein H in Varicella-zoster Virus Pathogenesis

Lou-En Wai

Immunology

Investigating the Role of Natural Killer Cells and Its Activating Receptors in Transplantation

Jordon Kuo-Ming Wang

Cancer Biology

From Non-coding RNAs to Histone

Demethylases: Identifying Novel Epigenetic Regulators of the HOX Loci in Development and Cancer

Daniel Zachary Wetmore

Neurosciences

Computational, Electrophysiological, and Behavioral Studies of Cerebellum-dependent Memory Encoding and Retrieval

Heather Elizabeth Wheeler

Genetics

Genomic Convergence Association Studies of Expression and Aging in the Human Kidney

Alissa Meyer Winzeler

Developmental Biology

The Role of Myelin Lipids in CNS Regenerative Failure

Lauren Elizabeth Woodard

Cancer Biology

Safety and Utility of Phage Integrases for Gene Therapy

Rong Xu

Biomedical Informatics

Automated Information Extraction from

Biomedical Literature

Zhen Peggy Yao

Biomedical Informatics

Sampling-based Exploration of Folded State of Protein Under Geometry and Kinematic Constraints

Luis Alejandro Zúñiga

Immunology

The Role of IL-17 in Adipose, Glucose, and Bone Metabolism

DOCTOR OF MEDICINE

Afsheen Afshar

The Goldman Sachs Group, Inc.

New York, NY

Asya L Agulnik

Children's Hospital of Boston
Boston, MA - Pediatrics-Primary Care

Marissa Aillaud Manzanera

Stanford Hospital and Clinics
Palo Alto, CA - Pediatrics

Raag Dar Airan

Washington Hospital Center
Washington, DC - Medicine-Preliminary
Johns Hopkins Hospital
Baltimore, MD - Diagnostic Radiology

Tessa Minchen Andermann

Stanford Hospital and Clinics
Palo Alto, CA - Internal Medicine

Jason Alan Bartos

Stanford Hospital and Clinics
Palo Alto, CA - Internal Medicine

Sonny Batra

Hospital of the University of Pennsylvania
Philadelphia, PA - Radiation Oncology

Jacob Samuel Brenner

Stanford Hospital and Clinics
Palo Alto, CA - Internal Medicine

Carmen G Butts

University of California at Davis
Medical Center
Sacramento, CA - Family Medicine

Jorge Alejandro Caballero

Santa Clara Valley Medical Center
San Jose, CA - Transitional

John David Cahoy

Johns Hopkins Hospital
Baltimore, MD - Orthopaedic Surgery

Trevor Chufay Chan

Kaiser Permanente Medical Center
Santa Clara, CA - Medicine-Preliminary
Stanford Hospital and Clinics
Palo Alto, CA - Anesthesiology

Daniel Lee Chao

Santa Clara Valley Medical Center

San Jose, CA - Transitional
University of Miami
Bascom Palmer Eye Institute
Miami, FL - Ophthalmology

Ian Ying-Li Chen

Stanford Hospital and Clinics
Palo Alto, CA - Internal Medicine

Monika Kimberley Chock

Santa Clara Valley Medical Center
San Jose, CA - Transitional
Stanford Hospital and Clinics
Palo Alto, CA - Dermatology

Ian Charlston Chua

Stanford Hospital and Clinics
Palo Alto, CA - Pediatrics

Bennett William Clark

Johns Hopkins Hospital
Baltimore, MD - Internal Medicine

Andrea Leah Crowell

Emory University School of Medicine
Atlanta, GA - Psychiatry

Josephine Ann Czechowiz

Stanford Hospital and Clinics
Palo Alto, CA - Otolaryngology

Swati Devendra Deshmukh

Beth Israel Deaconess Medical Center
Boston, MA - Medicine-Preliminary
Johns Hopkins Hospital
Baltimore, MD - Diagnostic Radiology

Andra Lee Dingman

University of Colorado School of Medicine
Denver, CO - Child Neurology
University of Colorado School of Medicine
Denver, CO - Pediatrics

Thuy Doan

Santa Clara Valley Medical Center
San Jose, CA - Medicine-Preliminary
University of Washington
Seattle, WA - Ophthalmology

Crystal Jean Duke

University of Chicago Medical Center
Chicago, IL - Pediatrics

Shaundra Lana Eichstadt

Stanford Hospital and Clinics
Palo Alto, CA - Plastic Surgery

Elena Garcia Ewert

Denver Health Medical Center
Denver, CO - Emergency Medicine

Chantal Veronique Forfota

San Mateo Medical Center
San Mateo, CA - Psychiatry

Mani Foroohar

Master of Business Administration
Columbia University School of Business
New York, NY

Carolyn Anne Fredericks

Stanford Hospital and Clinics
Palo Alto, CA - Medicine-Preliminary
Johns Hopkins Hospital
Baltimore, MD - Neurology

Carly Isabel Gomes

New York Presbyterian Hospital
Columbia University Medical Center
New York, NY - Pediatrics

Natalia Gomez -Ospina

Postdoctoral Fellow
Stanford University School of Medicine
Palo Alto, CA

Rajesh Gupta

Postdoctoral Fellow
Stanford University School of Medicine
Palo Alto, CA

Mark Morris Hammer

Albert Einstein Medical Center
Philadelphia, PA - Transitional
Barnes-Jewish Hospital
St. Louis, MO - Diagnostic Radiology

Lingmin He

Santa Clara Valley Medical Center
San Jose, CA - Medicine-Preliminary

Stanford Hospital and Clinics
Palo Alto, CA - Ophthalmology

Luke James Higgins

Harbor Hospital Center
Baltimore, MD - Transitional
Johns Hopkins Hospital
Baltimore, MD - Diagnostic Radiology

Stanley T Hoang

Stanford Hospital and Clinics
Palo Alto, CA - Neurological Surgery

Mark Hsu

Stanford Hospital and Clinics
Palo Alto, CA - Urology

Cindy Hsiao-ching Hwang

Stanford Hospital and Clinics
Palo Alto, CA - Medicine-Preliminary
Oregon Health & Science University
Portland, OR - Anesthesiology

Afraaz Rustom Irani

University of South Carolina School of
Medicine
Palmetto Health Richland
Columbia, SC - Orthopaedic Surgery

Natalia Isaza

Stanford Hospital and Clinics
Palo Alto, CA - Pathology

Siddhartha Jaiswal

Massachusetts General Hospital
Boston, MA - Pathology

Emily Elizabeth Johnston

Stanford Hospital and Clinics
Palo Alto, CA - Pediatrics

Maziyar Arya Kalani

Stanford Hospital and Clinics
Palo Alto, CA - Neurological Surgery

Nirav Vikram Kamdar

Stanford Hospital and Clinics
Palo Alto, CA - Medicine-Preliminary
Massachusetts General Hospital
Boston, MA - Anesthesiology

Michael George Kattah
Brigham & Women's Hospital
Boston, MA - Internal Medicine

Michael Chinwen Ke
Stanford Hospital and Clinics
Palo Alto, CA - Medicine-
Preliminary/Neurology
Stanford Hospital and Clinics
Palo Alto, CA - Neurology

Alex Sogomon Keuroghlian
Massachusetts General Hospital
Boston, MA - Psychiatry

Joseph Atherton Knowles
Postdoctoral Fellow
University of Alabama
Birmingham, AL - Otolaryngology

Gavriel David Kohlberg
New York Presbyterian Hospital
The University Hospital of Columbia
and Cornell
New York, NY - Otolaryngology

Brooke Lane
Brigham & Women's Hospital
Boston, MA - Pathology

Steven Yu-Ta Lin
O'Connor Hospital
San Jose, CA - Family Medicine

Ryan K Louie
U.S. Department of State
Washington, D.C.
Residency to Begin in 2011

Mitchell Ryan Lunn
Brigham & Women's Hospital
Boston, MA - Internal Medicine

Gabriel J Martinez -Diaz
Hennepin County Medical Center
Minneapolis, MN - Transitional
University of Pittsburgh Medical Center
Medical Education Program
Pittsburgh, PA - Dermatology

Donald Hiroshi Matsuda

Public Health Research
Santa Clara and San Mateo, CA

David William Meister

Medical College of Wisconsin Affiliated
Hospitals
Milwaukee, WI - Orthopaedic Surgery

Mark Heinz Michalski

St. Mary's Medical Center/UCSF
San Francisco, CA - Internal Medicine

Kimberly Gayle Montez

University of California at San Diego
Medical Center
San Diego, CA - Pediatrics

Melissa Morelos

University of California at San Diego
Medical Center
San Diego, CA - Pediatrics

Jayson Allen Morgan

University of California at San Francisco
San Francisco, CA - Internal Medicine

Matthew Christopher Mori

Massachusetts Eye and Ear Infirmary
Boston, MA - Otolaryngology

Jason Matthew Moss

University of California at Irvine
Medical Center
Irvine, CA - Medicine-Preliminary
SUNY Downstate Medical Center
Brooklyn, NY - Ophthalmology

Sarah Elizabeth Nelson

Lahey Clinic Medical Center
Burlington, MA - Medicine
Preliminary/Neurology
Tufts Medical Center
Boston, MA - Neurology

Jacqueline Ka-Wan Ng

Santa Clara Valley Medical Center
San Jose, CA - Transitional
Oregon Health & Science University
Portland, OR - Ophthalmology

Juno Obedin-Maliver

University of California at San Francisco
San Francisco, CA - Obstetrics & Gynecology

Olakunle Ogunrinade

Memorial Sloan Kettering Medical Center
New York, NY - Transitional
New York Presbyterian Hospital
Weill Cornell Medical Center
New York, NY - Dermatology

Paulina Margarita Ortiz Rubio

Lopez Portillo

Children's Hospital of Boston
Boston, MA - Pediatrics

Larry U Ozowara

New York Presbyterian Hospital
Columbia University Medical Center
New York, NY - Psychiatry

Erin Ann Palm

Stanford Hospital and Clinics
Palo Alto, CA - General Surgery

Ricardo T Paniagua

University of Massachusetts Medical School
Worcester, MA - Medicine-Preliminary
University of Texas Southwestern Medical School
Dallas, TX - Dermatology

Luiz Carlos Pantalena-Filho

Kaiser Permanente Medical Center
Santa Clara, CA - Medicine-Preliminary
University Hospitals Case Medical Center
Cleveland, OH - Dermatology

Joe Sixto Peraza IV

University of Arizona/UPHK Graduate
Medical Education Consortium
Tucson, AZ - Emergency Medicine

Ashley Serene Plant

University of California at Los Angeles
Medical Center
Los Angeles, CA - Pediatrics

Ricardo Alberto Pollitt

Colorado Health Foundation
Denver, CO - Transitional

University of California at San Francisco
San Francisco, CA - Dermatology

Michael Andrew Pouliot

Stanford Hospital and Clinics
Palo Alto, CA - Orthopaedic Surgery

Jennifer Lee Pretz

Massachusetts General Hospital
Boston, MA - Medicine-Preliminary
Brigham & Women's Hospital
Boston, MA - Radiation Oncology

Adam Lee Prickett

Kaiser Permanente Medical Center
Santa Clara, CA - Medicine-Preliminary
University of Illinois at Chicago
Illinois Eye and Ear Infirmary
Chicago, IL - Ophthalmology

Katie Lynn Pricola

Massachusetts General Hospital
Boston, MA - Neurological Surgery

Jeremiah Wayne Ray

University of Utah Affiliated Hospitals
Salt Lake City, UT - Emergency Medicine

Eon Joseph Rios

Santa Clara Valley Medical Center
San Jose, CA - Medicine-Preliminary
Stanford Hospital and Clinics
Palo Alto, CA - Dermatology

Sepideh Saber

Albert Einstein College of Medicine
Montefiore Medical Center
Bronx, NY - Surgery-Preliminary
Albert Einstein College of Medicine
Montefiore Medical Center
Bronx, NY - Plastic Surgery

Sumit Anil Shah

University of California at San Francisco
San Francisco, CA - Internal Medicine

Mengkai Shieh

Research and Clinical Program
I.M. Sechenov Moscow Medical Academy
Moscow, Russia

David Sunwoong Shin

Kaiser Permanente Medical Center
Santa Clara, CA - Medicine-Preliminary
University of Washington Affiliated Hospitals
Seattle, WA - Diagnostic Radiology

Jacqueline Baras Shreibati

Stanford Hospital and Clinics
Palo Alto, CA - Internal Medicine

Richard Silva

University of California at San Diego
Medical Center
San Diego, CA - Pediatrics

Peter John Simon

University of California at San Francisco
San Francisco, CA - Pediatrics-Primary Care

Maneesh Hakam Singh

Hospital of the University of Pennsylvania
Philadelphia, PA - Internal Medicine

William Slikker III

Rush University Medical Center
Chicago, IL - Orthopaedic Surgery

Philippa Naomi Soskin

University of California at San Francisco
San Francisco, CA - Emergency Medicine

Meera Sridhar

University of California at San Francisco
San Francisco, CA - Obstetrics & Gynecology

Adam Sebastian Tenforde

Kaiser Permanente Medical Center
Oakland, CA - Medicine-Preliminary
Stanford Hospital and Clinics
Palo Alto, CA - Physical Medicine
& Rehabilitation

Ly-Huong Nguyen Truong

Postgraduate Studies

Thomas Chen-Chia Tsai

Brigham & Women's Hospital
Boston, MA - General Surgery

Carlos Andres Uquillas

New York University School of Medicine
New York, NY - Orthopaedic Surgery

Michael Anthony Vaninetti

Brigham & Women's Hospital
Boston, MA - General Surgery

Diana Liza Wertz

Stanford Hospital and Clinics
Palo Alto, CA - Psychiatry

Kristen Rose Whitaker

University of California at Los Angeles
Medical Center
Los Angeles, CA - Obstetrics & Gynecology

Ariel Aila Williams

Johns Hopkins Hospital
Baltimore, MD - Orthopaedic Surgery

Ryan Patrick Williams

Children's Hospital of Philadelphia
Philadelphia, PA - Child Neurology
St. Louis Children's Hospital
St. Louis, MO - Pediatrics

Eugene Sun Yim

Beth Israel Deaconess Medical Center
Boston, MA - Emergency Medicine

Maurice Henry Zissen

Scripps Mercy Hospital
San Diego, CA - Transitional
Massachusetts General Hospital
Boston, MA - Diagnostic Radiology

Other Awards and Honors

- ***Dr Tom Sudhof, the Avram Goldstein Professor in the Department of Molecular and Cellular Physiology and Member of the Howard Hughes Medical Institute***, is the 2010 recipient of the *Kavli Prize*. In addition to being an enormously distinguished award, it also includes \$1 million -- making it one of the richest prizes in science. Tom Sudhof is a Member of the Stanford Neurosciences Institute. The other two Kavli Prize recipients in neuroscience are Richard Sheller (now at Genetech) and James Rothman (now at Yale) -- both of whom were previously faculty members at Stanford.
Profile: http://med.stanford.edu/profiles/Thomas_Sudhof/

- **Dr. William T. Newsome, Professor of Neurobiology**, has received this year's prestigious Champalimaud Vision Award for his groundbreaking research into the brain circuitry underlying the mysterious cognitive process that is vision and, ultimately, another equally mysterious process: decision making. He shares the \$1.3 million award-- the largest monetary award in the field of vision science and one of the largest scientific and humanitarian prizes in the world -- with Anthony Movshan, PhD, from New York University.
Prifile: http://med.stanford.edu/profiles/William_Newsome/
- **Lisa Freeman, Director of the VA Palo Alto Health Care System**, is the recipient of the 2010 Distinguished Executive Presidential Rank Award, acknowledging her leadership qualities and performance results. The VA Palo Alto Healthcare System is one of the largest and most complex such facilities in the nation and has the highest Veteran satisfaction scores. Stanford is fortunate to have a close relationship with the VA and with Ms Freeman.
- **Harry Greenberg, MD, the Joseph D Grant Professor and Senior Associate Dean for Research** has been elected a fellow in the American Academy of Microbiology -- and honor bestowed on the most distinguished members of the microbiology community.
Profile: http://med.stanford.edu/profiles/Harry_Greenberg/
- **Kerry-Ann Stewart, SMS 2**, has been named a 2010 American Medical Association Foundation Minority Scholar.

Please join me in congratulating all the recipients for these wonderful honors.

Appointments and Promotions

- **Gill Bejerano** has been reappointed to Assistant Professor of Developmental Biology, effective 2/01/10.
Profile: http://med.stanford.edu/profiles/Gill_Bejerano/
- **Caroline Bérubé** has been promoted to Clinical Associate Professor of Medicine, effective 6/01/10.
Profile: http://med.stanford.edu/profiles/Caroline_Berube/
- **Peter Cahill** has been reappointed as Clinical Assistant Professor (Affiliated) of Surgery, effective 10/10/09.
- **William Cheng** has been promoted to Adjunct Clinical Assistant Professor of Medicine, Division of General Internal Medicine, effective 5/01/10.
- **Cheryl Cho-Phan** has been reappointed as Clinical Assistant Professor of Medicine, effective 5/01/10.
Profile: http://med.stanford.edu/profiles/Cheryl_Cho/
- **Fiona G.M. Clements** has been appointed Clinical Professor of Anesthesia, effective 7/01/10
- **Lawrence Crane** has been promoted to Adjunct Clinical Assistant Professor of Medicine, Division of General Internal Medicine, effective 5/01/10.
- **John Cunniff** has been promoted to Adjunct Clinical Assistant Professor of Medicine, Division of General Internal Medicine, effective 5/01/10.

- **Zubin Damania** has been promoted to Adjunct Clinical Assistant Professor of Medicine, Division of General Internal Medicine, effective 5/01/10.
- **Gansevoort H. Dunnington** has been appointed Clinical Assistant Professor of Cardiothoracic Surgery, effective 8/01/10.
- **Ira M. Friedman** has been promoted to Clinical Professor of Pediatrics and of Medicine, effective 4/01/10.
Profile: http://med.stanford.edu/profiles/Ira_Friedman/
- **Adella M. Garland** has been reappointed Clinical Assistant Professor (Affiliated) of Surgery, effective 10/10/09.
- **Richard D. Gregory** has been appointed Clinical Associate Professor of Cardiothoracic Surgery, effective 6/01/10.
- **T. Kyle Harrison** has been reappointed as Clinical Assistant Professor (Affiliated) of Anesthesia, effective 9/1/10.
- **Malcolm Lawton** was reappointed as Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 9/01/09.
- **David K. Levin** has been reappointed as Clinical Associate Professor (Affiliated) of Obstetrics and Gynecology, effective 9/01/10.
- **Margaret C. Lin** was promoted to Clinical Assistant Professor of Radiology, effective 7/01/10.
Profile: http://med.stanford.edu/profiles/Margaret_Lin/
- **Steven S. Lipman** has been promoted to Clinical Associate Professor of Anesthesia, effective 9/01/10.
Profile: http://med.stanford.edu/profiles/Steven_Lipman/
- **David W. Lowenberg** has been appointed as Clinical Professor of Orthopaedic Surgery, effective 6/15/10.
- **Katsuhide Maeda** has been promoted to Clinical Assistant Professor of Cardiothoracic Surgery, effective 7/01/10.
Profile: http://med.stanford.edu/profiles/Katsuhide_Maeda/
- **John D. Mark** has been promoted to Clinical Professor of Pediatrics, effective 7/01/10.
Profile: http://med.stanford.edu/profiles/John_Mark/
- **Randal R. Peoples** has been appointed Clinical Associate Professor of Neurosurgery, effective 8/01/10.
- **Donald E. Potter** has been reappointed Clinical Professor of Pediatrics, effective 6/15/10.
Profile: http://med.stanford.edu/profiles/Donald_Potter/
- **Thomas A. Rice** has been reappointed as Clinical Professor (Affiliated) of Ophthalmology, effective 5/01/10.
- **Ahmad Salehi** has been appointed Clinical Associate Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 7/01/10.
- **Gerald M. Shefren** has been reappointed Clinical Professor of Obstetrics and Gynecology, effective 6/17/10.
Profile: http://med.stanford.edu/profiles/Gerald_Shefren/
- **Greg Zaharchuk** has been reappointed to Assistant Professor of Radiology, effective 10/01/10.
Profile: http://med.stanford.edu/profiles/Greg_Zaharchuk/

Dean's Newsletter

June 28, 2010

Paul Khavari, MD, PhD Named Next Chair of Dermatology at Stanford

I am very pleased to announce that Dr. Paul Khavari, currently the Carl J. Herzog Professor of Dermatology and Chief of the Dermatology Service at the VA Palo Alto Health Care System, will become the Chair of the Department of Dermatology at Stanford. He will begin his new responsibilities on July 1st, succeeding Dr. Al Lane, who has served as chair of the department for the past 14 years.

I would first like to thank Dr. Lane for his exceptional leadership and for bringing the Department of Dermatology at Stanford to a pinnacle of excellence. Dr. Lane is very much respected and admired by his department, his colleagues at Stanford, and those across the nation for his contributions as an academic leader and clinical investigator. He was recently the recipient of a major disease team award from the California Institute of Regenerative Medicine and will continue to provide guidance, mentorship and oversight for the department's clinical research efforts. We owe Dr. Lane a huge debt of gratitude and I ask that you join me in thanking him for his wonderful accomplishments.

Dr. Khavari is also one of the most respected academic leaders in dermatology in the nation. It comes as no surprise that the Search Committee for the Chair of Dermatology, which was led by Dr. Christy Sandborg, Professor of Pediatrics and Chief-of-Staff at the Lucile Packard Children's Hospital, identified Dr. Khavari as an excellent candidate. His academic and clinical credentials are indeed notable. A Phi Beta Kappa graduate of Stanford in Biology and History, he went on to receive his MD degree from Yale, graduating AOA, and then did an internship in medicine and residency in dermatology at Yale. He then returned to Stanford, first to do a PhD in gene regulation with Dr. Gerry Crabtree in the Department of Pathology and then to join the VA and the Department of Dermatology as an Assistant Professor in 1993.

Dr. Khavari's subsequent research on the gene regulatory control of epithelial growth and carcinogenesis and his work on the development of new molecular therapeutics have won him national acclaim and numerous awards. These include the US Presidential Early Career Award for Scientists and Engineers, the Shannon Award from the NIH, a Young Investigator Award from the Department of Veterans Affairs, a Junior Faculty Scholar Award from the Howard Hughes Medical Institute, the American Dermatologic Association Young Leader Award, the American Academy of Dermatology Marion B Sulberger Award, the Society for Investigative Dermatology William Montagna Award and election to the Society of Clinical Investigation and the American Association of Physicians. Dr. Khavari became the Herzog Professor of Dermatology in 2003. In addition to his accomplishments in research, he has established a premier clinical program in dermatology at the Palo Alto VA. Equally importantly, he has been the mentor and research advisor to an ever-increasing number of undergraduate, medical and graduate students and is thus creating a legacy of continued excellence.

I am extremely pleased that Dr. Khavari has accepted our invitation to lead the Department of Dermatology, and I am confident that he and his colleagues will do an outstanding job. Finding the best leaders and faculty for our medical school community is among our most important

responsibilities, and I want to thank the Search Committee for their dedicated efforts in assembling an outstanding slate of potential candidates. In addition to Dr. Sandborg, the members included Ben Barres, Jonathan Berek, Sarah Donaldson, Patricia Engasser, Minx Fuller, Charlotte Jacobs, Renee Reijo Pera, Susan Pfeffer, Kevin Tabb, Jim McCaughey and Kunle Ogunrinade (SMS representative). I also want to thank Kendra Baldwin from the Office of Institutional Planning for her outstanding contributions in supporting the Search Committee and the candidates.

Protecting the Privacy of Our Colleagues and Co-Workers

At some point each of us will face a medical crisis or problem involving ourselves or a family member, friend or colleague. We will each have different ways of dealing with such an event – but each of us will want the right to protect our privacy unless we make the decision to share the news with others. From time to time you may become aware that a co-worker or colleague is facing a medical challenge. However, unless you have been personally informed or received expressed permission to do so, it is imperative that you not share or discuss such personal information – with co-workers or with the individual. This is a violation of personal privacy and HIPAA and should not occur. Even though it may seem “caring” to reach out to a friend or colleague about his or her personal well-being, you should not do so unless personally and specifically invited. I offer these comments because I have heard from a number of faculty who are facing a medical challenge about how distressing it is to them to be approached by colleagues in the workplace when they have made an individual decision to keep their medical information private or personal. We each deserve respect, privacy and discretion regarding personal matters. Just as we must protect the privacy of our patients, we also need to protect the privacy of our colleagues in the workplace.

When Rankings Become Self-Serving or Misinformed Promoters of Bias

I have written all too frequently about the methodological problems associated with the rankings of US medical schools by US News & World Report (USNWR). One of the most serious problems with the USNWR ranking is the way research success is defined and quantified. The emphasis in the methodology for research-intensive medical schools is on size instead of quality, and there is a significant focus on the total amount of funding from the National Institutes of Health – a number that is proportional to the size of the faculty as well as to each institution’s focus on “big science” versus innovative research. Because Stanford is among the smallest research-intensive medical schools in the nation, we simply cannot compete with institutions like UCSF, Penn, Hopkins and Harvard that are twice to ten times its size in faculty numbers in the total amount of NIH funding. Nor can we compete in faculty student ratios – which is also related to faculty size.

In addition to the quite imperfect and in some ways distorted ways of measuring success in research, it is particularly distressing when the calculations themselves have serious flaws. Over the past several years Stanford has occupied the number 6-7 position in the USNWR ranking for research-intensive schools. In the latest 2009 ranking, Stanford fell to number 11 – which certainly seems implausible, since conditions simply don’t change that quickly. This prompted us to completely reanalyze the methods and calculations used by USNWR, including the error of rounding fractional differences to whole numbers - creating compression and distortion of scores. Using a more correct approach (even with the flawed assumptions used by USNWR)

Stanford would remain solidly in the number 6-7 spot. But this not the real point, since the more important issue is the imperfect manner used to assess research. It is interesting to note that USNWR uses a more balanced approach to assess research in schools of engineering. For these schools, total institutional research funding is combined with research funding per faculty member along with the percentage of faculty who have been elected to the National Academy of Engineering. These last two measures constitute more objective reflections of faculty quality and achievement than simply the total amount of NIH dollars received by the institution.

It is notable that Stanford Medical School ranks number 1 in the amount of research funding per faculty member. And if the percent of Stanford faculty who have been elected to the National Academy of Science or the Institute of Medicine of the NAS were included in the ranking (as for Engineering), Stanford would likely do quite well. These metrics are far better indicators of research quality and would provide more useful information to prospective students (the audience USNWR professes to be addressing) about the quality of a research faculty than the approach currently employed by USNWR. I will make these and related points when I meet with USNWR in mid-July while I am in Washington.

Ironically, additional confusion on the ranking debate was recently added by a report in the June 15th issue of the *Annals of Internal Medicine* by F. Mullen et al entitled “*The Social Mission of Medical Education: Ranking the Schools*” (2010; 132:804-812). While perhaps well-meaning, this report further distorts reality by defining “social mission” as a measure of the percentage of graduates of a medical school who practice primary care, who work in health professional shortage areas, and who are underrepresented minorities. I certainly do not question the importance of producing more primary care physicians or for providing medical care for the underserved. These are enormously important issues. But it seems far too narrow to restrict the definition of the “social mission” of medical education to these metrics. Nor does it seem prudent to employ them across all medical schools – as if each had (or even should have) the same social mission. Indeed, if that were the case, medical education would be reduced to standards that would stifle innovation. We certainly need more primary care physicians, but we also need more physician scientists, and we need to continue to replenish our supply of innovators, leaders and specialists. Indeed, I would argue that training and educating physician scientists and leaders in medicine and healthcare are very much part of a broad social mission.

I surely understand the need to create order and I recognize the natural tendency to rank or prioritize outcomes. But I question whether rankings like those done by USNWR or the more recent “social mission” ranking provide any real enlightenment or benefit – or whether it simply permits bias to rule or promotes marketing opportunities.

Draft Publication of the ACGME Duty Hours Task Force Recommendations

On June 23rd, the 16- member Accreditation Council on Graduate Medical Education (ACGME) published for comment its recommendations on Resident Duty Hours. This has been a much discussed and anticipated report, especially following the 2008 publication of the Institute of Medicine Report *Resident Duty Hours: Enhancing Sleep, Supervision, and Safety* seemed to herald further restrictions to the “80 hour work week” that became the rule in 2003. There has been considerable commentary by virtually every professional society and group about this

matter, most calling for more attention to fatigue management and resident supervision than to further restrictions on work hours *per se*. The ACGME recommendations are based on very broad feedback and a thoughtful review of comments from every constituency and can be viewed at <http://acgme-2010standards.org/>.

Virtually simultaneously, the New England Journal of Medicine published an on-line summary, including a helpful table comparing the 2003 ACGME requirements to the 2008 IOM recommendations and the proposed 2010 ACGME requirements. I am taking the liberty of copying the table from the NEJM on-line summary below since it provides an excellent comparative summary.

From: Nasca, TJ, Day, SH, Amis, S for the ACGME Duty Hour Task Force, “The New Recommendations on Duty Hours from the ACGME Task Force” published in the June 23rd on-line New England Journal of Medicine (<http://content.nejm.org/cgi/content/full/NEJMs1005800>).

Table 1. Comparison of Selected Sections of the Proposed ACGME Requirements with the 2003 Standards and the IOM Recommendations.*

Category	ACGME 2003 Requirements	IOM 2008 Recommendations	Proposed 2010 ACGME Requirements
Supervision	Programs must ensure that qualified faculty provide appropriate supervision	Residency review committee should establish measurable standards of supervision according to specialty and level of training Residents in first yr must have immediate access to in-house supervision	Residents and attendings should inform patients of their role in the care of each patient Supervising faculty should delegate portions of care to residents Senior residents or fellows should serve in a supervisory role for junior residents Progressive responsibility for care must be assigned by the program director and faculty Residents are responsible for knowing the limits of their scope of authority Programs must set guidelines as to when residents are expected to communicate with supervisors Faculty assignments should be of sufficient duration to assess residents' knowledge and skills Programs must observe the following three classifications of supervision: level 1 — direct supervision (the supervising physician is physically present with the resident and patient); level 2 — indirect supervision; level 2a — supervising physician is on site and available to provide direct supervision; level 2b — supervising physician is available by phone and available to provide direct supervision; level 3 — oversight (the supervising physician reviews procedures and encounters after care is delivered) During the postgraduate yr 1, residents must have supervision level 1 or 2a
Workload	Learning objectives must not be compromised by excessive reliance on residents to fulfill service obligations Assignments must recognize that faculty and residents collectively are responsible for patient safety and welfare	Resident workload should be adjusted and work that is of limited or no educational value limited Residents should be provided with adequate time for patient care and reflection Appropriate limits on caseload should be set, taking into consideration complexity of illness and residents' competency	The workload for each resident must be based on level of training, patient safety, resident education, severity and complexity of patient illness, and available support services (specialty-specific guidelines to be enumerated by each specialty review committee) The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill nonphysician service obligations
Maximum hr/wk	80/wk, averaged over 4 wk	80/wk, averaged over 4 wk	80/wk, averaged over 4 wk
Maximum length of duty period	Continuous on-site duty, including in-house call, must not exceed 24 consecutive hr Residents may remain on duty up to 6 additional hr to participate in didactic activities, transfer care of patients, conduct outpatient clinics, or maintain continuity of medical and surgical care No new patients may be accepted after 24 hr of continuous duty	Extended duty must not exceed 16 hr, unless a 5-hr nap is provided; 5-hr nap must be included in 80-hr limit; after 5-hr nap, resident may continue for up to 9 more hr for a total of 30 hr No new patients after 16 hr Extended duty (e.g., 30 hr with 5-hr nap) must not occur more frequently than every third night; averaging is not allowed	Duty periods of residents in postgraduate year 1 must not exceed 16 hr Intermediate-level and senior residents (postgraduate yr 2 and above) may be scheduled for a maximum of 24 hr of continuous duty; programs must encourage residents, as professionals, to use alertness-management strategies to maintain alertness in the context of patient care responsibilities; strategic napping, especially after 16 hr of continuous duty and between 10 p.m. and 8 a.m. is strongly suggested Residents may remain on site for periods of no longer than an additional 4 hr to provide for the transfer of care and may not attend continuity clinics after 24 hr of duty In unusual circumstances, residents may remain beyond scheduled hr to continue to provide care for a single patient; justifications are limited to required continuity of care for a patient who is severely ill or whose condition is unstable, academic importance, or humanistic attention to the needs of a patient or family; residents cannot be compelled to spend these additional hr
In-hospital on-call frequency	Every third night, on average	Every third night; no averaging	Intermediate-level and senior residents (postgraduate yr 2 and above) — every third night (no averaging)
Minimum time off between scheduled duty periods	Adequate time for rest and personal activities must be provided, consisting of 10 hr off between all daily duty periods and after in-house call	Time off must be provided as follows: 10 hr off after regular daytime duty period 12 hr off after night duty 14 hr off after an extended duty period, and must not return before 6 a.m. the next day	Residents in postgraduate yr 1 should have 10 hr off and must have 8 hr free of duty between scheduled duty periods Intermediate-level residents should have 10 hr off and must have 8 hr between duty periods and 14 hr free of duty after 24 hr of in-hospital duty Residents in the final yr of training should have 10 hr free of duty and must have 8 hr between scheduled duty periods; review committees may create standards that allow residents to return to work in less than 8 hr under the monitoring of the program director
Maximum frequency of in-hospital duty	Specialty-specific requirements apply	Night duty must not exceed 4 consecutive nights and be followed by a minimum of 48 continuous hr off (after 3 or 4 consecutive nights)	Residents must not be scheduled for more than 6 consecutive nights of night duty (night float) (the maximum no. of consecutive wk of night float and maximum no. of mo of night float per yr may be further specified by the specialty review committee)
Mandatory off-duty time	24 hr off per 7-day period, averaged over 4 wk, inclusive of call	24 hr off per 7-day period; no averaging; one golden weekend per mo†	24 hr off per 7-day period (when averaged over 4 wk); home call cannot be assigned on these free days
Moonlighting	Moonlighting must not interfere with residents' ability to achieve the goals and objectives of the educational program Internal moonlighting must be considered part of the 80-hr limit	Internal and external moonlighting count as part of 80-hr limit Residents must receive permission from program director to moonlight, and resident performance will be monitored to ensure no adverse effects from moonlighting	Internal and external moonlighting are to be included in 80-hr limit Residents in postgraduate year 1 must not be permitted to moonlight, internally or externally
Duty-hr exceptions	Review committee may grant exceptions for up to 10%, or a maximum of 88 hr, for individual programs based on a sound educational rationale	Review committee may grant exceptions for up to 10%, or a maximum of 88 hr, for individual programs based on a sound educational rationale	Duty-hr exceptions to 88 hr per week averaged are permissible for select programs with a sound educational rationale; before submitting the request to the review committee, the program director must obtain permission from the designated institutional official and the Graduate Medical Education Committee
Home call	The frequency of home call is not subject to the every-third-night, or 24-6, limitation, but home call must not be so frequent as to preclude provision for rest and reasonable personal time Residents on home call must have 1 day in 7 free from all responsibilities, averaged over 4 wk Hr logged when residents are called into the hospital are counted toward the 80-hr limit		Time on home call spent by residents in hospital must count toward the 80-hr maximum weekly limit; frequency of home call is not subject to the every third night limitation; at-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident Residents are permitted to return to the hospital while on home call to care for new or established patients; each episode of this type of care, although it must be included in the 80-hr weekly maximum, will not initiate a new off-duty period

* Information on four categories of the proposed requirements that are not listed in the table (teamwork; professionalism, personal responsibility, and patient safety; transitions of care; and alertness management) is available with the full text of this article at NEJM.org. ACGME denotes Accreditation Council for Graduate Medical Education, and IOM Institute of Medicine.

† Golden weekends are weekends entirely free of responsibility for patient care.

The Association of American Medical Colleges (ACGME) has already issued a statement endorsing the ACGME proposed duty hour requirements (see: <http://www.aamc.org/newsroom/pressrel/2010/100623.htm>). The draft ACGME standards are available for public comment through August 9, 2010 (see: <http://acgme.org>) and, when finalized, will be put into effect in July 2011.

Evaluation of Medical Student Performance During Clinical Rotations

In tandem with the proposed requirements for resident duty hours, the ACGME also published criteria for evaluating residency programs and resident performance. Expectations for knowledge-based assessment as well as professionalism mirror a number of criteria that will be employed in our medical student CBEI (Criterion Based Evaluation System - <http://med.stanford.edu/md/curriculum/CBEI/index.html>) program, which begins on June 28th. Following the decision more than a year ago to institute a more formal evaluation of clinical performance during core clerkships, a thoughtful, careful, comprehensive and engaged task force led by Dr. Elizabeth Stuart, Clinical Associate Professor of Pediatrics, has done an exceptional job in defining the criteria that will be used to evaluate student performance in Internal Medicine, Pediatrics, Surgery, Neurology, Obstetrics and Gynecology and Psychiatry. Dr. Stuart has kept students and faculty informed about the policies and procedures being utilized through numerous committee meetings, town halls, presentations to the Clinical Clerkship Program Directors, Faculty Senate and Executive Committee as well as postings on the CBEI website.

I want to thank Dr. Stuart for the exceptional progress that has been made and for the leadership and integrity that has been employed along the way. I am cognizant that any change brings questions, concerns and anxieties, especially for our students and faculty. But I am confident that the appropriate steps have been taken to address these concerns and that the process will be monitored carefully and adapted as appropriate. That said, I also believe that this is an incredibly important step in assuring that our students are being prepared to become outstanding physicians in every domain and dimension and to demonstrate their skills, knowledge and professionalism to the fullest extent possible.

Measuring Academic and Faculty Success

Over the past year we have continued efforts to support faculty development and success. A number of departmental task forces were engaged in this effort following the 2009 Strategic Planning Leadership Retreat and over the past 8 months we have had a number of these reports presented at our Executive Committee. On June 4th we heard reports on “creating a culture that fosters faculty success” from the Departments of Urology and Radiation Oncology. I want to offer special thanks to Craig Comiter, Associate Professor of Urology and Albert Koong, Associate Professor of Radiation Oncology, for sharing the initiatives they led in their respective departments.

- The metrics used in the Department of Radiation Oncology focus on clinical care, teaching, research and service. The proportional weight given to these categories varies according to the faculty line and the percent effort projected for each of these missions. Based on this, the department has developed detailed and specific metrics for each faculty line and rank as a guide to evaluating performance. The department recognizes that the

specificity of such metrics should be used as a tool and guide and not as a substitute for informed judgment.

- The Department of Urology reviewed the literature on metrics to assess faculty performance in mission related categories like research, teaching, service (and citizenship) as well as job satisfaction and personal fulfillment. Again the metrics they defined were presented as guides for faculty and related to the culture of the department.

The discussion that followed the presentation underscored that metrics vary among faculty lines and ranks as well as by departmental culture and discipline. Transparency to individual faculty about which factors are deemed important for his or her own success is important. For example, while everyone recognizes that the quality of a research contribution is more important than quantity, it is often noted that junior faculty have a hard time discerning what defines “high quality publication” or whether there is some threshold number needed for promotion. Clearly it is not possible to spell these out with comforting specificity – making it all the more important for junior faculty to have regular discussions and feedback from their advisors or supervisors. A continuing source of confusion also relates to the value placed on “collaborative” research versus individual contributions. Despite our focus on interdisciplinary research and collaboration, the culture of universities (including Stanford) still places a premium on individual contributions. This too is a work in progress.

Dedication of the C.J. Huang Asian Liver Center

On Wednesday, June 9th, Dr. Sam So, the Lui Hac Minh Professor in the Department of Surgery and the Director of the Liver Cancer Program, hosted the official opening of the New Asian Liver Center (ALC) at Stanford. Dr. So also directs the Asian Liver Center that is housed at 490 South California Avenue in Palo Alto. This event was also organized to thank and acknowledge the generosity of Dr. and Mrs. C.J. Huang, who played a key role in launching the Asian Liver Center in 1996 and whose generosity helped support the Center’s new location. The Huangs were celebrated as “Honorary Founders.”

This event was also provided an opportunity to thank Dr. So and his colleagues for their tremendous leadership and contributions in calling attention to the impact of Hepatitis B on liver cancer, especially in Asia. The Asian Liver Center has led vaccination programs to prevent Hepatitis B, especially in the Asian communities in the Bay Area and through major initiatives in China. The Asian Liver Center is a wonderful demonstration of a faculty member’s ability to influence the prevention of a serious human through commitment, research and advocacy.

Awards and Honors

- **Dr. Richard Tsien**, George T. Smith Professor in the Department of Molecular and Cellular Physiology, is the recipient of the 8th Annual George E. Palade Gold Medal Award, along with co-recipients Drs. Bill Catterall and Walter Boron. The committee was very impressed by Dr. Tsien’s work leading to the discovery of the N-type calcium channels. Dr. Tsein will be honored at an awards ceremony held in this fall.

- **Dr. Pat Basu**, Attending Physician, Department of Radiology, has been appointed a White House Fellow and Special Assistant to the President. This is a highly competitive recognition and we are proud of Dr. Basu's success.
- **Dr. Ron Garcia**, Senior Lecturer and Director, Center of Excellence, is one of three recipients of The California Wellness Foundations 2010 Champions of Health Professions Diversity Award that recognizes "exceptional individuals who demonstrate leadership in important health issues."
- The Board of Directors of the Baxter Foundation has selected the 2010 Baxter Faculty Scholars. They are:
 - **Manish Butte, MD, PhD**, Assistant Professor of Pediatrics, and
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- **Dr. Sam Gambhir**, Virginia and D.K. Ludwig Professor of Cancer in the Department of Radiology, and his colleagues have been awarded a new U54 from the NIH as a Center for Cancer Nanotechnology Excellence. This grant will likely approximate \$15 million over the next 5 years and will bring together faculty from the departments of Radiology, Medicine, Obstetrics and Gynecology as well as other faculty in the Schools of Medicine and Engineering.

Appointments and Promotions

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Marc A. Coram has been reappointed to Assistant Professor of Health Research and Policy, effective 6/01/10.

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Marc A. Coram has been reappointed to Assistant Professor of Health Research and Policy, effective 6/01/10.

David Paik has been reappointed to Assistant Professor (Research) of Radiology, effective 6/01/10.

Laura W. Roberts, has been appointed to Professor of Psychiatry and Behavioral Sciences, effective 9/01/10.

Daniel Spielman has been promoted to Professor of Radiology, effective 7/01/10.

Dean's Newsletter

July 26, 2010

SUMMER SCHEDULE

Even though nothing really seems to ever slow down in the School of Medicine, and in fact many new programs begin in the summer, I have traditionally changed the frequency of the Dean's Newsletter from every other week to every 3-4 weeks during July and August. I doubt many of you are missing the more frequent transmissions, but I did want to remind you about the altered summer schedule and also that the regular biweekly one will commence in September. All that said, I hope you have some quiet and restful times during the remainder of July and in August.

Thinking About Postdoctoral Fellows and Scholars

As I noted in the May 14th Dean's Newsletter, "*Thinking About Learning*" (see: http://deansnewsletter.stanford.edu/archive/05_03_10.html#2) is an imperative if we are to optimally serve the needs of future students – be they high school students, college undergraduates, medical or graduate students, postdoctoral scholars as well as clinical residents and fellows, and faculty and professionals in our community and beyond. This realization is prompted by the opening of the Li Ka Shing Center for Learning and Knowledge (LKSC), but also by our recognition that learning behaviors and teaching styles will continue to change, perhaps dramatically, in tandem with emerging technology and new knowledge. At the same time, the career pathways for those graduating from Stanford's degree and training programs will evolve with the economy and broadening opportunities.

Given these changes, we have planned three parallel tracks of discussion, review and assessment: medical student education, graduate student education and postdoctoral scholar training. The plan is to begin with separate discrete interdisciplinary "think tanks" between now and September that will delineate questions requiring more in-depth analysis and review during the fall and winter. My hope is that we will be able to bring each of these three efforts into a more integrated discussion at our Annual Strategic Planning Leadership Retreat in January 2011.

On Saturday, July 17th, some 35 individuals, representing postdoctoral scholars, clinical fellows, faculty and administrative leaders as well as volunteer representatives from industry and career/employment centers convened in the LKSC Boardroom and engaged in a thoughtful, candid, far ranging and informative discussion about postdoctoral fellows and scholars at Stanford. I was pleased that we began our triad of think tanks with the topic of "postdocs," since this is not infrequently the group that feels the most disenfranchised, despite their importance to virtually every mission of Stanford Medicine. As I pointed out at the beginning of the "Postdoc Think Tank," there are nearly twice as many postdoctoral trainees in the School of Medicine as there are degree program students. For example, in this past year we had 1157 degree-seeking students (including 471 pursuing an MD or joint MD-other degree program, and 686 pursuing a PhD degree). Overall, our number of medical and graduate students is small compared to the other schools at Stanford. At the same time we have 2158 post-degree trainees, far more than in the other Stanford schools. This past year they consisted of 739 residents pursuing certification in medical, surgical and related specialties and subspecialties as well as 310 clinical fellows, each of whom do some research as part of their fellowship, and 1109 research postdocs.

Although there are differences in the programs and career paths for MD and PhD's pursuing clinical fellowships versus those in research training, there are also a number of overlaps in the issues these trainees face. Recognizing these commonalities, we made this initial think tank inclusive. Clearly, the overall portfolio of our more than 2100 postdoctoral trainees is quite diverse and has a number of subgroups and constituencies (e.g., those interested in academic careers versus other career pathways; those involved in clinical training versus pure research training; those international postdocs who come with an intention of returning to their home country versus those who are seeking a way to remain in the USA). For this initial discussion, though, I wanted to focus on a broad discussion of career opportunities and the goals and purposes for postdoctoral training.

In my opening comments, I reflected on the reality that the expectation for a postdoctoral fellowship has evolved over the past couple of decades from an optional training experience that only a small fraction of young scientists had into a virtual requirement of a bioscience career pathway. This has been coupled with increased lengths of training periods and, for a large number of trainees, more than one postdoctoral fellowship. While such fellowships provide opportunities for recent graduates to gain hands-on, on-the-job training and allow some to guide and even lead research programs, they also prolong the time spent as a trainee versus as an independent (or principal) investigator. This in turn has contributed to the fact that the average age of recipients of a first RO1 grant has risen to 42 years– which is quite concerning. Along with this reality is the fact that there are far fewer academic positions that postdocs can compete for, making the sometimes-presumed connection between graduate school and an academic position, tenuous or even illusory.

All of these factors lead to the important question of whether we (not simply at Stanford but collectively as a nation) are training too many postdocs. Put another way, should we reduce the number of postdocs who come to Stanford? Should there be some more organized admissions process to complement the decisions made by PIs that is based on need, funding and available resources? Should coordination occur at the department level or more broadly, as it does for our degree programs? We already limit the length of postdoc training to five years and disallow more than one postdoc; should those conditions be modified further? Although it has been tried before, the question of whether we should have a “Whitehead postdoc model” for selected trainees would benefit from renewed discussion. Alternatively, there are many other career pathways for postdocs (e.g., industry, education and beyond) for which we are not necessarily (or in an organized manner) providing education or preparation. Whether and how we should do this are important questions.

During the July 17th think tank we first discussed what is working and what needs work at Stanford. Naturally (and I think appropriately) there was much more focus on what needs work in order to build on the excellent foundation of science opportunity and the culture of innovation that already exists at Stanford. It is widely acknowledged that we possess the key building blocks and resources and the very fact that we are willing to engage in a dialogue about how to make things better is evidence of our commitment. It also seemed apparent that a number of the resources already available for education and career development are not as well appreciated as they should be – making continued communication a high priority.

Understandably, there are lots of issues that we would all acknowledge need work. Among these are the cultural perceptions of relative value by postdocs, faculty and our community. For instance, there seems little question that if one’s intent is to pursue an academic career, the level of receptivity and acceptance by the Stanford community is greater than if one is interested in industry or another alternate career pathway. Clearly this is a generalization, since many faculty and labs are quite open and permissive to a wide range of career paths – but this is not consistent.

Another underlying theme was the question of the true purpose of a postdoc position. For example, is it really to further training and career development (in which case the focus is on the postdoc) or is it to further the work in the lab – both intellectually and in terms of expanding the workforce? A focus on enhancing training and career development leads to other issues, such as

whether we need work on mentoring and career advice and development, along with improved communication about resources and opportunities. A major concern is the length of training, although this needs to be framed in the context of the overall career path (i.e., from high school through postdoctoral training). There is a need for consolidation and reorganization of the training pathway – rather than just adding more, as has been the case in the past and present.

There was a general consensus that the training period for postdocs is too long and that there are not sufficiently graduated levels of responsibility. This topic also relates to the issue of whether selected postdocs can serve as principal investigators – an issue currently under discussion with the University Faculty Senate.

It was broadly recognized that the career goals of postdocs vary and that they may change over the course of the fellowship. While some postdocs enter with defined plans and in specific programs (this is clearly the case for clinical fellows), others begin with aspirations for one type of career but find that their interests or opportunities become quite different as their postdoc training continues. Building in more formal options for alternate career pathways was a topic of considerable discussion. While there is consensus that many skills acquired during graduate school and postdoctoral training are foundational, other skills, such as in leadership and particularly in business and entrepreneurship, require different types of exposure and training – either as part of a formal degree program or as part of a flexible training program. That said, it was also apparent that the time to address these issues is really during graduate and medical school and that increased attention to and focus on career opportunities, education and training should take place prior to beginning a postdoctoral program. Certainly this will be a topic for our future think tanks on medical and graduate student education programs.

Attention to the career development of women and minorities is an area requiring additional work. We are conversant with the many gender challenges that occur during academic careers and have focused attention on faculty development (see below). But many of these same issues apply to postdocs, and it is important to further assess and determine what we can do to ameliorate them. Also highlighted were issues of dual career families.

In the second part of the think tank we queried what we could do that would be “big and bold.” We asked whether the current postdoc model could – or should – change, and, if so, how. In doing so we wanted to frame and craft the issues and questions that require additional study and input. We ended up with basically two approaches: enhancing the current model or reshaping the postdoc model for the future. Here is a distillate of the discussion – which will certainly require further elaboration. Needless to say we would appreciate your input as well.

Enhancing the Current Model

- **Career pathways**
 - *Non-academic pathways*
 - Provide additional structured explorations of non-academic careers
 - Address cultural issues that discourage non-academic career choices and that may also discourage PIs from permitting postdocs to spend the time engaging in these explorations.

- Mandate that PhD committees include discussions of different career pathways.
 - Tap into the pharma and biotech industries in the Bay Area
 - A forum of pharma, biotech – develop internships, teach classes could help launch novel programs.
 - Be cognizant and focused on focused career pathway as part of the selection process. For example:
 - Institutions like Stanford traditionally train postdocs interested in academic positions and thus our admissions program should focus on such individuals.
 - If a postdoc applicant is really interested in industry perhaps it is better for such individuals to do their training in a company.
 - Expand SPARK; have a self-sustaining program focused specifically on translating ideas to industry
- **Academic pathways**
 - Departments/institutes could consider hiring assistant professors directly from graduate programs (i.e., without a postdoc). This would require a major cultural shift and would need careful assessment.
 - Create hybrid positions – opportunities to be in a position that is not a postdoc and not a faculty member, but with ability to apply for grants. An aspect of this is currently under consideration.
 - Encourage our postdocs to explore the academic opportunities that are emerging internationally.
- **Mentoring**
 - Mentoring by a team, not a single individual - untie postdocs from the single mentor model. This is not a new suggestion.
 - Establish mentoring committees for postdocs, analogous to the PhD thesis committee (The department of Chemical and Systems Biology has begun to have such committees.)
 - Establish a grants office for trainees in the SOM – assistance in applying for grants available to postdocs/PhD students, MD/PhD students.
 - Acknowledge the diversity of the postdoc population and tailor mentoring to take this diversity into account.
 - Provide guidance to faculty regarding postdoc mentoring.
- **Other ideas**
 - Limit the postdoc pool; have a rigorous review process for determining postdoctoral fellowship offers
 - Develop a “competencies model” for postdoctoral training.
 - Assure that assessment and feedback are part of any model.

Reshaping the Model for the Future

- **Shorten training**

- Undergraduate (or even high school) to PhD and postdoc
- Undergraduate to medical school to residency
- Diminish the status/privilege differences between the “silos” of phases of training (grad student vs. resident vs. fellow)
- Shorten physician scientist training
 - Start earlier
 - Undergrad to med school (with a taste of research)
 - Then research (with or without a PhD)
 - Change the MD/PhD program
 - Deal with structural misalignments
 - Pilot this here at Stanford
 - Especially important for women and minorities
- **Look for gifted younger students** – get them started early – undergraduates, and even earlier – Stanford Medical Youth Science Program, Stanford’s Education Program for Gifted Youth.
- **Explore the Whitehead Fellows model** to create independence at an earlier stage of career development. Apparently this was tried previously at Stanford (in fact likely more than once) without great success. But further assessment and exploration could still be meritorious.
- **Change the balance of PhDs and postdocs**
 - Compared to other schools (like Engineering) the postdoc model is relatively unique to bioscience training. This may be inherent to the biosciences but other disciplines (like engineering) begin faculty appointments with no or much briefer postdoc training.
 - At the same time, the question of balance between graduate students and postdocs needs to be considered. Currently graduate students are more expensive compared to postdocs, but they are also vetted for selection in a more programmatic manner. They do not have the experience of postdocs and thus many will contribute less to the intellectual capital of the program. This cannot be an either/or scenario – but it is one of balance. Should we have more graduate students and fewer postdocs? That said, we still need to be cognizant of the career opportunities for either graduate and/or postdocs. It is certainly recognized that this is very hard to predict, but we need to take the limitations of opportunities seriously, especially during the current economic downturn.

Next Steps

Based on the helpful discussion we had at this initial think tank, we plan to further develop some of the important ideas and recommendations that came forward and then to look at their intersections with the parallel work that will take place for graduate and medical student education. As part of this process we will focus on the discrete training goals and career paths of PhD scientists, on one hand, and physician-scientists on the other. This consideration will include assessing the key objectives from the trainee perspective as well as that of the institution

at a macro level and of the institutes, departments and principal investigators who support and provide the foundations for postdoctoral training and development.

Clearly the length of training – especially when combined with undergraduate (college and even high school) and graduate education – is too long. A more coordinated view is important; it should have the objective of getting graduates to longitudinal career pathways much sooner, while also creating options so they can consider a diversity of opportunities, in academia, industry and beyond. To accomplish this we need to work on the institutional, organizational and federal regulatory rules and impediments that impact coordination and consolidation. Some of these arise from the discrete regulatory agencies and organizations that accredit or certify institutions or individuals; others come from government agencies, particularly the NIH, that affect the funding and flexibility of fellowships supported by training grants. We also have considerable work to do at the institutional level to address cultural assessments and expectations of what constitutes a respectable career pathway and to be more open to alternatives, be they in work schedule or ultimate direction. This is especially true if we are to more successfully support the careers of women and minorities.

Of course we also need to recognize that postdocs are an amalgam of different groupings and expectations, including MDs, PhDs and mixtures thereof. They also include individuals with differing expectations, from different parts of the world – some of whom have a position they will return to and others who are seeking a new home they can move to. Their needs and expectations are different, and the way they behave and interact with each other will differ as well. In tandem, the blend of cultures, ethnicities and languages adds diversity as well as complexity in communicating and in planning.

Over the next couple of weeks we will be communicating further with the individuals who attended the July 17th Think Tank. We will develop specific subgroups under the banner of “Postdocs” that will explore assigned topics in greater depth. We will then plan to coordinate their findings in reports back to the broader group and to those focusing on medical student and graduate student education. We will then bring the findings and recommendations to our Leadership Retreat in January and either implement those that seem appropriate or work further on the elements needing more discussion and exploration. I will do my best to share information with you and as always will appreciate your comments and recommendations along the way.

Academic Life: Flexible and Alternate Work Schedules

Faculty recognize the drill explicitly or implicitly. Success in academia requires, among other things, commitment, dedication, focus, energy, creativity, luck and time. For most faculty, time is a major issue – simply in the sheer number of hours per day and week that it takes to construct a portfolio leading to academic promotion and success. Time also means the need to achieve measurable success within 7-10 years from appointment as assistant professor to associate professor and tenure or, for clinical faculty, to a promotion that carries with it the possibility of reappointment. While the opportunities to discover, innovate, educate and care for patients can be exciting and exhilarating, the pressure to demonstrate unique individual success to internal and external reviewers and evaluation committees also creates considerable stress. For many those pressures occur simultaneously with personal and family pressures, including childbirth

and childcare and the concomitant financial and related pressures. The balancing between professional and personal demands and expectations can be exacting, demanding and rate limiting. They may even lead some of the most talented young physicians and scientists to never get on or to get off the academic train and seek non-academic careers - or to continue in academia, with sometimes destructive personal consequences.

Over the years we have spent considerable time and effort trying to find ways to support faculty and their career development – through our Offices of Academic Affairs and of Diversity and Leadership. A number of programs have been put into place in the medical school and university to reduce pressure, provide support (including information and resources) and extend the time to the promotion decision. Among the issues that have been addressed (with varying degrees of success) are maternity, paternity and adoption leave; extension of the tenure clock for family responsibilities; and childcare and related services. We have annotated our progress and failings in various leadership programs, opportunities and reports – including a number in prior issues of this Newsletter. While the Stanford School of Medicine currently permits part-time appointments and job-sharing on a case-by-case basis, such alternative work schedules are not common, and the “culture” does not readily embrace or support such appointments. That said, it is in my opinion that it is essential that we explore such alternative career pathways. They work in other settings, and we need to determine whether we can figure out ways of changing both the culture and career path options in the School of Medicine.

I have asked Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership and Professor of Medicine, and Dr. Christy Sandborg, Chief-of-Staff at the Lucile Packard Children’s Hospital and Professor of Pediatrics, to lead a task force to explore and develop Flexible Work Arrangements. These have been explored and occasionally implemented at other institutions of higher education, but they are not part of the medical school culture. However, I know from discussions with colleagues around the country that there is receptivity on the part of some schools and leaders to determine the feasibility and opportunities for flexible work arrangements as part of an overall agenda of improving faculty career development. To carry out this exploration at Stanford, Drs. Valantine and Sandborg will partner with other Stanford colleagues and will also engage with the American Council on Higher Education. I view this as a critically important project, and we will be giving it a high priority. I wanted to let you know that it is getting underway and that we will be seeking input, recommendations and hopefully some transformative thinking as we move forward.

Should We Hold Annual Meetings For Senior Faculty?

When we think of mentoring and career development our attention naturally and appropriately turns to junior faculty. But career development evolves over a lifetime, and plans and expectations change accordingly. Several years ago we appointed a Senior Transitions Task Force led by Dr. Gary Schoolnik. I have previously reported the recommendations of that task force and we have developed a website (<http://med.stanford.edu/academicaffairs/senior-faculty/>) and resource center to help assist senior faculty with questions and concerns. The question has now arisen about whether we should codify this process further into an annual meeting – as we would do for more junior faculty. When we discussed this topic at a recent Executive Committee, we heard a range of perspectives and comments.

We all recognize that medical schools are different from other components of universities, in that nearly all medical school faculty are on “soft money” – which comes primarily from research grants or clinical income. As these sources become more constrained, the expectations held by a senior faculty member can become misaligned with those of colleagues or of her or his department. While many faculty plan for their own transitions, some find that difficult, even frightening – and, as a result, they exercise avoidance. We also recognize that senior members of our faculty have contributed significantly to all of the missions of the school, university and medical center. Many have helped define the excellence of Stanford as we know it today. We share a deep respect for past accomplishments as well as the recognition that future planning provides an insurance to disappointment or even disillusionment. The loss of competitive support for research or the decreased dexterity for technical procedures is an inevitable part of life. It is no different in cognitive and technical expertise than it is in sports or physical endurance. Having just completed the San Francisco Marathon yesterday, I am well aware of the boundaries of endurance. And of course we all need to consider and plan for transitions.

The question of whether senior faculty should have a counseling session, career guidance meeting or simply an annual discussion with their department chair evoked different viewpoints in the Executive Committee discussion. Some chairs felt it was an important part of their role and responsibility; others expressed concern that they were poorly-equipped or unprepared for such discussions, especially with faculty facing issues that were quite different than those they were more familiar with. Yet everyone agreed that at least an annual meeting with all faculty, including senior faculty, to review career plans and prospects was important and could avoid misunderstandings or even crises for individuals and organizations.

We focused on the issue of faculty transitions a few years ago first by acknowledging its importance and then by assessing its impact and coming up with recommendations and resources. We now recognize that there is more work to be done to implement an annual review and planning process for all faculty, regardless of the stage of the career. We further recognize that how this is done requires additional discussion and reflection, which we will share in future Newsletters.

Conflicts of Interest in Clinical Care Policies Further Codified by the AAMC

Stanford has been a leader in recognizing the importance of financial conflict of interests in research, education and patient care. In a number of ways the policies established by our faculty and endorsed by our community have helped set a national standard. National organizations including the Association of American Medical Colleges (AAMC) and the Institute of Medicine of the National Academy of Sciences have also set national expectations, guidelines and policies. The most recent is the June 30th report by the AAMC that “urges US teaching hospitals to establish policies that manage financial relationships between physicians and industry so that they do not influence patient care” (see: *In the Interest of Patients: Recommendations for Physician Financial Relationships and Clinical Decision Making*. https://services.aamc.org/publications/showfile.cfm?file=version163.pdf&prd_id=303&prv_id=375&pdf_id=163). Dr. Harry Greenberg, Senior Associate Dean for Research and Joseph D Grant Professor in the Department of Medicine, served on the advisory committee that formulated the

AAMC report. Dr. Greenberg has also been among the leaders who developed Stanford's *Policy and Guidelines for Interactions between the Stanford University School of Medicine, the Stanford Hospital and Clinics, and Lucile Packard Children's Hospital with the Pharmaceutical, Biotech, Medical Device, and Hospital and Research Equipment and Supplies Industries ("Industry")* that can be found at <http://med.stanford.edu/coi/siip/policy.html>.

In nearly every way Stanford has already enacted the recommendations of the AAMC, and our experiences have been endorsed and followed by an increasing number of peer institutions. It is inevitable that similar policies will be implemented nationwide. While you can review the details of the report, I am noting below the recommendations (with my highlighted emphasis) so that you are familiar with the major topics of focus:

- Compensation mechanisms of academic medical centers should be aligned with the best interests of patients.
- ***Medical societies*** should set standards of addressing their own relationships with industry.
- Academic medical centers should address their ***physicians' financial relationships with industry*** in the context of the clinical care they deliver.
- Academic medical centers should address ***institutional financial relationships with industry*** in the context of the clinical care they deliver.
- Academic medical centers should ***disclose the industry*** ties of their physicians to their patient communities as one method, though not the exclusive method, of managing actual and perceived conflict of interest in clinical care.
- Academic medical centers should ***involve their patient communities*** in determining the manner in which financial relationships of its physicians and of the institution itself should be made available to patients.

This is a continually evolving issue – which has both good and troublesome features. I well recall a comment made a few years ago warning that if doctors and academic centers did not take charge of financial conflicts, legislation would do so. In part that has now happened as part of the healthcare legislation that put the Physician Payments Sunshine Bill proposed by Senators Grassley and Kohl into law. Unfortunately, compliance regulations can also become too stringent and imposing, as appears to be the case with the current Notice to Proposed Rulemaking concerning *Responsibility of Applicants for Promoting Objectivity in Research for Which Public Health Funding is Sought and Responsible Prospective Contractors*, which was published in the May 21, 2010 Federal Register. In this case the proposed rules would prove extremely difficult and costly to implement and would have unclear benefits. To a certain extent they represent a response to political forces, and they show how policies can be imposed if academic centers are seen as less compliant or responsive to perceived conflicts of interests. Stanford and many other organizations are offering comments to this proposed rulemaking.

SHC Medical Executive Committee Offers Thanks and Appreciation to Martha Marsh

On July 7th Martha Marsh attended her last Medical Executive Committee (MEC) meeting as President and CEO of Stanford Hospital & Clinics. She retires officially at the end of August. In recognition of Ms. Marsh's eight years of service to Stanford Medicine, Dr. Steve Galli, Mary

Hewitt Loveless, MD, Professor and Chair of the Department of Pathology, proposed a motion to the MEC upon the request of Dr. Bryan Bohman, SHC elected Chief of Staff. The motion was passed unanimously by the committee, and, since it captures the sentiments and views of the medical staff, I thought it would be nice to share it with you. Drs Galli and Bohman agreed that this motion could be published in the Dean's Newsletter.

I've (Dr. Steve Galli) been a member of this group long enough to know that when Martha Marsh arrived as CEO and president of SHC in 2002, the institution had recently emerged from the merger of Stanford and UCSF in what could be called "guarded condition" (and that is putting it mildly), and she learned that there was less than two weeks of cash on hand. I understand that there is a technical financial term for this situation: "Not good." To make a long story short, Martha's leadership resulted in a remarkable turn-around for SHC, that has a \$1.9 billion operating budget in 2009-10, that has enjoyed four bond upgrades in nine years, and that now has 200 days of cash on hand.

However, Martha's most important contributions have gone far beyond restoring financial stability. Along with being named to *U.S. News & World Report's* Best Hospitals list for the past eight years, SHC was selected as one the country's top hospitals in 2009 by The Leapfrog Group for "delivering the best quality care in the nation while attaining the highest levels of efficiency." During her tenure Martha enhanced hospital services to include a new cancer center, an outpatient center in Redwood City, and an electronic medical record system that earned the hospital the highest designation level — Stage 7 — from HIMSS Analytics Database, the industry organization focused on the use of information technology in health care. Stanford Hospital is the fourth health-care organization and one of only six nationwide among more than 5,000 in the HIMSS Analytics Database to achieve this top-level designation.

In commenting on Martha and her accomplishments as CEO, Mariann Byerwalter, chair of the SHC Board of Directors, said: "Martha has been an extraordinary leader for Stanford Hospital & Clinics and has transformed the hospital in every area of performance. We are all extremely grateful to her and proud of the accomplishments she has achieved."

To convey the MEC's appreciation to Martha, I propose the following motion:

Motion: The Medical Executive Committee, on behalf of itself, the medical staff and employees of Stanford Hospital & Clinics, and the patients we serve, wish to thank Martha Marsh deeply for her eight years of leadership of SHC as CEO, for her unflagging efforts to ensure that SHC provide the highest standards of excellence in patient care, for her determined and effective restoration of the financial health of SHC, for her vigorous pursuit of improvements in SHC facilities, operations, programs, quality of care, information technology, and patient services, and for her work with Dean Phil Pizzo and LPCH CEO Chris Dawes in their efforts to make Stanford University Medical Center much more than the sum of its parts. If one of the tests of effective leadership is leaving an institution in better shape than one found it, there can be no doubt that Martha Marsh has passed that test with flying colors. The MEC wishes all the best for Martha and her family as she enters the next phase of her life, and bids her farewell rather than goodbye, hoping to see her return to Stanford to witness the completion of the new hospital which she got off to such a good start.

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Improving the Patient Experience

Academic medical centers should be graded on how well they do in several key areas. Innovation, including both discovery and the translation of knowledge from research to the patient, is a defining feature of an academic medical center and is one where Stanford does particularly well. Another is the delivery of state-of-the-art medical care, and here Stanford does quite well and has made numerous strides, particularly in the last decade. We still have work to do in recruiting and developing excellence in the broad dimensions of clinical medicine – which is especially challenging for a small medical center. Third, medical care needs to be delivered with outstanding quality and in the safest ways possible. This is always a challenge when the complexity of care is high and the number of providers multiple and variegated. Stanford has made considerable progress in improving and even leading in this area over the last years.

A fourth key area, which works in conjunction with outstanding quality in the delivery of care, is the creation of a setting in which the patient experience and service are exemplary and appreciated. Here we have done more poorly and certainly inconsistently. There are outstanding examples of success but too many of suboptimal performance – by the entire medical team and the institution – which also needs to include service in ambulatory as well as inpatient settings. We need to do better. And fifth, the cost of care needs to be as low as possible and competitive with other providers to make value added meaningful and successful.

Each of these key components (innovation, state-of-the-art patient care, high quality, outstanding patient service and competitive cost) is important both individually and as a component of our overall success as an academic medical center. They are all critical, although their perceived values will impact constituents differently. For example, we will be evaluated by our academic peers on the depth and excellence of our discoveries and innovations. The expertise of our physicians and providers will affect our reputation among our clinical colleagues and will impact referrals and clinical interactions. Patients and our community will judge us by how well we do in service and the quality of their experience, whether in outpatient or inpatient settings. In many ways the patient experience can have an even larger impact on perceived value than whether we are great in innovation or other facets of academic medicine. And of course payers, both public and private, will assess us on cost, although this will increasingly be combined with quality and clinical outcomes. Many of these changes will unfold over the next decade as healthcare insurance reform, provider reform and cost control converge to change the landscape of medicine in the USA. These are changes that need to happen – but they will be challenging.

While we have lots of work to do, the first step in progress is recognition of the need for change. Evidence of this is clearly present in the types of recruitments that clinical departments have made in recent years or that they are planning for the future. The combined efforts of the hospital and school have led to improvements in quality and clinical outcome, but much work remains to be done. It is our intent to make considerable progress in the areas of cost, efficiency, effectiveness and provider delivery through the new Clinical Effectiveness Research Center that has been recently established and that will be led by Dr. Arnie Milstein (see: http://deansnewsletter.stanford.edu/archive/05_24_10.html#2). In addition, over the past several months a new effort shared by SHC and the School of Medicine on “The Patient Experience” has been established as a major initiative that will focus on all sites and programs of Stanford Medicine. This includes ambulatory programs for which a new outpatient clinic program and Clinical Advisory Council has been established, the first meeting of which was held on July 19th.

It is our expectation that these concerted efforts will improve the overall patient experience and the quality, effectiveness and cost of care at Stanford Medicine. An important aspect – and indeed a key ingredient – will be the necessary cultural transformation by all of us to focus on a more patient centric care model, something I wrote about in the December 1, 2008 Newsletter in a piece entitled “Professionalism and Patient-Centricity (see: http://deansnewsletter.stanford.edu/archive/12_01_08.html), much of which is still timely and relevant today. Within that context I was pleased to see the message from Drs. Ann Weinacker, Vice Chief of Staff, and Bryan Bohman, Chief of Staff, offering vignettes and insights on this critically important issue. I am taking the liberty of copying it below and hope each of you will think about it with serious intent.

FROM DRS ANN WEINACKER AND BRYAN BOHMAN TO THE MEDICAL STAFF

It is easy to get so caught up in the work of taking care of patients that we forget the common courtesies of quality care. But try this: Introduce yourself to every patient you care for, and include the nurses in your rounds every day. These are two initiatives currently underway on all inpatient services at Stanford, and are designed to improve patient satisfaction with their care. Unfortunately we have a long way to go to make our patients as comfortable as they should be. When asked to comment on his experience here, one patient said, “The doctor who took call for my surgeon on a day off never even introduced himself – just barged in and pulled up my gown.” Another said, “Don’t you guys ever talk to each other?”

We must begin to communicate better with each other, with patients, and with nurses. Soon, all SHC attendings, housestaff, fellows, and students will have baseball card style “team cards” to distribute to patients to help them to know who their doctors are, but that is only the beginning of communicating effectively. It is also important to tell patients what role you play on their health care team and who will cover for you when you are off or leaving the service, to let them know what tests they will have and when they will get the results, and to actively include nurses when making rounds and discussing patient care. As simple as it sounds, these things are not routine practice in our hospital, but they can ultimately make patients happier and save you and the nurses valuable time.

Compared with other academic medical centers, our patient satisfaction scores put us in the bottom 30 percent for inpatient and Emergency Department care and the bottom 10 percent for

outpatient care. Our greatest shortcomings relate to our failure to recognize patients as people who are vulnerable, uncomfortable, and often afraid of how an illness will change their lives. Most inpatients at Stanford have so many doctors involved in their care that many of them can't identify who is in charge. Introducing ourselves consistently and including the nurses as we make plans won't solve all our problems, but it's a start. We still have a lot of work to do.

If you have ideas for improving the patient experience at Stanford, we would like to hear your suggestions. Thanks.

Stanford Medicine and the Future of Teaching Hospitals and Medicine

The summer issue of *Stanford Medicine* (<http://stanmed.stanford.edu/2010summer/>), a collaborative project between the Stanford School of Medicine and the Stanford Hospital & Clinics, looks at the "*Metamorphosis of Teaching Hospitals*" and the lessons they can teach us during the era of healthcare reform. Thanks again to the fine editorial work of Roseann Spector and Paul Costello, this issue addresses a wide range of topics, including a timely and thoughtful report by Jonathan Rabinovitch entitled Transformers (see: <http://stanmed.stanford.edu/2010summer/article1.html>) that reviews the intersections of evidence based medicine, quality and performance, information technology and the culture of clinical - it is definitely worth reading.

Awards and Honors

- Thanks to a unique collaboration between Professor Rob Jackler, Chair of Otolaryngology/Head and Neck Surgery, and Professor Eric Knudsen, Department of Neurobiology, both holders of Sewall Professorships, endowment funds from these professorships were recently combined to create two new Sewall Professorships. These new professorships were bestowed on:
 - **Dr Stefan Heller**, Sewall Professor of Otolaryngology and of Molecular and Cellular Physiology, and
 - **Dr. Tony Ricci**, Sewall Professor of Otolaryngology and Molecular and Cellular Physiology.

Please join me in congratulating Professors Heller and Ricci and in thanking Professors Jackler and Knudsen, all now united in sharing the appellation of a Sewall Professor in the School of Medicine.

- **Dr. Wing Hung Wong** has been elected as a member of Academia Sinica, the national academy of the Republic of China (Taiwan). It supports research activities in a wide variety of disciplines, ranging from mathematical and physical sciences, to life sciences, and to humanities and social sciences. Congratulations to Professor Wing Wong.
- **Scope**, produced by the **School of Medicine's Office of Communication and Public Affairs**, has one first place in the "Halls of Research" category in the 2010 Health and Life Medical Blog Awards, which recognize the top blogs run by academic institutions that make medical issues accessible to the general public. Congratulations to Scope and the Office of Communication and Public Affairs.
- **Dr. Jonathan S. Berek**, Professor and Chair of the Department of Obstetrics and Gynecology, and the Director of the Women's Cancer Center of the Stanford Cancer Center, has been given the **2010 John C. Fremont Pathfinder Award**. The annual

award “honors native Nebraskans who have made outstanding contributions to mankind that exemplify the vision and courage of John C. Fremont.” The award was conferred this month at a special ceremony in Fremont, Nebraska. Congratulations to Dr. Berek.

- **Dr. Raj Rohatgi**, Assistant Professor of Medicine and by courtesy, of Biochemistry, has been awarded the 2010 Pew Scholar in Biomedical Sciences. Congratulations to Dr. Rohatgi.
- **Dr. Julie Theriot**, Associate Professor of Biochemistry and of Microbiology and Immunology, has been awarded the Kaiser Foundation Award for Excellence in Preclinical Teaching. Congratulations to Dr. Theriot.
- **2010 OCH CTSA Seed Grant Awards:** The Office of Community Health (OCH) is pleased to announce the recipients of the 2010 OCH CTSA Seed Grants. This funding will be used to form new community-based partnerships, enhance existing partnerships or support the development, implementation or evaluation of a community-based research project. This year’s award recipients include:
 - **Lisa Chamberlain**, MD, MPH, Assistant Professor of Pediatrics, School of Medicine and **Elizabeth Barnert**, MD, MS Pediatric Resident, School of Medicine, partnering with **The Mind Body Awareness Project** for: Evaluation of a one-day intensive mindfulness-based training program for incarcerated youth in San Mateo County.
 - **LaVera M. Crawley**, MD, MPH, Assistant Professor of Pediatrics, Stanford Center for Biomedical Ethics, partnering with **Circle of Care Program, East Bay Agency for Children** for: Building Mutual Capacity for Community-Based Outcomes Research in Pediatric Bereavement.
 - **Sun H. Kim**, MD, MS, Assistant Professor of Medicine, Stanford University Medical Center, partnering with **San Mateo County Behavioral Health and Recovery Services** for: Improving Metabolic Health in Patients with Severe Mental Illness.
 - **Abby C. King**, PhD, Professor of Health Research and Policy and Medicine, Acting Director, Stanford Prevention Research Center, School of Medicine and **Christopher D. Gardner**, PhD, Associate Professor of Medicine, Stanford Prevention Research Center, School of Medicine, partnering with **San Mateo County Health System and BRIDGE Housing Corporation** for: Developing Community Participatory-Based Neighborhood Audit Tools to Promote Healthful Eating and Active Living in Local Counties.
 - **Dee W. West**, PhD Professor, Department of Health Research and Policy, School of Medicine and **Bang Hai Nguyen**, DrPH, Consulting Assistant Professor, Department of Health Research and Policy, School of Medicine, partnering with **Community Health Partnership** for: Sustaining Community-Academic Partnerships to Conduct Community-Based Participatory Research.

Congratulations to all of the OCH CTSA Seed Grant recipients!

Appointments and Promotions

Gregg A. Adams has been promoted to Clinical Assistant Professor (Affiliated) of Surgery, effective 10/10/09.

Robin F. Apple has been reappointed to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 6/01/10.

Julius A. Bishop has been appointed to Assistant Professor of Orthopaedic Surgery at the Stanford University Medical Center, effective 8/01/10.

JW Randolph Bolton has been reappointed to Clinical Assistant Professor of Cardiothoracic Surgery, effective 7/01/10.

David B. Camarillo has been appointed to Assistant Professor of Bioengineering, effective 9/1/11.

Zhen Cheng has been reappointed to Assistant Professor (Research) of Radiology, effective 9/1/10.

Susan Crowe has been reappointed to Clinical Assistant Professor of Obstetrics and Gynecology, effective 7/01/10.

Maximilian Diehn has been appointed to Assistant Professor of Radiation Oncology, effective 7/1/10.

Martha R. Dorn has been reappointed to Clinical Assistant Professor (Affiliated) of

Genevieve D'souza has been promoted to Clinical Assistant Professor of Anesthesia, effective 7/01/10.

Rajesh Dtoh has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 7/01/10.

Nattoha Funck has been reappointed to Clinical Assistant Professor (Affiliated) of Anesthesia, effective 9/01/10.

Rajnish A. Gupta has been appointed to Clinical Assistant Professor of Dermatology, effective 7/01/10

Jon-Erik Holty has been appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 5/01/10.

Christine A. Keeling has been appointed to Clinical Assistant Professor (Affiliated) of Radiology, effective 7/01/10

Ruth B. Lathi has been reappointed to Assistant Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective 7/01/10.

Theodore Leng has been promoted to Clinical Assistant Professor of Ophthalmology, effective 7/01/10

Eleanor G. Levin has been reappointed to Clinical Professor (Affiliated) of Medicine, effective 9/01/09.

Jafi A. Lipson has been appointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective 8/01/10.

Richard D. Mainwaring has been reappointed to Clinical Assistant Professor of Cardiothoracic Surgery, effective 7/01/10.

Melanie A. Manning has been reappointed to Clinical Assistant Professor of Pathology and of Pediatrics, effective 8/01/10.

David G. Mohler has been promoted to Clinical Professor of Orthopaedic Surgery, effective 12/01/10.

Mindie H. Nguyen has been reappointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 7/01/10.

Michael J. Ostacher has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences at the Veterans Affairs Palo Alto Health Care System, effective 7/01/10.

Ravi Prtoad has been reappointed to Clinical Assistant Professor of Anesthesia, effective 9/01/10.

Ruchir Shah has been appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 5/01/10.

Lawrence C. Siegel has been reappointed to Clinical Assistant Professor (Affiliated) of Anesthesia, effective 9/01/10.

Geeta Singh has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 9/01/09.

Marc Thibonnier has been appointed to Clinical Professor (Affiliated) of Medicine, effective 5/01/10.

Wolfgang Winkelmayr has been appointed to Associate Professor of Medicine, effective 7/1/10.

David J. Wong has been appointed to Clinical Assistant Professor of Dermatology, effective 7/01/10.

Paul Cameron Zei has been promoted to Clinical Assistant Professor of Medicine, effective 8/01/10.

Dean's Newsletter **August 30, 2010**

A New Year Begins With Something Old and Something New

On August 18th we welcomed 86 new medical students for the 2010 Orientation, with first quarter classes beginning on Monday, August 23rd. Once again, we are fortunate to have a highly selected group of students – we had 5873 applicants for 86 matriculating students (1.5%). The class is comprised equally of men and women. Eight students are entering as part of the MSTP (Medical Science Training Program – or MD/PhD program). Three of the incoming class already have PhD degrees, 10 have Master degrees and one has a JD degree. The majority of the students concentrated in the biological, physical or engineering sciences as undergraduates – but ten were non-science majors. Although they come from 29 colleges and universities, three institutes account for half of the class (20 students graduated from Stanford, 16 graduated from Harvard and 7 from UC Berkeley). Approximately 15% are from three other universities (MIT [5 students], Johns Hopkins [4], Yale [4]) and two each are from seven other universities (Duke, Princeton, U Arizona, UCLA, UCSD, USC, U Wisconsin). The remaining sixteen students come from 16 other colleges or universities, including Arizona State U, Bethany College, Carnegie-Mellon, Columbia, CSU Long Beach, Haverford, LSU, Loyola Chicago, Northwestern, Oberlin, Swarthmore, U. Illinois Chicago, U Miami, U New Mexico, Washington U and Whitman College.

The class is diversified by underrepresented in medicine students as well as place of birth (20% respectively). In addition to the USA (with students coming from 23 states), 29 (34%) students were born in one of 18 other countries. Importantly, 23 of the incoming students spent time in research or service work in other nations – a testament to their interests in global health and a reminder of our increasingly global community in science and medicine. I want to thank Dr. Gabe Garcia, Associate Dean for MD Admissions, and the faculty and students who participated in the admissions process for their time, skill and wisdom in selecting another outstanding class of Stanford medical students.

The incoming class is the first to be oriented and begin classes in the new Li Ka Shing Center for Learning and Knowledge (LKSC) and while the sounds of construction still herald the final completion of the building, its innovations and importance to the future of medical education still shine brightly. Orientation began with a welcome from Paul Berg, the Robert W and Vivian K Cahill Professor Emeritus, who reflected on the impact of the move of the medical school to the Stanford campus in 1959 – something he and a number of his colleagues took part in. Dr. Berg highlighted the unique connections of the medical school to the university and the impact of these physical relationships on education, research and patient care. Indeed, the past 50 years have been transformative for Stanford Medicine and the University – something that Dr. Berg and his many colleagues help to nucleate, foster and facilitate. Looking forward, we all hope that the next 50 years and more will be equally transformative and that the LKSC will contribute to that outcome.

During the orientation, this year's new medical school students received "something old and something new." The "new" (of course, in addition to the LKSC) is an iPad for each student designed to serve as the repository of class syllabi, a route to on-line journals, texts and learning tools – and a look into the future of technology and education. A number of stories have appeared about our decision to provide iPads – which the school purchased – including the following press release: <http://med.stanford.edu/ism/2010/august/ipad.html>.

The "something old" (at least relatively) is a stethoscope. At the conclusion of orientation on Friday evening, August 20th, we held the 2010 Stethoscope Ceremony, sponsored by the Stanford University Medical Alumni Association, the School of Medicine and The Arnold P. Gold Foundation (see: <http://humanism-in-medicine.org/>), which promotes humanism in medicine. Of interest, this past June we announced the formation of the Arnold Gold Humanism Honorary Society at Stanford and its first inductees (see: http://deansnewsletter.stanford.edu/archive/06_14_10.html#7).

As I pointed out in my opening comments at the Stethoscope Ceremony, most medical schools conduct a "White Coat Ceremony" to mark the initiation of a career in medicine. At Stanford the tradition has been to provide a stethoscope to incoming students – not only because it is the one piece of equipment that symbolizes the "doctor" but, even more importantly, because it fosters a connection between the patient and physician, whereas the white coat tends to distinguish (and perhaps inadvertently separate) the patient and physician. The stethoscope has been part of medical practice since its invention by Dr. Rene Laennec in 1816 in Paris and has gone through many changes in the 19th, 20th and 21st centuries. It may be of local interest to know that a modification of the stethoscope in the 1940s by Rappaport and Sprague created a two-side stethoscope (bell and diaphragm) and was initially manufactured by HP (Hewlett-Packard) before being spun out to Agilent and then to Phillips. In the 1960s Littmann (of Harvard) developed a lighter and more acoustically refined model of this type of stethoscope, the current version of which is the one we provided to our students at this year's Stethoscope Ceremony.

I also reminded students that their life in medicine would be filled with incredible opportunities and pathways – few of which could be imagined as they commenced their first exciting days of classes at Stanford. I witnessed my own career – which like that of many of my generation – has

taken unexpected turns through research, education, patient-care, advocacy and public policy and various leadership roles. Being open to change and preparing to lead change allows one to transform individuals, institutions and communities – something we hope that our students will embrace and exemplify.

In tandem with the evolution of one's personal life and career, I also reflected on the dramatic positive and some unfortunately negative events that have occurred in medicine and science during my personal chronology. The clinical and scientific advances have been breathtaking at virtually every level. Some fields have become less relevant whereas new ones, especially molecular biology, genetics, genomics, stem cell biology and bioinformatics, have emerged and transformed disease and system disciplines (such as cancer, neuroscience, regenerative medicine, immunology and cardiovascular, to name a few). These advances have led to new devices, drugs and technologies that have improved the diagnosis, management and prevention of human disease – but they have also served to increase the cost of medical care and, in some situations, have inadvertently caused a separation between the doctor and her patient. They have been further impacted by market forces that have attempted to commoditize medicine as well as a fee-for-service model that has created a number of perverse incentives for nearly every facet of the healthcare system.

Many of these realities are so entrenched that it has made healthcare reform in the United States a near impossibility. And while the Patient Protection and Affordability Act, signed into law by President Obama on March 24, 2010, begins to address health insurance reform along with other components of our costly and not truly functional healthcare “system” (or the lack thereof), we are still very much at the beginning of the journey toward healthcare reform. In addition to healthcare reform focused on patient access, major efforts are needed to address the healthcare provider side of the equation, including who provides care and where it is delivered. We are clearly moving from disease-based management that has been hospital and technology focused to a system that puts a greater emphasis on health and managing patients at home, in the community or ambulatory setting. In tandem there needs to be a greater emphasis on patient safety, on reducing errors and enhancing the quality outcomes of medical care, and on data driven medical decision making that is free from bias and influence, especially by the drug and pharmaceutical industry.

These changes in science, knowledge and clinical care will have a very significant impact on medical education. Coupling the art (and humanism) of medicine with science is ever more important for physicians and institutions, including academic medical centers like Stanford. Almost certainly, with the enormous economic and related pressures now being unleashed, institutions like Stanford will have to demonstrate their value to the communities they serve. In my opinion, this will be based on how well they serve as innovators and discoverers of new diagnostic, treatment and preventive strategies. How we are perceived will depend on whether we are seen as providing state-of-the-art medical care across numerous disciplines that is associated with high quality, outstanding patient service and low cost. Almost surely the patient as a consumer will expect institutions like Stanford to be innovative and to offer excellent state-of-the-art care. Patients are likely to be less aware of how cost effective we are, although that will almost surely change in the future. But they will likely assess our value by the quality of the

patient experience – not just their medical care but how they were treated as individuals and how the medical professionals they interacted with respected and valued them.

Other constituencies will assess us by metrics specific to their interests. For example, peer academic centers will likely pay the most attention to our excellence in discovery and innovation. Public and private payers for medical services will judge us on quality, safety, outcomes and costs. The bottom line is that we must be outstanding in each of these intersecting features, and we must be able to educate and teach the next generation of students in these principles and practices.

I also shared with our incoming students a few of the lessons I feel are important for future physicians. This is hardly an inclusive list, but it is a reasonable starting place and includes the following:

- Science is the foundation of clinical medicine. Because the pace of scientific discovery is ever accelerating, whatever knowledge is learned in medical school will need to be rejuvenated and even replaced in the years ahead. This means that medical school is the beginning of a journey filled with lifetime learning. This requires a commitment to continued education by physicians and the skills to judge new knowledge on its true merits.
- The patient needs to be at the center of learning and caring. While science and technology may shape the future of medical care, compassion, humanism and professionalism define the patient experience.
- Medicine needs to be reclaimed as a profession and not as a commodity. This requires a careful assessment of personal and institutional goals and values. It also means making professional integrity and avoidance of bias or financial influence a fundamental principle.
- Promoting the health of the patient and one's own personal health are equally important. Not only is personal health importance in facing the rigor of a career in medicine, how we behave as individuals also signals to patients what we value. I also took the liberty of signaling to our incoming students that medicine is a group and an individual activity and that it requires stamina, sustenance and endurance. Not surprisingly, a marathon is (in some ways) a metaphor for medical education and a career in medicine.

For example, as our students begin the first day of class they are very much part of a group and feel the excitement and exuberance of the starting line. They will feel more secure if they have prepared well. They also need to pace themselves – which is highly individualized. Some may sprint and then fade, others may go too slowly and some will be naturally speedy. All need sustenance along the way. And, while the group exuberance is great at the outset, everyone faces the isolation of individualization that comes later in the course – when the mind demons question why you are in this race and even whether you can finish. But if you have prepared well and built up your endurance, you will feel the excitement of seeing the finish and completing the race.

In some ways a marathon is a metaphor for the first day of medical school as a whole – then the first week, month, year and beyond. If you build on past performance and sustain your pace of learning and activity, each new horizon becomes a new “race” that, when linked with the next one and the one after that, defines a career in medicine: lots of opportunities for group and team interaction as well as many lonely and stressful moments – leading to the satisfaction of a job well done. OK, maybe a little hokey, but the metaphor has certainly been a help to me over the years.

- Finally, I emphasized to our students the importance of being leaders and of taking a stand on behalf of their patients, institutions, communities and beyond. It is our hope that each of our students will be leaders and in their own ways, transformers of science, medicine and society.

At the conclusion of the Stethoscope Ceremony we asked our incoming medical students, along with any other MDs in attendance, to read the Stanford Affirmation. This is also something old and something new since it derives from the Hippocratic Oath but has been modernized at Stanford to make it more contemporaneous and relevant. The last time I read the Affirmation was at Commencement in June, and our new students will next read it when they receive their MD degree. Given all the issues and challenges in medicine, some noted above, I am struck by how many of the principles in this affirmation still speak to the profession of medicine in a light that I hold valuable – truly something old that is still new. I have copied the affirmation below in case you haven’t seen or read it in some time.

On my admission to the Practice of Medicine I pledge to devote my life to the service of humanity.

The care of my patients will be my first consideration.

I will strive to acquire and share new knowledge with my colleagues and my patients;

I will practice my profession with conscience and dignity, and to the best of my ability and judgment.

I will approach each patient with charity, attention, humility, and commitment;

I will hold all life dear, and let knowledge, wisdom, courage, and compassion guide my therapy;

I will use my medical knowledge and skills to promote human rights, social justice, and civil liberties;

I will not permit considerations of age, disease or disability, faith, ethnic origin, gender identity, nationality, race, sexual orientation, social standing or other forms of discrimination to intervene between my duty and my patient;

I will respect the confidences with which I will be entrusted;

I will give gratitude and respect to those from whom I have learned my Science and my Art;

I will uphold the integrity of the medical profession;

I will cultivate peace in both personal conduct and political expression;

I will not use my knowledge contrary to the spirit of this Affirmation.

I make these promises in witness of those who have stood here before me, and those who will come after, solemnly, freely, and upon my honor.

Thinking About Medical Education for the Future

In the May 14th Dean's Newsletter

(http://deansnewsletter.stanford.edu/archive/05_03_10.html#2) I outlined our commitment to thinking critically and creatively about education – for medical and graduate students and for postdoctoral fellows. As I noted, we planned three separate “think tanks” that would be followed by work groups to explore each of these discrete but interconnected domains of education. The goal is to assess where we are now and how we can transform the future of medicine and science through our education programs. We held our Think Tank on Postdoctoral Fellows and Scholars on July 17th (see <http://deansnewsletter.stanford.edu/#2>) and on Saturday, August 28th, we held our Think Tank on Medical Student Education. As with the first think tank, the one on medical student education was incredibly rich in content and discussion. Over 45 students, faculty and staff participated actively and enthusiastically in animated and creative discussions. We benefitted from having Dr. David Irby, Professor and Vice Dean for Medical Education at UCSF, join us along with Dean Jim Plummer from our School of Engineering and Richard Saller, Dean of the School of Humanities and Sciences at Stanford.

Dr. Charles Prober, Senior Associate Dean for Medical Education and I began by framing the issues, after which we engaged in an open discussion about the ways that medical education could be improved. We then turned to the more important question of how MD education could be transformed and how we might construct the program if we were starting anew. This year is the centennial of the 1910 Flexner Report that guided medical education in the 20th century, so it is timely to ask how we can be transformative for the 21st century and what is the unique role that Stanford can play in this process.

Over the next days we will be sharing some of the fruits of our discussion with the participants of the August 28th Think Tank. I will then summarize our discussion and preliminary thoughts and considerations and share them with you – for information as well as comment – in my next Newsletter. We are at a point where we can be truly transformative, and I very much hope we can engage in a rich dialogue about how we can proceed. Once we have had this communication, we will be developing work groups to refine and deepen specific issues and topics – with the goal of having a presentation for our Leadership Retreat in January 2011. I will do my best to keep you engaged through this process.

Stanford Society of Physician Scholars

On August 26th the inaugural meeting of the Stanford Society of Physician Scholars (SSPS) (see: <http://ssps.stanford.edu/>) was held in the Li Ka Shing Center for Learning and Knowledge. This is a joint program of our clinical department chairs and residency program directors with the

Office of Medical Education. Dr. Charles Prober, Senior Associate Dean for Medical Education, serves as SSPS Director, and Dr. Robert Ohgami, a resident in the Department of Pathology, is the Associate Director. The SSPS “focuses on the academic development of fellows from Clinical Departments across the School of Medicine” and is designed to foster interactions of residents and fellows from different disciplines as well as with students and faculty. The ultimate goal is to create bridges and connections between undergraduate medical education and graduate and postgraduate trainees with the hope of fostering a continuum of education and collaboration. This will be done by regular informal gatherings as well as formal seminars about topics relevant to careers in academic medicine. I had the opportunity to give the leadoff presentation and focused on issues that should be considered in developing a successful academic career.

Residents are selected for the SSPS program by their department chairs based on their interest in pursuing an academic career. While we view this new program as an experiment, I am very enthusiastic about its relevance and importance. Based on the turnout at the first meeting and the feedback received to date, so are the residents and faculty – which bodes well for the future success of this new initiative.

Embryonic Stem Cell Research: Déjà Vu All Over Again

Two weeks ago I was inviting some leading faculty to participate in a symposium on stem cell biology and regenerative medicine at an upcoming national meeting. An invitation was extended to a noted ethicist who replied that there would be not much for her to discuss since the issues and problems with embryonic stem cell research had pretty much been resolved. Then, almost out of the blue came the decision by Chief Judge Royce Lamberth of the Federal District Court for DC that halts federal funding for embryonic stem cell research (see http://www.nytimes.com/2010/08/24/health/policy/24stem.html?_r=1). While there is still uncertainty about what this ruling truly will mean, and while efforts are underway to overturn the injunction, scientists and institutions are trying to figure out what, if any, federally funded research can proceed. Individuals and institutions have offered their opinion about this ruling (see: <http://scopeblog.stanford.edu/archives/2010/08/concern-over-stem-cell-ruling.html>), and national professional organizations including the Association of American Medical Colleges, the Association of American Universities, Association of Public and Land-Grant Universities and the Council on Government Relations, are responding to the injunction on embryonic stem cell research with the following shared statement:

The judicial injunction blocking federally funded human embryonic stem cell research not only blocks potential life-saving research but also threatens to undermine the system of peer-reviewed science that has helped make America the unquestioned world leader in scientific discovery.

Embryonic stem cell research holds enormous potential for developing treatments and cures for numerous chronic and fatal diseases. With scientists across the nation positioned to make dramatic advances funded substantially by the National Institutes of Health, this judicial action is particularly disappointing. We hope this injunction will be lifted soon and that the lawsuit will be unsuccessful. As these court actions have made clear, it is imperative that policymakers clarify that federal law unambiguously permits the funding of this critical research.

We are also deeply concerned that the researchers who are plaintiffs in this case have been granted standing to sue the government based primarily on the assertion that they would be “irreparably harmed” by continued funding of embryonic stem cell research. This is judicial intervention in the peer review process, pure and simple. The notion that competition for research funding should be adjudicated in the courts rather than by expert peer review endangers the merit-based system of funding that makes American science the envy of the world. We strongly encourage the federal government to argue forcefully in court against permitting the peer review system to be undermined in this manner.

Needless to say I share this view. And while we will be less impacted because of the California Institute of Regenerative Medicine (CIRM) due to Prop 71, this ruling represents another setback and source of confusion and lost opportunity. Hopefully it will be short-lived. But it affirms that the issues and objections to embryonic stem cell research have certainly not been resolved.

Supporting Clinical and Translational Research

Dr. Harry Greenberg, Senior Associate Dean for Research, asked me to share some good news about a new agreement between Spectrum (<http://spectrum.stanford.edu/>) and both Stanford Hospital & Clinics (SHC) and the Lucile Packard Children’s Hospital (LPCH) to help support the costs of clinical research. As Dr. Greenberg notes, “in recent years the rising cost of medical care has made it increasingly difficult to fund the patient care components of clinical and translational research. The problem has been particularly severe for clinical investigators at academic health centers like Stanford, where patient care costs are among of the highest in the country. While these costs have been discounted at Stanford Hospital for research purposes for many years, the traditional hospital research discounts on the order of 40-50% often have left Stanford investigators at a competitive disadvantage, threatening their ability to conduct research at our affiliated facilities.”

Dr. Greenberg goes on to say, “beginning in 2006, representatives of Spectrum have worked with SHC and LPCH to increase research discounts and lower research clinical care costs. We are pleased to announce that Spectrum and the Hospitals have finalized and updated a new Clinical Trials research discount structure for technical services (supplies, procedures, and laboratory services, etc). Effective July 1, 2010, the updated discount structure provides these research related patient care activities essentially at cost, without markup of any kind, thus reflecting the hospital’s ongoing commitment to clinical and translational research at Stanford.”

Along with Dr. Greenberg I would like to thank the SHC and LPCH Leadership for their alignment with and continued support for our shared research mission.

Center for Biomedical Imaging Seed Grants

The Center for Biomedical Imaging at Stanford (see: <http://cbis.stanford.edu/about/>), led by Dr. Kim Butts Pauly, Professor of Radiology, announced the 2010 Seed Funding recipients. As with other School of Medicine seed funding programs, this is designed to foster broad interschool collaboration and cooperation in imaging sciences. There were 53 applications and seven awards, including two outside the School of Medicine (Engineering and Humanities & Sciences).

Faculty Principal Investigator	Department/School	Topic
Colin Carpenter, PhD	Radiation Oncology	Tri-modality Molecular Surgical Guidance Integrated into a Laparoscope
Mark Cutkosky, PhD	Mechanical Engineering	Development and testing of tools with opto-thermal actuation for MRI-guided interventions
Michael Hsieh, MD, PhD	Urology	Single Cell Magnetic Resonance Imaging of Infections Using Bacterial Magnetite
Anita Koshy, MD	Internal Medicine	Using imaging to determine how and why <i>Toxoplasma gondii</i> injects rhoptry proteins it does not invade
Michael Lin, MD, PhD	Pediatrics, BioEngineering	Chemistry-based engineering of autocatalytic fluorescent proteins for whole-animal imaging in the optical window
Andrew Quon, MD	Radiology	¹⁸ F-Sodium Fluoride PET/CT for the pre-surgical evaluation of back pain
Mark Schnitzer, PhD	Applied Physics	Integrated fluorescence microscopes based on CMOS image sensors for teaching digital imaging in the microscopy courses at Stanford University

Congratulations to the seed grant winners and special thanks to Dr. Pauly and her colleagues.

Remembering Dr. Ted Harris

On Tuesday, August 24th we held a memorial service to honor and celebrate the life of Edward D Harris, Jr, MD. Ted Harris died on May 21st following a long battle with cancer. Ted was a much beloved colleague and friend of Stanford Medicine and the University. He was recognized for his significant contributions as a teacher, mentor, investigator, clinician and leader of institutions and national organizations. He served as Chair of the Department of Medicine from 1987-1995 and as Academic Secretary to the University Faculty Senate from 2002-2007.

We had the opportunity to witness Ted Harris's contributions as a physician, scholar, athlete, musician, parent and grandparent through the reflections of institutional leaders, family, friends and colleagues. The beginnings of a portrait of Ted emerged through the initial comments of Provost John Etchemendy and Chair of Medicine Ralph Horwitz. These were complemented and enriched by more personal reflections from Ned Harris, one of Ted's three sons, and Dr. Bill Rogoway, a close friend and colleague over many decades. Sheri Sheppard, Professor of

Mechanical Engineering, shared reflections from the Faculty Senate, including her own observations when she served as Senate chair during Ted's final year as Academic Secretary. Dr. Rex Jamison, a long time colleague of Ted from Boston to Stanford and his successor as Academic Secretary, offered his reflections about Ted as well as excerpts from Ted's own Senate Minutes that reflected both his keen wit and his generous spirit. Finally, Dr. Mark Genovese, Professor of Medicine, reflected on the important role that Ted played in his own life and career as a mentor and teacher.

Taken together, a rich fabric of excellence was depicted and appreciated by the many family, friends and colleagues who attended the memorial service. I want to thank the Rev. Joanne Sanders, Associate Dean for Religious Life, for her own comments and reflections at the beginning and ending of the program. Finally, I want to thank Kathy Gillam, Kristin Goldthorpe, Mira Engel and Terri Tarantino for their efforts in put putting the program together.

Thanks to Dr Alan Schatzberg

On Monday, August 23rd we held a reception to thank and honor Dr. Alan Schatzberg for his incredible contributions during his tenure as Chair of the Department of Psychiatry and Behavioral Sciences since 1991. Prior to joining Stanford, Dr. Schatzberg had already established a distinguished career at Harvard as a leading investigator in the biology and treatment of depression. Over the past 19 years he developed one of the finest departments of psychiatry in the nation, hallmarked by every important metric and measure of excellence. He has recruited superb faculty and helped nurture and enhance their careers. He has provided a strong scientific foundation for the department that is recognized worldwide for its excellence in research and innovation. Dr. Schatzberg and his colleagues have recruited, trained and developed some of the most outstanding physician-scientists focused on mental illness and behavior in the country and, indeed, in the world. In addition, he has championed clinical excellence and fostered a department that has excelled in the care of adults and children with psychiatric illnesses.

In addition to his contributions to the Department, Dr. Schatzberg has excelled as in investigator and leader in his field and in medicine. He is renowned for his research in depression and is the author of more than 600 publications and several books. He is an elected Member of the Institute of Medicine of the National Academy of Sciences and has held numerous important leadership positions, including Past President of the American College of Neuropsychopharmacology, the Society of Biological Psychiatry and most recently, the American Psychiatric Society. He has received numerous awards and honors.

One of the best accolades is the respect of one's peers and colleagues. When we were doing the search for the next Chair of Psychiatry I had the opportunity to meet with each of the candidates, a large number of whom were Chairs of Psychiatry at other medical centers. To a person they all began the meeting by offering their praise for Alan Schatzberg and by indicating that their interest in Stanford was because such a great department had been built under his leadership. This is wonderful praise that reflects a great legacy.

On behalf of his many friends and colleagues it is a pleasure to thank Alan Schatzberg for nearly two decades as department chair and for developing an incredibly excellent academic Department of Psychiatry at Stanford. We also wish Alan well in all his future endeavors.

Transitions and Searches

The excellence of an Academic Medical Center is defined by the quality of its faculty, students and staff together with the leaders of its mission critical programs in education, research and patient care. Currently there are a number of important searches and transitions underway within the medical center. One of these is the search for the next President and CEO to replace Martha Marsh, who retires on August 31st. I thank her again for her eight years of leadership at SHC and work on behalf of Stanford Medicine. I have also commented in prior newsletters on the work of the search committee that is working actively to find the most outstanding individual possible to succeed Martha (see: http://deansnewsletter.stanford.edu/archive/05_24_10.html#5 for the position description). Because there will be an interval before a new CEO is selected and arrives, Mike Peterson, who served as the interim CEO in 2001 for the year prior to Martha Marsh's arrival in April of 2002, has agreed to serve as interim leader over the months ahead. I hope to provide additional updates in the not too distant future about the progress of the committee.

In addition to the leadership transition at SHC, several search committees are now in progress or will soon begin working to find chairs of four important School of Medicine departments. Two of these are currently or will soon begin interviewing candidates. This first is the search for the next Chair of the Department of Radiology. Over more than two decades Dr. Gary Glazer has built one of the finest academic departments of Radiology in the world. Dr. Bobby Robbins, Professor and Chair of Cardiothoracic Surgery and Director of the Cardiovascular Institute of Medicine, is leading the search for his successor. The second is the search for the next Chair of the Department of Radiation Oncology. Dr. Rich Hoppe, who has also built an excellent department, is stepping down after 15 years of outstanding service. Dr. Bev Mitchell, Professor and Director of the Stanford Cancer Center, is chairing the search committee for his successor.

Two other search committees will begin their work in the weeks ahead. First, Dr. Linda Shortliffe, who has served as chair of the Department of Urology for over 15 years, has announced her intention to step down from her chairperson responsibilities in 2011. Dr. Shortliffe is widely recognized as a leader in American Urology and has recruited a number of highly talented faculty to Stanford and has developed a highly valued training program – for which we are deeply appreciative. Dr. Sherry Wren, Associate Dean for Academic Affairs and Professor of Surgery, will serve as the chair of the Search Committee for the next Chair of Urology.

The fourth position for which we will be seeking a new leader is the Chair of the Department of Medicine. On July 29th, Dr. Ralph Horwitz sent the following communication to the Department of Medicine and the School of Medicine Executive Committee:

Message from Dr. Ralph Horwitz, Chair of the Department of Medicine

As the academic year 2010 draws to a close, I write with the very good news of stellar performance by the Department of Medicine and with plans for my own activities here at Stanford.

By every measure of success, the department has exceeded its own high level of expectation. Our research has continued to expand in both scope and depth. Our traditional excellence in basic and translational research is now complemented by increasing strength in patient/population health sciences. During the past year, we have seen research expenditures in the department increase 18.5 percent from \$82 million in 2009 to a projected total of over \$100 million in 2010. Our clinical volumes also continue to grow as the department emphasizes cutting-edge expertise and complex medical care. And of course, whether for students, residents or fellows, our educational programs are widely acknowledged as a major strength of our department.

Among our most notable accomplishments is the enormous success we have experienced in bringing to Stanford new faculty at all ranks. Many of these appointments are in the patient and population sciences that were previously less developed than the laboratory based sciences. This emphasis on the growth of patient/population sciences within the department now also provides me the chance to extend my commitment to the success of this program through my own scholarship.

With the full support of the Dean Phil Pizzo, I will begin now to focus my energies on research and program development that advances the patient and population sciences here at Stanford. While I will continue my appointment as chair through the end of my term that concludes October 31, 2011, I plan to step aside from my administrative duties at the end of this October. Over the next several months a transition team will be appointed and I will serve as consultant and advisor to them. Effective November 1, I will begin an administrative leave that will enable me to concentrate on my new role and activities. Dean Pizzo will establish a search committee to find my successor.

The quality of faculty, residents, fellows and staff of our department makes us the envy of many peer departments across the country. Contributing to the success of all of you has been the major source of my own satisfaction since coming to Stanford in 2006. I look forward now to working alongside you to ensure that our department remains a standard against which other departments are measured.

In response to the announcement from Dr. Horwitz, on August 6th I sent the following statement to the Department of Medicine and the Medical School Executive Committee.

Message from Phil Pizzo to the Department of Medicine and Executive Committee on
August 6, 2010

In announcing his personal plans to the Department of Medicine last week, Dr. Ralph Horwitz also commented that I would be appointing a Leadership Transition Team to oversee the department as well as a Search Committee for the next chair of the Department of Medicine. I now want to give you some updates.

First, I am very pleased to announce that Dr. Linda Boxer, Professor of Medicine and Chief of the Division of Hematology, will serve as the Chair of the Leadership Transition Team and as Interim Chair of the Department of Medicine. Both of these appointments are effective as of August 1, 2010. In addition to Dr. Boxer, the Leadership Transition Team will also include current Vice Chairs Drs. Andy Hoffman, Larry Leung, Kelly Skeff and Alan Yeung. Each has pledged his commitment and support to assist Dr. Boxer and to do all that he can to help the department in every way possible. As Dr. Horwitz noted in his message, he will serve as an advisor to the Leadership Transition Team until he begins his administrative leave on November 1, 2010. Both Dr. David Stevenson and I are also committed to doing all that we can to help support Dr. Boxer and the Leadership Transition Team.

I am also pleased to announce that Dr. Steve Galli has agreed to serve as the chair of the Search Committee for the next department chair. The Office of Academic Affairs will be contacting committee members and our Office of Institutional Planning will help support the search process.

The Department of Medicine is comprised of exceptional faculty, trainees and staff, and we are committed to doing all we can to continue its trajectory of excellence. I am confident that Dr. Boxer and the Leadership Transition Team will help make this a reality.

Needless to say, taken together these transitions are quite significant for the School of Medicine, the Medical Center and the University. In tandem with these leadership changes are some other major external and internal challenges that will impact us over the next several years. Among these is the impact of the continuing economic downturn both nationally and in California, which has consequences for future philanthropic support as well as state and federally supported programs like MediCal and the future funding for stem cell research. We are also all too aware of the decreased support for biomedical research from the NIH as ARRA (American Recovery and Reinvestment Act) funding comes to an end. Also looming ever larger is the impact of health care reform with the passage of the Patient Protection and Affordable Health Care Act on March 23, 2010. While significant reform of healthcare is essential, one of the necessary consequences will be decreasing amounts of financial payments and major shifts in where and how healthcare is provided. These changes are essential, but they will certainly have important consequences that we will need to anticipate, prepare for and respond to over the next several years.

In light of all these changes, I have also been considering my own role as Dean of the School of Medicine, a position I have been privileged to hold since April 2001. In order to provide continuity through the major institutional programmatic and institutional changes we are facing, I have discussed with the President and Provost my continuing service as Dean for up to three more years. During this time the major leadership changes (and likely others) noted above will have been completed, and we will have developed plans and strategies for responding to – and hopefully leading – the major external and internal challenges that lie ahead.

While not reducing my term to other quantifiable units, I could add that three more years would yield about 68 new Dean's Newsletters - If I add those to the 214 issues of the DNL already on line (<http://deansnewsletter.stanford.edu/archive/>), I find that I still have nearly a quarter of the total yet to come. Of course, I hope that many of these will chronicle the exciting and hopefully transformative events in the continuing evolution of Stanford Medicine over the years ahead. And for your additional reading pleasure you may (or may not) be happy to note that our Office of Communication and Public Affairs has encouraged me to develop a Twitter feed as a complement to, but not a replacement for, the DNL. I hope those of you who are on Twitter find this addition a helpful communication modality to keep up with the latest news and perspectives from the School.

Campaign Update

On October 6, 2006, President John Hennessy launched the \$4.3 billion Stanford Challenge. I am pleased to say that the Medical's School target of \$991,000,000 for the ongoing campaign has been achieved and that crossing the \$1 billion mark is imminent. I want to thank our Office of Medical Development and especially our faculty and staff for making this happen. I particularly want to thank our donors, large and small, who have invested in Stanford Medicine and who are helping us to transform the future.

Henry Kaplan and the Story of Hodgkin's Disease

Dr. Charlotte DeCroes Jacobs, the Ben and A. Jess Shenson Professor of Medicine (Oncology), has written an extraordinarily rich and informative biography of Henry Kaplan, one of the true pioneers of American Science and Medicine of the 20th Century. The story of Dr. Kaplan is not only about one of the most important chapters in cancer biology and medicine, it is also very much the story of Stanford. Dr. Kaplan was one of the most visionary and vigorous leaders of Stanford Medicine as it migrated from San Francisco to Palo Alto and as it sowed the seeds for one of the most successful research-intensive schools of medicine in the world. *Henry Kaplan and the Story of Hodgkin's Disease* has been published in 2010 by the Stanford University Press (<http://www.sup.org/book.cgi?id=16764>). Dr. Jacobs described some of her goals and reasons for writing this important biography in an April 10th interview with Paul Costello (see: <http://med.stanford.edu/ism/2010/april/5q-jacobs-0412.html>).

Advanced Residency Training at Stanford (ARTS) Program

Stanford University residents and fellows interested in combining clinical training with advanced research training are invited to apply to the Advanced Residency Training at Stanford (ARTS) Program. ARTS offers the opportunity to obtain a PhD degree during or upon completion of residency or clinical fellowship. The program begins with approximately 12 – 48 months clinical training, followed by research training in a graduate program in the School of Medicine, Engineering or Humanities and Sciences at Stanford University. Residents and fellows admitted to the program complete clinical training toward board certification in internal medicine, its subspecialties (cardiovascular medicine, hematology, immunology and rheumatology, infectious diseases, nephrology, oncology, pulmonary and critical care medicine), surgical disciplines (neurosurgery, obstetrics and gynecology, surgery, urology), or non-surgical disciplines (neurology,

pathology, pediatrics, psychiatry, radiation oncology, radiology). The Program Director of this Graduate Training Program is **Sanjiv Sam Gambhir, MD, PhD**, and funding is available for tuition, stipend, and health benefits.

The application deadline is **October 4, 2010** (for applicants starting their PhD coursework in Fall, 2011). Please contact the ARTS Program Office for more information at (650) 724-9139 or sofias@stanford.edu.

Web Site:<http://med.stanford.edu/arts/>

Noted Author Dr. Pauline Chen will be the 20th Annual Jonathan King Memorial Lecturer.

On Monday October 11th at 5:30 pm in the Millie and Paul Berg Hall in the Li Ka Shing Center for Learning and Knowledge, Dr. Pauline Chen will deliver the 20th Annual Jonathan King Lecture entitled “*Doctor and Patient: Lost in Translation.*”

Dr. Chen, a liver transplant and liver cancer surgeon, is the author of ***Final Exam: A Surgeon's Reflections on Mortality***, a New York Times bestseller. She graduated from Harvard University and Northwestern University Feinberg School of Medicine, completing her surgical training at Yale University, the National Cancer Institute (NIH), and UCLA, where she was most recently a faculty member in the Department of Surgery. In 1999, she was named UCLA's Outstanding Physician of the Year. She has been nominated for a National Magazine Award, and has written for numerous publications, including the New York Times.

This lectureship was established to honor the memory of Dr. Jonathan King to encourage the compassionate and human care of patients (see: <http://bioethics.stanford.edu/events/king.html>).

Tickets Go on Sale for the Visit of His Holiness the Dalai Lama

I am very pleased to let you know that His Holiness the Dalai Lama will visit Stanford on October 14 and 15 and will participate in three public events on the general theme of Compassion, Science and Society. These include a public talk in Maples Pavilion, a lecture (for Stanford students only) at Memorial Church and an all day conference with scientists and educators in Memorial Auditorium. Tickets for these events are available starting today, August 30. Further information, including how to obtain tickets, is available at <http://dalailama.stanford.edu/>. If past experience is at all predictive, tickets will go quickly.

This visit is being sponsored by the School of Medicine, the Stanford Institute for Neuro-innovation and Translational Neuroscience ([SINTN](#)), the Center for Compassion and Altruism Research and Education ([CCARE](#)), and the Office for Religious Life. The Dalai Lama's interest in the intersection of science and Buddhist practice is well known and was the inspiration for the establishment of CCARE, whose mission is:

- To undertake a rigorous scientific study of the neural, mental and social bases of compassion and altruistic behavior that draws from a wide spectrum of disciplines, especially neuroscience, psychology, economics and contemplative traditions.
- To explore ways in which compassion and altruism can be cultivated within an individual as well as within the society on the basis of testable cognitive and affective training exercises.

No doubt the October visit will help advance these worthy goals.

Awards and Honors

- **Dr. Suzanne Pfeffer**, Professor of Biochemistry, has been elected President of the prestigious American Society for Biochemistry and Molecular Biology (ASBMB). The Society was founded in 1906 “to advance the science of biochemistry and molecular biology through the publication of scientific and educational journals, scientific meetings, advocacy for the support of basic research and education, and diversity of the science workforce.” The ASBMB has over 12,000 members. Dr. Pfeffer’s term runs from 2010-2012.

Dr. Rob Malenka, Pritzker Professor of Psychiatry and Behavioral Sciences, Director of the Nancy Friend Pritzker Laboratory and Co-Director of the Stanford Institute for Neuro-Innovation and Translational Neuroscience, has won two prestigious awards. These are two exceptional recognitions of Dr. Malenka’s outstanding research.

- - The first is the Goldman –Rakic Prize for Outstanding Cognitive Neuroscience Research, which is awarded annually by NARSAD, the Brain and Behavior Research Fund. The award is for “excellence in neurobiological research at the cellular, physiological, or behavioral levels that may lead to a greater understanding of underlying psychiatric or neurological disease.”
 - The second is the Pasarow Award for Extraordinary Accomplishment in Medical Research-Neuropsychiatry. Dr. Malenka will share this award with Roger Nicoll of UCSF and Charles Stevens of the Salk Institute.
- **Dr. Jack Remington**, Professor of Medicine Emeritus, will receive the 2010 Mentor Award from the Infectious Disease Society of America. Dr. Remington has been deeply admired as a mentor by nearly 70 Fellows during his 40-year career at Stanford, whose stories are told in “We Were Fellows,” which was prepared in his honor. This is a great acknowledgement of a much-revered teacher and mentor.
- **Dr. Gary Steinberg**, Professor of Neurosurgery and the Neurosciences and Chairman of the Department Neurosurgery, has received the 2010 Outstanding Achievement in Medicine Award from the Santa Clara County Medical Association (SCCMA). This award is given annually to a physician member of the association who has achieved widespread recognition for their unique contributions to the betterment of patient care.
- **Katalin Szabo**, SMS 6+, is one of 20 students being awarded the American Medical Association (AMA) Foundation Physicians of Tomorrow Scholarship based on her academic performance, financial status and community service. This award includes a \$10,000 scholarship to help defray the expenses of medical education.
- **Dr. Ian Whitmore**, Professor of Surgery (Anatomy), has been awarded the Jubilee Medal by the All-Russian Scientific Society of Anatomists, Histologists and Embryologists – the largest Anatomical Society in the world.

- **Dr. Douglas Owens**, Professor of Medicine and of Health Research and Policy, has been awarded the Society for Medical Decision Making's John M. Eisenberg Award. It will be presented at the Society's annual meeting in Toronto in October.

Congratulations to all!

Appointments and Promotions

Maheen M Adamson has been appointed to Clinical Assistant Professor of Psychiatry & Behavioral Sciences, effective 8/1/10.

Sadick Alsadir has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 7/1/10.

Roland Bammer has been promoted to Associate Professor (Research) of Radiology, effective 8/1/10.

Barbie J. Barrett has been promoted to Clinical Associate Professor of Surgery, effective 9/1/10.

Gulshan Bhatia has been reappointed to Clinical Professor (Affiliated) of Medicine, effective 9/1/09.

Michela Camorcia has been appointed to Clinical Assistant Professor of Anesthesia, effective 11/1/10.

Michael I Chen has been promoted to Clinical Associate Professor of Anesthesia, effective 9/1/10.

Michael Joshua Cisco has been reappointed as Clinical Assistant Professor of Pediatrics, effective 7/1/10.

Edward L. Cohen has been reappointed as Clinical Associate Professor (Affiliated) of Obstetrics and Gynecology, effective 10/1/10.

Edwin Colloff has been reappointed to Clinical Assistant Professor of Medicine, effective 9/1/10.

Bernard Dannenberg has been promoted to Clinical Associate Professor of Surgery, effective 8/1/10.

John Dorman has been reappointed as Clinical Professor of Medicine, effective 9/1/10.

Terry S. Desser has been reappointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 8/1/10.

Peter D'Souza has been promoted to Clinical Assistant Professor of Surgery, effective 9/1/10.

Ian Glen Ferguson has been reappointed to Clinical Assistant Professor of Surgery, effective 9/1/10.

Wendy Flapan has been appointed to Clinical Assistant Professor of Neurosurgery, effective 8/1/10.

Leonard Goldschmidt has been reappointed as Clinical Associate Professor (Affiliated) of Ophthalmology, effective 5/1/10.

Julie J Good has been promoted to Clinical Associate Professor of Anesthesia, effective 9/1/10.

Laura A Gross has been reappointed to Clinical Assistant Professor of Medicine, effective 6/1/10.

Lauren C. Harshman has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 8/1/10.

Paul Hwang has been reappointed to Clinical Assistant Professor of Pediatrics, effective 9/1/10.

Michelle Inserra has been appointed as Clinical Assistant Professor (Affiliated) of Otolaryngology/Head & Neck Surgery, effective 8/1/10.

Saraswati Kache has been promoted to Clinical Associate Professor of Pediatrics, effective 8/1/10.

Laurence Katznelson has been promoted to Professor of Neurosurgery and of Medicine at the Stanford University Medical Center, the Lucile Salter Packard Children's Hospital, and the Veterans Affairs Palo Alto Health Care System, effective 8/1/10.

Shannon Kilgore has been promoted to Clinical Assistant Professor of Neurology & Neurological Sciences, effective 9/1/10.

Larisa Kunda has been appointed as Clinical Assistant Professor (Affiliated) of Otolaryngology/Head & Neck Surgery, effective 8/1/10.

Pamela L. Kunz has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 8/1/10.

David P. Lee has been promoted to Associate Professor of Medicine at the Stanford University Medical Center, effective 8/1/10.

Grant Lipman has been reappointed as Clinical Assistant Professor of Surgery, effective 9/1/10.

Bingwei Lu has been promoted to Associate Professor of Pathology, effective 8/1/10.

Hari R. Mallidi has been appointed to Assistant Professor of Cardiothoracic Surgery at the Stanford University Medical Center, effective 8/1/10.

Michael R. Manuel has been promoted to Clinical Assistant Professor of Obstetrics and Gynecology, effective 9/1/10.

Stephen McKenna has been promoted to Clinical Assistant Professor (Affiliated) of Medicine and of Neurosurgery, effective 6/1/10.

Lynn Million has been promoted to Clinical Associate Professor of Radiation Oncology, effective 9/1/10.

Subir Nag has been appointed to Clinical Professor (Affiliated) of Radiation Oncology, effective 6/1/10.

Viet Nguyen has been appointed to Clinical Assistant Professor of Neurology & Neurological Sciences, effective 8/1/10.

Douglas Ota has been appointed as Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 6/1/10.

Anna E Plauth has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 6/1/10.

Vandana Punj has been promoted to Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 6/1/10.

Kavitha J Ramchandran has been appointed to Clinical Assistant Professor of Medicine, effective 8/1/10.

V. Mohan Reddy has been appointed to Professor of Cardiothoracic Surgery at the Stanford University Medical Center and of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 8/1/10.

Lisa Schmelzel has been reappointed to Clinical Assistant Professor of Radiology, effective 8/1/10.

Run Zhang Shi has been promoted to Clinical Assistant Professor of Pathology, effective 8/16/10.

Upinder Singh has been promoted to Associate Professor of Medicine and of Microbiology and Immunology, effective 8/1/10.

Dharshi Sivakumar has been reappointed to Clinical Assistant Professor of Pediatrics, effective 4/1/10.

Sakti Srivastava has been appointed to Associate Professor (Teaching) of Surgery, effective 8/1/10.

Kristan Staudenmayer has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 8/1/10.

Daniel Y. Sze has been promoted to Professor of Radiology at the Stanford University Medical Center, effective 8/1/10.

Melinda L. Telli has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 8/1/10.

Vance Vanier has been promoted to Clinical Assistant Professor of Surgery, effective 9/1/10.

Robert Wallerstein has been appointed to Clinical Associate Professor of Pediatrics, effective 7/1/10.

Robert West has been promoted to Associate Professor of Pathology at the Veterans Affairs Palo Alto Health Care System and at the Stanford University Medical Center, effective 8/1/10.

Joseph Wu has been appointed to Associate Professor of Medicine and of Radiology, effective 9/1/10.

Julie Yabu has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 8/1/10.

David C Yao has been promoted to Clinical Associate Professor of Medicine, effective 5/1/10.

Victor Kenneth Zafren has been promoted to Clinical Associate Professor of Surgery, effective 9/1/10.

Dean's Newsletter September 13, 2010

Thinking About Transforming Medical Education – Again

In the August 30, 2010 issue of the Dean's Newsletter (<http://deansnewsletter.stanford.edu/#2>), I commented briefly that our efforts to transform medical education entered a more formal planning process with a Think Tank on August 28th. Over 40 faculty, students, staff and guests participated in a thoughtful and provocative discussion of what has changed since we introduced

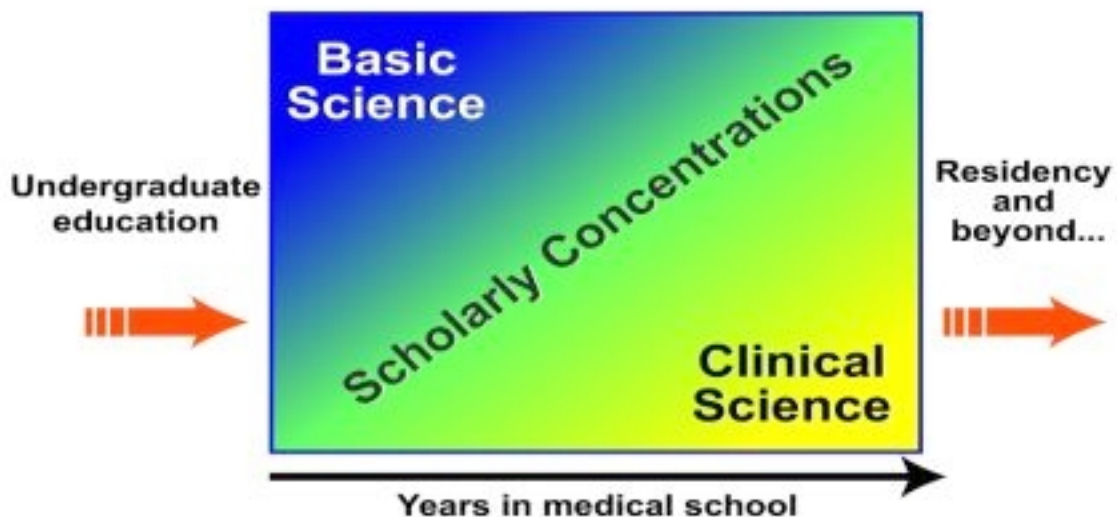
our “New Stanford Curriculum” in 2003 and, even more importantly, how we might construct medical education if we had the opportunity to make a truly fresh and bold new start. I hasten to add that the August 28th Think Tank on Medical Education is one of three such events we are holding this summer and fall. We began with a Think Tank on Postdoctoral Education and Training (see: http://deansnewsletter.stanford.edu/archive/07_26_10.html#2) and will hold a separate Think Tank on Graduate Student Education on October 9th. These three planning activities are interconnected, and it is my intent to bring them together for interactive review and discussion at our Strategic Planning Leadership Retreat in January 2011. Prior to that we will develop more deeply the ideas and recommendations emerging from each of the Think Tanks with the goal of having action plans and implementation timelines constructed over the next six months.

The good news is that many academic medical centers are thinking about medical education and drawing linkages between undergraduate and graduate training. With the centennial anniversary of the Flexner Report, which set the stage for the education models that still exist in many programs, it is clearly time to think about the future. But this statement needs context. The education and training of physicians has changed enormously over the past many decades, and defining the physician of the future will be shaped by the enormous changes unfolding in science as well as society. Indeed, over the past decades Stanford has configured unique medical education training programs that have embraced the culture of the University and the mission of the School.

When the medical school moved to the Stanford Campus in 1959, the curriculum was structured as the Five Year Plan. Over the decades this Plan evolved from being flexible to being close to disorganized. Nevertheless, it still persists in some of its core principles today. A major reorganization and re-conceptualization resulted in the introduction of the New Stanford Curriculum (see: <http://med.stanford.edu/md/>) in the Fall of 2003. To set the stage for the changes we may contemplate, it may be helpful to remind you about the principles and programs that guide our current curriculum. Specifically, the 2010 Stanford MD curriculum integrates basic science and clinical experience with in-depth study and independent research throughout the years of medical school (see: <http://med.stanford.edu/md/curriculum/>). Other major themes of the new curriculum include:

- **Integration**
 - Streamlined content and optimized course sequence
 - Melding of basic science and clinical concepts throughout the curriculum
- **Individual Opportunities**
 - Blocks of unscheduled time for individual or group study, elective coursework, and research
 - Option of a fifth or sixth year of study and opportunities for earning joint degrees
- **Scholarly Concentrations**
 - Area of academic focus, or "major," designed to ground the student's education in an area of passionate interest
 - Enhance student satisfaction with the study of medicine and foster a lifelong commitment to investigation and cross-disciplinary thinking
- **Strengthening of doctor-patient communication and clinical skills instruction**

- Broad clinical science education in the first two years with early exposure to patient care and the practice of medicine
- Early entry into clinical clerkships
- Broader emphasis on doctor-patient communication, ethics, and the art of medicine
- **Educators-4-CARE (E4C)**
 - The Educators-4-CARE (E4C) Program was established to enhance the development of medical students as skilled and compassionate physicians. E4C provides a formal curriculum aimed to foster the development of some of our core values – Compassion, Advocacy, Responsibility, and Empathy – from the beginning and throughout medical school.
 - Beginning in 2008, each incoming medical student has been matched with one of our Educator-4-CARE faculty, who serves as a teacher, mentor, and colleague for the duration of the student's time in our School of Medicine. Each Educator-4-CARE teaches and guides 5-6 students per class year in the following ways:
 - During the pre-clerkship years, precept students once per week in the *Practice of Medicine* (POM) course, cultivating students' acquisition and refinement of patient communication skills, physical diagnosis, clinical reasoning, and professionalism
 - During the clerkship years, continue to provide guidance for students' bedside clinical skills and professionalism through semi-monthly "Doctoring with Care" sessions in concert with the *Translating Discoveries* curriculum
 - Write letters of reference as requested
 - Collaborate with other E4C faculty, POM course directors, and Advising Deans to assist in students' academic and professional development
 - Participate in student milestone events and celebratory gatherings



Basic and clinical sciences and scholarly work are woven together throughout all years of medical education. The barriers among these disciplines are broken down by mixing elements of

investigation, basic science, and clinical practice within the scholarly concentrations.

Building on the changes that have been made since 2003, a number of important themes were considered at the August 30th Think Tank that will shape our future directions. These include:

- The prospect of taking dramatic new steps in furthering the integration between basic and clinical science at the individual patient as well as broader societal and global levels. A common experience for virtually everyone who has gone to medical school is that knowledge sticks best when it is configured around the patient narrative. For nearly all, case-based learning is the optimal way to integrate basic and clinical science, but currently this happens in a fragmented manner over years of time. While there is core knowledge that every physician must possess, the reality is that much of this knowledge will evolve and change over time and will require constant renewal and the skills (and the will) for lifetime learning. Speaking personally, my own medical and scientific knowledge continues to change dramatically, now four decades since I graduated from medical school. And the pace of these changes is likely to accelerate in the years and decades ahead.
- A model we have been exploring is whether learning teams can be constructed of groups of students and a teacher-coach in which each team spends a block of time with one patient problem/disease and studies every aspect of that condition across the entire “health care value chain” – molecular, physiological, pharmacological, health care system, social, economic, cultural. These teams can change over time but might also be configured to emphasize different career tracks or learning pathways – with flexibility but also the prospect for concentration and research as part of the learning experience.
- The length of time of medical education is simply too long, and one of the opportunities worth exploring is how to better integrate education from high school and college through undergraduate, graduate and post-graduate training. Creating a horizontally and vertically integrated learning pathway could be uniquely accomplished at Stanford and has the prospect for better integrating basic and clinical science, reducing redundancy and shortening the overall education and training period. Of course this would require cooperation among the Schools of Humanities & Sciences, Engineering and Medicine – but based on the discussion at our Think Tank and the input from Deans Saller (H&S) and Plummer (Engineering) the prospects for doing this are feasible and opportune.
- It was also clearly recognized that the world of medicine as we know it will be changing dramatically in the years ahead. As knowledge emerges from fields like genetics and genomics, the prospects for individualizing patient risk, early diagnosis, care and prevention will change in ways that can only barely be predicted. Innovations in health and disease management will need to take center stage, and outcomes based on evidence and underpinned by quality, safety and service will further define medicine of the 21st century. Education will need to be anchored not just in the traditional hospital setting but also increasingly in ambulatory and community programs – regionally and globally. While doctors will continue to play a central role, they will also need to be part of the healthcare team and system. Other providers will play increasingly important roles and team based education will become important – something that we are well poised to do in

our Immersive Learning Center in the new Li Ka Shing Center for Learning and Knowledge.

- Because Stanford offers unique opportunities for interdisciplinary learning and research, we want to continue to foster the opportunities for joint programs with other Stanford Schools that have been developed over the past several years. We also want to continue to select students who have the opportunities to develop transformative career paths in their own right – but who also can lead change at local, regional, national and global levels.

These are just some of the issues and themes that emerged at the August 30th Think Tank. We will continue to refine the ideas that have been put forward and to establish Work Groups to further develop and refine them over the next several months. In my opinion, we are building on excellence and have an opportunity to take our education programs to a new level. We have no choice but to move to greater excellence while respecting our past, staying true to our mission but ready to shape the future.

Letter to the Nation's New Medical Students

This week we were asked by Department of Health and Human Services Secretary Kathleen Sebelius and National Coordinator for Health Information Technology David Blumenthal, MD to distribute the letter that follows to first year medical students. This letter is adapted from Dr. Blumenthal's commencement address to the University of Florida College of Medicine 2010 graduating class. I felt the content of the letter merited sharing it with our entire community.

An Open Letter to New Medical Students

Congratulations on entering the profession of medicine. Many of you and your families have sacrificed enormously to get to this moment. We understand the tide of emotions you and your families are experiencing: pride, relief, gratitude, anticipation – and perhaps a little anxiety. After all, most of you will now begin the rigors of medical school and residency, from which you will emerge as fully trained physicians, but only after another long and demanding next phase in your professional life.

You are entering one of the most admired and privileged professions known to man, and with that honor comes great responsibility. You will be the bearers of hope: the hope of every parent for the recovery of a sick child, of every spouse for the healing of a suffering partner, of every son and daughter for the longevity of an aging parent.

We are struck by the fact that you are the first class of medical students to start since Congress passed and President Obama signed into law the Affordable Care Act of 2010, also known to some as the health reform law.

We believe deeply that the Affordable Care Act will be good for you and for your patients, and for the health system overall. We hope each of you can and will play a vital role in ensuring the vision of reform becomes the reality of high-quality, high-value health care for your patients, your families, and your neighbors.

It starts with making sure each of you understands what is in the new law so you can communicate both what it means in terms of the health care coverage options your patients may be eligible for, and how it gives both patients and doctors more control over their health care decisions. The best place to start this education process is our new consumer web site – HealthCare.gov. This new tool, which has been widely praised as being straightforward and easy to use, not only will help patients find health care coverage options, but will also give them detailed information about what will happen when, as well as some important tips for healthy living.

While the implementation of this major new law will unfold over years, many positive provisions are already taking effect. Many of you and your siblings are undoubtedly under the age of 26. Before the enactment of the Affordable Care Act, health plans decided when dependent child coverage would end, and, in many cases, such coverage would end the moment you left college unless you went on to graduate school.

Without college coverage, your families or the families of your friends have had to find individual insurance plans in the private market – plans whose premiums are unaffordable to many Americans – or pass up health insurance altogether, which many have unfortunately done. The result: 3 in 10 young adults are currently uninsured in the U.S. Under the Affordable Care Act, you and your brothers or sisters will now be able to stay on your families' insurance policies until you are 26. While this part of the law is scheduled to go into effect for plan years beginning on or after September 23, 2010, more than 65 insurance companies, including the nation's largest, have already voluntarily extended coverage to age 26.

Of course, the problem of insurance companies denying coverage to patients who need it most goes beyond young people. Practitioners of adult medicine have routinely faced the same thing: patients with heart disease, cancer, multiple sclerosis, diabetes, or lupus losing their coverage; or running up against annual and lifetime dollar limits; or getting frozen into a job because, if they changed where they work, they could no longer get insurance that covered their pre-existing conditions.

That led to tough choices for them and their doctors, too: how to space out or prune away appointments and tests and treatments to minimize costs – how to decide which necessary medicines were *really* most essential. Sometimes, these patients just disappeared from care without explanation, ashamed to admit they could no longer pay their bills.

As a result of the Affordable Care Act, those of you treating adults will no longer face these tough, troubling choices during your careers. Starting in 2014, around the time when you begin your residencies, insurance companies will have to sell coverage to all Americans, regardless of their health status.

That means absolutely no one can be turned away. Insurance companies won't be able to place annual or lifetime limits on coverage, or take it away when patients get sick. Your patients' lives will be better off as a result, and you will have a new level of clinical autonomy that preceding generations of physicians never enjoyed: the ability to do what is right and best for your sickest, most vulnerable patients who are not eligible for government programs like Medicare and Medicaid.

These are just a few of the Affordable Care Act's benefits that are already being realized. But we also want to tell you about some other critical reforms to our health care system that have taken effect recently, and where we especially need your help to get the message out. One really significant way that we can reform the way we practice medicine is through the adoption and meaningful use of electronic health records.

Every doctor knows that she is only as good as the information she has about her patients. Information is the lifeblood of medicine. Without clinical data – progress notes, laboratory data, images, microbiology reports – we're reduced to guesswork.

Yet, the United States today lives with a health information system that relies on the same technology – pen and paper – that Hippocrates used 2400 years ago. Every aspect of your lives is computerized, from laptops to cell phones to pagers. You're connected 24/7. Yet, most doctors go to work and pick up a pen or pencil to record the most precious resource of their trade – data about their patients' health problems.

Can you imagine caring for patients 20 years from now without computers, without electronic health records, without the ability to send patient information electronically from your office to the hospital, from one hospital to another, from the hospital to your office? It would be like practicing medicine with one hand tied behind your back.

The President and Congress have authorized a huge amount of resources – literally billions of dollars – toward implementation of electronic health records for the entire nation through the HITECH Act. This is a new federal initiative dedicated to creating a modern, 21st-century electronic health information system for the nation's clinicians and their patients.

The Department of Health and Human Services has been granted important new authorities to help create a private and secure nationwide interoperable electronic health information system. Our ability to make change pales in comparison with the power of your generation to transform medicine by insisting, by *demanding*, that wherever you end up practicing, you have a modern electronic health information system at your disposal to help you be the best physicians you can be. We in the federal government will do our best to support you.

When you finish medical school, send the hospitals and residencies that are recruiting you a clear message. It is past time for them to enter the electronic age. It is past time for them to give you the information tools you need to do your jobs. You will change the face of medicine forever and for the better.

Every generation should be better off than the last. Well, we think the stars are aligned for you now. As you start your careers, medicine retains its age-old ability to apply the balm of hope, while scientific progress continually increases your ability to turn that hope into the reality of disease avoided or cured, of life prolonged, of suffering relieved.

And you and your patients will benefit from a new era in which the compassionate impulses of the American public have been translated into a commitment that all your patients will have access to the best care this country has to offer. Now, as pioneers of a revolutionary transition in the delivery of care, you have the responsibility to ensure that your successors have the same advantages – and more – that you will have. Good luck with that challenge, and congratulations.

Kathleen Sebelius and David Blumenthal, MD

The Potential Impact of Healthcare Reform Legislation on Graduate Medical Education

I have discussed previously the potential impact of healthcare reform on graduate medical education (GME), which has been largely funded by Medicare (except for pediatric GME, which is covered not by Medicare but by the Children's Hospitals Graduate Medical Education Payment Program). Given the passage of the Patient Protection and Affordable Care Act and the likely changes that will impact healthcare costs in general and Medicare in particular, the potential impact on GME is of interest and concern to every academic medical center. This important topic was recently addressed by John K. Iglehart in a Health Policy Report in the July 21st issue of the New England Journal of Medicine (see:

<http://healthpolicyandreform.nejm.org/?p=3770>) and has been a topic for consideration by virtually every professional group. One of these, the Association of Academic Health Centers (for disclosure, I serve as the chair of the Board of Directors), recently issued a perspective on GME that highlights some of the ideas likely to receive attention over the next years. Each has supporters and detractors, and it remains uncertain as to whether one or more will gain traction. But change in GME as we now know it seems inevitable. In broad terms the dominant themes will include advocacy for one or more of the following:

- ***Broadening the pool of contributors to fund GME beyond that provided by Medicare and Medicaid.*** In the past this has been referred to as the “all payer pool” and, while there has been support from some constituencies, it is likely that the decreasing flow of dollars to healthcare payers and providers will make this a major debate.
- ***Making the funding “follow the student/trainee.”*** This would also give rise to a lot of challenges. Currently DME and IME payments are made to teaching hospitals rather than training programs. While the impact on the financial status of teaching hospitals would be significant, reforms are needed if training is to become more ambulatory than hospital based. Clearly this would also call into focus the balance between service and education as part of GME.
- ***Expanding and reallocating the currently capped number of residency slots.*** This is a major issue that impacts specialty as well as primary care training as well as the economics of academic medical centers.
- ***Expanding GME support to a broader community of health professionals.*** Obviously this has its primary advocacy from non-MD groups and as team based care continues to emerge this focus may gain further traction.

While it is unclear how and when changes in GME will unfold, the next years will surely be witness to one or more changes. This is another important issue to prepare for as healthcare reform evolves.

Defining and Committing to Patient-Centric Standards of Care

In my December 1, 2008 Dean's Newsletter I addressed the important issue of Professionalism and Patient-Centricity (see: http://deansnewsletter.stanford.edu/archive/12_01_08.html). Over the past months some progress in improving the patient experience has taken place, as I highlighted in the July 26, 2010 Newsletter (see: http://deansnewsletter.stanford.edu/archive/07_26_10.html#7), which included a letter to medical staff from Drs. Ann Weinacker and Bryan Bohman. Expectations for what I might call "minimum" standards for patient-centric care were discussed with the Council of Clinical Chairs meeting on September 10th. These standards have been developed by the Clinical Advisory Council and will be presented to faculty and medical staff by department chairs and service chiefs with the expectation that they will become normative behavior. From my perspective these "standards" are quite basic, and I thought it would be helpful to share them directly as a prelude to the discussions that should take place at division and department meetings. They include physician standards for ambulatory and inpatient settings. I hasten to add that comparable or complementary standards will apply to all staff involved in patient care.

Outpatient Physician Patient-Centric Standards:

1. Physician leader and Clinic Manager should review/reassess clinic schedules at least every quarter.
2. Arrangements for leave of absence coverage must be communicated to clinic managers.
3. Clinic appointments should not be cancelled within 30 days of appointment.
4. Mechanism(s) should be available for urgent/same day visits.
5. Physicians should be in the clinic when the patient is ready.
6. If you have patient care responsibilities you must be available by page or cell phone.
7. Inbox requests should be answered within two business days when "on duty."
8. Referring physicians should receive a written letter/report within one week.

Inpatient Physician Patient-Centric Standards

1. Attending of record (or covering Attending) completes daily rounds on hospitalized patients.
2. Attending of record (or covering Attending) should be immediately available by pager or cell phone during business hours or clearly assign coverage.
3. Inpatient consults should be seen within 24 hours, documented appropriately and discussed with the Attending, as necessary. Urgent consults should be seen within a clinically appropriate timeframe.
4. Recommendations by consults should be communicated in Epic as soon as possible and by phone whenever the clinical situation dictates.
5. Consultants should avoid sending mixed messages to patients by communicating with the primary team before outlining a recommended plan of care to the patient.
6. Patients should be discharged in a timely manner (specific time standards to be determined). Discharge planning and paperwork should be started in advance to allow this to occur.
7. Attending presence for procedure standards (time standards to be determined).

It was noted that patient-specific standards for the Operating Room, Clinical Laboratory and Radiology are forthcoming. I am sure that physician readers of this list will view these standards as pretty self-evident. That said, the data available suggests that they are not routinely employed

– something that clearly needs to change if we are to improve the patient experience. Indeed, in the new world of healthcare it is essential that we do so.

Updates on New Facilities: The Consequences of Moving in While Work is Still Ongoing

If you have been walking along Discovery Walk or Foundation Way to the Li Ka Shing Center for Learning and Knowledge (LKSC) or the Lorry Lokey Stem Cell Research Building (aka Stanford Institutes of Medicine 1) you will have noted continued changes along the way. And if you have been in the LKSC you will surely have noted that lots of things are still being “completed.” I am happy to say that all of the ongoing work will be done by the time of the Grand Opening of the LKSC on September 29th. But until then it will be apparent that this is still a “work-in-progress.” There are advantages and disadvantages of “opening” a facility before it is fully completed. We knew that there would be ongoing disruptions and challenges, but we also recognized that “living in and using” the LKSC would be a great way to work out all the challenges associated with a brand new facility. Over the next two weeks the flooring on the entry level will be finished and the new Café will open. Internal and external signage will be completed as well. And importantly, some of the difficulties with the AV systems, especially in the Millie and Paul Berg Hall, will be rectified (some just became apparent when the first Department of Medicine Grand Rounds was held there this past week). Overall, the LKSC is functioning magnificently, and it truly provides a new face and an incredible resource for the medical school and university.

Faculty will start moving into the Lorry Lokey Stem Cell Research Building in late September. In addition to working in new labs I am sure they (and everyone else) will be amazed by the incredible Dale Chihuly glass sculpture that is filling the atrium and that will provide an incredible glow both day and night. This artwork was gifted to Stanford by My Blue Dots, a nonprofit organization founded by Sue McCollum, with the purpose of combining art with science to create healing, hope and health. Careful observers may have noticed lots of windows being changed in the past weeks. In fact a cosmetic defect was found in a number of glass panels after they had been installed; this discovery led to the decision to change more than 300 glass panes (by the manufacturer of course). The Grand Opening is scheduled for October 27th.

Clearly these are our current “major” projects. That said, there are an incredible number of projects being coordinated by our Facilities Group. These include the planning and move-out from 701 and 703 Welch Road, a large number of smaller renovations throughout the medical school campus, important sustainability and retrofit projects from Beckman and the MSLS buildings, and planning for Fairchild Science as well as the new Friedenrich Center for Translational Research, which will be located on Welch Road. In addition, there is very active planning to meet current and future vivarium needs along with major efforts regarding our current off-site facilities and options both to consolidate them and to create new opportunities. And despite the impact of the financial downturn, we are still planning for the eventual construction of Foundations in Medicine 1 as well as Stanford Institutes of Medicine 2. In other words, there is lots going on – both in what you see and what you may not be aware of. As always, exciting times lie ahead.

Thanks to Drs. Al Lane and Karla Kirkegaard for their Leadership as Department Chairs

I want to once again offer my deep appreciation and gratitude for the outstanding leadership of two of our department chairs. Dr. Al Lane retired as Chair of the Department of Dermatology after 15 years of remarkable service. During his tenure he built on the contributions of prior leaders in dermatology Drs. Gene Bauer and Gene Farber, and helped make the current department one of the jewels of Stanford as well as the nation. In addition to his attention to faculty, resident and student development, Dr. Lane led by example with great personal integrity and excellence. We are all indebted to his many efforts.

Dr. Karla Kirkegaard has completed her 5-year term as Chair of the Department of Microbiology and Immunology, where she has contributed significantly to the department, medical school and university. During her tenure the department completed a number of important faculty recruitments and promoted the excellence of graduate students and trainees. Dr. Kirkegaard also forged important interactions with the Institute for Immunity, Transplantation and Infection as well as with a number of clinical departments and faculty. We are grateful for her many insights and contributions. In the tradition of rotating five-year terms for most basic science faculty, Dr. Kirkegaard will be succeeded as Department Chair by Dr. Peter Sarnow. As I thank Karla I also welcome Peter to this important role.

Birthday Celebration for Dr. Hugh McDevitt

A Celebration of Achievement was held on September 11th in honor of Dr. Hugh McDevitt's 80th birthday. A symposium featuring outstanding leaders in immunology from the USA and Europe focused on the field of "MHC and Disease," which Dr. McDevitt helped create during his incredible career as a physician-scientist at Stanford. We offer our commendation for all that Dr. McDevitt has achieved during his illustrious career and also wish him a very happy birthday.

Awards and Honors

- On September 9th a reception was held to celebrate the appointment of two new holders of endowed professorships:
 - ***Dr. Michael Snyder*** as the Stanford W. Asherman, MD Professor of Genetics
 - ***Dr. Tobias Meyer*** as the Mrs. George A Winzer Professor of Cell Biology
- ***Dr. Michele Barry***, Professor of Medicine and Senior Associate Dean for Global Health, is the recipient of the 2010 Ben Kean Medal, awarded by the American Society of Tropical Medicine and Hygiene to a clinician or educator whose dedication to clinical tropical medicine and impact on the training of students, fellows and/or practitioners of tropical medicine is in keeping with the tradition established by Dr. Kean. The medal is awarded every third year.
- ***Rebecca Rakow-Penner***, MD/PhD candidate in biophysics and graduate student in the Radiological Sciences Laboratory has been honored with the 2010 Norman Blank Award

for the outstanding medical student in radiology. The award was created in memory of longtime faculty member and Director of Admissions Norman Blank, MD.

- ***Dr. Shreyas Vasanawala***, assistant professor of radiology, received the GE Healthcare 2010 Thought Leader Award for innovation in pediatric MRI at the Annual Meeting of the International Society for Magnetic Resonance in Medicine (ISMRM) in Stockholm, Sweden on May 7th, 2010.
- ***Dr. Grant Miller***, Stanford Health Policy core faculty member, has been awarded the "Inter-American Award for Research on Social Security 2010" by the Conferencia Interamericana de Seguridad Social Centro Interamericano de Estudios de Seguridad Social, along with his co-authors Diana Pinto (Javeriana University) and Marcos Vera-Hernandez (University College London).

Dean's Fellows

The following 34 postdoctoral scholars were selected as Dean's Fellows starting this past July. Each will receive \$21,500 in stipend for the coming year to work on proposed research projects with a faculty mentor.

Dr. Robert Ahrends, Chemical and Systems Biology, working with Tobias Meyer, PhD

- http://med.stanford.edu/profiles/postdocs/researcher/Robert_Ahrends/

Dr. Manuel Castellano-Munoz, Otolaryngology, Head & Neck Surgery, working with Anthony Ricci, PhD -http://med.stanford.edu/profiles/postdocs/researcher/Manuel_Castellano%20Munoz/

Dr. Raymond Chen, Biochemistry, working with Patrick Brown, MD, PhD

- http://med.stanford.edu/profiles/postdocs/researcher/Raymond_Chen/

Dr. Tzu-Chun Chen, Microbiology and Immunology, working with Peter Sarnow, PhD

- http://med.stanford.edu/profiles/postdocs/researcher/Tzu%20Chun_Chen/

Dr. Pak-Yan Cheung, Biochemistry, working with Suzanne Pfeffer, PhD

- http://med.stanford.edu/profiles/postdocs/researcher/Pak%20Yan_Cheung/

Dr. Eileen Clancy, Microbiology and Immunology, working with Karla Kirkegaard, PhD

- http://med.stanford.edu/profiles/postdocs/researcher/Eileen_Clancy/

Dr. Emilee Connors, Molecular and Cellular Physiology, working with Richard Lewis, PhD

- http://med.stanford.edu/profiles/postdocs/researcher/Emilee_Connors/

Dr. Pascal Courville, Neurology and Neurological Sciences, working with Richard Reimer, MD

- http://med.stanford.edu/profiles/postdocs/researcher/Pascal_Courville/

Dr. Maria Jose da Silva Texeira Costa, Endocrinology - Pediatrics, working with Brian Feldman, MD, PhD -

http://med.stanford.edu/profiles/postdocs/researcher/Maria%20Jose_Da%20Silva%20Teixeira%20Costa/

Dr. Brett Foster, Neurology and Neurological Sciences, working with Josef Parvizi, MD, PhD

- http://med.stanford.edu/profiles/postdocs/researcher/Brett_Foster/

Dr. Brian Grone, Psychiatry & Behavioral Sciences, working with Emmanuel Mignot, MD, PhD - http://med.stanford.edu/profiles/postdocs/researcher/Brian_Grone/

Dr. Anett Gyurak, Psychiatry & Behavioral Science, working with Amit Etkin, MD, PhD

- http://med.stanford.edu/profiles/postdocs/researcher/Anett_Gyurak/

Dr. Katja Herges, Neurology and Neurological Sciences, working with Lawrence Steinman, MD
 - http://med.stanford.edu/profiles/postdocs/researcher/Katja_Herges/

Dr. Hugo Hilton, Structural Biology, working with Peter Parham, PhD
 - http://med.stanford.edu/profiles/postdocs/researcher/Hugo%20Godfrey%20Harness_Hilton/

Dr. Kai Kohlhoff, Bioengineering, working with Russ Altman, MD, PhD
 - http://med.stanford.edu/profiles/postdocs/researcher/Kai_Kohlhoff/

Dr. David Martinelli, Neurosciences Institute, working with Thomas Sudhof
 - http://med.stanford.edu/profiles/postdocs/researcher/David_Martinelli/

Dr. Gonzalo Olivares, Developmental Biology, working with Margaret Fuller, PhD
 - http://med.stanford.edu/profiles/postdocs/researcher/Gonzalo_Olivares/

Dr. Ying Pan, Urology, working with Joseph Liao, MD
 - http://med.stanford.edu/profiles/postdocs/researcher/Ying_Pan/

Dr. Guillem Pratx, Radiation Physics, working with Lei Xing, PhD
 - http://med.stanford.edu/profiles/postdocs/researcher/Guillem_Pratx/

Dr. Elena Rastew, Infectious Diseases, working with Upinder Singh, MD
 - http://med.stanford.edu/profiles/postdocs/researcher/Elena_Rastew/

Dr. Annette Scharf, Chemical and Systems Biology, working with Joshua Elias, PhD
 - http://med.stanford.edu/profiles/postdocs/researcher/Annette_Scharf/

Dr. Sejal Shah, Endocrinology - Pediatrics, working with Laura Bachrach, MD
 - http://med.stanford.edu/profiles/postdocs/researcher/Sejal_Shah/

Dr. Paige Shaklee, Biochemistry, working with James Spudich, PhD
 - http://med.stanford.edu/profiles/postdocs/researcher/Paige_Shaklee/

Dr. Hadas Shiran, Cardiovascular Medicine, working with Michael Fischbein, MD, PhD
 - http://med.stanford.edu/profiles/postdocs/researcher/Hadas_Shiran/

Dr. Amy Silder, Bioengineering, working with Thor Besier, PhD
 - http://med.stanford.edu/profiles/postdocs/researcher/Amy_Silder/

Dr. Marion Silies, Neurobiology, working with Thomas Clandinin, PhD
 - http://med.stanford.edu/profiles/postdocs/researcher/Marion_Silies/

Dr. Min Song, Genetics, working with Stanley Cohen, MD
 - http://med.stanford.edu/profiles/postdocs/researcher/Min_Song/

Dr. Michael Tadross, Molecular and Cellular Physiology, working with Richard Tsien, PhD
 - http://med.stanford.edu/profiles/postdocs/researcher/Michael_Tadross/

Dr. Sheela Thomas, Nephrology, working with Alan Pao, MD
 - http://med.stanford.edu/profiles/postdocs/researcher/Sheela_Thomas/

Dr. I-Ning Wang, Cardiovascular Medicine, working with Phillip Yang, MD
 - http://med.stanford.edu/profiles/postdocs/researcher/I-Ning_Wang/

Dr. Yasuto Yamaguchi, Hematology, working with Lawrence Leung, MD
 - http://med.stanford.edu/profiles/postdocs/researcher/Yasuto_Yamaguchi/

Dr. Fangfang Yin, Pathology, working with Matthew Bogoy, PhD
 - http://med.stanford.edu/profiles/postdocs/researcher/Fangfang_Yin/

Dr. Qiong Yang, Chemical and Systems Biology, working with James Ferrell, MD, PhD
 - http://med.stanford.edu/profiles/postdocs/researcher/Qiong_Yang/

Dr. Maria Zoudilova, Pathology, working with Eugene Butcher, MD
 - http://med.stanford.edu/profiles/postdocs/researcher/Maria_Zoudilova/

Congratulations to all!

The Dean's Newsletter: September 27, 2010

COME TO THE DEDICATION OF THE LI KA SHING CENTER FOR LEARNING AND KNOWLEDGE ON SEPTEMBER 29TH

Wednesday, September 29th will be a historic day in the history of the School of Medicine. At 10 am the official dedication of the Li Ka Shing Center for Learning and Knowledge will be held on the Alumni Green (next to the Clark Center and in front of the Fairchild Science Building) and at the Li Ka Shing Center for Learning and Knowledge (bordered by Foundation and Discovery Walks). The dedication ceremony will be led by President John Hennessy and Board of Trustees' Chair Leslie Hume. In addition to officially opening the Li Ka Shing Center for Learning and Knowledge, the event will honor Mr. Li Ka Shing who will be present for the dedication. I hope you will participate in this festive event and also take the opportunity to visit the Li Ka Shing Center for Learning and Knowledge during its Open House reception from 11:00 am – 12:30 pm. I hope to see you at the dedication. This is truly a once in a lifetime event! If you wish to attend, please respond to drealaz@stanford.edu no later than 5 pm on Tuesday, September 28th.

Welcome to the 2010 Graduate Students

This past week we welcomed 109 students joining one of Stanford's 13 bioscience PhD programs. This outstanding group of students was selected from over 1550 applicants and includes individuals ranging in age from 17-41 (average is 24 years). Students enter programs that are large (e.g., Biology has 26 new matriculates) as well as small (Molecular & Cellular Physiology and Structural Biology each have one new student). Nineteen of the 109 are international students and, overall, students represent 18 different countries of birth. Women constitute 56% of the incoming class, and 15.9% are underrepresented minorities. Students received their undergraduate degrees from 66 colleges and universities, with Brown, MIT, Rutgers and Stanford topping the list for the number of graduates joining our PhD programs. Not included in this list are the 23 students entering the joint School(s) of Engineering and Medicine Bioengineering program. They come from 388 applicants, ten of whom are international. Their average age is 23, and 23% are women.

This year also brought a new welcoming event for our incoming PhD students -- the "White Lab Coat Ceremony" that was held on Friday evening September 24th. As I described in my August 30th Newsletter (see: http://deansnewsletter.stanford.edu/archive/08_30_10.html#1) the "Stethoscope Ceremony" has become a tradition in welcoming new MD students to the profession of medicine. This year our Stanford Medical Center Alumni Association had the vision to suggest a parallel ceremony for incoming PhD students, and I hope that the "White Lab Coat Ceremmony" will become just as much of a tradition as the Stethoscope Ceremony.

Clinical and Translational Science at the Stanford University School of Medicine

When we launched the School of Medicine Strategic Plan nearly a decade ago we established it under the umbrella of Translating Discoveries (see: <http://medstrategicplan.stanford.edu/>). Based on that foundation we determined that our goal was "*To be a premier research-intensive medical school that improves health through leadership and collaborative discoveries and innovation in patient care, education and research.*" Since then we have made considerable progress in fulfilling a number of the Plan's core objectives in our interrelated missions of education, research and patient care. An important component has been putting into place the programmatic support and infrastructure to facilitate and enhance clinical and translational research. These include our NCI-designated Cancer Center, which is under the leadership of Dr. Bev Mitchell, Professor of Medicine, and our NIH Clinical and Translational Science Award (CTSA), led by Dr. Harry Greenberg, Professor of Medicine and Senior Associate Dean for Research.

At the September 17th Executive Committee Dr. Greenberg gave an update on the Stanford CTSA, one of 55 funded centers nationally (the goal of the NIH is to expand this number to 60 by 2012 as part of a national consortium). The Stanford CTSA is now in its third year of a five-year funding cycle. While the initial budget proposal to the NIH was for \$54 million, cutbacks in program support resulted in an overall NIH five-year award of \$29.6 million. In order to help the CTSA reach its potential, the School has committed up to \$17.5 million over the five years so that most of the critical programs can go forward. As you may recall, the Stanford Center has a unique organizational structure for the School in that it functions as an independent university center, reporting the Vice Provost and Dean of Research (Dr. Ann Arvin). In this role it supports 12 programs across the university, including one that reaches beyond the university and focuses on community engagement. The Stanford CTSA is called ***Spectrum*** (see <http://spectrum.stanford.edu/>). It is overseen by an External Advisory Board, as well as by a Strategic Advisory Board, which I chair.

Since its inception, Spectrum has had three major objectives:

1. ***Innovation:*** to develop programs that stimulate innovation in devices, drugs and comparative effectiveness and healthcare delivery research. Some of this is nucleated by pilot project funding.
2. ***Education:*** to develop programs that foster knowledge and expertise in clinical and translational research beginning with high school students and extending all the way to faculty
3. ***Implementation:*** to simplify, organize and make more accessible the key support services and resources needed to stimulate clinical and translational research -- and to measure and assess their outcomes.

During his Executive Committee report Dr. Greenberg detailed some of the accomplishments that have been achieved in various program areas. I will highlight a few of these as examples:

Study Design and Biostatistics (Dr. Phil Lavori is the Program Leader): Since 2008 there have been over 830 free consults by the Biostatistics Consultation Service. Over 30 major projects have been reviewed and a number of workshops have been conducted, including one that focuses on "difficult statistical challenges." In addition, this program has fostered yearly "intensive courses in clinical research," which have provided sophisticated and in-depth training on clinical trial design and methodology to approximately 125 trainees and faculty since 2006. I have participated in each of these sessions (including a another successful intensive pediatric program

that was held over the past two weeks), and we have been very pleased by the depth of the content that is being offered and the outcomes achieved. In fact, nearly half of the graduates of one of the intensive courses have already submitted a research proposal and 80% of these have been funded. Quite a success story in its own right.

Informatics (Dr. Henry Lowe is the Program Leader): the STRIDE program <http://clinicalinformatics.stanford.edu/services/clinicaldata.html> has become increasingly integrated with hospital-based clinical electronic medical records (e.g., Epic at SHC and Cerner at LPCH), including pharmacy orders and radiology images. A more secure and operative database called REDcap is being introduced to replace less useful ones like Filemaker, Access and Excel. In addition, the informatics consultative progress has become more accessible and active, and it provided over 300 consultations since 2008. The Informatics program has also played a key role in developing the Spectrum Navigator and related websites.

Operations, Training and Compliance (Nick Gaich is the Program Leader): this program has had some significant accomplishments, including successfully negotiating a cost-based pricing for hospital associated clinical research (a breakthrough for clinical investigators) and other budget and billing enhancements -- including coordination with the Office of Sponsored Research and the Research Management Group. Of interest, a "study facilitator" service is available through the Study Navigator as of this month.

Clinical and Translational Research Unit (CTRU) led by Dr. Brandy Sikic: This program is the new version of the former GCRC (which the NIH is phasing out) and is largely an ambulatory research program. Research volumes are going up and the CTRU will be moving from Blake Wilbur to 1101 Welch en route to its final home at 800 Welch Road when the Jill and John Freidenrich Center for Translational Research is completed in 2012-2013. We are pleased that two inpatient beds have been approved for continuing location on H1 (the former home of the GCRC) for the indefinite future. As part of systems re-engineering, the CTRU/CTSA is collaborating with colleagues at the Graduate School of Business to evaluate process improvements in the cost accounting and efficiency of outpatient research.

Innovations and Pilots, led by Dr. Paul Yock, focuses on one of the fundamental underpinnings of the CTSA by awarding, in a competitive process, pilot and innovation seed grants. In 2009, 82 applications were received and 8 were funded for a range of diagnostic, therapeutic and device-based projects. The call for new applications was issued on September 1st (<http://spectrum.stanford.edu/researcher-resources/other/funding-ops/pilot-grants/335-call-for-proposals.html>). The SPARK and Biodesign Programs continue to thrive: SPARK has helped foster a successful ARRA Award in global health, and Biodesign has been a model for development at universities across the world.

Spectrum Supported Cores is led by Dr. Daria Mochly-Rosen and includes the Human Immune Monitoring Core (which is the brainchild of the Stanford Institute for Immunity, Transplantation and Infection), the High-Throughput Bioscience Center for drug and or target discovery, and the Tissue Microarray Histopathology Core.

Ethics, for which Dr. David Magnus is the Program Leader, has made important strides in courses and programs for ethics training for clinical investigators. This program also offers a consultative service that can be accessed through the Study Navigator.

Education (led by Dr. Charles Prober) has a number of initiatives, some of which I have highlighted in recent Newsletter, including the Stanford Society for Physician Scholars (see http://deansnewsletter.stanford.edu/archive/08_30_10.html#3).

Community Engagement is led by Dr. Marilyn Winkleby and Rhonda McClinton-Brown, and has developed a number of notable community partnerships (e.g., with the San Mateo County Department of Public Health, Kaiser Permanente, the Palo Alto Medical Foundation and a number of local community health center providers). This project provides technical assistance and career guidance; since the inception of the CTSA, it has engaged with 56 faculty and 46 community partners. Seed Project grants in community engagement are also being awarded, including five in July 2010.

Career Development and Diversity is led by Dr. Hannah Valentine and includes a number of novel programs such as the "Team Science Training Program," which has focused on topics ranging from conflict and negotiation to management of large interdisciplinary teams. In March 2010 a "Clinical and Translational Networking Program" was launched to bring faculty, students and postdocs together to address topics ranging from career development to working with the media and with industry. This September the second round of the "Clinical and Translational Research Scholars Program" was launched. In this program 18 fourth-year medical students from underrepresented backgrounds from around the USA visited Stanford for a 4-week sub-internship as a means of introducing them to our institution. Selected students are also participating in the Spectrum Intensive Course in Clinical Research -- including the one that took place two weeks ago.

Spectrum Child Health is led by Drs. Christy Sandborg and David Stevenson and is seeking ways to increase the efficiency and operations of pediatric clinical research, including ways to interact with the community. A number of pediatric research or clinical innovation awards have been given during the past year, and efforts are underway to monitor and track the impact of these awards on future funding and career development. In addition to these programs, efforts are underway to track and evaluate the impact of various programs and where possible to create alignments with the national community of CTSA Consortia. Clearly there has been a lot of activity through the Stanford CTSA over the past 2-3 years, and we can look forward to future programs that will enrich and enhance the environment and support for clinical and translational research at Stanford. There is no question that the value and importance of clinical research has risen and that unique opportunities exist for the future. One of these is the application of research methodology to improve the delivery of health care overall -- which we hope will be further enhanced by interactions with the new Stanford Clinical Excellence Research Center led by Dr. Arnie Milstein -- who joined Stanford this summer (see: http://deansnewsletter.stanford.edu/archive/05_24_10.html#2).

The Continuing Debate on Healthcare Reform

September 23rd marked the six-month anniversary of the signing of the Affordable Care Act (ACA), signed into law by President Obama on March 23, 2010. The lead-up to this historic legislation and the events surrounding its passage are topics I addressed with some frequency in past issues of the Newsletter. The ensuing months have been filled with rancorous debate and little expressed enthusiasm for the new legislation, despite the fact that it represents a rebasing of the frequently damaging practices of private insurance regarding denials for pre-existing illness,

limits on coverage and soaring costs. Importantly, the ACA offers the provision of medical care to most Americans.

One of the reasons for the current discord on healthcare reform is that its true purpose and goals were not explained in a coherent manner by the administration and its advocates. Even more damaging, though, are the political chasms and gridlock that have characterized Washington in the past several years that has led to hyperbole and lots of misinformation. Amazingly, the factual errors of those decrying healthcare reform were not adequately or promptly addressed, allowing them to alter perceptions of reality.

Over the last weeks and months the Administration and the Democrats have become amazingly silent on healthcare reform, and the Republicans are touting their plan to repeal or significantly limit the ACA. Together with the continuing loss of jobs, economic downturn and overall anger of the American public, the real and potential achievements on healthcare reform and the ACA have been muted at best. This is made worse by the fact that the ACA legislation is confusing to understand and the timelines for enactment makes promises too distant or too subject to future modification. Further, a continuing overriding concern is that the ACA does little to address cost control.

In the August 12th issue of the *New England Journal of Medicine*, Peter Orszag and Zeke Emmanuel attempt to address this in the Perspective entitled "Health Care Reform and Cost Control" (see: <http://www.nejm.org/doi/full/10.1056/NEJMp1006571>). Among the notable comments in their perspective article is that the ACA is "an ongoing, evolutionary process requiring continuous adjustment." This would seem to be an understatement.

Dr. Arnold Relman, former Editor of the *New England Journal of Medicine* and a noted authority on healthcare and medicine more broadly, published a valuable contribution in the September 30th edition of the *New York Review of Books* (see: <http://www.nybooks.com/articles/archives/2010/sep/30/health-care-disquieting-truth/>). Using his review of John Wennberg's "Tracking Medicine: A Researcher's Quest to Understand Health Care," Relman focuses on the geographically variegated costs of Medicare expenditures and their dissociation from quality outcomes -- the focus of the Dartmouth Atlas that Wennberg and his colleagues have brought to public attention. While there is debate about the validity of these associations and whether they are oversimplified, they do address the impact of provider practice on healthcare costs. The major drivers are technologies, drugs and expensive procedures, an issue highlighted in Atul Gawande's now well-known *New Yorker* (June 1, 2009) article entitled "The Cost Conundrum" (see: http://www.newyorker.com/reporting/2009/06/01/090601fa_fact_gawande).

Some of the features of the ACA are designed to address some of these cost conundrums. One is the Patient-Centered Outcomes Research Institute (PCORI), which is designed to empower physicians and patients with information on the effectiveness of medical technologies and interventions. The members of the PCORI were named this past week and include a number of highly regarded academics and thought leaders (see: <http://www.gao.gov/press/pcori2010sep23.html>). Another, albeit more controversial, committee will be the Independent Payment Advisory Board (IPAB), which will be charged with devising changes to Medicare's payment system, although some of these effects will not go into place until 2014.

At the annual meeting of the Association of Academic Health Centers (for which I have served as chair of the Board of Directors), which was held on September 23-24th, a number of these issues were discussed under the banner of "New Ideas and Strategies in the Era of Health Reform." In a plenary session Dr. Kavita Patel, now Director of Health Policy Programs at the New America Foundation, spoke of her role and that of the White House in devising and developing the ACA. She noted in passing that since the passage of the legislation most of the groups she has addressed have become less clear and often more distressed about the legislation - partly because of its uncertainty, long phase-in and the intense politics and rancor that have seized Washington and much of the country, especially with the economic downturn. That said, it was abundantly clear that our academic health center peers around the country are all bracing for coming changes even though the nature and their timeline is a matter of uncertainty.

Common wisdom shared at this national forum is that payments to providers from Medicare and private payers will decrease in the coming years, that incentives will be more aligned to outcomes and less to volume, that payments to hospitals for high-end services and care will be altered and that the focus will be on population based care and management. Most academic medical center leaders noted the importance of engineering efficiency and avoiding wherever possible expensive capital costs or hospital bed expansion. And a key observation is that medical centers will need to be more aligned and integrated -- a challenge even more acute for academic centers that have missions in education, research, patient care and community service.

These are challenges that we are well aware of and that we have addressed in part -- but have much more work to accomplish. As I have noted in prior communications (see: <http://deansnewsletter.stanford.edu/#4> and http://deansnewsletter.stanford.edu/archive/12_01_08.html) we need to be outstanding in discovery and innovation, and provide outstanding patient care, the highest possible quality, excellent patient services and low and competitive costs. While we do well in some of these areas we have much work to do in enhancing the patient experience and in reducing costs. We cannot wait for healthcare reform to mandate these changes -- we need to assume leadership now. I believe the integrated clinical planning that we are now pursuing with Stanford Hospital & Clinics (and that has already been achieved with the Lucile Packard Children's Hospital) is an important step. So are the improvements in focused attention on quality outcomes and, more recently on improving patient care. But high cost is a still major challenge and has to be an increasing area for focus now and in the future -- in both programmatic and capital expenditures. And I am optimistic that we could make progress and even assume a leadership in improving models of efficiency and effectiveness as the new Stanford Clinical Excellence Research Center gets underway.

Despite the challenges that lie ahead, the opportunities for improving Stanford Medicine and making it of even higher value to all the communities we serve is exciting and is a goal well worth our shared efforts.

Communication on Consulting from Provost Etchemendy

At our recent School of Medicine Executive Committee it became apparent that a recent communication from the Provost regarding faculty-consulting relationships had not been widely noted despite its broad dissemination. Because the communication is important we asked our department chairs to share the Provost's communication with their faculty. To further that dissemination, I am copying the Provost's September 1 message below. The new document

discussed by the Provost may be found in the Research Policy Handbook at <http://rph.stanford.edu/4-3A.html>.

From Provost John Etchemendy: As you know, Stanford encourages research relationships with other entities as a way to foster the transfer of knowledge gained through University research and scholarship for societal benefit. We also recognize, however, that our concern to preserve openness in research may be at odds with the need of for-profit companies to keep research information and materials proprietary. With these differences in mind, I would like to review Stanford's policies governing two types of agreements that faculty enter into without direct University oversight. These are personal consulting agreements and non-disclosure agreements (NDAs). As a Stanford faculty member, it is your responsibility to know the principles and policies that must be followed when entering into such agreements.

*If you enter into a consulting or non-disclosure agreement with a commercial entity, a copy of the attached summary of **STANFORD UNIVERSITY REQUIREMENTS FOR FACULTY CONSULTING ACTIVITIES AND AGREEMENTS** must be provided to the company.*

Consulting:

Any consulting agreements with outside entities should carefully delineate and separate your university responsibilities from consulting responsibilities. Specifically, these agreements must not involve or address Stanford University, or its resources and people, including students, postdoctoral scholars and staff. You are responsible for making sure that your consulting activity and the terms of any written agreements are consistent with requirements of the faculty Conflict of Commitment and Interest policy (<http://rph.stanford.edu/Chpt4.html>) and your university obligations related to inventions and other intellectual property (<http://rph.stanford.edu/5-1.html>). The School of Medicine also prohibits consulting that is solely or primarily for commercial marketing purposes (<http://med.stanford.edu/coi/siip/policy.html>). To avoid confusion, correspondence and agreements related to consulting activities must not use Stanford letterhead or appear to be Stanford documents. Finally, facilities and services of the University may not be used in connection with your consulting, except in a purely incidental way.

Non-Disclosure Agreements:

In their capacity as University employees, Stanford faculty and staff may not engage in confidential work for an entity other than Stanford. Confidential work for another entity may only be pursued during time allowed for consulting.

Any confidential information received for research purposes at Stanford must be incidental to University research activities and may not interfere with the participation of anyone at Stanford in the intellectually significant portions of the research activity (Openness in Research Policy; <http://rph.stanford.edu/2-6.html>). Within these important limits, if it becomes necessary for you to share confidential information with, or receive information from, another entity for your work at the University, you may personally sign a Confidentiality Disclosure Agreement (CDA) or Non-Disclosure Agreement (NDA). The agreement must state clearly that you are signing in your individual capacity and covers only your own activities. If it is necessary for those you supervise to receive confidential information, they must separately sign a confidentiality agreement, but only if the confidential information to be received is incidental and with approval of your school dean.

Some CDAs or NDAs presented to faculty for signing may contain intellectual property provisions impacting Stanford's rights in patents, copyrights, or patentable technology or

copyrightable works. Faculty may not sign any agreement that could affect Stanford's or other Stanford researchers' rights in intellectual property or your Stanford obligations related to intellectual property.

The CDA/NDA must not include Stanford University as a party. Individual researchers, faculty members and other employees have no authority to sign CDAs or NDAs on behalf of the University, their school or department, or any other division or department of the University. Stanford generally does not sign CDA/NDAs on behalf of the University, because there is no institutional mechanism to ensure the confidentiality of information received.

NOTE: The summary of Stanford's policies will be available for downloading on the Research Policy Handbook website (<http://rph.stanford.edu>), the Office of Technology Licensing website, and from your school dean's office.

Please contact your school dean's office or the office of the Dean of Research to discuss any questions that you may have concerning consulting agreements; the Industrial Contracts Office will advise about CDA/NDAs.

For the School of Medicine, Dr. Harry Greenberg, Senior Associate Dean for Research, would be pleased to address any questions or concerns you have. You can reach Dr. Greenberg at: harry.greenberg@stanford.edu.

Office of Medical Development Helps Prepare Faculty for Fundraising

On September 14th and 17th, Laurel Price Jones, Associate Vice President for Medical Development and Alumni Affairs, and Barbara Clemons, Assistant Vice President for Medical Development, coordinated two four-hour intensive workshops on philanthropy for faculty leaders. These interactive sessions were led by Mr. Joe Golding from Advancement Resources, a national leader in research-based development training for medical professionals. They enabled faculty leaders and staff from the development offices of the School of Medicine, Stanford Hospital & Clinics and the Lucile Packard Children's Hospital to join together in discussions about "grateful patients and families" as well as ways to assess the mindset and intent of potential donors. Nearly 70 faculty members participated, and many have already shared their positive reflections on the value of this intensive exposure to fundraising and philanthropy.

We anticipate that Advancement Resources will launch a more in-depth seminar exclusively for academic researchers this spring, and our development team will be following up to assist interested faculty in expanding their fundraising efforts. Whether or not you attended one of these workshops, a development officer will be glad to speak with you. If you don't know who is assigned to your program, contact the Office of Medical Development (OMD) at 650-234-0600.

Based on the observations of attendees and organizers, some of the highlights and key lessons of the seminar included:

Nearly 90% of all gifts come from individuals (including family foundations).

Forty percent of donors who made gifts of \$1M or more in 2009 had no knowledge of the organization seven years earlier.

There is a big difference between a loyalty gift and a passion gift. The biggest gifts of a donor's lifetime are almost always the latter. *(Parenthetically, I would include some of the major gifts we received for the Li Ka Shing Center for Learning and Knowledge and the Lorry Lokey Stem Cell*

Research Building in the category of "passion gifts" based on a compelling and exciting vision and opportunity).

Fundraising is not about prying money from the reluctant; it's about providing opportunities for donors to realize their dreams, and sometimes even to start a healing process.

The three key roles for faculty in fundraising (note, asking for money is not on the list -- which is something I pointed out during my introductory comments):

1. **Articulate a compelling vision story.** Think big ideas -- they attract big gifts. Show the impact on people, not the institution. Paint a picture of how the future could look. Focus on only 3-5 goals. Describe your work in simple metaphors (e.g., a cancer stem cell's role as the queen bee in a beehive).
2. **Help get the donor's personal story on the table.** "Development magic" happens when the donor's personal story connects to an organizational initiative (project, program, vision story).
3. **Provide development referrals.** Bringing in a development professional changes the dynamic, uses your time most efficiently, and preserves the physician-patient relationship.

I noted in my August 30th Newsletter that the School of Medicine has now passed the \$1 billion mark in the Stanford Challenge campaign, which is still underway (http://deansnewsletter.stanford.edu/archive/08_30_10.html#10). But we still have a long way to go to fulfill our many dreams, aspirations and critical needs -- and to do that we will benefit from the help and assistance of our faculty, a number of whom are now much better educated about fundraising and medical development. More to come (I hope in every way).

Emergency Preparedness: Earthquake (Drill) on October 7th

On October 7th, at an undisclosed time, Stanford University will conduct an emergency earthquake evacuation drill that will impact the *entire campus* (except for the hospitals) as well as a number of off-site facilities where School of Medicine faculty, staff and students are located. In addition to all on-campus buildings, the off-site facilities that will participate in the drill include 1050 and 1070 Arastradero, 855 and 1501 California Avenue, 2700 Sand Hill Road and Stanford Menlo Park. The October 7th exercise is designed to simulate the immediate response to an earthquake (or similar emergency). Information about the drill is available at: <http://evacdrrill.stanford.edu>.

The drill will begin with the outdoor AlertSU warning system which signals a continuous warning tone. This is what would happen during a true emergency. The siren is expected to last for about 45 seconds (but this could vary during an actual emergency). When the siren begins you should "duck, cover and hold" (see http://www.stanford.edu/dept/EHS/prod/general/erprep/2010_emer_evac_index.html for more details) until the siren stops. Specific instructions for faculty, students and staff are displayed. At that point you should gather your belongings (I would imagine your laptop and/or iPad will be among them) and report to your assigned Emergency Assembly Point (EAP). If you don't know where your EAP is located it would be a good idea to find out prior to the October 7th drill. Your department DFA can provide the location or you could check at the Environmental Health and Safety Website at <http://www.stanford.edu/dept/EHS/prod/general/erprep/eap/>.

All staff and faculty should check in at their local EAP per departmental evacuation procedures.

Students in residences should check in at their local EAP. All students will receive a message from the AlertSU mass notification system. Students should respond to the voice prompts from the system to check in electronically.

For more information on personal preparedness, visit any of the following sites:

Ready.gov <http://www.ready.gov/> 72 Hours.org <http://72hours.org/>

The Great California Shakeout (October

21) <http://www.shakeout.org/> <http://www.shakeout.org/dropcoverholdon/>

Play "Beat the Quake" <http://www.dropcoverholdon.org/>

For questions or more information, send emails to preparedness@lists.stanford.edu

The Department of Anesthesia Celebrates Its 50th Anniversary

The Department of Anesthesia celebrated its first 50 years on September 24-25. The festivities included a wonderful scientific program and opportunities for social gatherings, reunions and renewals. The Department has grown in breadth and depth across all missions of education, research and patient care and has particularly thrived during the last decade under the terrific leadership of Dr. Ron Pearl, the Richard K Erika N Richards Professor of Anesthesia and Chair. The department now includes 150 current faculty members and 67 current residents as well as over 565 graduates. Its programs extend from the operating room to obstetrics, pediatrics, the intensive care unit, the pain clinic, and the ambulatory centers to the immersive learning center. To commemorate its anniversary, the department has produced a wonderful publication entitled Stanford Anesthesia, Fifty Years of Excellence. From this I offer Dr. Pearl's conclusion to his opening letter to faculty, students, staff and alumni:

"Looking back on the first half-century of the department, we see a tradition of excellence in clinical care, research, education, leadership and service. Today these elements are integrated in a department which is leading the field and continuing to define the expanding specialty of anesthesiology and perioperative care. We can look forward to the next half-century with confidence and optimism as we celebrate what we have achieved over the first fifty years"

I had the privilege to participate in some of the events surrounding the celebration and ask that you join me in congratulating the Department of Anesthesia and wishing it well for the future.

Stanford University Employee Survey to be Conducted this Fall

The School of Medicine's 3,800 staff employees are one of our most valuable resources. Our important research, education, and patient care activities could not be realized without the dedication, commitment, and day-to-day engagement of our staff.

This October, Stanford University is sponsoring a Stanford Employee Survey. The School of Medicine will be participating in this effort, which will give School employees the opportunity to provide confidential feedback to an external vendor about their experience in the SoM work environment, and will in turn give the school vital information to improve our efforts to make the School an ever better place to work.

The survey results will be shared -- in aggregate form -- with employees, supervisors, and managers. Supervisors and managers will then have the opportunity to hold discussions with their employees to understand the input and develop and implement action plans to address any issues or trends that surface through the survey process. The Human Resource Group will support supervisors and managers through the action plan process.

Other Stanford schools and business units are also participating in the survey. The process was inaugurated in spring 2010, with six schools and central areas participating. This fall, close to 6,000 employees will participate in the remaining schools, independent labs, and central areas.

An experienced outside vendor has been engaged to collect the data and prepare reports that will convey aggregate results; no results will be linked to any individual employee's name, and supervisors and managers will not be told which specific employees participated in the survey. Groups participating in the spring 2010 survey process gave feedback that the online survey was easy to use and took no more than 10-15 minutes to complete. The more employees who complete the survey, the easier it becomes to identify themes or trends across the School that, if strengthened, would help us become an ever better place to work.

More information about the survey and how to participate will be communicated in late September. We hope that all employees will take time to respond to the survey.

Awards and Honors

Dr. Paul Auerbach, Professor of Surgery (Emergency Medicine), was named the inaugural recipient of the Redlich Family Professorship at a celebration on September 14th. This professorship, the first in Emergency Medicine, is the result of a generous gift from Christopher Redlich. Of note, this is one of very few professorships in emergency medicine anywhere, and it brings distinction to the Division of Emergency Medicine, the Department of Surgery and Stanford. We are grateful to the generosity of Mr. Redlich and offer our congratulations to Dr. Auerbach.

Appointments and Promotions

Meenakshi Aggarwal has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 4/1/2010.

Ritu Asija has been reappointed as Clinical Assistant Professor of Pediatrics, effective 7/1/2010. Profile: http://med.stanford.edu/profiles/Ritu_Asija/

Themistocles (Tim) L. Assimes has been appointed as Assistant Professor of Medicine, effective 10/1/2010. Profile: http://med.stanford.edu/profiles/Themistocles_Assimes/

Rebecca Blankenburg has been promoted to Clinical Assistant Professor of Pediatrics, effective 10/1/2010. Profile: http://med.stanford.edu/profiles/Rebecca_Blankenburg

Hollister P. Brewster has been reappointed as Clinical Professor (Affiliated) of Medicine, effective 4/1/2010.

Despina G. Contopoulos-Ioannidis has been appointed as Clinical Associate Professor of Medicine, effective 10/1/2010.

Alimorad G. Djalali has been promoted to Clinical Assistant Professor of Anesthesia, effective 10/1/2010.

Huy Do has been reappointed as Associate Professor of Radiology and, by courtesy, of Neurosurgery, at the Stanford University Medical Center, effective 9/1/2010.

Profile: http://med.stanford.edu/profiles/Huy_Do/

Amit Etkin has been appointed as Assistant Professor of Psychiatry and Behavioral Sciences, effective 10/1/2010.

Profile: http://med.stanford.edu/profiles/Amit_Etkin/

Christian Eversull has been appointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 7/15/2010.

Lisa W. Wise-Faberowski has been appointed as Assistant Professor of Anesthesia at the Stanford University Medical Center, effective 9/1/2010.

Profile: http://med.stanford.edu/profiles/Lisa_Wise-Faberowski/

Paul Ford has been reappointed as Clinical Associate Professor of Medicine, effective 8/1/2010.

Profile: http://med.stanford.edu/profiles/Paul_Ford/

Francois Haddad has been promoted to Clinical Assistant Professor of Medicine, effective 10/1/2010.

Profile: http://med.stanford.edu/profiles/Francois_Haddad/

Catherine A. Heaney has been reappointed as Associate Professor (Teaching) of Psychology and of Medicine, effective 10/1/2010.

Profile: http://med.stanford.edu/profiles/Catherine_Heaney/

Joyce Hsu has been reappointed as Clinical Assistant Professor of Pediatrics, effective 7/1/2010.

Profile: http://med.stanford.edu/profiles/Joyce_Hsu/

Andrei H. Iagaru has been appointed as Assistant Professor of Radiology at the Stanford University Medical Center, effective 9/1/2010.

Profile: http://med.stanford.edu/profiles/Themistocles_Assimes/

John Ioannidis has been appointed as Professor of Medicine, effective 10/1/2010.

Profile: http://med.stanford.edu/profiles/John_Ioannidis/

Peter E. Kane has been reappointed as Clinical Professor of Radiology, effective 9/1/2010.

Jennifer Kao has been reappointed as Clinical Associate Professor of Radiology, effective 9/1/2010.

Mailhgan Kavanagh has been promoted to Clinical Assistant Professor (Affiliated) of Surgery, effective 7/1/2010.

Stephen King has been reappointed as Clinical Assistant Professor (Affiliated) of Anesthesia, effective 9/1/2010.

Sirisha Komakula has been appointed as Clinical Assistant Professor of Radiology, effective 10/1/2010.

Uri Ladabaum has been appointed as Associate Professor of Medicine at the Stanford University Medical Center, effective 9/1/2010.

Profile: http://med.stanford.edu/profiles/Uri_Ladabaum/

Maarten Lansberg has been reappointed as Assistant Professor of Neurology and Neurological Sciences and, by courtesy, of Neurosurgery, effective 10/1/2010.

Profile: http://med.stanford.edu/profiles/Maarten_Lansberg/

Matthew Mell has been appointed as Assistant Professor of Surgery at the Stanford University Medical Center, effective 9/1/2010.

Profile: http://med.stanford.edu/profiles/Matthew_Mell/

Elizabeth D. Mellins has been promoted as Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 9/1/2010.

Profile: http://med.stanford.edu/profiles/Elizabeth_Mellins/

Alexander Moskovitz has been promoted to Clinical Assistant Professor (Affiliated) of Surgery, effective 8/1/2010.

Sujata Patel has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 9/1/2010.

Profile: http://med.stanford.edu/profiles/Sujata_Patel/

Zina Zarshenas Payman has been reappointed as Clinical Assistant Professor of Radiology, effective 9/1/2010.

Profile: http://med.stanford.edu/profiles/Zina_Payman/

Rajesh Punj has been appointed as Clinical Assistant Professor of Pediatrics, effective 10/16/2010.

Profile: http://med.stanford.edu/profiles/Rajesh_Punj/

James V. Quinn has been promoted as Professor of Surgery at the Stanford University Medical Center, effective 9/1/2010.

Profile: http://med.stanford.edu/profiles/James_Quinn/

Vishnupriya Rajagopal has been promoted to Clinical Assistant Professor of Surgery, effective 9/1/2010.

Profile: http://med.stanford.edu/profiles/Vishnupriya_Rajagopal/

Jessica Rose has been promoted as Associate Professor of Orthopaedic Surgery at the Lucile Salter Packard Children's Hospital and at the Stanford University Medical Center, effective 9/1/2010.

Profile: http://med.stanford.edu/profiles/Jessica_Rose/

John Stevenson has been reappointed as Clinical Assistant Professor (Affiliated) of Surgery, effective 9/1/2010.

Chih Kwang Sung has been appointed as Assistant Professor of Otolaryngology -- Head and Neck Surgery at the Stanford University Medical Center, effective 9/1/2010.

Profile: http://med.stanford.edu/profiles/Chih_Kwang_Sung/

Christopher Talluto has been promoted to Clinical Assistant Professor of Pediatrics, effective 8/1/2010.

Profile: http://med.stanford.edu/profiles/Christopher_Talluto/

Julie Tinklenberg has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 9/1/2010.

Profile: http://med.stanford.edu/profiles/Julie_Tinklenberg/

Jarred W. Younger has been appointed as Assistant Professor (Research) of Anesthesia effective 10/1/2010.

Profile: http://med.stanford.edu/profiles/Jarred_Younger/

Michael M. Zeineh has been appointed as Assistant Professor of Radiology at the Stanford University Medical Center, effective 9/1/2010.

Profile: http://med.stanford.edu/profiles/Michael_Zeineh/

Ashwini M. Zenooz has been appointed as Clinical Assistant Professor (Affiliated) of Radiology, effective 8/1/2010.

Dean's Newsletter October 11, 2010

Li Ka Shing Renews Education Facilities for the Next 50 Years (and Beyond)

September 29, 2010 marked an important milestone in the distinguished history of the Stanford University School of Medicine. After a decade of planning and varied expectations, the official opening of the Li Ka Shing Center for Learning and Knowledge took place with excitement, enthusiasm and satisfaction. President John Hennessy presided over the dedication ceremony, which was graced by the presence of a number of the donors and benefactors who made the dream of new education facilities a wonderful reality. We were deeply honored to have Mr. Li Ka Shing, who generously provided the naming gift for what is now commonly referred to as the LKSC, in attendance. The connections between Mr. Li and Stanford began in a deeply personal way in 1982 (see below) and will extend far into the future, to the great benefit of current and future generations of Stanford students. The LKSC symbolizes the transformation of medical education and the important role Stanford will play in the education and training of future leaders in medicine and science.

Not unexpectedly, there is a back-story to the journey we celebrated on September 29th. The beginning and ending of life journeys are often unpredictable, and they frequently have moments that, in retrospect, can be seen as punctuation marks along the way. For me, the journey to the LKSC began in December of 2000, right after I agreed to come to Stanford as Dean. It was then that I was “advised” about the nearly two decades of warnings from the LCME (Liaison Committee on Medical Education) to Stanford about the need to address perceived deficiencies in its classroom and library facilities. Those admonitions resulted in a vote by the LCME in 1999

that barely escaped probationary accreditation status. That certainly got Stanford's attention, and it prompted the development of a plan to develop new education facilities as part of an overall renovation plan for the original 1959 Edward D. Stone complex that was known at the time as the GALE Project.

GALE is the acronym for the four School of Medicine buildings: Grant, Alway, Lane and Edwards. The estimated cost of the renovation was approximately \$185 million, and the project had advanced to the point of receiving concept approval by the University Board of Trustees. One of my jobs was going to be to raise the money for this project and oversee its implementation. I quickly learned (within days of agreeing to come to Stanford) that GALE was a project with a range of vocal supporters and decriers. What struck me, however, was that the proposed education renovation was a well-founded educational, programmatic and strategic initiative, but it aimed to fill a number of diverse needs beyond education. Accordingly, in the months prior to my arrival as Dean in April 2001, I reviewed all the documents and commentaries I could find on the project, received opinion and insights from a broad range of faculty, students and staff, and consulted with the leaders of the LCME, the School's Executive Committee and University leadership. That led to the decision, in February 2001, to abandon GALE— which resulted in starting a new journey toward what would eventually become the LKSC.

Like all adventures, the road the LKSC has been filled with uncertainty as well as expectation. It has had advocates and critics, who themselves sometimes exchanged roles and opinions. Among the first important steps was to better define the programmatic needs for education, which began at the same time as a parallel journey of renewing and revising the curriculum for medical student education. What we refer to as “The New Stanford Curriculum” was introduced in the Fall of 2003. It helped define our new directions in education and the kinds of resources and facilities we would need to support them. The development of the new curriculum engaged many dozens of faculty, students and staff and provided a replacement for a curriculum that had become so “flexible” that it lacked focus and definition.

Building consensus around the New Stanford Curriculum also required a fundamental change in the financing of education through the School's operating budget – another somewhat contentious challenge. Both curriculum reform and the funding for education remain challenges today and will surely become even more so as we launch new major efforts addressing the future of medical education (see: http://deansnewsletter.stanford.edu/archive/09_13_10.html#1) along with initiatives to think further about graduate education (see below) and postdoctoral training (see: http://deansnewsletter.stanford.edu/archive/07_26_10.html#2). How these parts of the journey will evolve remains to be seen – but many of them began with the creative thinking about the Stanford Five Year Plan that began in the late 1950s, nearly 50 years following the seminal Flexner report of 1910.

The major task of defining the future learning and knowledge center began almost in concert with the revisions of the curriculum in 2002-2003. It too was a process that engaged many dozens if not hundreds of individuals over a period of several years. The project went from GALE to SMILE (the Stanford Medicine Immersive Learning Environment) to the LKC (the Learning and Knowledge Center) and finally, to the LKSC (the Li Ka Shing Center for Learning

and Knowledge). The original hope was for a building of approximately 200,000 gasf (gross available square feet), but the space limitations of Stanford's General Use Permit (GUP) allocation to this project reduced its size to the current 120,000 gasf of the LKSC. This meant that bringing together the many important people who support the education program and services would be left for another day – and the building focused on students and learners.

While the major focus is medical and graduate students, I believe that the LKSC will serve all learners – high school, college, medical and graduate students, residents and postdocs, faculty and continuing medical education, and our community of learners locally and globally. And as it evolved, the technological *tour de force* that now defines the LKSC permits its walls to be permeable, so that knowledge and information can be shared, instantaneously, throughout medical center, the university – and the world. The opportunities for new linkages, interfaces and communication is truly nonpareil.

Of course the idea for a bold new center for learning and knowledge required extraordinary financial resources to bring it to fruition – which many forecast would be difficult if not impossible to achieve. The road to the LKSC as we know it today was nearly blocked or redirected a number of times - until members of our community began stepping forward with gifts of support and commitment. These included contributions from every department in the School of Medicine – and in the case of the Departments of Genetics, Pathology and Radiology, gifts of \$1 million each. That kind of support anchored our efforts, communicated a shared commitment, and was coupled with other programmatic support from other school resources.

Importantly, the Stanford University Medical Center Alumni made wonderful annual gifts to the LKSC. So too did many of our faculty as private donors along with many dozens of community supporters and foundations. A number of incredible individuals made personal gifts of great significance, including Millie and Paul Berg, Hon Mai and Joe Goodman, Jerry Yang and Akiko Yamazaki, CJ Huang and Ha Lin Yip, Dr. Roy Stanford and Dr. Keith Gianni. And of course we were fortunate to receive a truly major gift from Mr. Li Ka Shing. I thank each of these major donors but I am grateful to everyone who offered support – financial or programmatic – to help us reach this long awaited goal.

When the journey toward a new learning and knowledge center began it was certainly not clear that Mr. Li Ka Shing would play such a central role. Nor was it necessarily clear to him. But as we learned at the September 29th Dedication, Mr. Li had begun his own personal journey that ultimately intersected with ours. Here is how he put it in his remarks.

Comments from Mr. Li Ka Shing on the Dedication of the Learning and Knowledge Center

Today is the culmination of a journey that began decades ago. On a warm and beautiful afternoon back in 1982, I brought my freshman son, Victor, to Stanford. I was a proud parent as we strolled down the picturesque Palm Drive toward the Oval. It was a moment I will not forget -- my son was receiving a university education, something I could only dream of. And he was doing it at Stanford!

I can still recall, at one point in our walk, stopping for a moment, turning to him and saying: "This is the first time in my life that I feel true envy of your good fortune -- to have the

opportunity to be a part of this great institution." It is an opportunity that countless students from all over the world have enjoyed -- not only to attend here, but to have their minds and spirits broadened through a rigorous fusing of intellect and imagination. Lives have been enriched here, ennobled with a sense of service. And service is the hallmark of a life well lived.

The elite students of this great university, who become elite leaders, are not content to be moralizing spectators. They are explorers and discoverers search for, and finding solutions, to the great challenges of our complex world. They know the higher order of the ennobled human spirit, and they measure themselves by that standard.

I hope this spirit permeates Stanford. I know that on this campus I have experienced it first hand. After seeing Victor off that day, I wandered alone through the campus. At one point I stopped and knelt down to take a photograph of a beautiful western bluebird in the grass. I became so focused on the image of the bird through my viewfinder that only when I turned did I embarrassingly realize that I had blocked the path of dozens of students on their bicycles. But rather than rush me, many of them held their fingers to their lips, letting each other know to stop and remain quiet in an effort not to frighten the bird while I clicked the shutter.

Their smiles overwhelmed me then and will stay in my heart forever. The photograph of the western bluebird has long vanished, but the noble and gracious gesture of those students laid the foundation of my love for Stanford and the eventual project that we now celebrate. Today with the dedication of this building, I am now part of this great institution, and for that I am most happy and very honored.

As part of the journey I had the opportunity to meet with Mr. Li a number of times in Hong Kong and to share with him the vision of what is now the LKSC. Many of his close colleagues and advisors played important roles in guiding the process – most notably Ms. Solina Chau and Dr. Freida Law from the Li Ka Shing Foundation – as well as Dr. Alan Yeung, the Li Ka Shing Professor and Chief of Cardiology in the Department of Medicine at Stanford. But to say that the process was easy or predictable would not be honest. The promissory notes of support ebbed and flowed – but were ultimately achieved when Mr. Li made his decision that supporting the future of medical education was important, not only to Stanford but also to the world.

Mr. Li's sharing of this brief moment links us to his personal journey with Stanford, begun in 1986, in a deeply personal way. I must say that in 1986 Stanford was not on my personal radar screen, as I was deeply involved in work in pediatric AIDS in Bethesda at the NIH. But journeys have unpredictable ways of interconnecting. As I look back I can now see some of these connections over time and space, but until September 29th I never realized that it was a western bluebird that connected these threads. Generations of current and future students will be grateful to Mr. Li and, of course, to the bluebird that served as such a powerful symbol of connection to him. We are connected through history in ways that sometimes surprise but that can give flight to great new ideas.

Advancing Innovation Through Dialogues with Academia, Regulatory Agencies, Industry and the Public

Over the past two weeks several intersecting events brought together communities that have sometimes been at odds. Importantly, these communities need to be aligned if we are to achieve

excellence in innovation and discovery and in their translation to improve human health. On occasion, the balance between creative innovation and protecting human safety can swing too much in one direction or another. As physicians and scientists, we seek to develop discoveries, tools, devices and procedures that improve the diagnosis, treatment and prevention of human illness. At times, the perceived benefits of medical innovation can skirt the edges of safety. On the other hand, concerns for safety can sometimes result in the over-regulation of innovation – even running the risk of stifling it. Further, the views and interpretations of policies by regulatory agencies, including the Food and Drug Administration, can swing from under to over-regulation, depending on the philosophy and beliefs of leaders and the political process that sometimes govern resource allocations and appropriations. While this dipole applies to all forms of innovation, it is perhaps most challenging for medical devices, given the close involvement of the inventor with the development of a device and the methodology used to evaluate its efficacy and safety – and how they are viewed by the FDA and perceived by the public.

In tandem with the balance between innovation, assessment, safety and regulation is the interface and interplay between academia and industry. This also has much to do with the support and development of innovation, but, in addition, it juxtaposes the goal of fostering the public good with the financial interests of individuals and business. It is frequently the case that conflict of interest becomes a necessary concern. But balance is important. Conflicts of interest are inherent to discovery and to interrelations within academia and with industry as well as with other public and private sectors. How those conflicts are handled and addressed can foster discovery and public good or can stifle them and promote greed and loss of the public trust. The interactions between industry and academia in particular have been the topic of major news stories and some scandals and have been very much part of Stanford's leadership in establishing policies academic–industry relations. This is a topic which I have discussed in a number of past Dean's Newsletters and which is well delineated in our policies (see <http://med.stanford.edu/coi/siip/policy.html>) as well as those of other universities, industry and the healthcare legislation of the Affordable Care Act.

As I noted, two separate meetings and events brought these issues into focus and fostered important dialogue. The first took place at Stanford on September 27th and 28th under the auspices of the Biodesign Program and was led by Dr. Paul Yock, the Martha Meier Weiland Professor in the School of Medicine and Professor of Bioengineering and, by courtesy, of Mechanical Engineering and at the GSB. The second was sponsored by Spectrum and was led by Dr. Steve Alexander, Professor of Pediatrics and Chief of the Division of Nephrology in the Department of Pediatrics. These sessions brought together leaders from the FDA (primarily the Center of Devices and Radiological Health [CDRH]), the device industry and venture capital to discuss the policies regulating the approval of new devices.

There is a widening view that the regulatory policies of the FDA have migrated toward greater stringency over the last couple of years and that this is negatively impacting device development and innovation. At an extreme, there is a view that policies that are too stringent will move the biotechnology and device innovations away from the USA and to Europe or Asia. As an observer of these discussions, what impressed me was the willingness of the FDA's CDRH leaders to listen to the concerns expressed by faculty, industry and venture capital leaders. While discussion alone is insufficient, it is a necessary beginning, and I commend Drs. Yock,

Alexander and their colleagues for initiating and facilitating these discussions –which will hopefully continue over the months and years ahead.

In a separate but related manner I participated in a National Dialogue for Healthcare Innovation Summit on Physician-Industry Collaboration held on October 4th in Washington, DC. Moderated by Susan Dentzer, the Editor-in-Chief of Health Affairs and health issues analyst for the PBS NewsHour, the Summit brought industry and academic leaders together with government and public advocacy leaders. Although at a high level, the discussion groups addressed the big themes: the challenges and opportunities of collaboration between academia and industry; the current practices and gaps in academia – industry relations; what collaboration means for the patient; and the role of government and private payers in physician-industry collaboration.

The attendees and participants represented leaders from across these domains and the dialogue was quite honest and sometimes spirited. There is a broad perception that recalibration of the physician-industry relationship is needed, but the details about what that means and how it can – or should – be achieved has many different perspectives. Nevertheless, the fact that this Summit occurred and that others are planned is important in its own right. Of course the devil is always in the details – but transparency, dialogue, and an effort to reach balance and integrity are important beginnings. Hopefully there will be much more to follow.

Beginning to Think about Graduate Education

On Saturday morning, October 9th, we held the third of our “think tanks” focused on the School’s broad educational missions. We began in July with our postdoctoral training programs (http://deansnewsletter.stanford.edu/archive/07_26_10.html#2), continued in August with medical education (http://deansnewsletter.stanford.edu/archive/09_13_10.html#1), and concluded with this session, which centered on our PhD programs. These think tanks were not scheduled by priority or order but by the availability of participants. As with the first two think tanks, over 30 faculty, students and staff gathered in the LKSC Boardroom and engaged in wide-ranging and candid discussion about what is working in our doctoral training programs and what is not, and we brainstormed about how we might do things differently in the future. The outcome of the think tank will be establishing work groups to further define the ideas that arose in the discussion and to use them to shape and refine their recommendations for broad consideration.

Many ideas emerged from the discussion that you will be hearing about in the months ahead. But to give you a flavor of the discussion, here are a few of the themes that seemed to resonate most strongly:

- The recognition that not all of our PhD students are looking toward academic positions when they finish their training. The reasons for this vary and are probably quite individualized. They include: the recognition that there are not enough academic positions to accommodate all the PhDs being trained (one participant commented that we are in a “PhD bubble”); a diminution in interest in an academic career by some students as their training proceeds; and an increase in interest in other types of scientific careers. Regardless of the reasons, the participants agreed that students should be offered opportunities to explore career options beyond academia and to develop the skills that will be required in other settings as well as in academia. These

might include short modules in specific skills such as leadership and how to work collaboratively as well as internship opportunities in industry.

- An appreciation of the fundamental value of the doctoral training model of learning to: think independently, design experiments, complete experiments, and communicate the results - and that this model provides education that serves our graduates well in whatever setting they find themselves. There were strong views that this model of education was the core value of a PhD and should not be changed or tampered with.
- The deep and pervasive influence of the financial models and constraints on our PhD programs. The decrease in training grant funding and the disincentives now in the system for PIs to take on a graduate student instead of hiring a postdoctoral fellow, including the pressure on faculty to be more productive, were brought up. The ideal of having all students be fully funded was raised, although the financial means required to accomplish this would be enormous.
- The question of time to degree and whether it is too long. There was lively debate on this point, with comments that the current time provides students opportunities to take risks, learn from mistakes and go on to complete successful programs. In contrast, adding up a graduate degree time of roughly 5.5 years and another 3-5 in postdoctoral training makes for a very long time before beginning an independent career.
- The desirability of undertaking a thorough review of the PhD curriculum, which has not been done for a decade. This should include not just the content of the curriculum but also the strategies for teaching and learning, since, due to the rapid and continuing advances in technology, the ways students learn now are very different from in the past.
- The issue of diversity, which is one in which we are still very far from where we need to be. Barriers to increasing the diversity of our graduate student population were discussed, such as competition from our peer institutions, including the simple one of the cost of applying to Stanford relative to our peers; the role of GRE scores in the admissions process, which may be problematic; and our continuing relative lack of minority faculty.

Now that we have completed our educational “think tanks,” the work of sorting through the ideas, identifying overlapping issues as well as those unique to each group, and prioritizing ideas for development into recommendations and action plans has begun. Stay tuned!

The National Research Center Ranks Doctoral Programs

On Tuesday, September 28th, the National Research Council released its long-awaited assessment of research doctoral programs. The last NRC rankings were done in 1995, and the 2010 report and rankings have been in preparation for several years. 47 of Stanford’s doctoral programs were included, including nine in the School of Medicine: Biochemistry, Cancer Biology, Chemical and Systems Biology, Developmental Biology, Genetics, Immunology, Microbiology and Immunology, Molecular and Cellular Physiology and Neurosciences.

(Biomedical Informatics, as an emerging field, was not ranked.) The September 28 issue of the Stanford Report provides this useful summary of the methodology used in the assessment (<http://news.stanford.edu/news/2010/september/doctoral-program-ratings-092810.html>):

Using data from the 2005-06 academic year, the NRC based the ratings on 20 variables including measures of faculty research activity, student support and outcomes, and faculty and student demographics. Stanford participated in the data collection process by providing data about its programs, faculty and students to the NRC in 2006-07. Many Stanford faculty members completed a survey conducted in spring 2007. Some data were also developed directly by the NRC, including data on publications, citations and grants.

Each rated program received two different overall measures – one based on faculty opinions of the relative importance of the various program factors (dubbed S-rankings, for Survey), and one based on a regression analysis linking reputational scores to the program factors (R-rankings).

Also, instead of the usual single-number ranking, each of the five NRC ratings is being reported in a range of rankings representing the middle 90 percent. For example, a program could have a rating between 5 (5 percent) and 13 (95 percent). The range means that 10 percent of the time, the rating might fall outside the range. The range is intended to reflect the inherent differences among raters, statistical uncertainty and variability in year-to-year data.

So what does all this mean? Well, on the surface it means that, in contrast to the earlier NRC's rankings and in contrast to other published rankings, such as those by the US News and World Reports, about which I have commented at length in earlier Newsletters (see:

http://deansnewsletter.stanford.edu/archive/04_19_10.html#4 and

http://deansnewsletter.stanford.edu/archive/06_28_10.html#3), these results are more reflective of the complexity of both institutions and statistical methodologies. By not reducing a program to a single number, the results can be more nuanced. Each program ends up with a varied set of ranges, so that, for example, a program can rank very high in the overall category but relatively low in the area of student support and outcomes.

However, the reality is that, as soon as the results were released, individuals and institutions began devising ways to use the results to come up with a single rank. There must be something inherent in us that wants to know “who is # 1?” and “where are we in the rankings?” And that is what we have seen. One way of doing this is to use the 5th percentile ranking of the overall S-ranking; that is, the rank that falls at the upper 5th percentile of the distribution that resulted from the statistical analyses of the survey results. When that ranking is used for School of Medicine programs, the results are very good indeed: all of our programs are ranked quite highly. However, we do less well in measures of diversity and in student support and outcomes. And these too are areas we need to focus on to truly establish the levels of excellence we aspire to in our education programs.

In the end, the value of the NRC assessments will be determined by their usefulness to programs, departments and schools. I hope they will be used to examine where improvements can be made

in the quality of our PhD programs across all the areas assessed by the NRC, to the benefit of our students.

The Journey To Improving Quality and the Patient Experience

My list of critical factors needed to secure the success of an academic medical center includes being a leader in innovation and discovery, a provider of outstanding state-of-the-art patient care, excellent in measures of quality, safety and outcomes, outstanding in patient service and clear and transparent in the value benefit and cost of patient care. At Stanford we do some these in an outstanding manner, have made progress in others and have a long ways to go in some (most notably the patient experience and the value benefit and cost of care).

While it is important to keep striving for greater excellence, it is also important to recognize and even celebrate accomplishments when they take place. Accordingly I offer my commendation to Stanford Hospital & Clinics and our faculty and medical staff for the continued progress they have made in improving quality performance as measured by the annual University Healthsystem Consortium (UHC) Quality and Accountability Scorecard. While nothing is perfect, this scorecard is likely the most comprehensive measure of quality, and it permits us to assess how we are doing against national metrics – including other academic medical centers across the nation. This past week SHC was informed that its 2010 ranking now places it in the top quartile among 98 academic medical centers. This is a major (and I mean major) improvement from five years ago. Thanks to the concerted effort of the SHC, School and Medical Staff leadership, progress has been made each year –and this year’s ranking is the best we have achieved so far.

These results are a tribute to the spirit of collaboration within our institution and across the medical center. This could not have been accomplished without the dedicated work of our clinical chairs, faculty and hospital leaders and staff. It is also a reflection of the leadership of Dr. Kevin Tabb, Chief Medical Officer at SHC, Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs, and Dr. Bryan Bohman, elected Chief of Staff at SHC.

I commend everyone who has contributed to these results but also note that much work remains. Rankings are only one aspect of quality care. As I noted above, patient service and patient satisfaction is an arena in which we still need to show continued and very significant improvement. And we have much work to do to deliver outstanding care, with the highest quality, best patient service and great innovation at a lower cost. But the progress that we have made to date does illustrate what we can accomplish when we set priorities, work collaboratively and strive to do the best for the patients we serve.

Accolades to DARE

Three years ago Dr. Patti Gumport, Vice Provost for Graduate Education, in conjunction with Provost John Etchemendy, launched the DARE (Diversifying Academia, Recruiting Excellence) Doctoral Fellowship Program. DARE awards two-year fellowships to graduate students seeking academic careers. In addition to financial support DARE provides mentoring, seminars and network opportunities for students selected to this program. It fosters a community of women and minority students committed to future academic careers.

On September 30th I had the opportunity to attend the reception for new DARE Fellows and to listen to the reports from 16 graduate students participating in this program. The impact DARE has had on each of them both professionally and personally was moving and gratifying and affirms the value of networking, mentorship and career development. Among the presenters were two bioscience graduate students: Antonio Gomez from Microbiology and Immunology and Jose Morillo Prado from Developmental Biology. Each described how their DARE program experience is having an impact on the career pathway they plan to pursue. I was impressed and am appreciative of Vice Provost Gumpert and Provost Etchemendy for this novel program.

Information Resources and Technology Security Day

If you are like me, hardly a day goes by without some email message trying to get access to personal information. We have become used to the phishing expeditions but there are a lot of security challenges we are unaware of and thus potentially vulnerable to. Given that many in the medical school are engaged in human subjects research or patient care, our risks are among the highest anywhere. Information Resources and Technology (IRT) will be holding the first School of Medicine Information Security Day on Wednesday, November 3rd, 10:30 am - 2:30 pm, in LKSC lecture hall LK130. The day's program includes a demonstration on how to secure your iPhones and iPads, a talk on staying cyber-secure in the office and at home, and a keynote presentation at 11:00 am, "Anatomy of a Hospital Break-in," examining how a hacker can use a phishing email to climb his way up through a computer system until patient information is compromised.

IRT Information Security Services is dedicated to helping and educating students, faculty, and staff regarding information security. We hope you will find Information Security Day to be useful, informative, and fun. Please join us on November 3rd. To register or for more information, visit: <http://med.stanford.edu/irt/security/isd.html>. I certainly encourage you to attend.

Upcoming Events

Reception - New Exhibit in the History of Neurosurgery at Stanford

Friday, October 29

3:00 pm

Lane Library

The Department of Neurosurgery at the Stanford University School of Medicine has distinguished itself in clinical care and research in neuro-oncology, pediatric neurosurgery, stem cell research, and many other areas. But did you know that teaching and training in neurosurgery at Stanford can be traced back to San Francisco in the 1890s at Cooper Medical College, the predecessor institution to Stanford's School of Medicine?

The Stanford Medical History Center and Lane Medical Library are proud to present an original exhibit on the history of neurosurgery at Stanford. The exhibit is now on display on the first floor of Lane Medical Library, near the main entrance. This is the first in a new series of exhibits on

the history of the Departments and programs in the Stanford University School of Medicine that will be featured in Lane Library.

Dr. Gary Steinberg, Chair of the Department of Neurosurgery, will speak at a reception at the exhibit on Friday, October 29 at 3:00 p.m. For more information about the reception or the exhibit, please contact Drew Bourn, Curator at the Stanford Medical History Center in Lane Library, at dbourn@stanford.edu or (650) 725-8045.

The Office of Diversity and Leadership Welcomes Dr. Molly Carnes as 2010 Distinguished Lecturer

Plenary Talk: "Gender Equity in Academic Medicine and Science: Time for Institutional Change"

Thursday, October 21st

4:00 - 6:00pm

LKSC 2nd Floor Conference Center

Reception following

Event Registration: <https://www.onlineregistrationcenter.com/register.asp?m=275&c=1>

The Stanford community is delighted to welcome Dr. Molly Carnes, Jean Manchester Biddick Professor of Women's Health Research, and Department of Medicine from the University of Wisconsin on October 20-22nd, 2010. Dr. Carnes is nationally recognized for her scholarship in advancing women in science and academic medicine, having served as the Co-principle investigator for the NSF ADVANCE program at the University of Wisconsin.

In her talk Dr. Carnes will describe the pervasive existence of implicit bias that emerges from societal stereotypes about men and women, and how this bias is reflected in academic medicine and science. The event is hosted by The Office of Diversity and Leadership at the School of Medicine, The Clayman Institute for Gender Research, The Faculty Women's Forum and the Office of Faculty Development and Diversity. This event is open to all students, trainees, and faculty from the main campus and SOM.

Awards and Honors

- The Institute of Medicine of the National Academy of Sciences announced the election of 65 new distinguished members at its annual meeting today, October 11th. As stated by Dr. Harvey Fineberg, President of the IOM, "Each of these new members stands out as a professional whose research, knowledge, and skills have significantly advanced health and medicine and who has served as a model for others." I am proud to say that two Stanford faculty are counted among those newly elected. They are:
 - ***Karl Deisseroth***, MD, PhD, Associate Professor, Department of Bioengineering and Psychiatry
 - ***Steve Galli***, MD, Professor and Chair of the Department of Pathology.

Please join us in congratulating Drs. Deisseroth and Galli, whose election brings the number of Stanford faculty who are members of the IOM to 61. Currently the IOM has 1649 active members, and Stanford is well represented in its ranks, particularly given our faculty size compared to our peer institutions.

- **Kathleen Thompson**, Director of the Research Management Group, has been named the recipient of the 2010 Marsh O'Neill Award, which is awarded for "exceptional and enduring support of Stanford University's Research Enterprise. This prestigious award was inspired by the extraordinary career of Marsh O'Neill, Associate Director of the WW Hansen Laboratories, 1952-1990. Ms Thompson is highly respected by faculty and leaders in research and we all celebrate her award. Please join me in congratulating Ms Thompson.
- **Robert L. Dodd**, MD, PhD, Assistant Professor of Neurosurgery and Radiology, has been awarded the 2010 Denise O'Leary award winner for clinical Excellence by the board of Directors of Stanford Hospital and Clinics (SHC). He received the award in recognition of his outstanding contributions to the care of patients with brain tumors and cerebrovascular disorders that can result in stroke, and his long-standing commitment to clinical research, teaching, and community outreach.

Appointments and Promotions

Norman Freed has been promoted to Adjunct Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 6/01/10.

Susan Garay has been promoted to Adjunct Clinical Assistant Professor of Medicine, effective 6/01/10.

Janice Janas has been promoted to Adjunct Clinical Assistant Professor of Otolaryngology-Head and Neck Surgery, effective 10/01/10.

Yahli Lorch has been reappointed to Associate Professor (Research) of Structural Biology, effective 11/01/10.

Bruce M. MacIver has been promoted to Professor (Research) of Anesthesia, effective 10/01/10.

Janesta Noland has been promoted to Adjunct Clinical Assistant Professor of Pediatrics, effective 7/01/10.

Gavin J. Sherlock has been appointed to Associate Professor of Genetics, effective 10/01/10.

Betsy Strong has been promoted to Adjunct Clinical Assistant Professor of Medicine, effective 6/01/10.

Dean's Newsletter

October 25, 2010

A Discussion on The Future of Medicine and Healthcare: Some Personal Reflections

On October 16th I participated in a *Presidential Colloquium on the Great Challenges of the 21st Century* at my medical school alma mater, the University of Rochester. Because 2010 is also my 40th year since graduation (no comments necessary), the Colloquium offered me an opportunity to review, through my own personal lens, some of the tremendous changes that have occurred in science and medicine and to reflect on what they might mean for the future of health care. Dr. Hugo Sonnenshein, President Emeritus and Adam Smith Distinguished Service Professor at the University of Chicago, served as the moderator of the Colloquium. Other discussants included Steve Goldstein, CEO of Strong Memorial Hospital, and Dr. Sanjay Gupta, Chief Correspondent for Health and Medicine at CNN.

A longitudinal perspective provides the chance to weave together some of both the positive and the negative events that inform us where we are today and to offer insights about some of the challenges and opportunities that lie ahead. The parallel and intersecting aspects of science and medicine are notable; considerable growth has occurred in the biomedical research enterprise as well as the medical care establishment since I entered medical school. Together they have shaped the medicine we deliver today and have helped define the academic medical centers where we carry out our work.

On the positive side, the public investment in science and medicine has placed the United States at the acme of global excellence. Central to this achievement has been the continuous funding of biomedical research, particularly by the National Institutes of Health and the National Science Foundation, along with other federal and state agencies, private foundations, industry and philanthropic support. Even though we have seen, in both the last decade and the current one, large positive and negative swings in the funding levels (as measured against inflation), the size of the biomedical workforce has grown (as have many academic medical centers) and the pace of innovation and discovery has been startling and not infrequently breathtaking.

Because the expectations for the pace of medical advances by the public (and public funders) exceed the timeline required for discovery to reach maturation or application, it is easy to lose sight of how much progress has been made and what this signals for our future. Scientific discoveries can seem unconnected until one insight frames another in a new light, or lays the groundwork for a new understanding or scientific advance that sometimes makes sense only in retrospect. But the global leadership of the USA in scientific innovation and discovery is unquestioned – even with the increasing (and welcome) competition in basic research from centers throughout the world.

In contrast, as our excellence in science accelerated and yielded major payoffs during the past decades, a number of the outcomes of our investments in “healthcare” have been less salutary, despite the fact that the USA spends more on medical care than any other nation in the world. A fundamental issue is that we have lacked an organized healthcare system and have instead a patchwork quilt of public and private payers and not infrequently goals and objectives that can be perversely aligned between payers, providers and patients. Ironically, some of the very technologies and discoveries that have been developed to improve healthcare also drive up its cost— and some create distance and even barriers between patient and doctor.

While the Affordable Care Act (ACA) of 2010 seeks to remedy the ailments afflicting our healthcare system, most agree that it is just a beginning - and an expensive one at that. Cost control and a reformation of healthcare delivery are yet to come, but progress in these important areas is impacted by the economic downturn and the strong political sentiments and viewpoints governing public debate and discourse about the economy, our nation’s health and healthcare itself. The cost of healthcare is at the heart of the matter, but this is an issue that is seen differently by doctors, nurses and other professionals as well as by hospitals, insurers, industry, government and of course the public. Ultimately, controlling the cost of healthcare and reforming our delivery system will require everyone’s engagement – which seems destined to evolve slowly and painfully. But changes are necessary.

Not surprisingly, my prescription for change includes continued investment in innovation and discovery – although I would include innovation in healthcare delivery as an important accompaniment to innovations in science and medicine. Also not surprisingly, I view academic medical centers as playing a key role in these transformations – a view based on my own personal historical reckoning. During my presentation in Rochester, I gave a handful of examples— clearly only a microcosmic and personal view of the many macrocosmic changes that have occurred and that lie ahead.

- I recalled the incredible impact on me as a first year medical student when my preceptor, a pediatric hematologist-oncologist, took me to see one of his patients with newly diagnosed acute leukemia. I well recall my initial reaction to this incredibly ill child and my inability to comprehend how a physician could care for dying children. Of course I didn’t recognize during those seminal moments that my subsequent career of four decades would focus on childhood cancer and that I would be witness to discoveries and innovations by physicians and scientists that transformed this incurable disease into a treatable one. *I learned a number of additional lessons from this experience, including how cooperation and collaboration of teams of physicians, nurses, social workers and other professionals could form interdisciplinary teams to provide comprehensive care. I also learned that even complex care could be organized and guided by clinical protocols that improved treatment outcomes and permitted continued longitudinal learning. And, I learned the important connection between the care providers, child and family in the continuum of life and death. These lessons offer important ways to think about future healthcare delivery.*
- I recounted my first day of internship at the Children’s Hospital Boston, when I attended a two-year old child with bacterial meningitis that, despite antibiotic therapy, had resulted

in significant neurologic consequences for this previously healthy child. Fortunately, one of my early mentors was deeply engaged in developing a vaccine that would eventually prevent nearly all cases of *Hemophilus influenza* meningitis and that would also provide insights for developing other important vaccines as well. *Here the lesson is that research aimed at root cause and prevention can have major public health benefits. It is evidence of the patient commitment of physician-scientists to discover innovations that could transform the course of a devastating disease. Rather than simply seeking new antibiotics, this investigator was committed to finding ways to prevent rather than just treat. This also required important collaborations between academia and industry. It is also a lesson that research can take years and even decades to reach fruition and that deeply committed investigators cannot be deterred by failure or satisfied with just the achievement of short-term goals. These are all important lessons for the future.*

- I noted that during my medical and post-graduate education there was no mention or even awareness of the disease that would dominate my research life for many years while I was at the NIH. That is because new or previously unrecognized diseases can emerge, as was the case with the Human Immunodeficiency Virus and AIDS. *There are many lessons that were learned with this unique disease, including the incredible social stigma that accompanied its diagnosis and that still lingers today. Devastating illnesses can evoke fear and stigma as well as compassion and care. There can be little question that we have made incredible progress in treating HIV infection and in preventing its vertical transmission from mother to child. Of note, this progress was largely facilitated by basic science discoveries that had taken place more than a decade before HIV was first recognized in the early 1980s, and by investigators who did not anticipate HIV/AIDS *per se*.*

Specifically, the recognition of retroviruses and, in particular, the enzyme reverse transcriptase, proved critical in accelerating the quest for diagnostics and therapies for HIV. This fact underscores the importance of basic research whose impact may not be immediately discernible even while it sets the foundation for future discoveries. HIV/AIDS also points out how travel has impacted emerging infections and how our global community still suffers incredible disparity in access to treatments and discoveries. We are further witness to globally transmitted diseases today, such as influenza, and will undoubtedly continue to face new challenges in the years ahead.

- In some ways it is shocking – if not embarrassing – to admit that when I graduated from medical school, CT and MR scans had not yet become integral to the diagnostic imaging armamentarium. Over the ensuing decades these and other imaging technologies have transformed medical diagnosis and have led to tremendous progress in virtually every area of medicine – from diagnosis to treatment and prevention. But these rapidly changing technologies also pose a number of challenges. In addition to the promise that imaging technologies will move to the cellular and molecular level and technology, permitting opportunities for early diagnosis and intervention, the overuse of imaging and other technologies has also contributed to the rising costs of medical care. Imaging technologies have been the basis of competition among hospitals and providers, and they have sometimes negatively affected medical decision-making through overreliance on

tests as well as by inadvertently separating the doctor from the patient. *Although an important lesson is that technology can rapidly change the diagnostic landscape, it can also elevate costs and contribute to perverse incentives. A lesson going forward is the importance of critically assessing new technologies and employing them on data driven standards that promote quality of clinical care. Another lesson is the importance of sustaining and valuing the important connection between doctor and patient, which technology can inadvertently interrupt – with a loss in the perceived value of a relationship that innovation cannot replace.*

- I also commented on the fact that when I was a medical student the “genetic code” was just being unraveled. Indeed, a palpable anticipation abounded that the rapidly evolving new knowledge would unlock the mystery of life. But as has happened over and over again, each new scientific insight takes us another step closer to the complexity of life and opens new paths and cycles of inquiry, discovery - and further inquiry. We recall the fanfare that surrounded the sequencing of the human genome and the expectation (at least by the media) that the alphabet of life would spell out opportunities for new drugs, diagnostics and treatments. While some of this has occurred and there is every reason to believe that over time major benefits will unfold, meeting public expectations always takes longer than initially anticipated. Looking back over the revolution in molecular biology that has unfolded in the last decades, the discoveries and their application to medicine have been truly awe inspiring – certainly when viewed with perspective. *But a constant lesson is how the hype of discovery, even if unintended, can raise and then dash public expectation and ultimately its support. There is a constant and nearly unquenchable thirst for news about science and medicine. There is also confusion, disenchantment and cynicism when promises exceed the timeline of reality. This is a road we seem to travel over and over again – whether it be in the utility of genomic testing to predict disease, or the prospect that stem cells will help correct or repair diseased organs or tissues.*

I certainly believe that over time these discoveries will have a revolutionary impact on our approach to early diagnosis and prediction of risk, disease management, therapeutics and beyond. But it is important that we balance the risks and benefits of new discoveries and avoid a rush to commercialization or over-utilization that is not grounded in science and evidence. For example, as the prospect for full genome testing and genotyping become increasingly less expensive and more abundantly available, we need to assure responsible management of public expectation. This is a forum in which academic medical centers can play a particularly important role – whether it is in defining the appropriateness of genotyping, the prospect for regenerative medicine, or the myriad of other discoveries and innovations that will unfold in the years ahead.

These are just a small handful of personal examples. Countless others can be added and many readers will have personal reflections that extend well beyond my own. But the lessons are also clear. While innovation and discovery will shape the future of medicine, it is also important to rekindle, remember and re-introduce some of the lessons of the past, especially around the quality of the doctor-patient relationship.

I was fortunate as a medical student to be at a school that valued and championed the so-called biopsychosocial model and that focused on teaching students the art of listening to patients, taking careful medical histories in an open-ended fashion, and in carefully using the physical exam to extend medical diagnosis. I recognize that there were many technologies and tools that we lacked at that time – but ironically it was their absence that mandated more attention to listening, observing and directly interacting with patients. Of course there was also more time to do so, since the business of medicine was not yet in place.

I have spoken previously and written not infrequently about the importance of reconnecting science and innovation with humanism and professionalism. These attributes are all the more important as we face the soon to be rapidly changing landscape of healthcare – particularly given the response of the public and private sectors to the Affordable Care Act (ACA) and also the impact of declining funds for biomedical research from the NIH over the years ahead. Both of these factors have serious implications for academic medical centers – which, while only a small part of the medical enterprise, are the font of educating future students and trainees as well as in leading innovation and discovery and translating their findings into improving patient care. As I have previously highlighted, academic medical centers, along with other care systems, will be judged by the communities they serve on whether they are seen and valued as centers of innovation and discovery, are providers of outstanding state-of-the-art patient care, offer the highest quality and safety, provide outstanding patient services and give evidence of cost-effective and value-added care. At Stanford we do well in some of these attributes but not in all. Going forward we will need to perform superbly in each and will need to have evidence of continuous improvement over time.

It is likely the impact of the ACA will be expressed differently in various parts of the USA. The challenges will vary for different communities and, while some governing principles and complexities will be constant, individual adaptation will be essential. Clearly we can't simply react to the changes that will occur – we need to anticipate them and in fact lead them. We can of course learn from other peers and communities, but, in the end, we will need to chart our own unique course. This includes recognizing the very consolidated healthcare market that already exists in the Bay Area, where we clearly need to provide differential value. It means creating networks of primary care providers who are linked to our specialty services and of training the individuals who will be the future providers and innovators of science and medicine. It means paying careful attention to the size and scope of our faculty and workforce; calibrating and reassessing our programmatic and capital investments (both on campus and off-campus); developing new partnerships with industry and insurers using different expectations and metrics; and strategically planning the alignment of our clinical services as well as how they benefit from and contribute to innovation. And we need to consider novel ways of improving our healthcare delivery in a more team-based, protocol driven, evidence-based and value-added fashion.

I previously highlighted Atul Gawande's commentary on healthcare in his June 2010 New Yorker article entitled The Cost Conundrum (see: http://www.newyorker.com/reporting/2009/06/01/090601fa_fact_gawande). His work and that of numerous others point to examples around the country where lessons can be learned about the organization of medical care. The health care system in Grand Junction, Colorado has been cited as one example of lower cost and higher quality. While the conditions are radically different,

some of the principles that have been put into practice there are worth highlighting, as was done by a Perspective by Thomas Bodenheimer and David West entitled “Low-Cost Lessons from Grand Junction, Colorado in the October 7, 2010 New England Journal of Medicine (<http://www.nejm.org/doi/full/10.1056/NEJMp1008450>). As noted by Bodenheimer and West: *“We believe that seven interrelated features of the health care system that may explain the relatively low health care costs could be adopted elsewhere. These are leadership by the primary care community; a payment system involving risk sharing by physicians; equalization of physician payment for the care of Medicare, Medicaid, and privately insured patients; regionalization of services into an orderly system of primary, secondary, and tertiary care; limits on the supply of expensive resources, including specialists, beds, and equipment; payment of primary care physicians for hospital visits; and robust end-of-life care. These features could be replicated in other markets — though generally not without political battles.”*

Even though many of the features of the ACA won’t unfold for years, many observers note that changes are already underway and that they are unlikely to be influenced by potential changes in the Congressional House and Senate in the upcoming midterm elections. They stand as reminders to take responsible leadership now as we work to shape and reshape the future of Stanford Medicine.

Leadership Matters

On Tuesday, October 19th I had the opportunity to participate in one of the “Fireside Sessions” of the Medical Leadership Development course, which is now in its third year. This year the course directors are Vitelio Rodriguez (SMS2), Takudzwa Shumba (SMS2), Matthew Goldstein (SMS6+) and Robin Eisenhut (SMS3). Ms Julia Tussing, Associate Dean for Educational Programs and Services, serves as the course Facilitator and Dr. Charles Prober, Senior Associate Dean for Medical Education, is the Faculty Director. The course (PEDS 201) includes six fireside chats with selected leaders who share their personal journeys and lessons learned along with six skill workshops that address topics like “What is Leadership?,” “Influence,” “Communication and Emotional Intelligence,” “Conflict Management,” “Self-Knowledge” and “Teams.” There are relevant readings and discussion groups – all aimed at introducing “fundamentals of effective leadership in the exciting and dynamic environment of health care. The primary objective of this curriculum is to provide students and residents with a theoretical and functional knowledge of leadership through participation in activities of self-discovery and leadership immersion.”

I was pleased to be part of this course and also deeply appreciative of the leadership of our students in organizing this year’s course, as well as those run previously by medical and graduate students. These programs help shape our future leaders – one of our primary goals and objectives in the medical school. These programs are complemented nicely by additional courses run by the Office of Diversity and Leadership under the leadership of Dr. Hannah Valentine, including the popular and highly successful “Faculty Fellows” program. Programs for leadership development are also offered by Stanford Hospital and Clinics and the Lucile Packard Children’s Hospital at Stanford.

The University also has several leadership development and networking programs, three of which include participation of faculty and staff from throughout the university. This year several School of Medicine faculty and staff as well as staff from Stanford Hospital and Clinics and Lucile Packard Children's Hospital have been selected for one of these three programs, including:

- **The Stanford Leadership Academy:**

- *Douglas W. Blayney*, Ann & John Doerr Medical Director-Stanford Cancer Center and Acting Professor of Medicine and Oncology, Stanford Hospital and Clinics
- *Timothy Carmack*, Chief Financial Officer, Lucile Packard Children's Hospital
- *Edward Kopetsky*, Chief Information Officer, Lucile Packard Children's Hospital
- *Beverly S. Mitchell*, George E. Becker Professor in Medicine and Professor, by courtesy, of Chemical and Systems Biology, School of Medicine
- *Kim Pardini-Kiely*, Vice President for Quality and Clinical Effectiveness, Stanford Hospital and Clinics

- **The Stanford Fellows:**

- *Renee Pera*, Professor of Obstetrics and Gynecology, School of Medicine
- *Tom Rando*, Deputy Director-Stanford Center on Longevity and Professor-Neurology and Neurological Sciences, School of Medicine (Continuing for a second year)

- **Leadership@Stanford**

- *Heidi Heilemann*, Associate Dean for Knowledge Management and Director of Lane Medical Library, School of Medicine
- *David O'Brien*, Director-Office of Institutional Planning, School of Medicine

Clearly these various programs give evidence of the commitment of the School, Medical Center and University to leadership development and training. These programs help with acquisition of new skills as well as opportunities for interaction and networking across the campus – all of which should hold Stanford in good stead over the challenging years ahead.

Some Thanks for the Visit by His Holiness the Dalai Lama

On October 14-15th, His Holiness the Dalai Lama returned to Stanford after five years to participate in three public events on the theme of “Compassion, Science and Society.” On the morning of the 14th he was welcomed in Maples Pavilion by President Hennessy before speaking to an audience of over 6,000 on the subject of “The Centrality of Compassion in Human Life and Society.” That afternoon he spoke to 1200 students at Memorial Church as the Rathbun Visiting Fellow, where he gave this year's “Harry's Last Lecture on a Meaningful Life.” The next day he took part in an all day conference at Memorial Auditorium on the “Scientific Explorations of Compassion and Altruism.” Over 1600 people heard reports by neuroscientists, psychologists and educators as well as the Dalai Lama's comments, questions, and dialogue with the presenters. Thursday's events are described in greater detail in this Stanford Reports story: <http://news.stanford.edu/news/2010/october/dalai-lama-speaks-101410.html>. The conference is well summarized on the School of Medicine's blog (<http://scopeblog.stanford.edu/archives/2010/10/dalai-lama-and.html>). By every account this was a highly appreciated and successful visit.

These events required many months of planning by numerous individual throughout the University. I want to begin by thanking Dr. Jim Doty, Director of the Center for Compassion and Altruism Research and Education (CCARE: <http://ccare.stanford.edu/>), and Dr. Gary Steinberg, Director of the Stanford Institute for Neuro-Innovation and Translational Neuroscience, for leading the effort to bring the Dalai Lama back to Stanford. I also want to thank the Reverend Scotty McClennan, Dean for Religious Life, and his office for their incredible engagement. Ms. Elaine Enos, Executive Director of Stanford Events, worked tirelessly to coordinate the incredible array of issues needed for a “head of state” visit. In the medical school I want to extend my deepest thanks to Dr. Kathy Gillam, Senior Advisor to the Dean, and Ms. Kristin Goldthorpe, Project Manager in the Dean’s Office. Their contributions were incredible and helped contribute to the success of the visit.

Advocacy and Research

At each meeting of the Independent Citizens Oversight Committee (ICOC), the governing board for the California Institute of Regenerative Medicine (CIRM), a public scientific and patient advocacy presentation is given. This helps educate the ICOC as well as give purpose to its work in overseeing the nation’s largest program in stem cell biology and regenerative medicine. I have been an appointed member of the ICOC since 2004 and have attended hundreds of meetings over the years. I was particularly touched by the presentation that took place on October 21st in Los Angeles on the topic of Neuromyelitis Optica (NMO). This is a rare disease, but it has devastating consequences for those affected by its major manifestations of blindness and paralysis. Like many orphan diseases, there is often a paucity of investigators and a lack of funding. That was clearly the case for NMO until a small number of parents became advocates and created a foundation to bring investigators together, support their research and help move the agenda forward. The Guthy-Jackson Charitable Foundation was created by parents Bill Guthy and Victoria Jackson (www.guthyjacksonfoundation.org) and has had an impressive impact.

This is a story told over and over again. I remember it well from the early days of Pediatric AIDS when the Elisabeth Glaser Pediatric AIDS Foundation was created to promote research and bring investigators from different fields to focus on a new and challenging problem. There is no question that patient advocacy has helped shape our research agendas and has created alignments between patients, parents, scientists, physicians and public and private funders. I have tremendous respect for each of these programs and what they have been able to accomplish. I only wish we didn’t need to learn the lesson over and over again. The need to bring researchers together from different institutions to focus attention and effort on new (or even old) diseases is something we should clearly understand. Ironically, each new effort seems to recreate past insights and demonstrate the important connection between those impacted by serious illness with those who have the potential to impact its clinical course.

I once tried to address this need by establishing a more generic research network to be ready and able to tackle new problems as they arose by aligning major children’s research programs. This was the Glaser Pediatric Research Network – but in the absence of specific disease advocates there was no ready way to sustain the infrastructure needed to keep the network active. Thus we seem destined to have to create and recreate specific efforts. Even so, as they arise they are

meaningful and important – as was the experience of the Guthy-Jackson Foundation noted above.

Major Appointments

I am pleased to announce two major faculty appointments to important leadership programs in the School of Medicine:

- **Dr. Mark Krasnow**, Professor and Chair of the Department of Biochemistry and Investigator in the Howard Hughes Medical Institute, will serve as the Executive Director of the Vera Moulton Wall Center (<http://wallcenter.stanford.edu/>). In this capacity he will oversee the Center's research programs and help align them to the clinical programs led by Dr. Jeff Feinstein, Associate Professor of Pediatrics. The Wall Center is now part of the Cardiovascular Institute at Stanford.
- **Dr. Mike Longaker**, the Deane P. and Louise Mitchell Professor and, by courtesy, Professor of Bioengineering and of Materials Science and Engineering, has been named the Co-Director of the Stanford Institute for Stem Cell Biology and Regenerative Medicine. In this capacity he helps shape the Institute's efforts in translational medicine and discovery. Dr. Longaker is also the Director of the Program in Regenerative Medicine. He was named Vice Chair of the Department of Surgery this past June and also serves as the Director of the University-wide Initiative on Human Health.

Please join me in thanking and congratulating Drs. Krasnow and Longaker for their willingness to serve in additional leadership positions. We are fortunate to have them in these roles.

The Fall Issue of Stanford Magazine Is Available

The Fall issue of Stanford Magazine has just been released and is on its way to readers now. It is also online at <http://stanmed.stanford.edu>. The theme of this issue is "The 'me' in medicine – personalizing treatments." The lead piece is a feature about the use of genome analysis to uncover the cause of a teenager's sudden death — a story revealing the practical and ethical challenges of whole-genome sequencing. There is also a story on gene-targeted treatment for triple-negative breast cancer and an article that looks beyond genes to describe a newly discovered type of molecule - called lincRNA - that tells our genes what to do. The issue also has a piece on the Genomics and Personalized Medicine course offered last summer that includes comment from the faculty and students who participated in the class. I have previously commented on the issues surrounding the question of whether students should be given the opportunity to have their genotypes analyzed (http://deansnewsletter.stanford.edu/archive/09_28_09.html), and I was pleased to see this thoughtful article. Congratulations to Rosanne Spector, Editor, and all those who worked on this edition, for another excellent issue of Stanford Magazine.

Rathmann Family Foundation E4C Faculty Fellowship in Patient-Centered Care

The Stanford School of Medicine Office of Medical Education is pleased to announce the **Rathmann Family Foundation Educators-4-CARE (E4C) Fellowship in Patient-Centered Care**. This program will provide the part-time salary support for a Stanford faculty, fellow, or chief resident to pursue further study and activities focused on the promotion of patient-centered care in medical education. Areas of focus may include instructional design, curriculum development, or evaluation. Alternatively individuals may have topical areas of focus, such as clinical skills, compassion and humanism, or professionalism.

The program will provide funding for protected time for one year to support directed readings under the supervision of the faculty directors of the program, participation in ongoing curriculum development in undergraduate medical education in the area of patient-centered care, and development and conduct of a scholarly project in medical education related to patient-centered care. The fellow will participate in the Educators-4-C.A.R.E. (E4C) program, serving as a mentored preceptor with selected E4C faculty in educational activities that are part of the E4C program.

The program will provide \$50,000 in salary support for one year, plus up to \$5,000 in project support for the fellow's project.

Interested individuals should submit the attached application, CV, and cover letter **by Friday, December 17, 2010** to:

Clarence H. Braddock III, MD, MPH, FACP
Professor of Medicine and Associate Dean, Medical Education
Office of Medical Education
Stanford School of Medicine
251 Campus Dr., MC 5404
Stanford, CA 94305-5404
E-mail: [cbrad at stanford dot edu](mailto:cbrad@stanford.edu)

Upcoming Events

United Nations Film Festival

Wednesday, October 27th

4:00 pm

Li Ka Shing Center

Free admission

The United Nations Association Film Festival (UNAFF) will, for the first time, show screening of three films at Stanford Medical School's state-of-the-art Li Ka Shing medical school building, a natural home to the themes of health and human rights that are a common thread in these films. From the voices of former child slaves in Sudan, to the plea of a mother determined to protect her daughter from the dangers of genital cutting, to the travels of a retired man who bikes 20 km each day to bring AIDS treatment to his community, these three films are a testament to the power of human will and determination.

At 5:45 pm there will be a discussion panel with Stanford faculty, followed by a reception with the filmmakers at 7:00 pm. For more information please contact Shah Ali at shahali@stanford.edu.

Reception: New Exhibit in the History of Neurosurgery at Stanford

Friday, October 29

3:00 pm

Lane Library

The Department of Neurosurgery at the Stanford University School of Medicine has distinguished itself in clinical care and research in neuro-oncology, pediatric neurosurgery, stem cell research, and many other areas. But did you know that teaching and training in neurosurgery at Stanford can be traced back to San Francisco in the 1890s at Cooper Medical College, the predecessor institution to Stanford's School of Medicine?

The Stanford Medical History Center and Lane Medical Library are proud to present an original exhibit on the history of neurosurgery at Stanford. The exhibit is now on display on the first floor of Lane Medical Library, near the main entrance. This is the first in a new series of exhibits on the history of the Departments and programs in the Stanford University School of Medicine that will be featured in Lane Library.

Dr. Gary Steinberg, Chair of the Department of Neurosurgery, will speak at a reception at the exhibit on Friday, October 29 at 3:00 p.m. For more information about the reception or the exhibit, please contact Drew Bourn, Curator at the Stanford Medical History Center in Lane Library, at dbourn@stanford.edu or (650) 725-8045.

Awards and Honors

- **Dr. Hannah Valentine**, Senior Associate Dean for Diversity and Leadership and Professor of Medicine, is the recipient of one of six Pathfinder Awards recently announced by the NIH to support innovative approaches to increasing diversity in the nation's scientific workforce (see: <http://med.stanford.edu/ism/2010/october/diversity.html>). Dr. Valentine will receive \$2 million over three years to explore ways of helping female faculty overcome "stereotype threat" that could impact their career development. This is an extremely important issue, and Dr. Valentine is playing an increasingly significant role in advancing this field – and helping our faculty. Please join me in congratulating Dr. Valentine.
- **Dr. Carlos Bustamante**, Professor in the Department of Genetics, was named a MacArthur Fellow on September 27th (see: <http://med.stanford.edu/ism/2010/september/bustamante.html>). Because of the timing of the announcement, I did not get to congratulate him in the DNL and want to take this opportunity to do so. This is a wonderful accomplishment. Dr. Bustamante joins Drs. Per Harbury and Julie Theriot, both in the Department of Biochemistry, who were named MacArthur Fellows in 2005 and 2004 respectively. Congratulations to Dr. Bustamante.

- **Dr. Tom Krummel**, the Emile Holman Professor and Chair of the Department of Surgery and the Susan B. Ford Surgeon-in-Chief at the Lucile Packard Children's Hospital, was elected the President of James IV Association of Surgeons, which was founded in 1957 to develop closer ties between surgeons and to sponsor visiting fellowships for outstanding young surgeons. Congratulations to Dr. Krummel.

Appointments and Promotions

Maria D. Allo has been reappointed as Clinical Professor (Affiliated) of Surgery, effective 9/1/2010.

Douglas Blayney has been appointed to Professor of Medicine at the Stanford University Medical Center, effective 10/01/10.

Michelle T. Cao has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 10/16/2010.

Jeffrey Chi has been promoted to Clinical Assistant Professor of Medicine, effective 10/1/2010.

Kathleen M. Corcoran has been appointed as Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 11/1/2010.

Melanie R. De Guzman has been appointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2010.

Cynthia L. Detata has been reappointed as Clinical Assistant Professor of Obstetrics and Gynecology, effective 9/1/2010.

Manuel Garcia-Careaga has been reappointed as Clinical Professor of Pediatrics, effective 4/1/2010.

David R. Drover has been reappointed to Associate Professor of Anesthesia at the Stanford University Medical Center, effective 11/01/10.

Robert M. Holaway has been appointed as Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 10/16/2010.

Frederick Hopkins has been appointed as Clinical Associate Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2010.

Nasha Nasim Sabery Khavari has been appointed as Clinical Assistant Professor of Pediatrics, effective 11/1/2010.

Tzielan Lee has been promoted to Clinical Associate Professor of Pediatrics, effective 10/16/2010.

Hau Liu has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2010.

Deirdre J. Lyell has been promoted to Associate Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective 10/01/10.

Friedrich Moritz has been reappointed as Clinical Assistant Professor (Affiliated) of Anesthesia, effective 9/1/2010.

Mary E. Norton has been appointed to Professor of Obstetrics and Gynecology and, by courtesy, of Pediatrics, at the Stanford University Medical Center, effective 10/01/10.

Jongsoo Park has been promoted to Associate Professor of Neurosurgery at the Stanford University Medical Center, effective 10/01/10.

Donald Schreiber has been reappointed to Associate Professor of Surgery at the Stanford University Medical Center, effective 11/01/10.

Paul J. Sharek has been promoted to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 10/01/10.

Nayan Sivamurthy has been reappointed as Clinical Assistant Professor (Affiliated) of Surgery, effective 2/1/2010.

Shannon S. Sullivan has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences effective 10/16/2010.

Noushafarin Taleghani has been promoted to Clinical Associate Professor of Surgery, effective 9/1/2010.

Kimberly Valenta has been promoted to Clinical Assistant Professor of Anesthesia, effective 11/1/2010.

Volney Van Dalsem III has been reappointed as Clinical Associate Professor of Radiology, effective 9/1/2010.

Nancy Ewen Wang has been promoted to Associate Professor of Surgery at the Stanford University Medical Center, effective 10/01/10.

Lynn M. Westphal has been reappointed to Associate Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective 3/01/11.

Sang Hoon (Jonathan) Woo has been promoted to Clinical Assistant Professor of Medicine, effective 10/1/2010.

Dean's Newsletter

November 8, 2010

The Importance of Service to the Community

I readily admit that when I think about the missions of Stanford School of Medicine my mind is drawn to our individual and collective work in education, research and patient care. But when I step back for a moment, it is readily apparent that we do this work to benefit our community, locally and globally. Moreover, whatever social value our academic medical center accrues is a reflection of how our efforts and contributions are perceived by the communities we serve. They validate our contributions and we endeavor to improve their well-being.

With that mindset and spirit I was pleased to attend the 9th Annual Community Health Symposium, which was a collaborative effort between the Office of Community Health and students and faculty. Special thanks for this year's symposium go to Nayna Lodhia, SMS II and Vibha Mahendral, SMS II along with Ann Banchroff, MSW, MPH; Jill Evans, MPH; Wendy Everett; Evelyn Ho, MPH; Rhonda McClinton-Brown, MPH; and Marilyn Winkleby, PhD, MPH.

I was extremely pleased and gratified by the attendance of students, staff, faculty and community partners who shared ideas, reflections and accomplishments. Many of the contributions were codified in more than 30 posters prepared by students that covered a wide array of topics and issues. These were coupled with a series of oral presentations and lots of discussion.

I sometimes hear it said that our efforts in research and education are at odds with our community efforts. I am always surprised by that perception since to me each is a very vital and important part of what medicine and science stand for – the discovery of new knowledge and the search for ways to utilize innovation and discovery to improve the health of our communities.

The Road to the Lorry Lokey Stem Cell Research Building

Over the past couple of weeks we have had the extraordinary opportunity to dedicate the Li Ka Shing Center for Learning and Knowledge and the Lorry Lokey Stem Cell Research Building (Stanford Institutes of Medicine 1). These two marvelous new buildings, along with their connecting walks and paths, constitute the new face of the School of Medicine, and bring new harmony and architectural integrity to the medical school. As these wonderful facilities now become part of our familiar landscape, it is worth noting that their design and construction defied most predictions, including the amount of money raised, the incredible partnerships that were developed and the pace of transformative construction. As is often the case in projects of this size and scope, a number of critical factors had to come together at just the right time. And a number of key individuals had to be engaged and committed to collaboration and shared success. This was equally true of the Li Ka Shing Center for Learning and Knowledge, about which I wrote in an earlier Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/10_11_10.html#1), and the Lorry Lokey Stem Cell research Building.

Needless to say, the Lorry Lokey Stem Cell Research Building would not have been possible without the incredible gift from Mr. Lokey and the extraordinary funding from the California Institute for Regenerative Medicine (CIRM). Indeed these were closely linked events. The application for CIRM funding required intense interactions and collaborations between scientists and facilities leaders, since both were evaluated in the review process. The architectural design by ZGF and the facilities planning efforts of Niraj Dangoria, Assistant Dean for Facilities Planning and Management, Chris Shay, Facilities Engineer, and Lang Anh Pham, former Institute DFA, were critical to the CIRM proposal on the facilities side of the equation, as were those of Drs. Mike Longaker, Irv Weissman, Rene Reijo-Pera, Bev Mitchell and others on the scientific proposal.

The \$43.6 million construction grant from CIRM provided a critical piece to the puzzle but also raised fortuitous challenges and opportunities. The first was the need to complete the construction within two years of the time of the award. Secondly, with that timeline came the need to complete the funding (and fundraising) efforts so that construction could commence in the summer of 2008. Indeed, the funding from CIRM enabled me to make the case to Mr. Lokey for the need to increase the size of his gift in order to move this exceptional project forward. Those discussions occurred in Mr. Lokey's kitchen over a period of weeks and culminated with his pledge of \$75 million in September of 2008. Amazingly, this agreement was reached just weeks before the stock market plunge of October 2008. Thankfully, Mr. Lokey sustained his commitment – for which we are all deeply appreciative.

Funding was a key essential element to this project, but so too was cooperation among faculty to enable the design to proceed expeditiously and without tension or distraction. Many played important roles in this process, but most notable were the contributions and leaderships of Drs. Irv Weissman, Bev Mitchell, Mike Cleary, Mike Clark, Renee Reijo-Pera, Mike Longaker and Phil Beachy. We owe them, individually and collectively, a great vote of appreciation. While much of their work was behind the scenes, we now appreciate it every day in the excellence of the completed Lokey facility.

Because the timeline for construction was faster than anything of similar size and scope in Stanford's prior experience, seamless coordination of the multiple groups and constituencies within and outside the University was essential. First and foremost this included outstanding collaboration with the University's Office of Land & Buildings led by Bob Reidy with our School of Medicine Facilities team led by Niraj Dangoria and Chris Shay. The collaboration of University architect David Lenox with ZGF was essential, and we enjoyed a close and cooperative working relationship with the construction firm of Whiting and Turner. The projects were large in scope and complexity and benefited from new computer design technology and incredible people cooperation. Both were essential.

A final touch of elegance was celebrated this past week with the dedication of the Tre Stelle Di Lapislazzuli Chandelier designed by Dale Chihuly, which has transformed the atrium, entry and very face of the Lorry Lokey Stem Cell Research Building. This too was an incredible partnership and coincidence. It began with a discussion between Ms. Sue McCollum, the founder of My Blue Dots, with Irv Weismann at the groundbreaking event of the Lokey Building in 2008. Over the subsequent year(s), Ms McCollum and her husband Bob McCollum provided the

financial resources (along with family and friends) and the inspiration for the glass chandelier. Equally fortunately, the timing of the design permitted the building architects and construction team to prepare the site for installation of the multistory work of art. By combining art and science, creativity and vision, the Lokey Building truly stands as a beacon of hope and inspiration.

It is always amazing to observe how a wide array of seemingly unconnected people and events come together to create a transforming idea or facility. In the case of the Lorry Lokey Stem Cell Research Building, the result is a marriage of individual creativity with a facility that will foster further innovation and symbolize Stanford's commitment to research that improves human life and dignity. Thanks to all who have helped make this come to fruition.

Recommendations of the Teaching Excellence Task Force

Over the past several years we have had numerous discussions about the importance of our teaching mission and how to properly support it. In response to these discussions, I asked Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, and Dr. Charles Prober, Senior Associate Dean for Medical Education, to organize and convene a Teaching Excellence Task Force. This group was charged to develop recommendations on how teaching is measured, how it is supported and whether the necessary and appropriate incentives are in place to recognize outstanding teaching. The perceived and actual value assigned to teaching and education has been the topic of faculty pride as well as concern and sometimes consternation. Indeed, when faculty have been asked to comment on institutional mission priorities, they indicate that teaching and patient care are perceived as having a lower priority than research. The view that teaching performance is not assessed sufficiently or given sufficient weight in academic appointment and promotion is frequently expressed.

The Teaching Excellence Task Force addressed these and related perceptions. In addition to the Teaching Excellence Task Force itself (Chaired by Dr. Charles Prober with Members including Clarence Braddock, Heather Davidson, Nancy Morioka-Douglas, Cindy Irvine, John Pringle, Kelley Skeff, Stephen Smith, Elizabeth Stuart, Julia Tussing, Thomas Wandless, Sherry Wren), two subcommittees were also appointed. These included a "Teaching Evaluation and Awards Subcommittee" chaired by Dr. Clarence Braddock and a "Funds Flow Subcommittee" chaired by Julia Tussing. The various committees met from March 2009 – September 2010 and developed the recommendations that follow. These recommendations will be discussed at an upcoming Executive Committee, but I share them now in their current form in order to elicit reactions and comments from our community. Please share any comments you have with me or with Drs. Prober or Stevenson.

Draft Comments and Recommendations from the Teaching Excellence Task Force

1. Clearly define teaching activities.

We recommend that the School of Medicine develop a broad definition of teaching activities that "contribute to the educational mission" of the school and is integral to the appointments and promotions process.

- Amend the long form for tenure and promotion to include description and documentation of how this person has contributed to the educational mission of the school.
 - Develop explicit expectations for teaching responsibilities of faculty at the department level (recommendation #6 speaks to how these expectations may be conveyed and measured).
2. **Increase the visibility of teaching excellence across the School of Medicine.**
We recommend that the School regularly promote the expectation that teaching is important and a priority within both the clinical medicine and bioscience environments.
- Regularly highlight achievements and awards of teaching excellence in school-wide publications.
 - Work with Communications to promote stories of teaching excellence in on-line, school-wide and national publications.
3. **Develop an orientation for new faculty that focuses on teaching.**
We recommend that all new faculty to Stanford School of Medicine be provided with an "education orientation," including basic faculty development to promote their effectiveness as teachers.
 We have existing resources in the Stanford Faculty Development Center and University-based Center for Teaching and Learning that can be mobilized in this effort. Topics to be addressed would include the following:
- Mission of teaching in the School of Medicine
 - Explanation of teaching as a factor in the appointments and promotions process
 - Specific expectations for faculty contributions to the teaching mission
 - Core skills in teaching and core content in teaching and learning
 - Invitation to have one's teaching evaluated by peers (see below)
 - Set aside time for existing faculty at Stanford as well as the Palo Alto VA, Kaiser Santa Clara, and SCVMC to have the opportunity to participate in an "education orientation."
4. **Develop a program for peer evaluation of teaching.**
Peer evaluation of teaching would enhance the quality and quantity of formative feedback and professional development for faculty in their teaching role. We recommend the development of a pool of faculty who can offer voluntary peer observation and peer feedback on teaching.
 A cadre of faculty would be identified to serve as evaluators by virtue of their own level of attainment in teaching, as evidenced by their evaluations, teaching awards, and participation in faculty development programs. Being named to this group would be an honor/acknowledgement of these faculty's instructional achievements (the "master teacher" or Academy model). This group of faculty would need support in developing their skills in peer evaluation. Membership in the Academy would be based upon demonstrated excellence in teaching. Members of the Academy would accept the responsibility to participate in ongoing professional development as teachers, and to participate in peer evaluation and coaching of others.
- Develop adequate funding mechanisms for encouraging junior faculty to participate
5. **Develop policy on student and housestaff accountability for evaluation of faculty teaching.**

We recommend a school-wide policy that requires students and housestaff complete faculty and course evaluations of teaching.

In order to create a robust system for evaluation of individual faculty, we need to develop mechanisms to consistently gather data from students and housestaff. It is essential to create a culture in which evaluation of faculty is understood to be part of the same process by which students and housestaff seek feedback from faculty on their work; we must also help students understand the ways in which their feedback factors into the appointments and promotions process.

- Requiring completion of a certain percentage of evaluations to obtain a passing grade in a course (e.g. 80%) across all courses in the MD program.

Possible additional strategies in this regard include the following:

- Withhold credit for attendance at lectures unless evaluations are submitted (for those courses where lecture attendance is mandatory)
- Select a random sample of students to be evaluators for each class or lecture
- Promote professionalism among students as it relates to giving feedback (i.e., continuing efforts to orient/train students through such activities as the Doctors' Roundtable, creating a system in which student evaluations do not remain anonymous if professionalism is not maintained, etc.)
- Work with GME to integrate similar mechanisms into the housestaff evaluation process

6. Develop a standard method of collecting and reporting teaching activity to the appointment and promotion process.

We recommend that all teaching activity and reports on evaluation of teaching at all levels (e.g. medical student, residency) be compiled electronically into a portfolio for each faculty.

The data sources for this effort would be multiple, but include E*Value©, MedHub, EventApp, and others. The School should explore ways in which this evidence of the amount and evaluation of teaching could be captured and reported in a standard way, for use by the faculty member and his/her division chief of chair for annual feedback discussions, and by appointment and promotions committees at the appropriate intervals. We would envision that this system might work similarly to the Community Academic Profile, perhaps even becoming a component of that system.

7. Use NIH cap to determine Faculty salary support.

We recommend that salary support for all core faculty be based upon the NIH cap. We recognize that this effort may create a disincentive for senior faculty to serve. Efforts to re-examine the salary support scale need to take into consideration how to continue building in incentives for senior faculty participation.

8. Institute a formal review of courses to determine funding needs.

We recommend that the School institute a formal review of courses to determine whether the current distribution of funds is adequate and appropriate.

- An appointed committee should conduct a formal review of courses that acknowledge the course value, cost structure and potential for innovation in relation to the comprehensive curriculum.
- To evaluate a course's standing relative to the larger curriculum, a formal review should consider whether a) the core courses are adequately funded in the full

model, b) scrutinize elective courses to evaluate whether TECU allocation is warranted, and c) develop and advertise grant opportunities (see recommendation #10) to provide incentives for innovation that promotes more effective learning. If it is not appropriate for a course to receive TECU funding, a grant opportunity should be available to help the director develop a course with a submitted budget.

- *Current activities:* HHD and POM funding are being re-evaluated. The current budget for these courses is based on an amount that was established several years ago and has been inflated each year.

9. **Remodel the current method for funding teaching and administration of Clerkships.**

Current activities: Changes to the core clerkship funding model have been implemented for FY11. In order to address issues of transparency, inconsistent practices and a lack of adequate support for required clerkships, the Dean has approved a new model for funding clerkships. Rather than distribute TECUs for required clerkships to departments, only a standardized amount for faculty compensation (.4 FTE at the NIH cap) will be distributed. The remainder will be held in Educational Programs and Services and the department will charge to those accounts a standardized amount for Clerkship coordinators (.8 FTE at an average salary) and all non-compensation costs up to \$15,000. Costs in excess of this amount must be supported by the department, or in cases in which the expense is a required, extraordinary need, there is a small fund to which the clerkship can apply for funding. Additional administrative support to the clerkships will be supplied in the form of a half-time Administrator who will help to organize and optimize the activities of the clerkship coordinators.

10. **Provide internal grant opportunities for innovation in teaching.**

We recommend that the School set aside a pool of funds to offer seed grants for promoting innovation in teaching projects. Further discussion is needed to design a creative method for reserving funds and a process that would promote experimentation with new teaching technologies and pedagogy.

If you have comments or suggestions please send them to me (ppizzo@stanford.edu) or to Dr. Charles Prober (CProber@stanford.edu) or Dr. Stevenson (dstevenson@stanford.edu).

What Are Multiple Mini-Interviews?

Admission to medical school remains a daunting process for applicants and admissions committees. Our medical school receives nearly 6000 applicants each year for 86 places. Like in other medical schools, a number of factors are carefully considered in reviewing applicants, including academic readiness (GPA, MCAT), life experiences and personal qualities. Assessing personal qualities as a surrogate for professionalism and clinical competence is challenging and imperfect, and the traditional interview (as has been performed at Stanford) has considerable inter-rater variance and a relatively low predictive value for assessing clinical skills. Nor has the traditional interview been validated by strict metrics. In recent years behavioral interviewing techniques have been emerging, one of the more noteworthy examples being the “mini-multiple interview” (MMI) that has been pioneered at McMaster School of Medicine in Canada (the same school that brought forth problem-based learning a couple of decades ago). Based on the

experiences at McMaster and an increasing number of medical schools in the USA, members of our Admissions Committee and other senior education leaders at Stanford critically reviewed the MMI methodology and visited centers where it has been utilized. Based on a review of the literature, experience and observations, MMI will be employed this year at Stanford as an alternative to the traditional interview process.

Simply put, MMI includes short structured scenarios observed and scored by trained raters. Specifically, each candidate does 8-10 mini-interview scenarios in a two-hour session during which they move from one interview station to the next. The putative benefits of MMI include the fact that the interviews are structured and consistent for each applicant (which enhances fairness) and the fact that the process includes multiple scenarios and raters, which helps to minimize the potential bias of individual “interviewers.” In addition, the scenarios can be specifically designed to assess issues important to a specific school or setting (including ethical reasoning, critical reasoning and communication skills). Further, the interviews are not specifically knowledge based, and they expose the applicants to new scenarios that permit them to articulate their beliefs and judgments. And importantly, the rating scales are numeric and normalized, which permits the assessment to be quantitative.

Raters are trained and become knowledgeable in the specific scenario they oversee and rate. There is more than one rater per scenario – and the specific scenarios can include an applicant’s discussion of a topic or question (e.g., ethical dilemma), role-play scenarios and problem solving (including team problem solving). Here are some examples:

- **Example of a Teamwork Scenario:** Two applicants participate in a scenario in which one applicant is asked to perform a complex test (such as assembling or repairing a model) with the other applicant giving directions for dealing with or assembling the model. In this scenario the rater(s) observe the communication and teamwork of the applicant(s).
- **Example of an Ethical Decision Making Type Scenario:** The applicant is giving the following statement (as an example) to read over 2 minutes before entering the room.
“Recently in Congress, there has been a discussion concerning the issue of deterrent fees for all individuals on either Medicare or Medicaid (a small change, say \$20, which everyone who initiates a visit to a health professional would have to pay for every contact) as a way to control health care costs. The assumption is that this will deter people from visiting their doctor for unnecessary reasons. Consider the broad implications of this policy for health and health care costs. For example, do you think the approach will save health care costs? At what expense?”

In assessing this scenario the rater(s) understand that there is no right or wrong answer *per se*, and they are not assessing specific knowledge or whether they agree or disagree with applicants’ points of view. Rather they are assessing the applicants’ interpersonal skills, their interests in the situation or dilemma, ability to address multiple perspectives, and communication skills (both verbal and non-verbal).

In assessing applicants, the raters are trained to score and evaluate each student on both a Likert scale measuring specific skills or characteristics and a summative statement about how the score

was determined. Because each applicant will have proceeded through 8-10 scenarios and each rater will have assessed multiple applicants, the aggregated assessments are felt to be more objective and able to provide evaluations of specific and important issues, skills and personal attributes.

At this juncture it is best to consider the MMI as an experiment – albeit one that has a fair amount of data and experience behind it. Our hope of course is that it will make our medical school admission process even more successful. We certainly hope that will be case – and updates will follow after we have had a year or so of experience with MMI.

Nuclear Medicine and Molecular Medicine Opens New Facilities

After nearly 8 years of planning, Stanford Hospital & Clinics (SHC) opened its new Nuclear Medicine and Molecular Imaging Clinic on October 21st (see: <http://stanfordhospital.org/newsEvents/newsReleases/2010/nuclear-medicine-clinic-opening.html>). This new \$25 million 16,000 sq ft facility located on the second floor of SHC features state-of-the-art PET and CT facilities and will house developing technologies that will shape the future of early diagnosis. The ability to track health and disease states down to the molecular level has been the vision of Dr. Sam Gambhir, who is the Director of the Molecular Imaging Program at Stanford and director of the Division of Nuclear Medicine. This incredible new facility will not only utilize the latest and most advanced diagnostic imaging facilities but also create innovations and technologies that will advance this rapidly emerging field of early diagnosis – with immediate applications to cancer, cardiovascular diseases, neuroscience and other disorders. This new facility places SHC and Stanford in the forefront of modern imaging and offers yet another way that our patients and communities will be uniquely served.

Launching of the Association of Adjunct Clinical Faculty

Academic Medical Centers (AMCs) are comprised of a number of intersecting groups: basic and clinical faculty, students, staff and members of the community who contribute to the enrichment of our programs. In March of 2003, as part of a number of organizational changes in the School of Medicine's professoriate, we developed the category of Adjunct Clinical Faculty (see: http://deansnewsletter.stanford.edu/archive/03_17_03.html#3) for valued community-based physicians who volunteer their time to help teach students and trainees. The ACF replaced the preceding appellation of "Voluntary Clinical Faculty," and included clearer criteria for appointment as well as advancement. I am extremely grateful to our community colleagues but also recognize that, unlike our full-time faculty, they have not had an institutional presence or a means of collectively communicating their views. Clinical departments appoint ACF, and we certainly want to continue the important anchoring and interaction that occurs at the discipline or department based level.

Because ACF are primarily located in their clinical practice settings, there have been times when misunderstandings or miscommunications have arisen. This was somewhat dramatically illustrated earlier this year regarding certain interactions of community physicians with industry that prompted the extension of our Stanford Industry Interaction Policy to everyone with a Stanford title, including ACF (see http://deansnewsletter.stanford.edu/archive/04_05_10.html#1). This led to considerable confusion and anger by a number of valued community physicians who

either disagreed with the policy or felt it should not apply to them. Importantly, this episode also illustrated that we lacked a regular and clear means for bilateral communication – which clearly would result in future challenges and problems. Accordingly, after a number of communications and discussions, we agreed that an Association of the Adjunct Clinical Faculty (AACF) at Stanford should be formed. A number of faculty led this effort in discussions with me and members of the Dean's Office and they have formed an Interim Executive Committee that is chaired by Dr. Harvey Dondershine, Adjunct Clinical Associate Professor of Psychiatry and Behavioral Sciences. This week the AACF launched its new website at <http://aacf.stanford.edu>.

I certainly encourage all ACF to become active in the AACF, and we look forward to improved communications, interactions and collaborations. And I also want to thank our ACF again for their many contributions to our students, trainees and community.

Berry Fellows Celebrate Twenty Years of Excellence

On October 29th we had the wonderful opportunity to celebrate the 20th anniversary of the Berry Fellowship Program at Stanford. This very special program was established in 1990 by a gift from Walter and Idun Berry, who wished to “benefit humanity through advancing and expanding the understanding of children's health and disease in both the clinical and basic medical sciences.” From its beginning, Berry Fellowships have been awarded to promising postdoctoral fellows from basic and clinical departments. During the past 20 years, 75 Berry Fellows have been named, and their record of success has been outstanding. Overall, over 75% of the Berry Fellows are in full-time academic careers or in research positions in industry. This is a wonderful tribute to the selection committee and, of course, to the fellows and their research mentors and advisors.

What also makes the Berry Fellows Program unique is the dedication and commitment of the Board members and advisors, who visit Stanford each year and take a special interest in each succeeding class of Berry Fellows – and those who have preceded them. Once again Board members Walt Borneman, Michael Cruson and Bill Valentine were in attendance, along with Board Advisor Bob Demmler. Special thanks must also be given to the Stanford faculty and staff who helped launch and spearhead the Berry Fellows Program, including Drs. Charles Prober, Alan Krensky, Harvey Cohen and Mark Kay and Ms. Carol Kersten from the Office of Medical Development.

For the 20th Anniversary a special symposium was held featuring Drs. Don Ganem, Professor of Medicine and Microbiology and Member of HHMI at UCSF, and Dr. Brian Druker, JELD-WEN Chair of Leukemia Research and HHMI Investigator at the Oregon Health & Science Center. Special thanks to Mark Kay for organizing the symposium, which also featured past Berry Fellows as well as posters by the newest Berry Fellows, Gregory Bowman, PhD; James Scott McClellan, MD, PhD; and Ye Zhang, PhD.

Thanks and congratulations to all!

Another Great Beckman Symposium

On October 25th, Drs. Lucy Shapiro, Virginia and D. K. Ludwig Professor and Director of the Beckman Center for Molecular & Genetic Medicine, and Ben Barres, Professor and Chair of the Department of Neurobiology, hosted the 2010 Beckman Symposium. This year's symposium offered a wonderful panel of outstanding presentations by world-class speakers who covered some of the most interesting and challenging themes in neuroscience. Thanks to Drs. Shapiro – and this year's symposium chair Ben Barres – for another great Beckman Symposium.

Peter Sarnow Is New Chair of Microbiology and Immunology

I am pleased to announce that Dr. Peter Sarnow, Professor of Microbiology and Immunology, will succeed Dr. Karla Kirkegaard as the next chair of the department. As you will recall, chairs of basic science departments generally rotate this administrative responsibility among the senior faculty. Dr. Sarnow is well poised to assume leadership.

Dr. Sarnow joined Stanford in 1996 from the University of Colorado Health Science Center. He did postdoctoral training with David Baltimore at MIT and graduate work with Arnold Levine at SUNY Stony Brook. His research focuses on micro-RNA regulation of hepatitis C as well as novel mechanisms of translation initiation by internal ribosome entry in hepatitis C as well as in picornaviruses and some insect viruses. Dr. Sarnow is currently an editor of the journal *Virology* and is on the editorial board of several other important journals. He was elected a Fellow in the American Association for the Advancement of Science in 2010. Please join me in welcoming Dr. Sarnow as a new department chair and member of the School's Executive Committee.

Thank you to Dr. Kirkegaard for the significant contributions she made to the department during her tenure as chair.

Bike Safety – A Continuing Issue

Over the years I have expressed a number of concerns about bike safety in the Dean's Newsletter. Thankfully a number of improvements have taken place to make bike safety on campus better, due to the work of Ariadne Delon Scott, the Bicycle Program Coordinator. That said, considerable improvements in safety are still needed, as I can attest to based on my daily travels on campus – especially at night, when few students are wearing helmets or have lights or even obey the rules of the road that I know they have been alerted to during orientation.

Currently the Bike Safety Dorm Challenge

(<https://pmplus.stanford.edu/pats/transportation/dormchallenge/>) is underway (October 27-December 10th) with the “Grand Prize” being a free bus charter to Tahoe. I hope that continued improvements in safety occur – knowing full well that I personally experience “near misses” with some regularity.

I also want to thank a number of our medical school students for working with the University to fit helmets for students – including: Bryan Chen, Anthony Kava, Alec Palmerton, Jevon Plunket, Jessica Tsai, Ashley Valentine, and Joselyn Woodward.

Health and Safety Update

At the Executive Committee meeting on Friday, November 5th, David Silberman, Director of the School's Health and Safety Office, provided an update on changes that have been occurring in

the regulatory environment and on the need for continued training, awareness and vigilance in this area. He encouraged the chairs to discuss health and safety issues with their faculty and to consult with the Health and Safety Programs office if any questions or situations arise. He encouraged the use of the Training Needs Assessment Tool (TNAT) in STARS, which now allows an individual to assess what training is needed.

I want to underscore the importance of David's message to the Committee. It is imperative that the proper training be completed by everyone in the School, at whatever level is required for his or her position. This is important for the safety of our medical school community as well as the need to be responsive to increasing regulatory scrutiny. I urge you to make use of the TNAT capability now available and to contact the Office of Health and Safety Programs with any concerns you have. Their phone number is 723-0110, and David Silberman can be reached at 723-6336 or silberman@stanford.edu. The web site is: <http://med.stanford.edu/somsafety/>.

Awards and Honors

- **Dr. Michele Barry**, Senior Associate Dean for Global Health and Professor of Medicine, is the recipient of a \$8 million NIH Director's award to help establish a global health consortium at Stanford geared to accelerating progress in diagnostics, drugs and devices. The Fogarty International Center will administer this important effort that is designed to encourage integration of the university's business, design, medicine and engineering programs to cultivate new collaborations and expand scientific progress in global health.

In addition, Dr. Barry was awarded the Ben Kean Medal at the 59th annual meeting of the American Society of Tropical Medicine and Hygiene (ASTMH) in Atlanta. The Ben Kean Medal recognizes exceptional dedication to clinical tropical medicine and to the training of students, fellows, and practitioners of tropical medicine, and is one of the Society's highest honors. Congratulations to Dr. Barry for this richly deserved award

Separately, Dr. Barry with her co-principal investigators **Dr. Bonnie Maldonado**, Professor of Pediatrics and chief of the Division of Pediatric Infectious Diseases, and **Dr. David Katzenstein**, Professor of Infectious Diseases, have received a \$10 million grant from the NIH Medical Education Partnership Initiative to improve medical education at the University of Zimbabwe over the next five years. Congratulations to Dr. Barry and her colleagues.

- **Dr. Joe Wu**, Associate Professor of Medicine and of Radiology, is one of 85 researchers named by President Obama to receive Presidential Early Career Awards for Scientists and Engineers. This is the highest honor that the US government awards to science and engineering professionals in the early stages of their independent research careers. This award was first established by President Clinton in 1996 and provides research support for innovation and discovery. Dr. Wu has won a number of distinguished NIH awards including an NIH Director's New Innovator's Award and an NIH Transformative RO1 Award. He is off to an amazing start in his career trajectory. Please join me in

congratulating Dr. Wu.

Appointments and Promotions

- **Harley H. McAdams** has been reappointed to Professor (Research) of Developmental Biology, effective 6/01/11.
- **John Oghalai** has been appointed to Associate Professor of Otolaryngology – Head and Neck Surgery effective 11/01/10.
- **Sharon J. Pitteri** has been appointed to Assistant Professor (Research) of Radiology, effective 11/01/10.
- **William H. Robinson** has been promoted to Associate Professor of Medicine effective 11/01/10.
- **Harley H. McAdams** has been reappointed to Professor (Research) of Developmental Biology, effective 6/01/11.
- **Jamie M. Zeitzer** has been reappointed to Assistant Professor of Psychiatry and Behavioral Sciences, effective 2/01/11.

Dean's Newsletter November 22, 2010

Welcome to Amir Dan Rubin, the new President and CEO of Stanford Hospital & Clinics (SHC)

You likely know by now that Mariann Byerwalter, Chair of the Board of Directors of Stanford Hospital and Clinics (SHC), announced on Friday, November 12th, that Amir Dan Rubin will be the new President and CEO of SHC effective January 3, 2011. He will replace Martha Marsh, who retired on August 31st. Ms. Byerwalter co-chaired the Search Committee with John Scully, also an SHC and Stanford University Board member. I served on the Search Committee along with Drs. Steve Galli, Chair of the Department of Pathology, and Bill Maloney, Chair of the Department of Orthopaedics, who both represented the School of Medicine. We are unified in our enthusiastic support for Mr. Rubin, who is currently the Chief Operating Officer at UCLA, a position he has held since 2005. Amir Rubin has had a meteoric rise as a leader in hospital administration, having also held leadership positions at Stony Brook University Hospital in New York and the Memorial Hermann Hospital Healthcare System in Houston Texas.

I was charged by the Search Committee to do the reference checking on Mr. Rubin, and I am happy to say that I heard from medical school, faculty and hospital leaders a consistently incredible chorus of praise for Amir's intelligence, commitment, and ability to work with virtually everyone to solve problems and challenges. I also heard praise about his appreciation and support for the research and teaching missions of academic medical centers and his dedication to making these programs vibrant and stronger. While these comments are enormously assuring, perhaps the strongest evidence of how highly Amir Rubin is viewed by his colleagues at UCLA comes from the announcement sent out to the faculty and staff by David T. Feinberg, MD, MBA, CEO of the UCLA Hospital System and Associate Vice Chancellor, to the UCLA community. Here it is:

"I write to you with very mixed emotions to announce that Amir Rubin will be leaving his role as chief operating officer to become CEO for the Stanford Hospital and Clinics in January. Through Amir's visionary leadership and tireless efforts over the past five years we have advanced our operations systems to become highly effective, accountable, service responsive and efficient. Because of Amir's leadership UCLA is now the model in health care for the manner in which we adopt "Lean" process improvement ideals and methods in our everyday practices. As the principal architect of "CI-CARE" Amir has been instrumental in reshaping the UCLA Hospital System to become a leader in offering a positive patient experience that measures up our world-renowned clinical quality. Under his leadership our patient satisfaction scores went from the 38th percentile among 600 hospitals surveyed nationally to ranking in the 95th percentile and first among academic medical centers nationally. Along the way Amir has built a tremendous management team and inspired staff commitment that will indeed carry UCLA forward to "Heal humankind, one patient at a time by improving health, alleviating suffering and delivering acts of kindness." [Amir Rubin, 2007].

On a personal note, I will miss Amir for his genuine caring and friendship, his great sense of humor and his unwavering commitment to raise the human spirit through his everyday words and deeds. I know you join me in wishing Amir, Nicole and their children Naomi and Ben the very best as they embark on the next chapter in their extraordinary lives."

Please join me in welcoming Amir Dan Rubin to the Stanford Medicine Community.

The Fourth Stanford Summit on Clinical Quality and Performance

On Thursday November 18th Dr. Bryan Bohman, Chief of Staff at Stanford Hospital & Clinics (SHC), along with Dr. Christy Sandborg, Chief of Staff at Lucile Packard Children's Hospital (LPCH), led the Fourth Stanford University Medical Center Summit for Clinical Excellence. For the first time the Summit was held in the Li Ka Shing Center for Learning and Knowledge; over 200 physicians, nurses, health professionals, administrators and hospital board directors from the School of Medicine, SHC and LPCH gathered there for the day. Importantly and appropriately, we have put a high premium on improving the quality of clinical excellence throughout the Medical Center, and we have measured our progress in doing so. We were all chastened to learn nearly five years ago that the UHC (University Health Consortium) ranking of SHC in clinical

quality was in the bottom decile. Major and sustained efforts were made by the School and SHC to improve performance, and we witnessed progress each year - in 2010 SHC ranked in the top quartile. This is a tribute to the work of faculty, physicians, nurses, administrators and staff across the Medical Center. It is also a reflection of the outstanding leadership of Drs. Kevin Tabb, Chief Medical Officer, and Norm Rizk, Senior Associate Dean for Clinical Affairs, in concert with Chief of Staffs Bryan Bohman and Christy Sandborg. Our shared intent is to keep improving, and we should not be satisfied until we have achieved sustained improvement and the highest quality of clinical care possible. We can do no less.

While clinical excellence and quality performance are essential they are not sufficient. We must also make much more progress in the clinical services that define the patient experience. Our performance in this area is inadequate, but efforts to improve clinical quality are underway and are already showing modest gains. Much work remains, and the goal of close alignment of the quality and excellence of patient care with the quality and care of the patient experience must be pursued in synchronous and concerted efforts. Furthermore, these improvements must be carried forth with an effort to dramatically improve the value proposition of our clinical services. We are too costly and going forward it will be imperative to focus intensively on quality, service and cost. Indeed, it is also clear that rapidly developing changes in payment reform are unfolding that will be tagged to quality outcomes and not simply to the amount of clinical work performed.

These changes will also be coupled with the need of medical centers to form integrated hospital, ambulatory and community based services capable of managing populations and to engage in managed risk through Accountable Care Evolutions (the final configuration of which is still be determined). Major changes and innovations in clinical care delivery in hospital and outpatient as well as home care settings will be required to meet this need – something that most academic medical centers are only beginning to learn to do. We are also on a steep learning curve, and it is clear that we have to accelerate our efforts given the changes likely to take place over the next 2-3 years. Thankfully, we have begun this process and also have developed initiatives to address these challenges, such as the Clinical Excellence Research Center being led by Dr. Arnie Milstein, Professor of Medicine.

In addition to excellence in the quality and cost of clinical care and patient service, it is also imperative that Stanford Medicine have outstanding physician providers and that we lead in innovations and discoveries that create knowledge and ultimately provide new improvements in the diagnosis, treatment and prevention of human disease. The question of how to foster innovation while reducing the variability of patient care was the focus of the Fourth Summit. While it might be argued that any attempts to standardize patient care – through protocols, management guidelines or algorithms – runs the risk of stifling patient care or is at odds with the move to “personalize medicine,” I think a compelling case can be made that innovation and protocol management are not at odds and that one helps to affirm and substantiate the other.

We had the opportunity to approach the balance between innovation and standardization from a number of different perspectives. Dr. Arnie Milstein led a panel in which Dr. Tom Krummel, Emile Holman Professor and Chair of the Department of Surgery, and I participated. We also heard a presentation from this year’s guest speaker, Dr. Alfred Casale, Associate Chief Medical Officer at the Geisinger Health System – one of the national leaders in provider and payment

reform. In addition, Drs. Pat Gibbons, Clinical Assistant Professor of Medicine and Associate Medical Director of Quality Improvement, and John Wachtel, Adjunct Clinical Professor in the Department of Obstetrics and Gynecology, provided case study experiences.

From my perspective, we have an opportunity to create a continuing learning environment at Stanford that combines and integrates innovation and discovery with protocol management that helps standardize therapies to achieve high quality and lower cost. My reference point is pediatric oncology, a discipline I have been part of for a number of decades. Unlike virtually any other part of clinical medicine, the care of children with cancer almost always occurs under the banner of a clinical protocol that is designed to compare current state-of-the-art care with an opportunity to improve care, often as part of a randomized clinical trial. New innovations are key to future improvements in healthcare, but each new innovation requires validation. Carrying out “innovative care” without an attempt to assess outcomes and ascertain whether they offer an improvement to “standard therapy” can perpetuate less optimal or more expensive options or miss the opportunity to validate useful innovations that should become part of standard therapy.

In many ways the sequential improvements in the care of children with cancer are the result of a constant interaction between innovation and standardization – with evidence-based innovations becoming integrated into the sequential “standardizations of care.” This is true for adults with cancer, although far fewer enter clinical trials. The cycle of innovation and standardization has also been extrapolated to many other diseases – including AIDS, cardiovascular disease and others. Conversely, presumed “innovations” have also been shown to have negative outcomes when subject to clinical trials that standardize management and underscore the importance of validating whether an innovation is truly beneficial. Also of interest is the observation that simply taking part in a clinical protocol that “standardizes care” improves outcomes – even when patients are in the less effective treatment arm of a therapeutic regimen.

It must be clear that I am strongly supportive of innovation and discovery, and I firmly believe in the importance of physicians and scientists creating new options for diagnosis, management and prevention of disease that break past molds of assumption or standard practice. And of course I recognize that the cycle and process of innovation in drug and even immune based therapies are different from surgical and technological innovations. But I also believe that, regardless of the innovation, validation is important, followed by its incorporation (or not) into “standard therapy.” It seems plausible that at any point in time a standard regimen can be employed for a specific disease or illness (perhaps between 50-80% of the time) as long as there is regular assessment of the standard regimen and the incorporation of new innovations as they emerge or evolve. By treating the majority of patients on standard protocols we have the opportunity to better manage outcomes, improve quality and service and control costs (by determining which tests or studies should be performed and when they should be done).

The use of an electronic medical record should make such protocols easier and more reliable to conduct and can also incorporate education modules as well as management tools. Further, such protocol based therapy permits more team based management (by doctors, nurses and other professionals) and can enhance training and education by staying closer to evidence-based interventions in contrast to “my experience” ones. If I could do so, I would have the majority of patients admitted to clinical care programs enrolled in a protocol that added new knowledge as

well as provided standard therapy. I also hasten to add that protocol based management is not a counter to “personalized medicine,” since the determination of which protocol or treatment patients receive can be determined by the eligibility requirements they meet as a consequence of defining personalized metrics.

In my opinion standardizations of management are inevitable and can be done in concert with innovative care and discovery. The absence of standardization will lead to a greater number of poorer outcomes and errors and will deteriorate both quality and clinical performance metrics. Protocols or new standards can address disease management as well as specific problems and can also be open to new observations as they emerge. The process of innovation and standardization should help define the future of Stanford Medicine.

Stanford Medical School Faculty Senate Takes a Stand on Same Sex Marriage

Across the USA there has been a contentious debate about whether same-sex marriage is a civil right. The debate has engendered strong emotional reactions from all sides of the religious, ethical and political spectrum. The opinions expressed pose moral outrage on both sides of the equation but have failed to assess the impact of the decision on the health outcome of the adults and children who are affected by varying positions and opinions. I am very pleased that the Stanford School of Medicine Faculty Senate considered the issue of health disparity and same-sex management and unanimously approved the following resolution on Wednesday November 17th.

The Faculty Senate at Stanford School of Medicine supports granting the rights of civil marriage to same-sex couples as part of our commitment to reduce the documented health care disparities affecting those couples, their families, and their children.

I fully endorse this resolution and thank the Faculty Senate for taking this position. I also want to thank Dr. Gabe Garcia, Professor of Medicine and Associate Dean for Medical School Admissions, for bringing this important issue to the attention of the Senate.

An Update on Space

At the November 19th Executive Committee two important presentations on medical school space and facilities were considered. First, Dr. Sherril Green, Professor and Chair of the Department of Comparative Medicine, provided an update on the current status of animal space both on and off campus and the important strategic planning process now underway to determine and optimize future animal research space for the School of Medicine as well as Stanford University. Then Niraj Dangoria, Assistant Dean for Facilities Planning and Management, presented a comprehensive update on both on-campus and off-site developments.

We have been in a constant planning mode for space utilization during my time as Dean. My last major update on facilities planning was in the December 4, 2006 Dean’s Newsletter (see: http://deansnewsletter.stanford.edu/archive/12_04_06.html). Over the past year we have realized the fulfillment of some of this planning with the opening of two highly visible projects (the Li Ka Shing Center for Learning and Knowledge and the Lorry Lokey Stem Cell Research

Building- Stanford Institutes of Medicine I) as well as the less visible but very important project that created a new loading dock and underground tunnels connecting our medical school campus. These new facilities have transformed the face and appearance of the School of Medicine and, perhaps for the first time in many decades, have created architectural harmony, consonance and coordination. Despite these dramatic changes, this is best viewed as Phase I of a process extending out over the next decade or more that will ultimately add two additional Stanford Institute of Medicine Buildings and replace the GALE (Grant, Always, Lane and Edwards) buildings by three new Foundations in Medicine Buildings. And of course also coming are the New Stanford Hospital and the major addition at the Lucile Packard Children's Hospital, both of which will further transform the Medical Center.

Between 2001-2010, School of Medicine space has increased from 1,102,456 net available square feet (nasf) to 1,558,543 nasf, of which 238,655 nasf is on campus and 214,642 nasf is off campus. The growth in space includes laboratory, office, vivarium and support space. At the same time, our basic and clinical science faculty numbers have increased such that the overall amount of space per faculty member remains unchanged. Although I doubt it feels this way, nearly all basic and clinical science departments have had a net increase in space between 2004 and the present time.

Despite these changes, concerns about the adequacy of space is one of the major and continuing issues for faculty and department chairs – as is the length of time it takes to address space needs. We are also concerned about this but offer this perspective. In addition to the major construction and renovation onsite and offsite projects that cost \$20 or more million (the LKSC, Lokey-SIMI, Connecting Elements and Arastradero facilities), there have been 10 other projects ranging in cost from \$2-10 million that have been completed in this same time period along with 19 projects costing under \$2 million. Each is important to the individual user and all consume time and resources. Plus, there are nearly 50 ongoing facilities projects and renovations – some of which we have anticipated and initiated and others that are the result of decisions made by others in the area (e.g., the need to relocate a large number of faculty and staff when LPCH took over the 701/703 buildings to prepare for hospital construction and required that we move out). The bottom line is that faculty and individual departments only see a portion of the large number of complex projects underway.

Going forward, the overarching principles we established at the onset of our master facility planning still obtain. We want to do everything possible to keep research programs on campus – something we hope will be optimized by the future build-out of the Stanford Institutes of Medicine II-III as well as the Foundations in Medicine I-III. Along with new construction will also come the demolition of aging facilities (e.g., GALE along with other facilities to provide GUP [general use permit] space or to permit the footprint for major construction projects). There will also be the need for renovation and repurposing of other buildings (e.g., Fairchild Science). A major immediate and continuing priority is to develop more vivarium space, some of which will be on-campus and some off-campus. The future requirements for animal space will also be driven by the strategic planning activity referred to above that is now ongoing. We will also need to develop space for cores (some of which will need to be off-site) as well as surge space. A major unmet need that will prove increasingly critical is space for clinical faculty – especially as

hospital construction gets underway. And, needless to say, the hospital construction projects will have an impact on all facilities simply because of their size, scope and timelines.

We are also seeking to more rationally organize our now quite significant off-site space and leases to accommodate consolidation (e.g., administration space) but also to permit the development of facilities for innovation (e.g., genomics and early diagnosis) and surge space. As some of you will know, over the past 18 months we explored the prospect for doing this on the Roche campus site but have now abandoned those plans since the costs proved prohibitive. We are now exploring an opportunity to develop a consolidated off-site campus on Porter Avenue – which appears to offer both immediate and long-term opportunities. I will have more to say about this in the future.

We are also working to finalize our facilities on Welch Road, most immediately with the planning for the Jill and John Freidenrich Center for Translational Research, which will be located at 800 Welch Road. Construction of this Center will begin in 2012. We are also exploring opportunities for a contiguous building on Welch Road that will further optimize our clinical and translational research programs.

So while a lot of very visible changes have occurred over the past 3 years that have begun the transformation of the School of Medicine, numerous other projects have been completed, are ongoing or will soon be initiated to further our efforts. Over the next several years we can look forward to additional major projects on campus as well as the development of some unique opportunities off-campus. While each of these projects is important, the most critical issue is to continue to support our most important resource – the faculty, students and staff who comprise the School of Medicine. It is their work that makes these capital investments important – and that helps to support the future of Stanford Medicine.

Town Hall Meeting with Students

On Monday evening November 15th, Drs. Charles Prober, Clarence Braddock and I had the opportunity to participate in one of our regular Town Hall Meetings with students. We welcome these opportunities to interact with our students and to learn about the issues they are facing or are concerned about. These sessions provide an opportunity to engage in dialogue and, as best as we can, to address current issues. We spent the most time discussing the status of the CBEI (Criterion-Based Evaluation Initiative), which commenced this past June (<http://med.stanford.edu/md/curriculum/CBEI/index.html>). While there was understandable anxiety and even some consternation before CBEI was launched, I am pleased to note that it is moving forward successfully. It is already apparent that many more faculty are participating in the evaluation process than was the case prior to CBEI– which has been largely normalized across clinical departments. There are many outstanding issues and a clear need (and expectation) to evaluate the impact of CBEI thoughtfully and appropriately – but this is now in progress. I will plan a more complete report after more experience is gained. I am thankful and appreciative of the constructive input of our students to this and other major initiatives underway.

Annual Meetings for All Faculty – Regardless of Rank or Seniority

In an earlier Newsletter (http://deansnewsletter.stanford.edu/archive/07_26_10.html#4) I posed the question of whether chairs (or their delegates) should hold annual meetings with senior faculty in the same way as they now are expected to do with junior faculty. In that article I reported on a discussion of this question led by Dr. Gary Schoolnik, Associate Dean for Senior Faculty Transitions, at an Executive Committee meeting in July. Dr. Schoolnik recently returned to the Committee for further discussion and to propose a set of concrete recommendations he and his colleagues in the Office of Academic Affairs have developed. These recommendations include the following:

- There should be regular individual (annual) meetings of senior faculty with their chairs/chair delegates. Parenthetically, it turns out that 50% of senior faculty already have such meetings.
- The Office of Academic Affairs will provide a standardized form/template for these meetings; departments may also use their own forms.
- Among the topics for this meeting would be:
 - A discussion of the faculty member's plans over the next 1 year, 5 years and 10 years in the areas of teaching, research and clinical care.
 - Expectations of the chair/chief for the faculty member - and the reverse.
 - The identification of action items
- There should be a written record of the conversation.

The chairs agreed on the importance of the kind of continuing dialogue that annual meetings allow for, and they acknowledged that it is important throughout a faculty career. At the senior level, the topic of retirement can be challenging both for faculty and for their chairs, and Dr. Schoolnik noted the resources available in the Office of Academic Affairs to assist in discussing this subject. For many faculty their career is not a "job" but rather a cause, or a mission, and the separation that occurs at retirement can be daunting. The chairs felt that we should think of ways to be more welcoming of the ongoing involvement of emeriti faculty. One chair pointed out that economic preparation for retirement should begin early in the career, and he introduces it to his junior faculty when they first join the department.

The Executive Committee endorsed the idea of annual meetings with all faculty along the lines proposed and discussed here, with the caveat that in small, cohesive departments, the meetings might be less frequent, while still done on a regular basis. The Office of Academic Affairs will follow up and implement this process. I am very supportive of this outcome and look forward to its incorporation into the life of all our departments.

Dean's 2010 Staff Awards:

Employee of the Year SPIRIT Award, and the INSPIRING CHANGE LEADERSHIP AWARD

On April 21, 2011, the School of Medicine will again award the Dean's Annual Employee of the Year SPIRIT Award to two exceptional staff members, who will have been selected based on outstanding dedication, initiative, motivation, positive attitude and customer service. In addition to the annual SPIRIT Award, this year the School is inaugurating another staff award, the INSPIRING CHANGE LEADERSHIP Award. This Award will recognize an individual staff

member who initiates or leads change and innovation: implements new processes, systems, organizational structures, or operating paradigms which will result in transformative improvements in service, efficiency, value, effectiveness, outcome, or satisfaction. Criteria for this award will be broad in scope so as to encompass significant change or innovation affecting an entire work group, department, or multiple departments. This award will be given to an individual (or up to two individuals) at any level or unit in the School of Medicine who have led an innovation project and who have service at the School of Medicine of at least 2 years. A school-wide email announcement is going out today to all faculty, staff, students, and post docs. Please go to the following url: <http://med.stanford.edu/employeeRecognition/awards/> which will connect you to the website for further information as well as the eligibility criteria for both awards. After you have reviewed the criteria, please submit your nomination for either award using the online Nomination Form – be sure to select the correct “button” SPIRIT Award or INSPIRING CHANGE LEADERSHIP Award and describe why your nominee meets the specific criteria for that award.

Please note: DEADLINE FOR SUBMITTING NOMINATIONS IS Thursday, December 9, 2010.

Happy Thanksgiving

It seems hard to imagine that we are zooming into the holiday season, with Thanksgiving later this week. I want to take this opportunity to wish each of you along with your family and friends a very Happy Thanksgiving and Holiday Season. Have fun, be well and wear helmets and lights if you are riding bikes.

Awards and Honors

- I am very pleased to let you know that Scope (the blog from members of our Office of Communications and Public Affairs) has *won* a 2010 Excellence in New Communication Award for blogging from the *Society for New Communications Research*. The Society's awards program honors individuals, corporations, nonprofit organizations, educational institutions, and media outlets that pioneer the use of social media and other communications technologies. This is wonderful honor and tribute to our terrific communications staff.
- **Dr. Frank Longo**, George E. and Lucy Becker Professor and Chair, Department of Neurology and Neurological Sciences, has been named one of GQ magazines “Rock Stars of Science” (see: <http://med.stanford.edu/ism/2010/november/longo.html>) and is featured in the December issue of GQ. None of us will be able to think about Dr. Longo the same way now that he is a rock star. Truly, congratulations to Dr. Longo (or is it just “Frank” from now on?).
- **Dr. Paul Berg**, one of our most revered and respected faculty was honored for Lifetime Achievement at the 2010 Pantheon Ceremony. Congratulations to Dr. Berg.
- **Dr. Lawrence "Rusty" Hofmann**, Associate Professor and Chief of Interventional Radiology, is the inaugural recipient of the Ohio State School of Medicine Early Career Achievement Award for his significant contributions to the field of medicine before the age of 40. Congratulations, Dr. Hofmann.

Dean's Newsletter

December 13, 2010

Happy Holidays and Winter Break

Amazingly, we are once again in the midst of the winter holiday season. Thanksgiving, Al-Hijira and Hanukkah have just passed, and Christmas and the New Year celebrations lie ahead. And there are many other unnamed holidays members of our community celebrate at this time of year. Whatever they are, I wish you and your family the best for the season!

For the past couple of years the School of Medicine has joined with the University in having a two-week winter closure, which this year begins on December 20th. We will reopen on January 3rd. Of course I am fully cognizant that many of us will be working during that time – carrying out experiments, caring for patients, catching up on papers, etc. But one of the great joys – or is it dividends - of the university-wide winter closure is the virtual shutdown of email and other distractions. I have heard from so many of you that you relish this break from the constant onslaught of email and related communications. Accordingly, I would like to encourage all of you (including me, of course) to refrain from initiating email communications beginning December 18th and continuing through January 2nd, unless a communication is really important. Obviously that is left to your discretion. I am sure everyone will use their best judgment – but the collective view is that this natural break in electronic communications is one of the best gifts one can receive during the holiday season. So, enjoy, silently and respectfully.

Some Reflections on 2010: A Time of Ups and Downs

At least in things professional I am an optimist. In fact I often relish challenges that seem insurmountable or which require persistence and endurance. As most of you know, that is the focus I have brought to my now nearly ten years at Stanford. Each day and passing year has been filled with opportunity and excitement.

As I think back on this past year I am reminded of the unfolding events and debates that will now shape the fabric of science and healthcare as well as the future of our communities and, indeed, the very integrity of our nation. Individually and collectively we have all ridden the ups and downs of expectation and disappointment over the past twelve months. And while some may feel a foreboding, I believe that we can rise above the challenges ahead and emerge successfully. To a great extent, my positive view is the result of the hard work that you have been doing during the past year(s) and that has positioned Stanford Medicine quite well for the future we now face. In previous communications I have opined that it has long been my hope that Stanford would become a role model for the future of academic medicine. I believe we will – and that we must.

The year began with expectations that healthcare reform might actually become a reality and that research funding (especially because of the American Recovery and Reinvestment Act of 2009[ARRA]) was making a difference (see: <http://med.stanford.edu/stimulus/>). As of December 1, 2010 Stanford had received 275 ARRA “Stimulus” grants for a total of \$131, 458, 547 (or

1.5% of the total awards), which is notable since this figure does not include large facilities grants. The ARRA research funding has been a significant help to many of our faculty, especially after the shrinking NIH budget between 2003-2009. Unfortunately, the continued economic downturn in the USA and the political battles now raging in Washington, DC and beyond almost surely forecast a decline in federal funding for research with the expiration of ARRA.

We have known this was coming for some time. Most recently, I heard serious concerns about future NIH funding during the NIH Directors' Leadership Forum I attended on November 29th. A major worry for the NIH has been the growth of the biomedical community nationally – in many ways it now exceeds the pipeline of available funds. Part of the problem is that many medical schools sought to increase their stature by rising in the ranks of NIH funding and thus recruited more faculty and built more research facilities to house them. I have long felt that using total NIH funding as a record of success is an incorrect metric since it emphasizes quantity over quality. Unfortunately, many academic leaders subscribed to the value of growth, and this is now becoming an increasing liability for many centers. I know this sounds harsh – but race for national “stature,” made worse by the US News and World Report rankings, which emphasize size over quality – has contributed to this problem.

Thankfully, at Stanford we have prized quality – in our faculty and students – and we have emphasized excellence over “size.” Indeed, we remain among the smallest medical schools in the nation, but we are fortunate in having among the strongest research faculty – and more funding per faculty member than any other school. We have a disproportionately larger percentage of our full-time faculty who are members of the Howard Hughes Medical Institute or who have been elected to the National Academy of Sciences (NAS) or the Institute of Medicine of the NAS. While there is no doubt that the years ahead will be also challenging for Stanford faculty, I am confident that as a community we will fare well. We haven't overbuilt and we have been thoughtful and strategic in our investments in faculty, departments, centers and institutes. We are continuing to recruit exceptional faculty, while still keeping our numbers lean and focused. And while the changes in our physical landscape have been notable (e.g., the Li Ka Shing Center for Learning and Knowledge, Lorry Lokey Stem Cell Research Building/SIM1), we have been judicious in space allocation and utilization. Again this is a tribute to our faculty and staff – for it is their success that makes this possible.

Of course, going forward we have lots of space challenges – a number of which I addressed in my November 22nd Newsletter (see: <http://deansnewsletter.stanford.edu/#4>). But at least to date we have been successful in renewing facilities while incurring very little debt – which also highly differentiates us (and positively so) from nearly all of our peers. That said, preserving and enhancing our research faculty is among our highest priorities. Excellence in discovery and innovation and especially in fundamental basic science is what continues to distinguish Stanford – but sustaining that excellence will require constant investment and renewal. While this will surely be challenging, it is something we can be even more focused on. Indeed, among my highest priorities is to raise additional gift support for faculty career development – in the form of professorships, directorships and the like. Hopefully as the economic climate improves we will have greater success in this incredibly important effort.

As you also know from many prior communications, I (along with countless others) worked to help facilitate healthcare reform (see: http://deansnewsletter.stanford.edu/archive/01_25_10.html; http://deansnewsletter.stanford.edu/archive/04_05_10.html#2; http://deansnewsletter.stanford.edu/archive/09_27_10.html#4). But the political rancor that surrounded the final phases of the healthcare debate, all the way through the signing of the Affordable Care Act of 2010, left most of us in the medical profession, as well as the wider public, confused and concerned about what actually had been accomplished and whether the essential components of reform would actually happen. Indeed, the sense of excitement when President Obama signed the ACA on March 23, 2010 was not (as had been hoped) a prelude to relief and acceptance by the broader public – but rather the entree to even more debate and concern, frequently with biased information or misinformation. In some ways this whole episode culminated in the rhetoric that resonated throughout the midyear elections this November. I will refrain from a political commentary and only say that regardless of one’s frame of reference, we have to move forward in reshaping healthcare delivery in the USA and in championing the support of science and its impact on the future of medicine.

No matter the pace or process of healthcare reform nationally, we have an obligation to assume a leadership role in our community – with the equal goal of addressing healthcare delivery with a level of excellence that is seen as valued among our academic peers. As I have stressed in prior communications, this means focusing on “patient-centered care” (see: http://deansnewsletter.stanford.edu/archive/12_01_08.html#1 and http://deansnewsletter.stanford.edu/archive/07_26_10.html#7 and http://deansnewsletter.stanford.edu/archive/10_25_10.html#1). This means having physicians who are highly regarded in our community serving as resources for patient care as well as innovation and discovery. And we need to devote much greater attention to professionalism and compassion in the practice of medicine. These efforts should be further enhanced by the integrated clinical planning efforts we have initiated with SHC around clinical service lines. This process will continue through 2011.

We also need to stay focused on delivering the highest quality of evidence-based patient care and to do so in an effective manner as measured in comparative terms. This is an area where we have made considerable progress in the past several years (see: http://deansnewsletter.stanford.edu/archive/11_22_10.html#2). Furthermore, we need to do all we can to improve the experience of the patients receiving care at Stanford – from physicians and nurses to all members of the healthcare team. This is an area that needs work but where are we now putting considerable energy and where I also believe we will make greater strides with the recruitment of Amir Rubin as the SHC CEO. His track record in improving the patient experience at UCLA has won accolades and is something we all hope to benefit from when he joins Stanford on January 3rd (see: http://deansnewsletter.stanford.edu/archive/11_22_10.html#1).

And finally, we have to demonstrate the “value-added” of our academic medical enterprise in a manner that makes the cost of care “worth the price” based on the excellence, quality and delivery compared to alternatives. Achieving these and additional goals means putting significant attention into improving the excellence of healthcare delivery and will require re-engineering our

health delivery models, something in which academic medical centers can play a major role. Indeed, the recruitment of Dr. Arnold Milstein this past summer to lead our Clinical Excellence Research Center catalyzed our efforts in this area. I am convinced that, by working with the hospitals, School of Medicine faculty and faculty in the Schools of Engineering and Business, we can make a difference in how we deliver clinical care. This won't happen instantaneously – but I am confident it will take place over the next several years and that, as a result, we will play an important role in leading the future of healthcare delivery reform.

In addition to our important roles in research and patient care, we have also begun the journey of examining and seeking ways to improve our education programs – for medical and graduate students as well as residents, clinical fellows and postdoctoral scholars (see:

- **medical student education** - http://deansnewsletter.stanford.edu/archive/09_13_10.html#1;
- **graduate student education** - http://deansnewsletter.stanford.edu/archive/10_11_10.html#3;
- **postdoctoral training** - http://deansnewsletter.stanford.edu/archive/07_26_10.html#2).

I have detailed some of the starting points in these recent newsletters and note here that the next step will take place at our Annual Strategic Planning Leadership Retreat on January 21-22nd.

By being proactive and finding ways to shape the future of academic medicine, rather than just reacting to the financial, programmatic and policy changes that now abound, we have an opportunity to lead rather than follow. I will speak more to this agenda as we begin 2011. In the meantime, I wish you all well for the coming winter break and hope you arrive refreshed in January and ready to take on the many important opportunities and challenges that lie ahead.

A Time for Resolutions

The ending of one year and beginning of the next is frequently a time for personal resolutions – often ones dealing with health and well-being. Often “smokers” resolve to give up tobacco use in the “new year.” As you know, in 2007 the School of Medicine gave up tobacco by instituting a “No Smoking Policy” throughout its campus. This policy was subsequently extended to both Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital – so that the Stanford Medical Center is now completely smoke free. This is both a good policy and a good message for promoting health. Accordingly, I was pleased to receive an unsolicited email from a member of our community about the personal impact of the smoking ban. With permission I share the email with you:

"Dear Dean Pizzo,

Never thought I would say this, but thanks for helping me be smoke free after 20 years. Three years ago I went to the hospital to smoke when you banned it on school grounds....how ironic. But when the ban went up at Stanford Hospital at the end of last year, I resented it...but took it as a sign. Time to stop. After Thanksgiving of last year I quit smoking and have been smoke free since. I still see some of my fellow smokers from time to time in passing and the question always comes up? Where do you go to smoke? I can say at least 4 folks have told me they have quit as well. Not bad Dean!

Apparently making smoking socially unacceptable works. Thanks for the excuse to not to smoke anymore.

Here's to a longer, healthier life! Happy Holidays and New Year!"

Of course it is not as simple as a policy and signage. Giving up tobacco requires support, courage and fortitude. The smoking cessation programs offered at Stanford Hospital (see: <http://stanfordhospital.org/forPatients/patientServices/smokingCessation.html>) or as part of the Be Well@Stanford, and other programs as well, can provide the tools and resources to stop smoking. My hope is that other members of the Stanford community will follow the same path as the individual who sent me the email recorded above. Every individual who gives up smoking or tobacco use makes a positive affirmation for health. And promoting health is a primary mission of Stanford Medicine – this year and for all that follow.

A Time for Affirming Our Industry Interactions Policy

Although it seems implausible, I suppose it is possible that a Stanford faculty member might still be unaware of the School of Medicine Policies on Academic Industry Relationships. These policies are listed on our available website (see: <http://med.stanford.edu/coi/siip/>), have been widely disseminated, and I have communicated about them frequently as changes have taken place over years. Here's just a sampling of some of those communications over years:

- ***Academic-Industry Guidelines Coming Soon:***http://deansnewsletter.stanford.edu/archive/05_01_06.html#3
- ***Moving Toward a Final Resolution of a Medical Center Policy on Stanford-Industry Interactions:*** http://deansnewsletter.stanford.edu/archive/06_26_06.html#1
- ***Engaging in a National Dialogue on Conflict of Interest:***http://deansnewsletter.stanford.edu/archive/09_25_06.html#6
- ***Getting the Facts on Conflicts of Interest:***http://deansnewsletter.stanford.edu/archive/july_06.html#1
- ***Industry Relations and Conflicts of Interest:***http://deansnewsletter.stanford.edu/archive/04_23_07.html#6
- ***Professional and Personal Ethics: A Continuing Discussion:***http://deansnewsletter.stanford.edu/archive/11_19_07.html#b
- ***COI Features Prominently at the Annual Meeting of the AAMC:***http://deansnewsletter.stanford.edu/archive/11_03_08.html#7
- ***Updating Policies on Stanford Industry Relations:***http://deansnewsletter.stanford.edu/archive/12_15_08.html#4
- ***A New Policy on the Use of Industry Support for Continuing Medical Education (CME):***http://deansnewsletter.stanford.edu/archive/08_25_08.html#1
- ***Public Transparency on Industry Relations:***http://deansnewsletter.stanford.edu/archive/03_30_09.html#6
- ***The Institute of Medicine and Conflict of Interest: Catching Up to Stanford University:*** http://deansnewsletter.stanford.edu/archive/05_11_09.html#2
- ***Stanford and Industry Relations:***http://deansnewsletter.stanford.edu/archive/10_12_09.html#3

- ***Public Disclosure of Academic Industry Relations:***
http://deansnewsletter.stanford.edu/archive/11_09_09.html#1
- ***We Value and Appreciate our Adjunct Clinical Faculty:***http://deansnewsletter.stanford.edu/archive/04_05_10.html#1
- ***Conflict of Interest and Professional Societies:***
http://deansnewsletter.stanford.edu/archive/05_03_10.html#8
- ***Conflict of Interest in Clinical Care Policies Further Codified by the AAMC:***http://deansnewsletter.stanford.edu/archive/07_26_10.html#5
- ***Advancing Innovation Through Dialogues with Academia, Regulatory Agencies, Industry and the Public:*** http://deansnewsletter.stanford.edu/archive/10_11_10.html#2

Why am I focusing on this issue and some of my past communications about academic industry relations now? In 2010, the Congress passed legislation that requires pharmaceutical companies to disclose all payments to doctors by 2013. Seven pharmaceutical firms are now doing so, and the databases for these companies are publicly available. ***ProPublica***, an independent, non-profit online investigative newsroom that produces journalism in the public interest, has been utilizing these databases and is running a series entitled, *Dollars for Docs, What Drug Companies are Paying Your Doctor* (<http://www.propublica.org/topic/dollars-for-doctors>).

We have been informed that very shortly, ***ProPublica*** will be releasing a new investigation about how pharmaceutical firms have paid academic researchers and clinicians to participate in speakers' bureaus that market their products. Unfortunately, a small number of our faculty will be highlighted in this article.

Our preliminary investigation suggests that some of the individuals likely to be reported by ***ProPublica*** had understandable reasons for confusion about Stanford's policies and have already addressed them and ceased activities like "speakers' bureau" participation. Others, though, offered explanations why their activities continued that are difficult if not impossible to reconcile with our policy, and here we have concerns. I am fully cognizant that changes of the type we have witnessed in academic-industry relations and related conflicts of interest take time to disseminate and also to result in changes in behavior and activity. But, as noted above, there have been a lot of prior communications about the policies at Stanford and many stories in the lay and medical press about the problems associated with physicians serving in marketing roles. This is unacceptable, certainly for anyone with a Stanford title.

It is possible that some readers of this Newsletter are still be engaged in activities that violate Stanford policies. Of course I hope that is not the case. Over the next year we anticipate that a number of additional drug and device companies will publicly report physicians whom they have paid for various activities. It is important to take notice now; if, for whatever reason, you are still engaged in activities that will be seen as violations of Stanford policy, it is important that you cease them immediately. I would also encourage you to voluntarily report any activities you think may be questionable to Dr. Harry Greenberg (harry.greenberg@stanford.edu) or Barbara Flynn (bflynn@stanford.edu) so that you can receive assistance or guidance in how or whether to resolve them. Needless to say, violations of these policies can result in disciplinary actions. So, it is time to reaffirm a commitment, individually and collectively, to assuring the public trust in our

relations with industry. We are eager to support productive and valuable scientific interactions with industry as long as they do not involve marketing, are fully disclosed and adhere to our policies.

Some Recent Notable Events

- ***Under One Umbrella (Take Two):*** When our community unites around us, tremendous progress can be made. This is most certainly the situation with “Under One Umbrella,” a campaign for the Stanford Women’s Cancer Center that began last year with a benefit led by Nicole Kidman and Keith Urban. This year Ms. Kidman has served as Honorary Chair and an exceptional group of community leaders led by Ms. Lisa Schatz has brought a second wonderful “Under One Umbrella” event to fruition. The Committee of community leaders includes Deborah Berek, Fran Codispoti, Ann Doerr, Susie Fox, Jill Freidenrich, Lainie Garrick, Lisa Goldman, Laurie Lacob, Jillian Manus-Salzman, Debbie Rachleff and Diane Taube. Through their efforts, the vision for treating and preventing cancer in women is being led by Dr. Jonathan Berek, Professor and Chair of the Department of Obstetrics and Gynecology, and Dr. Bev Mitchell, Director of the Stanford Cancer Institute and the George Becker Professor in the Department of Medicine. The Committee brought together hundreds of supporters who raised nearly \$1 million for the Stanford Women’s Cancer Center and celebrated their commitment and success with a special concert by Trisha Yearwood and Garth Brooks. It was quite an event in its own right but most importantly, it was an affirmation that Stanford and the community it serves is committed to improving the lives of women facing the challenge of cancer. We are all “Under One Umbrella.”
- ***A Step Forward on Principle Investigator Status for Young Physician-Scientists.*** Given the coverage in the Stanford Report you have likely heard this good news. But in case you haven’t heard, I am very pleased to tell you that the University Faculty Senate, at its December 2nd meeting, approved a proposal from the Committee on Research that will allow a selected number of clinical fellows and postdoctoral scholars holding MD or MD/PhD degrees to apply, on a one-time only basis, to serve as principal investigators (PIs) on externally funded grants. The proposal is for a four-year trial period, during which the School’s experience will be monitored. At the end of the trial period, a decision will be made about continuing this eligibility, expanding it to PhD postdoctoral scholars, or ending it. The December 6 online Stanford News story on the Senate discussion is quite informative, and I recommend it (<http://news.stanford.edu/news/2010/december/faculty-senate-four-120610.html>).

While this approval may look on the outside like a relatively minor change, it is actually quite significant. Perhaps some background would be helpful to understand why. Under current – and long-standing – Stanford policy, acting as PI on an externally funded research project is a privilege limited to members of the Academic Council and to the Medical Center Line faculty. The rationale for this restriction is the importance of PIs – as the Research Policy Handbook (<http://rph.stanford.edu/2-4.html>) says, they are “responsible for determining the intellectual direction of the research and scholarship and

for the training of graduate students,” and this role appropriately belongs to these groups of faculty.

However, the policy does make room for exceptions on a case-by-case basis.

Currently, there are four categories of exceptions: career development awards; specific projects that are part of large interdisciplinary programs; conferences, exhibits, workshops or public events; and other, rare, non-recurring situations subject to the approval of the dean of research. The proposal that passed the Senate extends the definition of "career development awards" to include an initial RO1-like grant "in order to enhance and advance the training and competitiveness of our clinical fellows and MD postdoctoral trainees as they seek their initial academic positions."

Up to ten MD postdocs per year may submit an application under this exception. They must have two or more years of research training, and they must have the written agreement of their faculty mentor, department chair and the Dean's Office. Also, the faculty mentor and department chair are required to document that the individual will be assigned the appropriate space and other resources necessary to support the work described in the grant application for the duration of the grant period, should it be awarded. Specific instructions for submission are being developed and will be available early in the new year.

The rationale for focusing on MD postdocs for this trial period relates to the special challenges faced by physician scientists headed toward academic careers as well as the diminishing number of physician scientists nationally, which is a growing concern. I have discussed these issues in previous newsletter articles (http://deansnewsletter.stanford.edu/archive/11_19_07.html).

- ***A New View on Secondary Faculty Appointments in the Medical School:*** Secondary appointments are used in the School of Medicine as a way of encouraging and acknowledging significant interactions that faculty have with departments other than their home department. Unlike true joint appointments, in which a faculty member's billet and salary are split between two departments (as is done in other parts of the University), in the School of Medicine the billet and salary remain in the home department for those holding in secondary appointments. However, the faculty member is still viewed as a *bona fide* member of the secondary department and has the right to vote in that department as well as in the home department. The courtesy appointment is yet a third category of affiliation. It recognizes an important connection with another department but does not confer voting rights.

You will not be surprised to learn that these distinctions are interpreted differently in different departments and over time – and that these appointments are valued differently across the school. In fact, early in my tenure as Dean and as long ago as 2003, we discussed at an Executive Committee Meeting some of the advantages and disadvantages of these appointments (http://deansnewsletter.stanford.edu/archive/12_08_03.html). In a nutshell, these types of appointments can foster the kinds of interdisciplinary interactions that we want to enhance. On the other hand, especially in small departments, secondary appointees, if they constitute a significant percentage of the voting faculty, can

alter the department's decision making in ways that might not be consistent with the primary faculty's views. They may also be seen to dilute the focus of the department. Even so, there are many fruitful and longstanding secondary appointment arrangements in the School, and we certainly want to continue to encourage them when appropriate.

Earlier this year the Executive Committee took up this topic again. At the March 19 meeting, Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, clarified the definitions of these appointments. He noted that, currently, secondary faculty vote in some departments and not others and that, when asked, some secondary appointees did not know whether or not they had voting rights. The question was raised of whether secondary appointments should carry voting rights at all. There is also some confusion about what courtesy appointments entail.

Dr. Stevenson also noted that secondary appointments for senior faculty are like their primary appointments in that they have no end date. He raised the question of whether secondary appointments should be for terms of years. This would give the departments an opportunity, on a periodic basis, to reassess the ongoing involvement of the faculty member and determine whether a secondary appointment was still appropriate or whether a courtesy appointment would be preferable.

The Committee had further discussion of this question early this fall, and the Office of Academic Affairs surveyed secondary appointment holders for their input. At the December 3rd meeting, Dr. Stevenson presented a proposal that reflected the Committee's prior discussions as well as the results of the survey. The Executive Committee endorsed the proposal, which has the following elements:

- **Secondary appointments**
 - ***Voting***: the voting privilege will be preserved, since it is valued highly by many faculty
 - ***Defining secondary appointments***: Departments should define an expected level of involvement that is significant enough to merit voting rights and determine whether current (and potential) secondary faculty meets that threshold. In cases where engagement with the secondary department is less substantive and the programmatic need less compelling, appointment to a courtesy position should be considered as an option.
 - ***Term appointments***: In order to provide departments with maximum flexibility, the School will be proceeding with instituting five-year renewable terms for tenured faculty or those on continuing term. Exceptions will be granted on a case-by-case basis.
- **Courtesy appointments**: Formally (that is, in all appointment documents), the title should include the "by courtesy" designation. In everyday usage, this designation may be dropped.

The Office of Academic Affairs has communicated with department chairs and with each holder of a secondary appointment about these changes and the timeline for their implementation. I am pleased that we now have greater clarity about these types of appointments and a department-based process for assuring that faculty engagement across departments reflects their contributions. My thanks to Dr. Stevenson for taking the lead on this important but sometimes contentious issue and to the Executive Committee for their thoughtful deliberations.

- **Honoring Jill and John Freidenrich:** Since 1953 Stanford University has awarded the Degree of Uncommon Man and Woman “to recognize rare and extraordinary service to the university.” The spirit of the award is derived from the remarks of President Herbert Hoover: *“Let us remember that the great human advances have not been brought about by mediocre men and women. They were brought about by distinctly uncommon men and women with vital sparks of leadership”*. On Friday December 10th President John Hennessy, on behalf of the Stanford Associates, conferred the degree of the Uncommon Man and Woman on **John, '59, LLB '63 and Jill, '63 Freidenrich**.

My wife Peggy and I were honored to be part of the evening's festivities and events. Hundreds of family, friends, faculty and colleagues joined the celebration, each having their own personal perspectives and stories on John and Jill Freidenrich. For us, they are a truly remarkable and incredible couple, epitomizing the deep commitment and devotion to the university and medical center. In doing so, they carry out their work selflessly and never seeking attention or recognition. But they do so with the highest integrity, always seeking to make Stanford better and to help each of us become more effective and meaningful members of our community. We are inspired by them and are so pleased they have received this highest of recognition. True to form they directed the recognition to others and in doing so, continue to call us to a higher order, an uncommon one.

Awards and Honors

Dr. Ahmad Salehi, Clinical Associate Professor (Affiliated) in the Department of Psychiatry and Behavioral Sciences, has just received the World Technology Award in the field of Biotechnology by the World Technology Network (WTN). Congratulations, Dr. Salehi.

Appointments and Promotions

Olga Albert has been reappointed to Clinical Assistant Professor of Anesthesia, effective 1/1/2011.

Cheryl Ambler has been appointed to Clinical Assistant Professor of Neurology & Neurological Sciences, effective 11/1/2010.

Robert T. Chang has been appointed to Assistant Professor of Ophthalmology at the Stanford University Medical Center, effective 11/01/10.

Samuel Cheshier has been appointed to Assistant Professor of Neurosurgery and, by courtesy, of Neurology and Neurological Sciences at the Lucile Salter Packard Children's Hospital, effective 11/01/10.

Talmadge (Ted) Cooper has been to Clinical Associate Professor of Ophthalmology, effective 11/16/2010.

Markus W. Covert has been reappointed to Assistant Professor of Bioengineering, effective 1/1/2011.

Lisa Diamond has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 7/1/2010.

Jennifer Domingo has been reappointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2010.

Shahinoor Esmail has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 12/1/2010.

Gordon G. Gao has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2009.

Gus Garmel has been promoted to Clinical Professor (Affiliated) of Surgery, effective 12/1/2010.

Sara Goldhaber-Fiebert has been promoted to Clinical Assistant Professor of Anesthesia, effective 1/1/2011.

Kathleen M. Gutierrez has been promotions to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital effective 11/01/10.

Aida Habtezion has been appointed to Assistant Professor of Medicine, effective 12/1/2010.

Paul A. Heidenreich has been promoted to Professor of Medicine and, by courtesy, of Health Research and Policy, at the Veterans Affairs Palo Alto Health Care System, effective 11/01/10.

Steven K. Howard has been reappointed to Associate Professor of Anesthesia at the Veterans Affairs Palo Alto Health Care System, effective 11/01/10.

Yusra Hussain has been promoted to Clinical Assistant Professor of Medicine, effective 10/1/2010.

Stephanie Kolakowsky-Hayner has been appointed to Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 12/1/2010.

Vivekanand Kulkarni has been promoted to Clinical Associate Professor of Anesthesia, effective 1/1/2011.

Clete A. Kushida has been promoted to Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 11/01/10.

Parag Mallick has been appointed to Assistant Professor (Research) of Radiology, effective 1/1/2011.

Margaret Marnell has been reappointed to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 10/1/2010.

Yvonne Morris has been reappointed to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 9/1/2010.

Joel Neal has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 11/01/10.

Natalie Pageler has been appointed to Clinical Assistant Professor of Pediatrics, effective 12/1/2010.

Benjamin Pinsky has been appointed to Assistant Professor of Pathology at the Stanford University Medical Center, effective 11/01/10.

George A. Poultides has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 11/01/10.

Ali Rezaee has been reappointed to Clinical Assistant Professor (Affiliated) of Otolaryngology/Head & Neck Surgery, effective 1/1/2011.

Chris F. Snow has been reinstated to Clinical Professor (Affiliated) of Medicine, effective 6/1/2010.

Scott G. Soltys has been reappointed to Clinical Assistant Professor of Radiation Oncology, effective 9/1/2010.

Naiyi Sun has been promoted to Clinical Assistant Professor of Anesthesia, effective 1/1/2011.

Maurene Viele has been reappointed to Clinical Associate Professor of Pathology, effective 10/16/2010.

Trevor Winter has been appointed to Clinical Associate Professor of Medicine, effective 11/1/2010.

Dean's Newsletter

January 10, 2011

A Challenging But Still Hopeful New Year

The December issue of *Academic Medicine* (see:

<http://journals.lww.com/academicmedicine/toc/2010/12000>) featured a series of articles on the twice-failed merger(s) of Mount Sinai and New York University Medical Schools and Medical Centers. It's a story that evokes many memories for us at Stanford, of course, because of the attempt in the mid-1990s to merge our clinical programs with those of the University of California, San Francisco. This too turned out to be a failed experiment. Years later all four medical schools (those in New York and in northern California)– and their associated academic medical centers – are thriving despite the financial and related damage that took place to each during the merger and demerger processes. Many of you will remember with various degrees of emotion the days during and following the UCSF-Stanford merger. I arrived during the final stages of the un-wind and recall vividly the damaged morale, unclear direction and significant financial losses I found, especially at Stanford Hospital & Clinics (SHC). Now, nearly a decade later, thanks to the work and efforts of many of you, the situation is dramatically changed. Stanford Medicine is robust and thriving across its multiple missions and by every metric is among the very best of research-intensive schools of medicine.

However, resting on past (even recent) success is not compatible with the rapidly changing dynamics impacting higher education in general and medical schools and academic medical centers more specifically. During the past decade many of our peers grew in size and scope of their faculty and facilities, both in research and clinical medicine. The overall size of NIH funding, faculty numbers, or clinical volumes (especially for high-end inpatient procedure-based services) also became surrogates for success at many institutions – a strategy that is increasingly problematic. Indeed, the flaws in this strategy began to surface with the economic meltdown that began in 2008, which affected endowment investments along with state and federal financial resources. We are all cognizant of the efforts to reverse the economic downturn but are also painfully aware of its lingering consequences, which are now being played out on the big Washington stage.

For instance, we are currently witnessing the emerging debates on the debt ceiling and on flat funding or potential roll-backs of federal funding to both discretionary programs (which includes agencies like the NIH) and entitlement programs, with major concerns about Medicare and Medicaid). Despite the rhetoric of attempts to repeal the Affordable Care Act of 2010, the likelihood of this happening in any significant manner is small, but clarity about what reforms will actually take place and when will clearly be even more political than the repeal effort (if that is possible). The report in the *New York Times* on January 5th (<http://www.nytimes.com/2011/01/05/health/policy/05health.html?scp=1&sq=medicare%20planning&st=cse>) that the Obama Administration will delete the requirement for end-of-life counseling during an annual visit of Medicare recipients is one example – and an unfortunate one at that, since anticipatory planning about “advanced directives” is good medicine and something that should be encouraged – not for financial reasons but because it is good medicine.

On Friday, January 7th Marcia Cohen, Senior Associate Dean for Finance and Administration, presented the annual report on the financial status of the School of Medicine. I would like to

begin by thanking Marcia and her team led by Sam Zelch, Chief Financial Officer and Assistant Dean for Fiscal Affairs, along with the finance group, for the work they did in preparing the current analysis and, more importantly, for the contributions they have made during the tumultuous years since the financial meltdown in 2008.

I am quite aware that a number of the decisions we felt compelled to make were not popular and several were poorly received at the time. But the reality is that they helped to stabilize a deteriorating financial situation. More importantly, even with the major projects we have undertaken in the past years, the financial state of the School of Medicine is quite sound and is likely among the best in the nation. Given the major challenges that lie ahead, this is extremely important. Put another way, the pain and distress of the past years – and even the discord that erupted from time to time – were, in hindsight, part of a larger process of recovery that has brought us to a very positive current state. I will give just a few highlights, starting with the proverbial bottom line: the School of Medicine's consolidated revenue exceeded expenses for FY10 (the year that closed on August 31, 2010) by \$46 million. This is an improvement over the consolidated performance for FY09 (\$34 million) as well as the FY11 budget (projected as \$35 million).

These results reflect the impact of expense reductions as well as increases in revenues. The expense reduction related primarily to the cost controls and programmatic reductions that were made during the past two years, particularly in the School's central administrative offices. Coupled with these reductions have been important revenue gains in both sponsored research and clinical activity. Notably, total research expenditures (direct and indirect) increased from \$385 million in FY09 to \$455 million in FY10 – an 18% increase. Importantly, the increase in sponsored research in FY10 was 7.9% without ARRA (American Reinvestment and Recovery Act) funding, which is truly remarkable and is a great tribute to the excellence of our faculty. In addition, clinical activity and payments have also increased during the past several years. In fact, between FY05 and FY10 the net clinical operating revenues increased by an average of 11% per year, permitting every clinical department to have net positive contribution from clinical operations in FY 2010.

In addition to clinical and research activity, endowment and expendable reserve balances have shown signs of recovery since 2008 – despite the overall economic challenges in the nation. This is also a reflection of the knowledge and skills of the Stanford Management Company, among others. For example, as of August 31, 2010 the consolidated endowment of the School of Medicine increased by 11% to \$1.856 billion. However, this is still below the FY08 pre-crash endowment value of \$2.277 billion. Of course, most of the endowment is restricted and proportionally distributed among the school's central units (40%), student aid (11%), departments or divisions (21%) and faculty or principal investigator (24%). Concurrently, the consolidated expendable reserves for the medical school in FY10 was \$522.8 million, of which \$41% are in departments, divisions or programs and another 22% with faculty or PIs. For FY10, 31% of the expendable reserves were held centrally.

Certainly the results described for FY10 are highly encouraging, and they will permit us to weather the storm clouds ahead. But those storm clouds loom large and potentially damaging. They include the almost certain reductions in federal support for sponsored research, the

potential decreases in stem cell research funding by FY17 unless Proposition 71 is renewed, the impact of the economic downturn on state economic support – which is truly serious in California– and the pending changes in clinical revenues to physicians and hospitals as a consequence of the rapidly changing healthcare landscape. As I noted in the December 13, 2010 *Dean's Newsletter*, “By being proactive and finding ways to shape the future of academic medicine, rather than just reacting to the financial, programmatic and policy changes that now abound, we have an opportunity to lead rather than follow” (<http://deansnewsletter.stanford.edu/#2>).

Given the important challenges that lie ahead across all of our critical missions, I want to share some of the strategic initiatives underway that will hopefully mitigate or help remedy some of these important issues. Rather than narrative details I will simply offer more of a “table of contents” formulation – recognizing the numerous uncertainties that exist. This is not meant to be an inclusive or exhaustive list, and it is likely that a number of additional areas will need to be explored – and some of the paths we have taken may need to be altered or redirected. I recognize that some of these comments are straightforward and fully recognized, that many refer to programs underway and that some will be viewed as controversial or negative.

1. Responses and Reactions to the Impact of Healthcare Finance and Reform

- Continued attention on the critical factors that will differentiate Stanford Medicine from other healthcare providers and systems. These represent our fundamental underpinnings and opportunities for distinction, and we must achieve outstanding and sustained performance in each one. These areas have been reviewed in past Newsletters (see: (http://deansnewsletter.stanford.edu/archive/12_01_08.html#1 and http://deansnewsletter.stanford.edu/archive/07_26_10.html#7 and http://deansnewsletter.stanford.edu/archive/10_25_10.html#1) and include:
 - Leadership in innovation and discovery
 - Availability and accessibility to outstanding medical providers
 - Superiority in clinical quality and safety
 - Outstanding patient service experience
 - Defined evidence of cost benefit and a value proposition
- Joint planning on how Stanford Medicine will assess and address the changes unfolding in clinical medicine as a consequence of healthcare reform and the changing medical marketplace. A new committee engaging hospital and school leaders has recently been established for this purpose.
- Preparation for the shift of clinical reimbursements from volume and RVUs to measures of quality, safety and service. A component of this is the likely (and in my opinion welcome) shift from the perverse incentives that have been tied to the still current fee-for-service reimbursement system. That said, these changes will have considerable impact on hospital and physician revenues over time.
- More balanced focus on the delivery of care in ambulatory, community and home settings. These efforts should be advanced in time by the new Clinical

Effectiveness Research Center, which is jointly supported by the School of Medicine and SHC.

- Preparation for decreased support for Graduate Medical Education through Medicare – which will likely lead to lower payments as well as a shift toward ambulatory training in place of the current high level of inpatient service and education. This has important implications for the physician workforce as well as the cost and provider models for inpatient care.
 - Another important issue impacting resident service is the new work hour limits that will become even more restrictive in 2011-2012 and that will require additional accommodations by clinical departments and service lines.
- A critical appraisal of our primary care services (including areas like geriatric care) and an assessment by clinical department leaders of the breadth and depth of their clinical services.
- Development of improved community programs and networks through regional collaborations and interactions that are departmental or clinical service line based or that are aligned through the newly established University Health Associates (whose governing Members are the School of Medicine, SHC and LPCH).
- Preparedness to develop an Accountable Care Organization (ACO). The organization and design of this new entity will be announced in the coming month, and it will be established in 2012. This will require risk-based management of populations of patients.
- A critical assessment of current or planned investments in facilities as well as programs. This needs to be done across the Medical Center, and it needs to include a reassessment of the assumptions that have guided projections in inpatient bed-capacity, numbers of faculty and clinical providers and our constant efforts to balance and preserve our excellence in research and education as well as in the delivery of patient care.
- Continued attention to the integrated strategic planning underway with the Medical School, SHC and LPCH. At this point the integrated plan on cardiovascular services is close to completion, and the joint planning efforts in cancer care are commencing, with those for neuroscience to follow this spring.
- Investment in clinical leaders and faculty. This includes the recruitment of clinical faculty and department chairs (four searches are currently underway). In tandem we need to continue our efforts in faculty and leadership development across the medical center.
- Exploration of ways of making the work environment more successful through novel work arrangements that permit greater flexibility while not compromising career development.

2. ***Responses and Possible Remedies to Impact of Flat or Declining Support for Biomedical Research.*** This will be an area of focused discussion at the School of Medicine Strategic Leadership Retreat on January 21-22, and updates of those discussion will be included in future Newsletters. As noted above and in other presentations, it is increasingly clear that funding from the NIH will almost certainly be flat for the next

years – meaning that there will be a loss of purchasing power as well as increased competition for grants.

- Certainly among our highest priorities must be support for current faculty including:
 - Raising gifts for professorships for senior faculty and research support for junior faculty.
 - Diversifying where possible the sources of research funding (e.g., foundations and industry) in addition to continuing to seek traditional sponsored research funding.
 - Continuing the bridge fund program (in conjunction with basic and clinical departments) to support faculty who encounter acute or unexpected funding shortfalls where recovery of funding is anticipated.
 - Assuring that recruitment of research faculty continues to focus on the highest quality and potential for future success and that we are able to support new faculty as they begin the careers or transition to Stanford.
- Optimizing the utilization of research space; this may require more shared space configurations (as has been long done in the Department of Biochemistry) along with careful examination of the size of a PI's research group (including graduate students and postdocs) based on current and projected funding.
- Optimizing the balance between on-campus versus off-campus space based on the type of research being conducted and the availability of space for lease.
- At the same time we still have to address critical on-site research needs that include the planning for the Foundations in Medicine building (FIM) and the Bioengineering Building as well as on-campus and off-campus animal space.
- Critical reappraisal of the research cores including their location, management and funding models.

3. ***Thoughts About the Changing Environment and Education and Training.*** The future of medical and graduate student and postdoctoral training will also be a major focus at the Strategic Leadership Retreat. I have outlined some of the major issues we hope to address in recent Newsletters: medical student education (http://deansnewsletter.stanford.edu/archive/09_13_10.html#1); graduate student education (http://deansnewsletter.stanford.edu/archive/10_11_10.html#3); postdoctoral training (http://deansnewsletter.stanford.edu/archive/07_26_10.html#2). Clearly we will need to focus on the size and scope of our education programs, the expectations (real and perceived) for our graduates and the sources of support to permit our programs to be successful. Of course, this includes the cost of education as well as the education expenses for students and for our faculty and departments. Increasingly we will want to frame these opportunities on a global basis – given the composition of our students and trainees, the areas for future opportunity and our burgeoning programs and interests in global health.

The challenges we face in the areas noted above, and many others not included in this discussion, are numerous and significant. There is no question that the next couple of years will shape Stanford Medicine for many years and even decades to come. But we can draw comfort and confidence from the positive results we have achieved to date and the very fact that we are

thinking critically and proactively about the future and the shared commitment we have to be leaders in the transformation of science and medicine in the 21st century.

Faculty Mini-Grants for Teaching and Learning Technologies

The Simulation & EdTech (SET) group, part of our Information Resources and Technology Office, is again offering mini-grants to faculty of up to \$2,000 for 2011 to develop, implement, and evaluate learning technologies. The applications (1-2 pages) are due on January 17, 2011. More information is on the website <http://med.stanford.edu/irt/teaching/minigrants.html> or contact Brian Tobin, Instructional Technology Manager, btobin@stanford.edu.

Upcoming Event

Stanford Health Policy Forum

Methamphetamine: An American Epidemic

Wednesday, January 19, 2011
11:30 AM to 1:00 PM
Paul Berg Hall, 230A
Li Ka Shing Center
291 Campus Drive, Stanford University

This Stanford Health Policy Forum will focus on the ravages of methamphetamine in the United States and how policymakers should respond to the epidemic. In a conversation with the speakers and the audience, this forum will examine methamphetamine's addictive power, its impact on individuals and communities, and how drug policy and economic policy can support the efforts of families and health professionals to reduce the terrible impacts of the drug.

A conversation with:

Nick Reding

Best-selling author of "Methland: The Death and Life of an American Small Town"

Keith Humphreys

Professor of Psychiatry and Behavioral Sciences
Stanford University
Former Senior Policy Advisor
White House Office of National Drug Control Policy
Senior Research Career Scientist
Veteran's Affairs Health Care System

Moderated by

Paul Costello

Chief Communications Officer, Office of Communication and Public Affairs,
Stanford School of Medicine

This forum is free and open to the public
Space is limited to the first 100 people

For more information, please visit [HTTP://Healthpolicyforum.stanford.edu](http://Healthpolicyforum.stanford.edu)
or call 650-725-3320

Awards and Honors

- **Julieta Gabiola**, clinical associate professor of general internal medicine, is the recipient of the American College of Physicians (ACP) Northern California Chapter's Faculty Award for Volunteerism. Presented at their recent annual meeting in San Francisco. Dr. Gabiola led a successful medical mission to Iloilo, Philippines in January 2010. This consisted of a group of 70 volunteers consisting of faculty physicians, community physicians, dentists, surgeons, and nurses from Stanford, Kaiser, Seton, and Mills Peninsula, who served a village with a population of about 60,000 people and saw 4,700 underserved patients in three days.
- **William Kuo**, assistant professor of vascular and interventional radiology and CV/interventional fellowship director, has been awarded the 2011 Dr. Gary J. Becker Young Investigator Award by the Society of Interventional Radiology (SIR). Bestowed in honor of the founding editor of the *Journal of Vascular and Interventional Radiology (JVIR)*, this award "promotes excellence in academic research for members early in their careers" and recognizes "the importance of the young investigator in developing the interventional solutions for the future."

Appointments and Promotions

Preetha Basaviah has been reappointed as Clinical Associate Professor of Medicine, effective 2/1/2011.

Lucienne S. Bouvier has been appointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 1/1/2011.

Katherine L. Brubaker has been appointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 1/1/2011.

Thomas Bush has been reappointed as Clinical Professor (Affiliated) of Medicine, effective 8/1/2010.

Mina Charon has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 2/1/2010.

Clifford Chin has been reappointed to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 1/1/2011.

Alexander Chyorny has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 12/1/2010.

Waldo L. Concepcion has been promoted for a continuing term as Professor of Surgery at the Stanford University Medical Center, effective 12/1/2010.

Lisa Farah-Eways has been appointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 1/1/2011.

Rishad M. Faruqi has been promoted to Clinical Associate Professor (Affiliated) of Surgery, effective 12/1/2010.

Deborah Franzon has been reappointed as Clinical Assistant Professor of Pediatrics, 1/1/2011.

Ansgar Furst has been appointed as Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 2/1/2011.

Faezeh M. Ghaffari has been appointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 1/1/2011.

Cheryl E. Gore-Felton has been promoted for a continuing term as Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 12/1/2010.

Lawrence V. Hofmann has been reappointed to Associate Professor of Radiology at the Stanford University Medical Center, effective 2/1/2011.

William A. Kennedy has been reappointed to Associate Professor of Urology at the Stanford University Medical Center, effective 12/1/2010.

Quoc T.A. Luu has been reappointed as Clinical Assistant Professor of Radiation Oncology, effective 11/1/2010.

Edward R. Mariano has been appointed to Associate Professor of Anesthesia at the Veterans Affairs Palo Alto Health Care System, effective 12/1/2010.

Vibha Mohindra has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 10/1/2010.

Barbara L. Nicol has been appointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 1/1/2011.

Janelle Ogura has been appointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 1/1/2011.

Einar Ottestad has been promoted to Clinical Assistant Professor of Anesthesia, effective 1/1/2011.

Richard J. Reimer has been appointed to Associate Professor of Neurology and Neurological Sciences and, by courtesy, of Molecular and Cellular Physiology, at the Stanford University Medical Center, effective 12/1/2010.

John P. Siegel has been appointed as Clinical Assistant Professor (Affiliated) of Surgery, effective 1/1/2011.

Connie E. Teresi has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 4/1/2010.

Julie C. Weitlauf has been appointed as Clinical Associate Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 1/1/2011.

Marina Zelenko has been promoted to Clinical Associate Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 12/1/2010.

Dean's Newsletter

January 24, 2011

The 2011 Strategic Leadership Retreat: Change in a Time of Change

We held our Annual Strategic Planning Leadership Retreat on January 21-22nd at Chaminade, in Santa Cruz. This was the tenth consecutive Annual Retreat since I joined Stanford in 2001 and, as with past retreats, it offered the opportunity to bring our broad Stanford Medicine community together for reflection, debate and strategic planning. Over the years each retreat has had a different focus, and the theme as well as the consequences and outcomes have varied considerably. What has remained a constant is the opportunity to bring together our diverse community, share different perspectives and forge new alignments around our individual and collective futures.

As highlighted in the end of the 2010 and beginning of 2011 Newsletters (*"Some Reflections on 2010: A Times for Ups and Downs"* [see: http://deansnewsletter.stanford.edu/archive/12_13_10.html#2] and *"A Challenging But Still Hopeful Year"* [see: <http://deansnewsletter.stanford.edu/#1>]) we are moving through of time of change – some of which is predictable and much of which is considerably less so. We remain committed to our fundamental missions but recognize that we will need to remain visionary, creative, flexible and entrepreneurial to sustain success.

The major goal for the 2011 Retreat was to define our future initiatives in education in the context of the changing landscape of healthcare delivery and our nation's investment and opportunities in research. We also wanted to further refine our efforts to provide broad opportunities as well as flexibility in career development. To that end, we benefited from five panel presentations and the rich discussion that followed, which helped provide both a framework and greater clarity for the specific action items that will follow from the retreat. The panels were as follows:

Panel 1. Flexibility in Faculty Careers – A Mandate for Cultural Change

This panel included presentations by Drs. Hannah Valentine, Senior Associate Dean for Diversity and Leadership; Christy Sandborg, Chief-of-Staff at Lucile Packard Children's Hospital and Professor of Pediatrics; Jennifer Raymond, Associate Professor of Neurobiology; Ron Pearl, Professor and Chair of the Department of Anesthesia; and Udaya Patnaik, Founder and Principal, Jump Associates. Dr. Valentine began the panel by underscoring that the primary purpose of the task force she and Dr. Sandborg are leading is to create a culture that is supportive to career flexibility. While it is important to note that the School of Medicine has a number of existing policies that permit flexibility, the unfortunate reality is that most faculty do not take advantage of them. There is an accumulating concern that a culture that does not foster flexibility leads to turnover and discourages students and trainees from aspiring to or pursuing academic careers. If so, the consequences will be quite negative for the future of academic medicine. With that in mind, the task force is seeking to make the case for flexibility, identify best practices and define the needs of faculty.

The workforce and many work environments have changed over the past several decades. While there are clearly exceptions, there is a perception (which is supported by data) that a successful academic career is more achievable for men or for women who defer having children. This is not a reality we want to support or sustain.

The panel emphasized some of the important differences between basic and clinical science faculty in opportunities for flexibility. For example, basic science faculty may have more short-term flexibility but have less long-term flexibility compared to their clinical colleagues. This is related to the fact that basic science compensation is lower than for clinical faculty so that working part-time may not permit a livable wage. Further, the intense competition for research funding and the need to fund one's laboratory as well as salary means that if a faculty member reduces her or his time in research, it could prove impossible to sustain successful peer-reviewed research support, thus negatively affecting career development.

At the same time, it is also clear that there are lots of "jobs" that faculty do that, if done by others, would permit them to focus their attention on areas that are likely to have the biggest payoff for them both professionally and personally. Support for tasks from institutional resources, or greater salary support so that faculty were not as dependent on raising grant or clinical income, would be helpful in optimizing faculty time. In the end, time is the most precious resource for faculty, and currently it is deployed on both productive and less productive activities. Job sharing has been used in a number of industries, including in medicine, and can be successful, particularly when both partners share a common skill set. Understandably, it is more difficult when the patient population is very specialized and the skill set of the physician unique.

Another issue is defining what is actually meant in an academic setting by part time. Is part-time a portion of a 40, 60, 80 or more workweek hours? Also, how does one allocate time when one's job includes multiple activities (teaching, clinical, research, administrative, service)? Are all components of one's job reduced proportionally or are some simply eliminated? And in either case, what are the consequences to future promotion and career development, and how does this play out at the individual, division, and department level? It is also the case that individuals and faculty who are not participating in flexible hours are also affected by the choice or needs of their colleagues – and that they may respond with support or with anger and disdain. A change in the entire culture of an organization or even society may be required in order to achieve acceptance of flexible work schedules during different phases of career development. Examples were cited of cultures of flexibility in companies and even countries (e.g., The Netherlands).

Because the solutions to this issue are so challenging, the task force has engaged the firm of Jump Associates, who will work with them over the next year to create options. Jump Associates is a consulting group that focuses on solutions to highly ambiguous problems, in which the key first step is really fully identifying the problem. This step, which might seem relatively straightforward, is more complicated in an academic medical center than in many settings because of the diversity and breadth of jobs, the range of needs, the internal and external pressures and expectations at the individual and institutional level, and the limitation of the resources that are needed to attenuate the problem or even help permit creative solutions. Despite these challenges, solutions are needed lest the opportunities of future generations of physicians and scientists, particularly women, become adversely impacted or even squandered.

The Retreat participants engaged in a thoughtful discussion about how to overcome the current barriers and challenges and were asked to provide their written comments, which will be collated and codified to further inform the work of the task force. These and other inputs will guide the task force to more formal recommendations that they will bring forth over the next year. While it is clear that this is a very difficult problem, I did have the very definite sense that there is a strong willingness on the part of our school and institutional leaders to work toward solutions – a key first step.

Panel 2. The Evolving Landscape of Healthcare and Attempts to Reform or Change It

This panel was led by Dr. Arnie Milstein, Director of the Clinical Excellence Research Center and Professor of Medicine, and included Dr. Jay Battacharya, Associate Professor of Medicine; Dr. Woody Myers, Stanford Hospital and Clinics (SHC) Board of Directors and Stanford University Trustee Emeritus; and Dr. Kevin Tabb, Chief Medical Officer, SHC.

This panel began with a high-level review by Dr. Battacharya of some of the societal factors that allowed health care reform to happen now as compared to the many past failed efforts – at least to its current state of deployment. To a great extent the reform was driven by unsustainable rates of increase in the costs of care being borne by both the public and the private sectors. Coupled with this was the fact that more than 60 million Americans lack access to health care and that much of the care provided to uninsured people is paid for by those who have insurance. By 2014 this will be modulated by the availability of health coverage to approximately 35 million people through public programs (notably Medicaid) or through health insurance exchanges. At least a

part of this increased cost will come from proposed reductions in Medicare, but this will come with a price – both in the care for poor people and in the public support (through Medicare) for graduate medical education.

Clearly, these changes will have important implications for academic medical centers, which will likely see a shift of poorer paying patients to their care, an increased demand for services and a decreased support for the education and training missions of teaching hospitals. This will require changes in how academic medical centers carry out their work in patient care, education and research – with a larger focus on the management of populations and efforts to keep chronically ill patients out of high cost systems.

Dr. Arnie Milstein further reviewed some of the major implications of the Affordable Care Act (ACA) on academic medicine and highlighted two issues. The first is a projected shift of both public and private payers away from “fee-for-service” (which, parenthetically, has helped foster so many of the perverse incentives that are now featured in US healthcare) toward a payment system that will incentivize higher quality (based on comparative metrics) and lower costs. Secondly, as noted above, there will be a tighter linkage between any payments for graduate medical education (through Medicare) and evidence that the future physician workforce is able to work effectively and efficiently in the new and rapidly evolving quality/cost driven healthcare environment.

Dr. Myers, speaking from his perspective as a hospital Board of Directors member (and former leader of a major private insurance company), opined that, while the ACA is hardly perfect, it is a great start. He observed that Stanford Medicine has a number of things in its favor, including major improvements in recent years in our demonstrable quality and safety scores (to the point where we are now among the leading institutions in the country); a fully deployed electronic medical record system (also featured as one of the best in the nation); a major cultural shift toward disclosure and a culture that values integrity and the public trust; and a solid reputation and brand as Stanford Medicine (which can be built on and enhanced in the years ahead).

Dr. Myers also noted some major challenges, including the need to better define and then deploy our mission in primary care that will complement our excellent tertiary services; the regional challenges of distinguishing Stanford Medicine from the other major providers in the Bay Area (e.g., Kaiser and Sutter) that are increasingly consolidating the healthcare market. A key challenge is the need to build a new hospital and match excellence in our facilities to the excellence of our programs. This need is driven by both seismic as well as programmatic needs and will play an increasingly important role in our planning over the next several years.

Amplifying on the achievements that have been made in Stanford’s electronic medical record system over the past several years, Dr. Kevin Tabb noted that simply having such resources will not by themselves improve quality, efficiency and excellence. Achieving these goals also requires the right people, with the right ideas and vision and the ability to execute them efficiently and effectively. This is not simply a resource issue. It is also an area where critical thinking, evaluation and scientific rigor can make a difference – and which Stanford can also excel at if attention is appropriately focused.

These comments stimulated a broad discussion and I will share some of those important comments with you in future Newsletters.

Panel 3. Transforming Medical Education

This panel was led by Dr. Charles Prober, Senior Associate Dean for Medical Education and Professor of Pediatrics, along with Dr. Clarence Braddock, Associate Dean for Medical Education and Professor of Medicine ; Dr. Henry Lowe, Senior Associate Dean for Information Resources & Technology and Associate Professor of Pediatrics; Dr. Laura Roberts, Professor and Chair of Psychiatry and Behavioral Sciences; Dr. PJ Utz, Professor of Medicine; Chloe Chien, SMS 3 and President of the Stanford Medical Student Association; and Dr. Holbrook Kohrt, Clinical Fellow in Cancer Biology.

Dr. Prober began this panel with a reaffirmation of our mission statement for medical education: *To prepare physicians who will provide outstanding, patient-centered care and to inspire future leaders who will improve world health through scholarship and innovation.* Each word in this mission statement is important and helps define Stanford Medicine and our students. Dr. Prober reminded the attendees that our last major revision of the medical education curriculum was launched in 2003 (see: <http://med.stanford.edu/md/>) and still can be considered unique in its emphasis on scholarship and research. Since the new curriculum was launched, it has been enhanced by a number of important initiatives including the Educators-4-Care (<http://med.stanford.edu/e4c/>), Translating Discoveries (http://med.stanford.edu/md/curriculum/translating_discoveries.html), Criterion Based Evaluation (<http://med.stanford.edu/md/curriculum/CBEI/index.html>), Multi-Mini Interviews (<http://med.stanford.edu/ism/2011/january/interview-0110.html>), and the use of iPads in medical student education (<http://med.stanford.edu/ism/2010/september/ipads-0913.html>).

While each of these programs constitutes another unique feature of the Stanford medical curriculum, there are a number of emerging themes and issues that make a case for change. These include a need to focus learning on patients and communities and on the use of new learning strategies coupled with more sophisticated methods for knowledge retrieval, integration and renewal. In addition, a fundamental underlying issue is that the time for medical education (from high school through fellowship) is too long and too disorganized and requires fundamental reassessment and reform.

Dr. Clarence Braddock put a fine point on the length of training by posing a basic question of whether knowledge acquisition should be time-based (as it largely is now) or competency based (which would permit different rates and paths for knowledge acquisition). The latter would permit coupling of rigorous knowledge and skill outcomes in a more flexible manner. In addition to individual learning, a greater emphasis on team-based skill acquisition and learning will be important. And, as noted in the panel on healthcare reform (see Panel 2) there will be a greater accountability for understanding the intersections of quality, efficiency, cost and value in clinical care delivery.

Among the major changes that are affecting knowledge acquisition are those related to Information Technology – including the electronic medical records, digitally- based means of

acquiring information and the rapidly emerging opportunities for social networking (well beyond and quite different from Facebook or Twitter). With that in mind we need to think of our students as creators of technology tools and not simply users. The novel uses of iPads by current first year medical students that transcend their expected use are reminders that innovation begins with our students. Dr. Lowe also commented on the transformative role that the Li Ka Shing Center for Learning and Knowledge is having – and will continue to have – on medical education in virtually every dimension (from video to simulation and beyond). These emerging technologies offer unique potentialities, opportunities and challenges for our future education programs – and are areas in which Stanford can be a global leader for innovation.

Despite these exciting changes and opportunities, Dr. Laura Roberts reminded us that the journey of medical education and practice is filled with stress and its consequences. She noted that as many as 40% of medical students (in general and not specifically Stanford) indicate depression and as many as 11% have considered suicide. As many as 50% of students meet criteria for “burnout” and 40% indicate problems with personal relationships. These stress metrics increase over time and continue through residency and well beyond. Indeed, it is well known that mental health issues, substance abuse and suicide rates are high in physicians compared to other professions. Dr. Roberts has observed that many students “suffer in silence” since there is a fear of discrimination or negative judgment. Awareness of these conditions needs to be part of the education process, and we need to train students and physicians for competency in dealing with them, including self-care. Developing role models and confidential pathways for intervention would also be important components of addressing this important issue.

Returning to Stanford’s unique mission in educating and training physician-scientists, Dr. PJ Utz called on us to renew and reaffirm a culture of innovation, risk-taking, creativity and flexibility. He recalled some of the experiences that were in place when he was a medical student at Stanford and focused in particular on the ever-increasing length of education and the lack of integration and coordination from high school through residency. He noted, as have others, that we have an opportunity at Stanford to better coordinate medical education across its undergraduate to graduate continuum, redefine the training of the physician-scientist and re-think the criteria for admission to medical school – and even its timing.

We also had an opportunity to hear a reflection on what medical education might look like a decade from now. Medical student Chloe Chien offered the first perspective. She argued for a “dedicated” teaching faculty who would serve as “coaches” to direct self-guided learning. This might be analogous to the Oxford model of learning or to an amplified and enhanced version of the Educators-4-Care program noted above. She also proposed that learning become more experiential, potentially including the acquisition of both basic and clinical knowledge at the point of learning – whether in the hospital or in the clinic. An additional perspective was offered by Dr. Holbrook Kohrt, who completed his MD, residency and fellowship at Stanford and who is now pursuing a PhD degree in the Advanced Residency Training at Stanford Program (see: <http://med.stanford.edu/arts/>). He reflected on the importance of using data to improving clinical care and of the need to better train our students to be managers and leaders who run programs of different size, scope and mission. He pondered whether Stanford is a place to gain medical knowledge or to become a leader. He further underscored the importance of maintaining

humanity in medicine and how technology can be an impediment to connecting doctors to patients (see below).

Panel 4. The Evolving Landscape of Biomedical Research and Innovation

We were pleased to have two outside leaders on this panel; they added a valuable national perspective to our discussion.. The first was Dr. Antonio Scarpa, Director of the Center for Scientific Review at the National Institutes of Health, and the second was Dr. Ann Bonham, the Scientific Director for the Association of American Medical Colleges (AAMC). Both Drs. Scarpa and Bonham had highly productive careers in research and academic medicine prior to joining the NIH and AAMC, respectively. Additional panel members included Dr. Ann Arvin, Vice Provost and Dean for Research and Professor of Pediatrics; Dr. Daria Mochly-Rosen, Senior Associate Dean for Research and Professor of Chemical and Systems Biology; and Dr. Harry Greenberg, Senior Associate Dean for Research and Professor of Medicine.

Dr. Scarpa offered a longitudinal perspective on NIH support for biomedical research from the 1990's through the present. He pointed out in particular that currently 10% of institutions receive approximately 80% of the research funding, although this has not changed substantially over a long number of years. He noted that the while it is less usual for NIH recipients to hold 3 or more grants, a number have two grants. He referred to the finding by Dr. Jeremy Berg [reported in *Nature* 468, 356-357 (2010)] that the productivity of investigators did not appear to increase with funding levels above \$750K, and he noted that some Institutes are assessing the number of grants an investigator should hold. In particular he highlighted the significant increase in the numbers of grants submitted to the NIH during the past decade – reflecting new investigators as well as multiple submissions. For the latter, he proffered that the new NIH scoring system is having an impact by promoting initial quality over resubmission.

Dr. Scarpa also highlighted the fact that the last decade witnessed a focus on supporting new investigators along with more transformative research. At the same time, he reminded us that prior success in NIH funding does not necessarily forecast future success; about 50% of investigators continue to be successfully funded some six years after their first NIH award. While this provides opportunities for new investigators, it raises significant issues for the longevity of a career in research. While Dr. Scarpa could not forecast the levels of future funding, it could be deduced that the current economy and political forces make incremental funding unlikely.

Dr. Bonham further underscored the fact that research funding, as well as support for higher education, will be challenged by the current economy and the projected \$14 trillion debt at both the federal and state levels. She noted that the debt will further impact the healthcare system and will decrease the clinical margins that have been used to cross-subsidize research and academic programs in the past. Dr. Bonham commented on the proposition by Bruce Alberts (*Science* 329, 10 September 2010) that the NIH should not be expected to provide more than 50% of salary support to faculty and that institutions should provide more support. In fact when the AAMC tested this assertion they found that NIH funding accounts for approximately 35% of the salary support for faculty – lower than suggested by Alberts. (This has also been examined at Stanford with a similar finding.) However, it is also clear that there isn't enough money in the system,

regardless of its sources, to support the research enterprise of the past and that changes and reforms are necessary.

One of Dr. Bonham's suggestions was to take advantage of the funds that will be available for outcomes and clinical effectiveness research through the ACA and Medicare. She also emphasized the importance of transparency, particularly in industry relationships, since the perception (and sometimes the reality) of inappropriate interactions with industry has colored the perception of the Congress about the biomedical research community. At the same time, developing new partnerships with industry and other funding sources should also be pursued.

Dr. Bonham underscored a point we have focused on in the past - that size is not the correct measure for success and that greater emphasis needs to be placed on quality of faculty and students. More specifically, the concept that growth is the metric for success needs to be challenged (which is something we have done for some time at Stanford). That concern about growth also needs to be carried over to our workforce – especially since the number of graduate students and post-doctoral fellows has nearly doubled in the past decade without evidence that there are jobs or opportunities for these students and trainees (see below).

Dr. Ann Arvin offered a perspective of the research funding and success data from the point of view of Stanford University – in addition to the School of Medicine. She affirmed that the submission of multiple grants has been a burden on faculty and also (as noted above) that Stanford is already providing more than half of the salary support to its faculty (in the aggregate). Data on the balance of corporate funding versus sponsored federal funding demonstrates that the preponderance of Stanford research support comes from federal compared to corporate sources (\$467 million versus \$67 million) but clearly both are important. The increase in support from the California Institute for Regenerative Medicine (CIRM) in recent years has also been significant. Dr. Arvin also highlighted Stanford's success in interdisciplinary research and the important opportunities for collaboration that exist with different Stanford Schools and Independent Labs, perhaps especially the Linear Coherent Light Source at SLAC.

Dr. Mochly-Rosen picked up the theme of research funding in relation to the School of Medicine and called for a renewed assessment of partnerships with industry. This is a theme we have discussed previously and have considered in relationship to regional partnerships. Clearly this will require further study and evaluation. At the same time, Dr. Mochly-Rosen pointed out that we need to become more efficient and wise about the use of our lab space (which is almost certainly underutilized today despite our funding levels) and that consideration needs to be given to the future size of research groups (e.g., number of benches per investigator, number of students/trainees, administrative efficiencies). One area for focus is the efficiency of our 20 service centers, which carry an annual budget of \$20 million. The questions of consolidation of centers and of operating them on a more efficient schedule (e.g., 24/7) need assessment.

Both Dr. Mochly-Rosen and subsequently Dr. Harry Greenberg emphasized our opportunities in translational and clinical research, including population sciences, clinical effectiveness, outcomes and innovations in healthcare delivery. These are issues gaining focus at NIH, and we need to match them at Stanford by developing the workforce, skills and focus to compete for these funding sources and opportunities.

Panel 5. Thinking About the Future of Graduate Education and Postdoctoral Training

The final panel of the Retreat focused on graduate education and postdoctoral training and is an extension of the important issues about research funding and the size and scope of our research and education missions. This panel included Dr. John Pringle, Senior Associate Dean for Graduate Education and Professor of Genetics; Dr. Tom Wandless, Associate Professor of Chemical and Systems Biology; Dr. Dan Hershlag, Professor of Biochemistry; Dr. Tom Clandinin, Associate Professor of Neurobiology; Dr. John Boothroyd, Associate Vice Provost for Graduate Education and Professor of Microbiology and Immunology; Dr. Jim Ferrell, Professor and Chair of Chemical and Systems Biology; and Dr. Daria Mochly-Rosen, Senior Associate Dean for Research and Professor of Chemical and Systems Biology.

Dr. Pringle began this panel by asking a series of important questions – many of which were forecast by prior panels in the Retreat and in other settings. These included: Are we training too many graduate students/postdocs? What is too many? Are we training them for the right things (i.e., academics versus other career pathways)? Has our academic focus and reward system over-emphasized research productivity over teaching? In addition to our commitment to graduate education, how can we impact postdoctoral training when so much of what happens in this area is influenced by the availability of grant support and decisions made by individual faculty and principal investigators?

In a thoughtful and provocative presentation, Dr. Tom Wandless began to answer these questions by emphasizing his commitment on a deeply personal as well as professional level to graduate students and their education. He described his perception of the differences in function and need of medical versus graduate education and highlighted the apprentice-based model of PhD education (which he also proffered was in need of a critical review in curriculum and focus). At the same time, he argued that the future of graduate education is challenged because of financial problems and disincentives that negatively affect students and programs. Specifically, in his view, the cost for a graduate student is considerably higher than that for a postdoc. Moreover, this cost has increased more than three-fold in the last 5-10 years. The fact that students need to be supported by NIH training grants impacts their ability to move from one lab or school to another and has a negative effect on their perceptions of Stanford. It also affects the morale and perception of faculty, who question whether the reward system values education and teaching.

Dr. Hershlag pursued this theme in his remarks. He began with the statement that graduate education is clearly a core mission of the School of Medicine, and he noted that we all want the best students and also all want them to have the most successful careers possible. But the fact that our graduate education programs are so dependent on training grants means that it is hard to support extremely promising students from outside the USA, which limits the pool of talent on which we can draw. That reality, as well as the cost of graduate education, is having a negative impact on the views of faculty, departments and potential students.

Dr. Tom Clandinin offered his perspective, which was consistent with those of Tom Wandless and Dan Hershlag, that the current financial model for graduate education is having a negative impact on teaching, mentoring and commitment. This has been made worse by the demands on faculty to write more grants and be more productive in their research— an issue that we believe

will, unfortunately, only become more aggravated in a negative funding environment. That said, Dr. Clandinin stressed the importance of focusing renewed efforts on graduate student curriculum, didactic teaching, mentoring and career development – for both academic and other pathways.

Dr. John Boothroyd focused his remarks on two important aspects of postdoctoral training. The first was the annual mentoring meeting. He highly recommended that faculty take the time to meet annually with each of their postdocs, and he further recommended the use of the template for such meetings that was developed in 2005 by the Stanford Postdoc Committee. This template includes such pertinent discussion topics as a review of the postdoc's research and training over the past year, plans for the coming year, career goals, and areas to focus on for the coming year. He has found both the template and the meetings themselves very beneficial to his postdocs and to his role as their mentor. More information about the annual mentoring meeting can be found at http://postdocs.stanford.edu/faculty_mentors/support.html.

The second aspect Dr. Boothroyd discussed was the importance of increasing the diversity of our postdoc population. Currently 2.9% of our postdocs are underrepresented minorities. We need to do better, both because it is the right thing to do and because the national research agenda should reflect the entire range of perspectives that diversity brings. He offered suggestions to increase postdoc diversity, including learning from others, more successful programs, and providing staff time dedicated to this goal.

Dr. Jim Ferrell followed up on the topic of postdoc mentoring and described the relatively new programs the Department of Chemical and Systems Biology has initiated in this area. The department, which has 9 labs and 39 postdocs, recognized that, as difficult as things can be for grad students and med students, there is at least a structure for them that is broader than a single lab. As a result, they instituted the practice of having each faculty member review of the progress of each of his or her postdocs at a faculty meeting once a year. This way all of the faculty know how the postdocs are doing and can offer suggestions and advice. In addition, postdocs must attend weekly departmental research talks, and the department provides food for monthly postdoc meetings.

More than that, the department has instituted a system of postdoc faculty committees. Each postdoc is required to set up a three-person committee consisting of the PI and two others, which can include faculty from other institutions. The committee meets sometime before the end of the postdoc's second year. While there was some resistance to this idea at the outset, now that the committees have started to meet, the response to them has been positive.

Dr. Daria Mochly-Rosen centered her discussion on the fact that many or even most of our postdocs are not going to end up in academic positions. She asked, What are we doing to help postdocs find their way? Our goal, she said, is to make them leaders in whatever they do. She noted that the dichotomy between academic and industry careers may be less clear than we usually think it is. For instance, such skills as managing and leading groups and working in teams may be more common to both career paths than we have thought in the past. It would be good for us to teach our students and postdocs how to do team-based research, which will serve them well no matter where they end up. Dr. Mochly-Rosen also challenged faculty to make sure

that the high value they place on academic careers (because they are in them) does not bias their communications with students and trainees. Finally, she asked, who has the responsibility for the careers of our students and trainees? The individual? The School? Future employers? Considering this question may help us determine the types of programs and supports we should have in place at Stanford.

In addition to panel presentations and discussions, the Retreat attendees had time to gather informally. We had the pleasure of listening to a conversation with Adam Nagourney, the Los Angeles Bureau Chief for the New York Times, with Paul Costello, our Executive Director of Communications and Public Affairs, on a wide-ranging set of topics from violence and gun control, to the politics of healthcare reform, the press and presidents past and current, the economy, the state of California and the future.

I do want to thank everyone one who participated in the 2011 Retreat as a panel member or participant. And I especially want to thank the individuals who helped make the retreat so successful, especially Dave O'Brien, Kristin Goldthorpe, Mira Engel, and Kathy Gillam. There is an enormous amount of planning and logistics that go into making these events successful, and each of these individuals deserves our special thanks for their incredible efforts.

The 2011 Retreat raised many important issues and challenges that are core to our mission and future. Over the next weeks we will further codify the recommendations and action items that were enunciated at the retreat and then prioritize them into the ones that we will work to address over the months ahead. Clearly (and as always) there is much work to be done if we are to “change in a time of change” – and do so successfully and in a manner that helps Stanford to lead change rather than follow its consequences.

Continuing Commitment to Leadership: Faculty Fellows 2011

The Faculty Fellows Graduation Dinner on January 18th offered some additional perspectives on the importance of leadership, mentoring and career development. This was the sixth Faculty Fellows Program established by the pioneering work of Dr. Hannah Valentine, Senior Associate Dean for Diversity & Leadership and Professor in the Department of Medicine (Cardiovascular Medicine). As in past years, an outstanding group of faculty came together over the course of a year and shared experiences from each other and from senior leaders at Stanford University (a number of whom shared their personal “leadership journey” as a vehicle for promoting insight and discussion). Importantly, each Faculty Fellow was assigned to one of four Mentors (the 2010 Mentors included Drs. Heidi Feldman, Professor of Pediatrics; Phil Lavori, Professor of Health Research & Policy; Christy Sandborg, Professor of Pediatrics; and David Stevenson, Professor of Pediatrics) and met in small groups to further refine their knowledge of Stanford and career development. An important part of the program is the facilitation of career development insights and discussions with the Faculty Fellow’s department chair and/or division leader. These career development and counseling meetings have been organized in an outstanding way thanks to the leadership of Julie Moseley, Director of Organizational Effectiveness.

In addition to the increased awareness each Faculty Fellow has developed about the opportunities for them at Stanford and their sense of community with each other and with their mentors, I was really struck by how deeply engaged each department chair or chief was in

fostering and supporting the Faculty Fellow they had nominated for the program. Leadership and mentoring have many components and attributes as well as meanings and perceptions. Among the most important attributes of a successful senior leader in academic medicine is the willingness to put the career development of junior faculty among their highest priorities. This means guiding junior faculty colleagues, helping them to network successfully, and perhaps most importantly, creating opportunities for important leadership opportunities at the division, department or even institutional level. What was perhaps among the most exciting parts of the graduation program was the consistent and deeply felt commitment of senior faculty to their junior colleagues – with clearly articulated expectations and opportunities for their future development and success.

Congratulations to our 2010 Faculty Fellows, including:

- **Amin Al-Ahmad**, Assistant Professor, Department of Medicine (Cardiology) – *nominated and mentored by Dr. Paul Wang*
- **Eliza Chakravarty**, Assistant Professor, Department of Medicine (Rheumatology) – *nominated and mentored by Dr. Gary Fathmann*
- **Alan Cheung**, Assistant Professor, Department of Otolaryngology (Pediatrics) – *nominated and mentored by Dr. Rob Jackler*
- **Robert Dodd**, Assistant Professor, Department of Neurosurgery – *nominated and mentored by Dr. Gary Steinberg*
- **Hayley Gans**, Assistant Professor of Department of Pediatrics (Infectious Diseases) – *nominated and mentored by Dr. Bonnie Maldonado*
- **Neeraja Kambham**, Associate Professor, Department of Pathology – *nominated and mentored by Dr. Steve Galli*
- **Jonathan Kim**, Assistant Professor, Department of Ophthalmology - *nominated and mentored by Dr. Mark Blumenkranz*
- **Maarten Landsberg**, Assistant Professor, Department of Neurology – *nominated and mentored by Dr. Greg Albers*
- **Jason Lee**, Assistant Professor, Department of Surgery (Vascular Surgery) – *nominated and mentored by Dr. Ron Dalman*
- **Christopher Longhurst**, Clinical Assistant Professor, Department of Pediatrics – *nominated and mentored by Mr. Ed Kopetsky*
- **Merritt Maduke**, Assistant Professor, Department of Molecular & Cellular Physiology – *nominated and mentored by Dr. Brian Kobilka*
- **Karen Parker**, Assistant Professor, Department of Psychiatry & Behavioral Sciences – *nominated and mentored by Dr. Allan Reiss*
- **Anna Penn**, Assistant Professor, Department of Pediatrics (Neonatology) – *nominated and mentored by Dr. Bill Benitz*
- **Matthew Strehlow**, Assistant Professor, Department of Surgery (Emergency Medicine) – *nominated and mentored by Dr. Bob Norris*
- **Lu Tian**, Assistant Professor, Department of Health Research & Policy – *nominated and mentored by Dr. Phil Lavori*

Despite the challenges we face, the future seems secure with the continued emergence and development of new faculty leaders. Each brings a unique set of skills and talents in highly

diversified areas of science and medicine. Collectively they will join the Faculty Fellows who have graduated before them – and together we all hope they will impact our institution and all whom it serves.

Converging Perspectives on Valuing Patients

Two perspectives, one from a leading physician-author and faculty member and the second from a new hospital CEO, offered converging and shared perspectives on valuing the patients we serve.

At the first Stanford Hospital & Clinics Medical Staff Quarterly meeting on Tuesday, January 11th, Dr. Abraham Verghese, Professor and Senior Associate Chair in the Department of Medicine, spoke eloquently about the importance of connecting to the patients we care for through the ritual, tradition and intimacy of the physical examination. An initiative which Dr. Verghese and his colleagues have launched to teach the fundamentals and art of the physical exam are embraced in the “Stanford 25” (see: http://medicine.stanford.edu/education/stanford_25.html), which can be observed in video demonstrations (see: <http://stanford25.wordpress.com/>) and which Dr. Verghese and Dr. Ralph Horwitz described in an essay in the December 2009 issue of the British Medical Journal entitled “*In Praise of the Physical Examination*” (see: <http://www.bmj.com/content/339/bmj.b5448.full>). In addition to the value of a careful history and physical examination in establishing a diagnosis and plan of management, often with less expense to the healthcare system, Dr. Verghese also underscored the impact of this “ritual” (as he referred to it) in establishing a strong doctor-patient relationship.

Dr. Verghese gave his remarks to a standing room only audience at the Li Ka Shing Center for Learning and Knowledge, and it was clear that his message resonated with all in attendance. In a number of important ways his simple message rekindles the professionalism and humanism that led most physicians to enter medicine in the first place. The pressures that time and expectations place on physicians to see more and more patients in shorter and shorter amounts of time, along with technologies that often separate rather than connect physicians to their patients, have led to frustration and disillusionment that have become an increasingly felt product of medical encounters – or the lack thereof. Dr. Verghese’s message about using the tools of the physical exam to reconnect the doctor and patient is important and empowering as we seek ways to increase the personalization and patient-centricity of Stanford Medicine.

From a different perspective, it was important to hear Amir Rubin, our new President and CEO of Stanford Hospital & Clinics, address the Council of Clinical Chairs on Friday, January 14th on his commitment to enhancing and improving the patient experience – “one patient at a time.” He spoke clearly and with conviction about the importance of stellar patient experience to the overall success of a medical center, and he provided concrete details about how he and his colleagues helped move the UCLA Medical Center to the top ranks of patient satisfaction. But Mr. Rubin has not only conveyed his commitment to making this a priority at Stanford, at this meeting and elsewhere – he has already begun this process in meetings with physicians, nurses and staff throughout SHC. Thankfully, efforts put into place over the past year led by Drs. Ann Weinacker, Bryan Bohman and Sridhar Seshadri (see:

http://deansnewsletter.stanford.edu/archive/09_13_10.html#4) will complement in important ways this significant initiative from our new CEO.

It is both important and affirming to have a prominent physician and an administrative leader address the future of Stanford Medicine from a converging perspective – patient excellence, one patient at a time. Focused improvements in enhancing the patient experience will be essential to our future. So too will be exceptional innovations and discoveries in science and medicine coupled with excellence in the provision of state-of-the-art care by outstanding physicians and healthcare providers, with the highest level of quality and safety in an optimally valued and cost-based manner. Each of these is an essential feature of the Stanford Medicine we are endeavoring to create together.

Medical and Healthcare Organizations Offer Support for the Affordable Care Act

In a largely partisan fashion, the United States House of Representatives voted on January 19th to repeal the Affordable Care Act. Ever since the passage of the ACA in March 2010 there has been incredible public discord about healthcare reform. Much of this has come from the political side of the equation and relatively little from the medical and professional groups who represent America's doctors, hospital and healthcare providers. While I fully recognize that there was a political agenda by the White House Office of Communications in sending out a list of medical groups and organizations that have offered their support for the Affordable Care Act, it is still notable to review some of the organizations that have taken a stand on this important issue. Accordingly, I am sharing that list with you, unedited and simply as information:

- **American Nurses Association**
"...[W]e believe that a vote for repeal would be a devastating step backward."
- **American Medical Association**
"The AMA does not support initiatives to repeal the Affordable Care Act. Expanding health coverage, insurance market reforms, administrative simplifications and initiatives to promote wellness and prevention are key parts of the new law that reflect AMA priorities."
- **American Academy of Family Physicians**
"A repeal of all provisions in the Patient Protection and Affordable Care Act will return our health care system to its previous trends of unsustainable, increasing costs and ever-growing numbers of under- and uninsured Americans. It will have negative consequences on Americans' access to needed health care for years to come."
- **American College of Physicians**
"ACP believes that Congress should preserve and - as necessary - improve on these and other important reforms created by the Affordable Care Act, not repeal them."
- **Association of American Medical Colleges**
"The nation's medical schools and teaching hospitals stand behind the Affordable Care Act. Ensuring that all Americans have health care coverage is a moral imperative for our nation, and enactment of the Affordable Care Act was an important step toward that goal."
- **National Association of Community Health Centers**
"From the perspective of community health, however, the new law moves our nation to

the goal of more affordable and accessible health care for all people and we stand strongly in support of it."

- **American Osteopathic Association**

"The Affordable Care Act made fundamental and important changes in our health care system that will improve the health of our patients individually and our nation as a whole."

- **Catholic Health Association**

"On behalf of the Catholic Health Association of the United States (CHA), the national leadership organization of more than 2,000 Catholic health care systems, hospitals, long-term care facilities, sponsors, and related organizations, I strongly urge you to maintain support for efforts to improve and strengthen our nation's health care system by opposing the legislation before the House to repeal the Affordable Care Act (ACA)."

- **American Public Health Association**

"Implementation of the Affordable Care Act is critical to addressing a number of the biggest challenges facing our health system including the escalating costs associated with our health care system, uneven quality and more than 100,000 deaths due to medical errors, discriminatory practices by health insurance providers and the shrinking ranks of the nation's primary care providers. The enactment of the Affordable Care Act begins to shift our health system from one that focuses on treating the sick to one that focuses on keeping people healthy and addresses these challenges."

- **Asian and Pacific Islander American Health Forum**

"Almost 60 percent of Asian Americans receive health care coverage through their employers and the last thing we should be doing is weakening the ability of small business owners to provide quality health care to their employees. We must not place the interests of insurance companies ahead of small businesses, our communities, and our families. When insurance companies are free to pursue profit without accountability, people have fewer choices, fewer options, and little recourse. We can't let that happen."

- **Doctors for America**

"As doctors, we see how our broken health care system is failing patients and health care providers. Passing and implementing the Patient Protection and Affordable Care Act is an important first step to fixing a broken system, and we must continue to move forward. Repealing the health care reform law will only move our health care system backward -- and millions of patients simply can't afford that. We urge the new Congress to work with patients and providers to improve the health reform law so we can build a health care system that works for everyone."

- **National Hispanic Medical Association**

"NHMA supports the Affordable Care Act as it is a step forward in caring for the health of the underserved communities and all Americans. Investing in the health of Americans, our most valuable resource, is sound policy and a wise course of action when so many diseases are preventable and treatable. For this reason we ask you to cast a vote against H.R.2."

Call for Nominations for the Augustus A. White III and Family Faculty Professionalism Award

The Stanford Community is invited to submit nominations for the Augustus A. White III and Family Faculty Professionalism Award. This award recognizes outstanding work by a Stanford Medical School faculty member or members whose work helps reduce health disparities and/or enhances the effectiveness of underrepresented minorities through research, education, mentoring or service to the university community. The recipient(s) substantially broaden and deepen the excellence and influence of underrepresented minorities, whether faculty, fellows, residents or students. The recipient (s) may also have diminished differences in health care and health status ascribable to culture, religion, race and other factors.

The first African American graduate of Stanford Medical School in 1961 and the first African American Chair of the Department Orthopaedic Surgery at Harvard Medical School, Augustus A. White, III, M.D., Ph.D, has been a pioneer and role model for underrepresented minorities in academic medicine. Dr. White is also passionate about eliminating health disparities and believes in the importance of underrepresented minority students and faculty in achieving this goal. In collaboration with Dr. White, Stanford School of Medicine has established the Dr. Augustus A. White III and Family Faculty Professionalism Award. This award, administered by the Office of Diversity and Leadership seeks to identify outstanding individuals who make major contributions toward eliminating health disparities, through their research, teaching, mentoring, and by example.

WHO MAY NOMINATE: Any member of the Stanford community (student, faculty or staff) may nominate an individual (or team) whose contributions fit the descriptions above.

HOW TO NOMINATE: Submit a statement that summarizes the activities, contributions and achievements that stimulate the nomination; a biographical sketch of the nominee or leaders of the team; and letter of support (a maximum of 3) that attest to the nominee's demonstrable major contributions and sustained achievements in research, teaching, mentoring or university community service that contribute to strengthening underrepresented minorities in health care and/or eliminating health disparities. Please send your nomination material to the Office of Diversity and Leadership at the School of Medicine (attention: Jennifer Scanlin, Office of Diversity and Leadership, MC 5216 (for US mail send to 291 Campus Drive, LK3C14, Stanford, CA 94305). Email nomination letters may be sent to: jscanlin@stanford.edu. All nomination letters must include the name and position of the nominator and be received by **February 28, 2011**. The confidential nature of the material will be respected.

SELECTION PROCESS: Nominations will be reviewed by the **Dr. Augustus A. White III and Family Award** Committee. The award recipient will be announced by March 30, 2011. The award will be presented at an inauguration celebration on the Stanford Campus on April 15, 2011.

Awards and Honors

Preetha Basaviah, Clinical Associate Professor in the Division of General Medicine / Department of Medicine, received the Northern California SGIM Region Clinician Educator of the Year Award in November, 2010. Dr. Basaviah serves as Course Director of “Practice of

Medicine”, a two-year pre-clerkship clinical skills course, and as one of the Educator for CARE advisors at the medical school. Congratulations, Dr. Basaviah.

Appointments and Promotions

Rajni Agarwal-Hashmi has been promoted to Associate Professor of Pediatrics at the Lucile Salter Packard Children’s Hospital, effective 1/01/11.

Martin S. Angst has been promoted to Professor of Anesthesia at the Stanford University Medical Center, effective 1/01/11.

Ronit Ben-Abraham-Katz has been promoted to Adjunct Clinical Associate Professor of Medicine, effective 11/01/10.

Eran Bendavid has been appointed to Assistant Professor of Medicine, effective 1/01/11.

Suzan Carmichael has been appointed to Associate Professor (Research) of Pediatrics, effective 1/01/11.

Ricardo Dolmetsch has been promoted to Associate Professor of Neurobiology, effective 1/01/11.

Brendan Carvalho has been promoted to Associate Professor of Anesthesia at the Stanford University Medical Center, effective 1/01/11.

Kathleen Eldredge has been promoted to Adjunct Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 11/01/10.

Jesse K. McKenney has been promoted to Associate Professor of Pathology and of Urology at the Stanford University Medical Center, effective 1/01/11.

Neda Pakdaman has been promoted to Adjunct Clinical Assistant Professor of Medicine, effective November 1, 2010

George P. Yang has been promoted to Associate Professor of Surgery at the Veterans Affairs Palo Alto Health Care System, effective 1/01/11.

Dean’s Newsletter February 7, 2011

The Importance of Password Protection and Encryption

The shift in use from personal computers to mobile devices – cell phones, tablets and laptops - over the past several years has been remarkable and promises to accelerate with new innovations in information technology. While the benefits of smaller size and increased mobility are clear to each of us, these devices come with a risk of violating privacy. In particular, physicians and healthcare providers have an increased responsibility to ensure that patient personal identifiers are not lost or stolen – a risk that is surely increased with small, portable mobile devices. The solutions are straightforward and begin with clear care and precision about the kind of information that is contained on one's phone, tablet or laptop. But because information can be received in so many formats, including email, it is possible that inadvertent storage of patient information can occur. That is why mobile devices need protection – beginning with password protection and encryption of laptops. These are easy to put into place and are part of our individual and shared responsibility.

While all this seems straightforward, I am reminding you of it now because I was surprised to learn about one of our faculty who recently lost his cell phone, which contained patient information. As soon as he realized that the device had been lost, this faculty member did notify the privacy officer and also discontinued the cell phone service. While these were the right things to do, there was one major error. The cell phone had not been password protected, making the privacy information immediately accessible to anyone who found (or stole) the device. This underscores that password protection is something each of us should do – for every device we carry. Nothing is totally protective (as readers of the Stieg Larsson trilogy well know) but it is simple to do and should be the first step of device security for each of us.

I asked **Dr. Todd Ferris, Privacy Officer**, to share some advice for us on mobile devices. Here is what he provided for your information:

"Password, PIN codes, and security questions may feel like time-wasting nuisances, but that couldn't be further from the truth. These vital nuggets of secret information, when paired with encryption technology, keep patient and other restricted information safe. Without these protections in place, a lost or stolen device leads to an immense amount of time spent investigating, reviewing files, and notifying affected individuals - much more time than spent entering passwords.

Encryption and passwords go hand in hand. One without the other provides no protection. And remember, giving out your password is just like removing it. Never share your password with anyone, even if they appear to work for the technology group. The various Stanford technology groups will never ask you to reveal your passwords.

These same rules apply to smartphones (Blackberry, iPhone, Android, etc) and tablets (iPad). Only devices that are encrypted and password-protected can be used to access or store patient or other restricted information (See http://securecomputing.stanford.edu/dataclass_chart.html for more information about what constitutes "restricted" information.) The Stanford email system frequently contains restricted information and consequently, should only be accessed on encrypted and password-protected devices. At this time, only Blackberry, recent iPhones (3gs & 4) and iPad have encryption. Smartphones and tablets without encryption should have passwords in place and

must only access campus email and calendar via mobile webmail (<https://webmail.stanford.edu>), which doesn't download information onto the device.

Please remember, failing to properly protect your devices and passwords places you, the institution, patients, and research subjects at risk.

The Information Security Services group in the school has a website (<http://irtsecurity.stanford.edu/>) with more information about securing your devices."

In addition, and as I have communicated previously (see http://deansnewsletter.stanford.edu/archive/07_27_09.html#4 and http://deansnewsletter.stanford.edu/archive/11_09_09.html#7), the State of California is particularly rigorous and firm on personal privacy violations. Laws passed in 2009 (Senate Bill 541 and Assembly Bill 211) make it a responsibility of institutions to report breaches of information security and to notify each person whose information may have been stolen or lost. While this danger is certainly known to each of us, the fact that violations of privacy security have been occurring (and even increasing) makes attention to password protection, encryption and privacy security an imperative. Healthcare workers are subject to major fines and disciplinary action: some have even lost their jobs.

So this is a good time to pause and check your own devices. If you have not installed password protection, please do so now. If you have a laptop it should be encrypted (a process that will be available to other devices in the near future). A violation of privacy information creates major personal and institutional risks. Nearly all are preventable - and that prevention begins with each of us.

The Economic Value of Research

The funding for basic science research included in the American Recovery and Reinvestment Act of 2009 (ARRA) provided the opportunity not only to create knowledge and, potentially, future cures of human disease, but also to create jobs and stimulate the economy. Both are important for clearly different reasons. The economic benefit of ARRA funding has been previously presented in this Newsletter (see http://deansnewsletter.stanford.edu/archive/12_13_10.html#2 and <http://med.stanford.edu/stimulus/>).

Following a similar theme, the California Institute for Regenerative Medicine (CIRM) recently issued a report of the economic impact of the stem cell funding that began in 2004 with the passage of Prop 71 by the citizens of California, which authorized \$3 billion of funding to support research and infrastructure. This is the most significant investment in stem cell research in the world. In the report, issued on January 27, 2011 (see http://www.cirm.ca.gov/pressrelease_2011-01-27), Dr. Jose Alberro from the Berkeley Research Group, who was commissioned by CIRM, reported that from April 2006 (when the litigation blocking stem cell funding was overruled in Court) through July 2010, CIRM has awarded over 364 grants to more than 50 institutions in California. The grant portfolio totaled \$1.1 billion (and it is expected that these awards will be fully expended by the end of 2014). Included were 12 major facilities awards enabling California to develop new research laboratories for stem cell

research. Importantly, these awards were matched by \$844 million from donors and institutions, creating an important leveraging effect of the taxpayer investment in research. According to this report, a number of important one-time and on-going economic impacts are being achieved. These include the creation of 24,654 new jobs in California between 2006-2014 as well as the payment of \$157.6 million in tax revenues to the State of California and \$44.4 million to local governments.

The impact of CIRM funding on Stanford has also been notable. Since 2006, Stanford faculty and Stanford University have received \$186.5 million. Just this past week six faculty received a \$10.6 million in the latest round of CIRM grant funding. Notably, Stanford was successful in competing for a major facilities grant worth \$44.6 million, which was critically important in the construction of the Lorry Lokey Stem Cell Research Building that opened in 2010.

More broadly, academic medical centers (whose missions include education, patient care and community service in addition to research) have a major impact on our local and national economy. A 2009 report from the Association of American Medical Colleges (see also: http://deansnewsletter.stanford.edu/archive/11_23_09.html#3 and <http://med.stanford.edu/ism/2009/november/academic.html>) estimated that the overall economic impact of academic medical centers totaled \$512 billion – or 20% of the health-care sector.

The CIRM report on research, coupled with the stimulus from ARRA funding and the overall impact of academic medical centers, offers clear evidence of the benefits of investments in research. This is one of the reasons why President Obama highlighted the importance of investments in innovation to our national security, preeminence and prosperity. And while the economic payoffs are critically important, the societal and personal benefits to discoveries that improve our world and wellbeing are surely the most valuable dividends for continuing to invest in research, innovation and discovery.

The NIH and Graduate Education

Much has been written, including in this Newsletter, on the economic forecasts for the NIH in the post ARRA pre-deficit reduction era (see: http://deansnewsletter.stanford.edu/archive/12_13_10.html#2, http://deansnewsletter.stanford.edu/archive/01_10_11.html#1 and http://deansnewsletter.stanford.edu/archive/01_24_11.html#1). This past week the National Institute of General Medical Sciences (NIGMS) turned its attention to graduate education and circulated for comment its Strategic Plan for Biomedical and Behavioral Research Training entitled *“Investing in the Future”* (see: http://publications.nigms.nih.gov/training/NIGMS_Research_Training_Strategic_Plan201101.pdf). The NIGMS recognizes that it is just one of the sources of training support from the NIH but acknowledges that their plan is designed to examine whether the training programs it supports are aligned to NIGMS commitment to build an “excellent, diverse work force.” Interestingly, the report mirrors the discussions we have been having at Stanford about the future of graduate education – at our think tank last fall (see: http://deansnewsletter.stanford.edu/archive/10_11_10.html#3) and at our Leadership Retreat just a couple of weeks ago (see: http://deansnewsletter.stanford.edu/archive/01_24_11.html#1). One of the major themes of the report is the importance of educating and training students for various

career pathways, not just academia, and of elevating the status of diverse pathways in the public and private sector. There is also the recognition that the length of time to independence is too long, taking into account both graduate education and postdoctoral training. Further, there is the continuing challenge that the US biomedical workforce does not mirror US diversity.

The report attempts to define what success means for graduates of biomedical education and training programs. It specifies that a well-trained scientist:

- is conversant in a common set of biological/biomedical principles
- can identify an important problem and knows how to address it
- has a range of career options and the ability to choose among them, and
- is competitive in his or her chosen field, interest area, specialty or discipline

With those goals in mind the strategic plan articulates four themes:

- Research training is a responsibility shared by the NIH, academic institutions, faculty and trainees
- Research training focused on student development, not simply selection of talent
- Breadth and flexibility enable research training to keep pace with opportunities and demands of contemporary science and provide the foundation for a variety of scientific career paths.
- Diversity is an indispensable component of research training excellence, and it must be advanced across the entire research enterprise

Based on these broad statements, the plan advances a number of action steps, some of which could change the funding landscape, potentially including the evaluation of RO1 funding. Some of the controversial issues are further enunciated in a News and Analysis report in *Science* (see: <http://www.sciencemag.org/content/331/6017/525.full>), and both this article and the report are worth reviewing during the period of public comment.

While these are incredibly serious matters and are consistent with the planning activities independently underway at Stanford (activities that will be further developed as follow-up from the January Retreat), I want to end on an uncharacteristical (for me) note by sharing a funny but poignant (and now viral) YouTube video parody on the impact of a bad project (see: <http://www.youtube.com/watch?v=Fl4L4M8m4d0>). No further comments are necessary or appropriate!

Stanford Hospital & Clinics Celebrates Its Corporate Partners

On Monday, January 31st Stanford Hospital & Clinics announced that six leading Silicon technology companies (Apple, eBay, HP, Intel, Intuit and Oracle) have become founding members of the Stanford Hospital Corporate Partners Program. Together these six companies will contribute as much as \$150 million over the next 10 years to help build the new Stanford Hospital. Equally importantly, these innovative companies will work collaboratively with Stanford Medicine to develop novel approaches to patient access, navigation, education, information, and more. The inauguration of this outstanding program is due largely to the incredible work and dedication of SHC Board of Directors member Ron Johnson. Over the past several years he tenaciously developed the program and worked directly with each of the six companies (and others) to engage their participation.

The new Stanford Hospital Corporate Partners Program was celebrated at a lovely event at Cantor Art Museum that was hosted by Ron Johnson, Mariann Byerwalter (SHC Board Chair) and Amir Rubin (SHC President & CEO). President John Hennessy set the stage for the Corporate Partners Program, noting that “ *There is no better time to invest in the future of health care than now, and no better place than Stanford, in the heart of Silicon Valley. By joining with us at this moment, these companies have demonstrated great leadership that reflects their ongoing commitment to improve the quality of life on a global scale.* ”

Celebration of the Opening of the Byers Eye Institute at Watson Court

On January 26th the Eye Institute at Stanford hosted a Symposium and Tours to celebrate its inaugural home at the beautiful Watson Court facility in Palo Alto (see: <http://stanfordhospital.org/eyeinstitute/>). The Institute was constructed by Stanford Hospital & Clinics with the support of a number of private donors and benefactors, most notably Brook and Shawn Byers. This facility, which now houses the clinical offices and ambulatory programs for the Department of Ophthalmology, has been named the Byers Eye Institute at Stanford. The plans and successful completion of this new facility are the fruit of the dedication and vision of Dr. Mark Blumenkranz, Professor and Chair of the Ophthalmology. For more than a decade Dr. Blumenkranz and his colleagues have worked diligently to develop a state of the art care and treatment facility. Thanks to his commitment and endurance – and the support of patients, donors and SHC – this new facility has opened its doors for all outpatient care, including urgent care. In the very near future, the facility will also house surgical facilities, making this the most advanced eye care facility in the Bay Area and beyond.

I want to extend special accolades and appreciation to Shawn and Brook Byers for their wonderful contribution and, of course, to Dr. Mark Blumenkranz and his colleagues. Their dedication to improving the care of patients with eye disease has been unwavering and is now evidenced in this wonderful new Byers Eye Institute at Stanford.

Continuing the Discussion on Smoking Cessation

In 2007 Stanford Medical School became “smoke free” throughout its campus (http://deansnewsletter.stanford.edu/archive/04_09_07.html#1). We were joined by Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital in 2008 (http://deansnewsletter.stanford.edu/archive/07_28_08.html#4), thus making the entire medical center smoke-free. This is an important statement on health and disease prevention to our community and the patients we serve. In tandem, Dr. Rob Jackler, Sewall Professor and Chair of the Department of Otolaryngology: Head and Neck Surgery, has played an important role in demonstrating and highlighting the role of physicians in the history of smoking and, of course, the role they now play in helping to prevent smoking and the related diseases it causes. While progress has been made, much work remains.

With that in mind, Dr. Jackler asked me to let you know that a conference on smoking cessation will take place on April 1st in the Li Ka Shing Center for Learning and Knowledge from 8 am – 4:30 pm. The program features world-renowned speakers including: Dr. C. Everett Koop, 13th

U.S. Surgeon General (videotaped for this conference), and Dr. Michael C. Fiore, Chair of the Joint Commission's Tobacco & Alcohol Advisory Panel and author of the USPHS Treating Tobacco Use and Dependence – Clinical Practice Guideline.

Developing Guidelines for Innovative Care

At the Executive Committee on February 4th, Dr. Frank Longo, George and Lucy Becker Professor and Chair of the Department of Neurology, and Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs and the Berthold and Belle N. Guggenhime Professor in Medicine, presented the report of the task force they co-chaired to develop Innovative Care Guidelines for the Stanford University Medical Center (SUMC). As stated in the preamble to their report: *"The Purpose of these Guidelines is to assist members of the medical staffs of the SUMC hospitals and clinical academic units at Stanford University School of Medicine in appropriately identifying and making the distinction between innovative care and research. The Guidelines provide the definitions that support this distinction and a process for guidance and oversight of innovative care...These Guidelines are designed to support, not impede, physicians in their consideration of care and protection for their patients."*

This first review of the new Guidelines for Innovative Care stimulated a thoughtful discussion that will be continued by the SHC and LPCH Medical Staff Executive Committees as well as at departmental meetings with faculty. We are interested in comments and reflections.

Over the next months I plan to share the Guidelines with you more fully but at this juncture, I wanted to let you know they are being developed, formulated and circulated for discussion and further input. We envision this as a starting point with subsequent changes based on experience and thoughtful reflection and data.

The Half-Century Club and the Alumni Association

On February 1st I had the pleasure of meeting with members of the Half-Century Club – medical school alumni who graduated from the Stanford School of Medicine 50 or more years ago. The nearly 100 attendees included one graduate from the Class of 1938 along with colleagues who graduated in the 1940's and 1950's – all when the School of Medicine was housed in San Francisco. It was wonderful to visit with physicians who shaped medicine during the latter half of the 20th century and who laid the foundations for Stanford Medicine as we know it today. I want to thank Patrick Delahunt, Sandra Handy and Kirstin Krimsley from our Office of Medical Development for making all of the many arrangements that allowed our senior faculty to reunite with each other and to reconnect with Stanford. I also want to thank Dr. Linda Clever, Associate Dean for Alumni Affairs, and the Stanford University Medical Association for their important efforts to bridge and connect our generations of graduates.

Update on Staff Employee Survey

I want to thank all of the SoM staff who participated last fall in the Stanford Staff Employee Survey. The survey is an effort by the School and many other Stanford schools and units to get feedback from employees about their experiences in the work environment. This vital information will help us make Stanford and the School of Medicine an even better place to work.

The confidential, online survey went to 2,794 employees at the School of Medicine (those who were on the payroll as regular staff as of June 1, 2010). I'm pleased to report that 69% of them responded – an excellent response for a first survey of this kind. In the university at large, some 4,000 employees, including the SoM completed the survey.

I applaud the very positive results that are emerging from the survey, which make clear that, in general, School of Medicine employees are highly committed; genuinely care about those we serve (such as students, faculty, patients, parents, etc.); feel their individual work is meaningful; and are proud to work here.

At the same time, the survey has disclosed a number of areas where we can improve. Some employees expressed concern about the feedback and coaching they receive, and some indicated that they felt they were not included in the process – or fully informed – when organizational changes are made. Some indicated they did not feel their opinions were always valued. Clearly, these are areas in which we need to focus.

To fully understand the survey results, each department or unit will meet over the next month to discuss its specific survey findings with staff and to create an action plan to sustain or improve the work environment. Typically a department will concentrate on the 2-3 highest priority areas, to start, and will work only on the issues they can influence at the local level. I urge you to take an active role in these meetings and provide any additional feedback and ideas you may have. It is essential that we hear from staff so that we can make changes for the better.

I am aware that some employees also expressed concerns about issues that are set by the central university, such as pay, the job classification system, benefits, and so forth. The School will make sure that the university is aware that these issues are of concern, and we will advocate for changes that may bring improvements in these areas.

The survey creates a base line that we can use to measure our progress in a number of areas. Where we did well, we want to sustain those high ratings. Where we can improve, we want to take those incremental actions that will let each of you know that your time in completing the employee survey and participating in the action planning process is well spent. Again, my congratulations and thanks for the terrific work you do.

Dr. Augustus A. White III and Family Professionalism Award

The Stanford Community is invited to submit nominations for the Dr. Augustus A. White III and Family Professionalism Award.

The first African American graduate of Stanford Medical School in 1961, and the first African American Chair of the Department Orthopaedic Surgery at Harvard Medical School, Augustus A. White, III, M.D., Ph.D, has been a pioneer and role model for underrepresented minorities in academic medicine. In collaboration with Dr. White, Stanford School of Medicine has established the Dr. Augustus A. White III and Family Faculty Professionalism Award. This award, administered by the Office of Diversity and Leadership seeks to identify outstanding

individuals who make major contributions toward eliminating health disparities, through their research, teaching, mentoring, and by example.

WHO MAY NOMINATE: Any member of the Stanford community (student, faculty or staff) may nominate an individual (or team) whose contributions fit the descriptions above.

HOW TO NOMINATE: Submit a statement that summarizes the activities, contributions and achievements that stimulate the nomination; a biographical sketch of the nominee or leaders of the team; and letter of support (a maximum of 3) that attest to the nominee's demonstrable major contributions and sustained achievements in research, teaching, mentoring or university community service that contribute to strengthening underrepresented minorities in health care and/or eliminating health disparities. Please send your nomination material to the Office of Diversity and Leadership at the School of Medicine (attention: Jennifer Scanlin, Office of Diversity and Leadership, MC 5216 (for US mail send to 291 Campus Drive, LK3C14, Stanford, CA 94305). Email nomination letters may be sent to: jscanlin@stanford.edu. All nomination letters must include the name and position of the nominator and be received by **February 28, 2011**. The confidential nature of the material will be respected.

SELECTION PROCESS: Nominations will be reviewed by the **Dr. Augustus A. White III and Family Award** Committee. The award recipient will be announced by March 30, 2011. The award will be presented at an inauguration celebration on the Stanford Campus on April 15, 2011.

Upcoming Events

- ***The Second Medical Staff Conference*** will be held on Tuesday, April 5th at 5 pm in the Li Ka Shing Center for Learning and Knowledge. This event will feature a panel discussion on the Implications of Healthcare Reform for Stanford. The featured panel speakers will include:
 - ***Robert K. Jackler, MD***, Sewall Professor and Chair, Department of Otolaryngology-Head & Neck Surgery; Professor, Departments of Neurosurgery and Surgery; and Associate Dean, Postgraduate Medical Education.
 - ***Arnold Milstein, MD, MPH***, Professor of Medicine and Director of the Clinical Excellence Research Center.
 - ***Alan M Garber, MD***, Henry J. Kaiser Jr. Professor of Medicine and, by courtesy, of Economics; Professor of Health Research and Policy & Economics in the Graduate School of Business; and Senior Fellow at the Freeman Spogli Institute for International Studies at Stanford.

All SHC and LPCH Medical Staff members and house officers are invited to attend. For additional questions please contact Jean Hengst (jhengst@stanford.edu) at the Stanford Center for CME.

- ***Rewiring the Brain: Present Realities and Future Hopes***: This symposium featuring a multidisciplinary faculty will be held on February 28th in the Clark Center from 7:30am – 4:30pm

Celebrating New Endowed Professorships

We recently had the opportunity to celebrate two professorships, each honoring exceptional faculty and the families who made them possible.

- **Dr. Tom Robinson** was officially named as the first holder of the Irving Schulman, MD, Professorship in Child Health in a celebration on January 25, 2011. Thanks to the support from the Lucile Packard Foundation for Child Health and the Lucile Packard Children's Hospital (LPCCH) this professorship was created to honor the exceptional contributions of Dr. Schulman to American pediatrics, LPCCH and Stanford. Dr. Schulman, who died in 2009, was a renowned pediatrician with special expertise in pediatric hematology. He became the chair of the Department of Pediatrics at Stanford in 1972, a position he held until 1991. Dr. Schulman was a major contributor to the development of LPCCH and to the career development of generations of pediatric trainees and faculty.

Dr. Robinson is a fitting first incumbent of the Schulman Professorship. He has made major contributions to the study and treatment of obesity in children and has developed a unique interdisciplinary research and care program that spans the full spectrum of Stanford University. He champions a "solution oriented" approach that is designed to address questions relevant to clinical care from an individual to a societal level. Dr. Robinson has been honored with numerous awards and recognitions for his research, and it fitting that he is now honored by being named the Schulman Professor of Child Health.

- **Dr. Michael Levitt** was installed as the Robert W. and Vivian K. Cahill Professor on February 3, 2011. This wonderful event brought together three Cahill Professors (Paul Berg, the first incumbent; Stan Falkow, the second; and now Michael Levitt, as the third and newest incumbent) with three generations of the Cahill family. We had the opportunity to honor a distinguished family with close and enduring ties to Stanford along with three remarkable faculty members who have transformed science and medicine in extraordinary ways. Like his fellow exceptional Cahill Professors, Dr Levitt has created new insights of exceptional importance. His pioneering work in computational biology has elucidated the prediction of protein structure, folding and function, including the development of methods to humanize antibodies – which has had a major impact on modern medicine. He has also used powerful computational and computer analyses to study nucleic acids and their relationship to protein structure and function. His contributions have led to numerous prizes and honors including election to the National Academy of Sciences and as a Fellow of the Royal Society.

Please join me in congratulating Drs. Robinson and Levitt.

Awards and Honors

- **Dr. David Gaba**, Associate Dean for Immersive and Simulation-Based Learning and Professor in the Department of Anesthesia, has been named the first-ever recipient of the Under Secretary for Health's Award for Excellence in Clinical Simulation Training.

Education and Research. VA Under Secretary for Health, Dr. Robert A. Petzel, presented the award during the International Meeting of Simulation in Healthcare in New Orleans Jan. 24. *"This award honors an individual who has made a national impact through the direct provision of clinical simulation training, education and research in VA," said Dr. Petzel. "Dr. Gaba's influence on the skills of clinical staff throughout VHA has benefited the millions of Veterans cared for in our health care system."*

Please join me in congratulating Dr. Gaba.

- **Dr. Barbara Sourkes**, Associate Professor of Pediatrics, has received the 2011 Outstanding Clinical Care award by the American Psychosocial Oncology Society and will receive the award at their annual conference in Anaheim on February 18. Congratulations to Dr. Sourkes.
- **Dr. Preetha Basaviah**, Clinical Associate Professor in the Division of General Medicine / Department of Medicine, received the Northern California SGIM Region Clinician Educator of the Year Award in November, 2010. Dr. Basaviah serves as Course Director of "Practice of Medicine", a two-year pre-clerkship clinical skills course, and is one of the Educators for CARE advisors at the medical school.

Appointments and Promotions

Arthur J. Abrams has been reappointed to Clinical Associate Professor of Dermatology, effective 11/1/2010.

Anne Brunet has been promoted to Associate Professor of Genetics, effective 2/1/2011.

Rosalind S. Chuang has been appointed to Clinical Assistant Professor of Neurology, effective 4/1/2011.

James E. Egbert has been reappointed to Clinical Associate Professor (Affiliated) of Ophthalmology, effective 9/1/2010.

David Gregg has been appointed to Clinical Associate Professor of Surgery, effective 1/1/2011.

Kevin Malott has been promoted to Clinical Associate Professor of Anesthesia, effective 2/1/2011.

Kalpana Nathan has been appointed to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 3/1/2011.

Matthew Porteus has been appointed to Associate Professor of Pediatrics, effective 2/1/2011.

Amy S. Sturt has been appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 10/1/2010.

Gloria Wang has been reappointed to Clinical Assistant Professor (Affiliated) of Ophthalmology, effective 2/1/2011.

Katherine Williams has been reappointed to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 12/1/2010.

Dean's Newsletter

February 22, 2011

Academic Medicine: One Country at a Time

On February 17th and 18th I had the opportunity to attend and participate in the Association of Academic Health Centers (AAHC) International meeting in Sydney, Australia. Over the past several years AAHC has brought together leaders from medical centers around the world to share knowledge and experience about the state of global academic medicine. This was the 2nd Asia-Pacific Meeting of the AAHC International. As the past Chair of the AAHC Board of Directors I have had the opportunity to participate in a number of these annual meetings and have been impressed by both the similarities and the differences in goals and objectives in different parts of the world.

Because the alignment of schools of medicine with other professional schools and teaching hospitals has existed in the US for than a century, it is easy to imagine that similar organizational structures exist worldwide. This is not the case, but it is notable that in the past decade a number of countries have worked toward creating academic health centers of various configurations. Of course, one must be quick to point out that in the US academic health centers are highly variegated in organization and governance as well as in goals and missions and size, scope and complexity. The adage that “if you have seen one academic medical center, you have seen one academic medical center” holds true in the US, but it also has an international correlation in that each country’s efforts appear different from those of others. That said, there are some striking similarities as well.

For instance, it seems clear that nearly every leader of a medical school aspires to an organizational structure that brings alignment to the tripartite missions of education, research, and patient care. The AAHC International meeting in Sydney focused primarily on Asia and the Pacific Rim and included discussions from leaders of developed and still developing nations. In some cases (e.g., China, Thailand) the size of hospitals frequently exceeds 2000 beds; in these settings the patient throughput is enormous, and it dominates the time and focus of the physicians. Similarly, the number of students is measured in the hundreds to thousands – clearly different from the experience in the US.

In other countries (Australia, New Zealand, Singapore), the size of the patient care facilities is measured in the hundreds of beds, but the services provided are influenced enormously by the geography (e.g., rural versus more urban settings) and of course the economy. Regardless, there is a common aspiration to demonstrate the value of the academic center – even when it barely exists. For example, in Australia the discussion about whether an academic center has true value

to the community it serves – and even whether “academic” is an appropriate descriptor – is noteworthy. In Singapore, a decade of effort has now led to three and soon-to-be four academic centers that bring together medical school/university faculty with hospitals and government.

A common recognition among the AAHC meeting participants was the need to change the hospital-centric focus that has dominated the past decades to a more distributed delivery system. And, not surprisingly, there seems to be a common thread in the need to train and distribute more primary care physicians, to develop more teamwork between doctors, nurses and other health professionals and to focus more on prevention and population management than higher end care. That these themes were pervasive in virtually every nation represented at this meeting underscored a commonality in the state of healthcare that was surprising to me. Equally surprising were the difficulty of moving to effective “healthcare reform” in most nations and the similarity of the deeply divided opinions in other countries to the ones that have dominated the US with one exception. In most countries healthcare is seen as a human right – which is still a source of debate in US.

Whereas academic medical centers in the US are often self-governed, the roles of ministries of health and education have created more of a dividing line in many countries, separating the missions of education and patient care – a theme I noted when AAHC compared the state of academic health centers in Europe and South America to that in the US (see http://deansnewsletter.stanford.edu/archive/03_02_09.html#3, http://deansnewsletter.stanford.edu/archive/05_24_10.html#7). At the same time, the seemingly global desire to better align research, education and patient care, to speak more effectively to improved models of healthcare delivery and to champion social justice as valued themes in academic medicine offer encouragement and promise for the future – even with the many challenges that need to be addressed during the years ahead.

The Coming Impact of the Elderly on Academic Health Centers

The topic I was asked to address at the AAHC International meeting in Sydney was the “The Academic Health Center and Problems of the Aging Population.” I thought this assignment was somewhat ironic since some decades ago my personal decision about caring for the elderly was to follow a career path in pediatrics! Now that I am officially joining the ranks of the “elderly” (at least in a relative sense) and am increasingly cognizant of the healthcare challenges that lie ahead on both a personal and a societal level, this topic seems increasingly propitious. Further, the family-based care models that are so integral to the care of children with complex chronic disorders offer some insights and relevance to the management of the elderly. Needless to say, these issues will be of increasing importance to the future of Stanford Medicine as the demography of our population shifts and healthcare resources become challenged and constrained.

If 2010 marked the 100th anniversary of the Flexner Report, which defined the structure, organization and even missions of academic medical centers in the US, 2011 marks the beginning of the first wave of the transition of the “baby boomer generation” to senior status. Over the next two decades the number of US citizens over the age of 65 years will increase from the mid-30 million to over 70 million individuals. Based on this bulge, senior citizens will

comprise 20% of the population of the US (compared to about 12% today). These major shifts will have significant consequences for individuals, families, and communities – and of course for our healthcare system and the economy.

Each generation brings unique characteristics and some challenges that are different from prior ones. Relevant to family centered care, the baby boomers tend to have fewer children, higher divorce rates and greater geographic dispersion compared to prior generations. This reduces the numbers and accessibility of “informal” care providers traditionally comprised of family and friends. The healthcare “expectations” of the baby boomer generation are higher than for past seniors, and it is expected that they will be more likely to seek and use healthcare services. This is already an issue since seniors already disproportionately use healthcare services. For example, seniors account for 26% of doctor office visits and 35% of visits to nurse practitioners, even though they currently constitute about 12% of the population. Seniors also account for 35% of hospital stays, 38% of visits to emergency departments and 34% of drug prescriptions (mostly due to antihypertensives, antiplidemics, hormones, CNS and GI drugs).

With ever-increasing longevity, it is expected that the demand and expectations for medical services will increase and will be further fueled by changes in technology and innovations – as well as changing patterns of risk factors that predispose to chronic disorders. For example, the decline of tobacco use in the baby boomer generation will mean less lung cancer, cardiovascular and other smoking related disorders. While this is good news, its positive impact is challenged by the rapid increases in obesity we have seen in recent years and the impact of obesity on chronic health disorders (diabetes, cardiovascular disease, bone and joint abnormalities). With aging the impact of neuropsychiatric disorders, particularly depression, looms larger. Further, the prevalence of dementias and their associated effects on the integrity of the family and healthcare system will also increase.

The current economic downturn in the US, as well as globally, will also influence the care of the coming elderly population. Many emerging seniors have witnessed major erosions in retirement savings and have lost jobs and economic security – especially since life spans are projected to increase beyond the availability of personal savings for a number of seniors. Loss of employment and state pensions aggravate this further and are the consequence of local-regional as well as national events and decisions.

The healthcare of individuals 65 years and older cannot be separated from the major issues and challenges that have surfaced during the debate on healthcare reform that led up to the Affordable Care Act (ACA) of March 2010. Despite the debate, often uninformed by facts, that the ACA was a “government takeover of the American healthcare system,” the reality is that federal and state entitlement programs (particularly Medicare and Medicaid) provide over half of US healthcare expenditures and are the major source of healthcare insurance for individuals over 65 years of age. Now in its 46th year, Medicare is the major provider of hospital, ambulatory and even nursing care programs for the elderly. In the aggregate Medicare provides more financial support per unit of care for inpatient and technical services than for ambulatory ones. At the same time, most teaching hospitals and physicians have concluded that reimbursements from Medicare are below the cost of services; this has led to a shift of costs and reimbursements to private payers.

With the looming US deficit (now over \$14 trillion) and the increasing call for deficit control, reductions in federal and state programs seem inevitable. Even though the currently proposed “\$100 billion budget reductions” are being debated in the US Congress, the reality is that these cuts would have little impact on the major entitlement programs (Medicare, Medicaid, Social Security), and it is implausible that these programs can remain untouched if true economic balance is to be restored. But the politics surrounding this debate are incredible and rancorous and best left out of this Newsletter. That said, one of the looming changes in Medicare is the coverage of the Graduate Medical Education (GME) payments to teaching hospitals, which have been embedded in Medicare since it was passed in 1965. Whether the funds for GME are decreased or redirected, the consequences for teaching hospitals and academic medical centers will be significant. Such changes are likely to unfold in one manner or another and will be driven, in part, by the reality that unless changes are made, the Medicare Trust Fund will be bankrupt in 2017-2019.

Clearly these and related challenges will affect the tripartite mission of academic health centers in education/training, research and patient care – in general and specifically in the care of the elderly. Despite decades of knowing that the aging of the baby boomer generation and consequent rise in the population of elderly was coming, we in the US seem ill-prepared to address the challenges – in the education and workforce we have available, in our knowledge and research related to aging and the elderly and in our patient care services. Few medical schools and academic centers in the US have emphasized training in geriatric medicine or psychiatry – and yet the workforce needs will be significant. Currently there are just over 7000 geriatricians and approximately 1600 geriatric psychiatrists in the US. It is projected that we will need over 36,000 geriatric physician providers by 2030, but there is no real plan about how to achieve those numbers.

Even the physicians currently being trained in general and internal medicine have limited exposure to the care of the elderly, since most of their education takes place in the hospital setting and not in the ambulatory, home or nursing care facility. This problem is likely to worsen with the reduction of resident work hours that begins in 2012. But it will likely also be affected by the changes in the funding and expectations surrounding Medicare-supported GME. The needs for physicians (including psychiatrists) are just a small part of the workforce challenge, with a nearly 35% increase in the availability of nurses, social workers, psychologists, pharmacists, etc also being required. The importance of team based care, coordination and training is also incredibly important.

While some major insights on the biology of aging have emerged, and while the National Institute on Aging was founded as part of the National Institutes of Health (NIH) in 1974, basic and clinical research into aging and its related disorders is filled with major gaps in knowledge. This situation is further compromised by a paucity of physician-scientists and investigators who are focused on aging and geriatric research. And while this is an opportunity, the projected declines in funding, especially from the NIH, make these limitations loom even larger.

Of course the major challenges will be in the medical, surgical, emotional and behavioral care of the elderly – including their families, friends and communities. As noted, geriatric services at

many hospitals are lacking and the relatively lower professional payments for geriatricians have been a disincentive to enter this field. Consequently most elders are cared for by teams of specialists in a manner that is more fractured, uncoordinated and expensive than it should be. Since most elders have one or more chronic illnesses, coordination and management is even more important. New models of care are essential, one being the Ambulatory ICU (A-ICU) championed by Dr. Arnie Milstein, Professor of Medicine and Director of the new Clinical Research Excellence Center at Stanford. A readable description of how this model works in practice is well described by Dr. Atul Gawande article entitled “The Hot Spotters” in the January 24th issue of the *New Yorker* (http://www.newyorker.com/reporting/2011/01/24/110124fa_fact_gawande). These principles of management are not unique to the elderly, and they can apply to individuals with chronic diseases who have high utilization of medical services. The importance of the A-ICU lies in the fact that about 10% of patients consume more than 60% of healthcare services and expenditures and that their careful management can lead to improvement their individual care as well as reduce healthcare costs.

Management of expectations will also be important. Technology and innovation have made diagnoses and treatments safer and more applicable to individuals previously considered too high risk for implementation. For example, endovascular access now makes possible heart valve repair in seniors who would not previously have been considered surgical candidates. The availability of new joints, new approaches to dementia and new cancer therapies, among others, is rapidly shifting the expectations of providers and patients. At the same time, quality of life issues around end-of-life care have been too neglected and, unfortunately, subject to political rancor. Perhaps the most well known example of the discord on this topic was the allegation that yearly discussions with seniors receiving Medicare about “advanced directives” constituted a “death panel.” This position is most unfortunate, since the lack of advanced directives can mean unnecessary and unwanted care along with wrenching debates and discord within families and communities. That the Obama administration removed the requirement for advanced directive discussions for seniors that would have been mandated by the ACA just before it went into law is a testament to how charged this issue has become.

This decision is unfortunate. Here my perspective as a pediatric oncologist bears witness to how important such discussions are with families (an issue recently affirmed by the Association of Clinical Oncology) for adults with cancer (see <http://www.asco.org/ASCOv2/Press+Center/Latest+News+Releases/ASCO+Recommends+Steps+to+Improve+Doctor-Patient+Communication+about+End-of-Life+Cancer+Care>). The need for enhanced palliative care services and providers should be a high priority for academic medical centers and teaching hospitals since they help assure the dignity of individuals at all stages of life, especially when facing a life-threatening disease or condition.

Without question much work needs to be done to adequately address the impact of the elderly on medicine in general and on academic health centers specifically. In 2007 the Institute of Medicine issued a visionary report entitled “Retooling for an Aging America. Building the Healthcare Workforce” (see: http://www.nap.edu/catalog.php?record_id=12089). The recommendations in this report are important, but achieving them is even more challenged in the

current economic environment than in 2007– even as the ranks of the elderly continue to increase significantly, a trend that will persist for the next two decades.

At Stanford we too have much work to do in each of the areas discussed above. Thankfully there is a willingness to begin to address these challenges with the renewed and integrated planning that will define Stanford Medicine. Obviously our progress in this important area of medicine will be a topic for a future Newsletter.

Dr. Linda Shortliffe Completes Her Leadership of the Department of Urology

On March 1st Dr. Linda Dairki Shortliffe will step down as Chair of the Department of Urology, a position she has held for more than 15 years. She announced her decision last summer. Since then search for the next Chair of Urology has been underway under the leadership of Dr. Sherry Wren, Professor of Surgery.

Dr. Shortliffe has attributed her decision to enter medicine in general and surgery in particular to the influence of her parents, who as Japanese-Americans were held in internment camps during World War II. Her father was an engineer but, like many of his generation, he faced discrimination and loss of position and was intent on helping his own children seek career paths that would assure success and security. His message and counsel was heard and taken to heart by Dr. Shortliffe, who has had a distinguished career in medicine and urology. A graduate of Radcliffe College, Dr. Shortliffe did her MD degree and Residency at Stanford and a Fellowship at the Children's Hospital of Philadelphia. She is Board Certified in Urology and Pediatric Urology and has held numerous leadership roles in both fields, including President of the American Board of Urology, President of the Society of University Urologists, Chair of the Urology Society Chairs & Program Directors and Chair of the American Academy of Pediatrics Urology Section. Dr. Shortliffe has also served as a Trustee of the American Board of Urology and Director of the American Foundation for Urologic Diseases.

In addition to important national leadership roles, Dr. Shortliffe has also been the recipient of numerous honors and awards. She has been consistently listed as one of the Best Doctors in America, has received the Asian American Faculty Award from Stanford, is a featured physician in the National Library of Medicine's "Changing the Face of Medicine" series and was named a William and Flora Hewlett Foundation Fellow at the Radcliffe institute Center for Advanced Study at Harvard University.

Please join me in thanking Dr. Shortliffe for her significant leadership at Stanford and nationally over the past decades. We wish her continued success in her future endeavors – at Stanford and beyond.

Given Dr. Shortliffe's plans to step down on March 1st, we have together asked Dr. Joe Presti, Professor of Urology, to serve as the Interim Chair so that we can honor Dr. Shortliffe's time-line and plans. Dr. Presti is well known to the Department, having served in a number of leadership roles in the past for the Department of Urology, the Medical School and the Medical Center. He has agreed to serve in this capacity from March 1st until the time that a new Chair has been appointed and has arrived at Stanford.

The 2011 SUMMA Conference “It’s About Time”

On February 12th the Stanford University Minority Medical Alliance (SUMMA: <http://summa.stanford.edu/>) held its 20th annual program “to increase the diversity in the health professions to better care for underserved communities”. SUMMA is a student-led coalition that brings hundreds of minority undergraduate students who are interested in careers in medicine to Stanford to participate in shared learning and practical workshops on topics like: “Applying to Medical School,” “MCAT Preparation,” “Making Yourself a Better Applicant,” “Women in Medicine,” “Research Pathways and Summer Opportunities,” and “Affording Medical School” among many others. This year’s SUMMA program was organized and led by Fisayo Ositelu, SMS IV, and Joslyn Woodward, SMS III. Together with classmates and undergraduate volunteers they spent countless hours preparing for this very successful event – which was attended by hundreds of minority undergraduate students interested in a career in medicine. The message they conveyed was inspiring and thoughtful and focused on how to be successful.

Having attended a number of past SUMMA events, one of the most memorable aspects are presentations by several Stanford students about their personal journey to medicine. This year’s speakers included Kerry-Ann Stewart, SMS II; Lorenzo Deveza, SMS II; and Wendy Caceres, SMS V. Each offered a highly personal and poignant perspective on challenges they overcame on their journey to become a medical student. In addition to a number of faculty profiles and lectures, one of this year’s keynote speakers was Alexander Red Eagle, SMS VII, an MD/PhD student whose background on Native American reservations shaped his interest in medicine and the research he is now conducting in the Department of Genetics.

Special thanks again to all of the students who contributed to the 20th SUMMA event and to the impact it may have on the careers of future minority students in medicine.

A Refreshing View on Rankings

Over the years I have written all too frequently about the influence and fallacies associated with ranking medical schools, focusing particularly on US News & World Reports (see: http://deansnewsletter.stanford.edu/archive/06_28_10.html#3, http://deansnewsletter.stanford.edu/archive/04_19_10.html#4). Of major concern has been the weight given to size over quality as measured by faculty numbers or the total amounts of funding from the NIH. I have pointed out the fallacies of this weighting and have shared those concerns with you as well as USNWR. I remain hopeful that our recommendations will affect the methodology used by USNWR in future years.

A more refreshing and broadly generalized perspective on the volatility of rankings based on how the metrics are chosen or biased is presented in a recent article by Malcolm Gladwell entitled “The Order of Things” in the *New Yorker* (February 14 & 21, 2011; http://www.newyorker.com/reporting/2011/02/14/110214fa_fact_gladwell). Gladwell illustrates how subjective decisions can influence the rank order of sports cars, universities and law schools (too bad he didn’t chose medical schools). His portrait is amusing as well as informative, and it helps put the issue of rankings in perspective. That said, the human urge to order things – including in hierarchical fashions – seems to run deep, and I suspect that even the logic of

Gladwell won't change the "order of things" to everyone's satisfaction. Put another way, it is important to remind ourselves how volatile and subjective rankings can be – but also how much they appeal to the human desire for order and the "financial impact of things – at least in the profits that the rankings bring to the rating groups (including USNWR).

Introducing Michele Schiele as the Senior Associate Vice President in the Office of Development

In 2010 the School of Medicine passed the \$1 billion mark in the current Stanford Challenge \$4.3 billion campaign that is drawing to completion at the end of 2011. Following the conclusion of the Stanford Challenge, Stanford Medicine (including the School of Medicine and Stanford Hospital & Clinics) anticipates a continuing and enhanced Campaign for Stanford Medicine. In addition, the Lucile Packard Children's Hospital is engaged (with the School of Medicine) in its Breaking New Ground campaign.

In an effort to facilitate collaborations and interactions among the Offices of Medical Development (at SoM), the Office of Hospital Development (at SHC) and the Office of Development (at Stanford University), I am pleased to introduce Michele Schiele, who joined Stanford at the end of January as the new Senior Associate Vice President in the Office of Development. Ms Schiele joins Stanford with a distinguished career in philanthropic funds development. She led two successful fundraising campaigns at the University of Chicago Medical Center (UCMC), both of which exceeded their goals. Under her leadership the Development Office of UCMC grew from 28 to 75 staff members. In 2003, she launched an innovative, well-received event series, Discovery & Impact, through which physicians and researchers share their visions of 21st Century medicine with civic leaders and prospective donors. In 2007 she accepted development responsibility for all of the University's science priorities.

In addition to her work in fundraising, Ms Schiele served as finance director for U.S. Senate and Congressional candidates in Rhode Island, Washington, DC, and Illinois. And as a measure of endurance, she has finished two Chicago Marathons, several triathlons and continues to compete in races with her husband and two sons.

Please join me in welcoming Michele Schiele to Stanford.

The March of Dimes and Stanford Announce a Unique Collaboration

Preterm birth is the leading cause of neonatal death, a major contributor to infant and child morbidity, and the primary determinant of social disparities in perinatal and young child health outcomes in the United States. Moreover, preterm birth has persistently increased in frequency in the United States despite efforts of individual investigators and agencies to identify etiologic factors and interventions to prevent it. It is therefore important and exciting that The March of Dimes Foundation has approved Stanford's application to establish a transdisciplinary March of Dimes Prematurity Research Center at Stanford University School of Medicine. The Foundation is committed to supporting the Center through an initial grant of \$2 million in 2011 with the intent to continue funding through 2020. This is a unique collaboration, and it is a tribute to the

vision and hard work of a number of faculty – and especially Dr. David Stevenson, MD, Vice Dean and Senior Associate Dean for Academic Affairs, The Harold K. Faber Professor of Pediatrics and Professor, by courtesy, of Obstetrics and Gynecology, who will be the Principal Investigator for this project. Dr Gary Shaw, DrPH, Professor of Pediatrics, and Dr. Paul Wise, MD, MPH, the Richard E. Behrman Professor in Child Health, Senior Fellow at FSI and Professor, by courtesy, of Health Research and Policy, will serve as Co-Principal Investigators in collaboration with senior investigators from throughout the School of Medicine as well as the University.

The basic premise of the proposed initiative is that the etiologic pathways of preterm birth involve highly interactive biologic and environmental processes that will not be adequately addressed by the search for singular risks by isolated disciplines. Rather, it is based on a commitment to craft investigational collaborations, integrated datasets, and innovative analytic tools that are capable of generating coherent insights out of complex, intensely interactive pathways of effect. Initial inquiries into pattern recognition, bioinformatics and the human microbiome will be integrated using new technologic capabilities and unique population-based databases to create a pioneering transdisciplinary scientific initiative that leads to the understanding and prevention of the persistent problem of preterm birth.

This is the kind of research that Stanford faculty are uniquely qualified to carry out. This Program is directed at generating and testing new hypotheses and investigational strategies through a highly innovative collaborative transdisciplinary structure that integrates and utilizes powerful new informatics capabilities with an unprecedented array of ethnically-diverse, biologic, clinical, and environmental population-based datasets. Obviously more to follow in the future!

Celebration of the (Future Sarah Donaldson)-Jacob Haimson Professorship in Radiation Physics

On February 10th we had the pleasure of formally celebrating the first endowed chair in radiation physics in the US. The Jacob Haimson Professorship was established in 2008 with gifts from Dr. Sarah Donaldson, the Catherine and Howard Avery Professor, and Dr. Jacob Haimson. Upon Dr. Donaldson's retirement from Stanford (hopefully not for some time), the name of the chair will be changed to the Sarah S. Donaldson and Jacob Haimson Professorship. The first incumbent of the Jacob Haimson Professorship is Dr. Lei Xing, Director of the Division of Radiation Physics in the Department of Radiation Oncology.

The Haimson Professorship brings together a number of important threads in the history of Stanford Medicine. Dr. Haimson first came to Stanford in 1958 at the invitation of Dr. Edward Ginzton, Professor of Physics and collaborator to Dr. Henry Kaplan, the first Chair of Radiation Oncology (and initially Radiology as well), whose work led to the first linear accelerator in the US. Dr. Haimson focused his work on the design of electron microwave linear accelerators, and he is world renowned for his contributions. His collaboration and interactions with Drs. Ginzton and Kaplan not only helped define the field of radiation oncology but also contributed significantly to the strength of the School of Medicine at the time of its move from San

Francisco to the Stanford campus. The ultimate joining of Sarah Donaldson to the Haimson Professorship offers a further connection to the pioneering work of Kaplan and colleagues in the treatment of Hodgkin's Disease – and to Dr. Donaldson's work on pediatric Hodgkin's Disease as well as virtually every aspect of pediatric oncology.

Dr. Xing is a highly acknowledged leader in radiation physics whose work is focused on image guided radiation therapy. He is the co-author of a definitive work on this topic entitled Image Guided and Adaptive Therapy published in 2010.

Please join me in thanking Drs. Haimson and Donaldson and in congratulating Dr. Xing.

Remembering Dr. Gregory A. Feldman, MD, 1977-2010

I did not have the privilege of knowing Dr. Greg Feldman personally during his life, but I quickly appreciated the incredible impact he had on his many colleagues, friends and patients as a trainee in the Department of Surgery at Stanford at the time of his untimely death. Simply put, he was widely recognized throughout Stanford as one of the very finest surgical trainees and physicians as well as an incredibly respected human being. When his Stanford colleagues learned of Greg's sudden and unexpected death in Chicago, where he had gone for additional fellowship training, it sent a shockwave of sorrow, disbelief, guilt and deep mourning through his former colleagues and friends that was deeply felt on many complex levels. The recognition of his enormous promise was immediately coupled with the despair over his act of dying, which served as a grim reminder of how fragile the boundary between life and death can be. On February 9, 2011 a memorial service was held in the Li Ka Shing Center to "Celebrate the Life of Gregory A Feldman, MD, 1977-2010." Resident colleagues, faculty, nurses and his family offered tributes.

An anonymous poem entitled "*A Life That Matters*" expresses a relevant theme for this somber occasion, and I am taking the liberty of including it here:

*Ready or not, some day it will all come to an end.
There will be no more sunrises, no minutes, hours, days.
All the things you collected, whether treasured or forgotten
will pass to someone else.
Your wealth, fame and temporal power
will shrivel to irrelevance.
It will not matter what you owned or what you were owed.
Your grudges, resentments, frustrations,
and jealousies will finally disappear
So, too, your hopes, ambitions, plans
and to-do lists will expire.
The wins and losses that once seemed so important
will fade away.
It won't matter where you came from,
or on which side of the tracks you lived.
At the end, whether you were beautiful or brilliant,
male or female, your skin color wont matter.*

*So what will matter?
How will be the value of your days be measured?
What will matter is not what you brought,
but what you built;
not what you got, but what you gave.
What will matter is not your success, but your significance.
What will matter is not what you learned,
but what you taught.
What will matter is every act of integrity, compassion,
courage or sacrifice
that enriched, empowered or encouraged others.
What will matter is not how many people you knew,
but how many will feel a lasting loss of you when you're gone.
What will matter is not your memories, but the memories
that live in those who loved you.
Living a life that matters doesn't happen by accident.
It's not a matter of circumstance but of choice.*

I thank Dr. Tom Krummel, Emile Holman Professor and Chair of the Department of Surgery, and his colleagues throughout Stanford for bringing the community together for this celebration of life for Dr. Greg Feldman, who lived a life that mattered. The friends of Greg have launched a memorial site in tribute to him: gregfeldmanmemorial.org.

Upcoming Events

Skill Building Workshop: “How to Improve Scientific Writing Skills”

Thursday, March 10th

5:30 – 7:30 PM

Alway Building, M1-112

This workshop, which has been immensely well received, will present six practical techniques to improve clarity and conciseness across all sections of journal manuscripts & grants, and demonstrate why and how to use these techniques. Registration is open to all faculty.

Michaela Kiernan, Ph.D., who will lead this workshop, is a Senior Research Scientist at the Stanford Prevention Research Center (SPRC) at the Stanford University School of Medicine. She received her PhD in social/health psychology from Yale University and has expertise in research methodology and statistics. She is also a standing member of an NIH study section.

Faculty are encouraged to bring postdocs who work with them to increase writing efficiency within their lab group. We hope you will be able to join us! Attendance is limited to 60.

If you are able to attend, please register for this workshop here:

<https://www.onlineregistrationcenter.com/register.asp?m=275&c=5>

Awards and Honors

- **Dr. Larry Steinman**, Professor of Neurology, will be the recipient of the 2011 Charcot Prize, which is awarded every two years for a lifetime achievement in outstanding research into the understanding or treatment of Multiple Sclerosis (MS). Since 1969, the Charcot Award has recognized the significance of Jean Martin Charcot's studies into neurological diseases and his pioneering work, which led him to be among the first to match specific anatomical lesions to a variety of neurological disorders, including MS. The winner is invited to give the Charcot Lecture at the European Committee of Treatment and Research. While I know Dr. Steinman will make the point that his best work is ahead of him it is still wonderful that this prestigious award is also recognizing his past contributions. Please join me in congratulating Dr. Steinman.
- **Dr. David Stevenson**, Vice Dean and Senior Associate Dean for Academic Affairs and The Harold K. Faber Professor of Pediatrics, will receive the 2011 Maureen Andrew Mentorship Award from the Society of Pediatric Research. This award recognizes individuals who have served as exemplary mentors for trainees and junior faculty who have successfully developed investigative careers in the field of child health research. Dr. Stevenson will receive the award at the upcoming Society for Pediatric Research meetings to be held April 30-May 3 in Denver. Congratulations to Dr. Stevenson for this well deserved recognition.

Appointments and Promotions

Tirin Moore has been promoted to Associate Professor of Neurobiology, effective 2/01/11.

Rebecca Smith-Coggins has been appointed to Professor (Teaching) of Surgery, effective 2/01/11.

Dean's Newsletter March 7, 2011

Patient Care, Innovation and Research

One of the most distinguishing features of Stanford Medicine is innovation – in research, education and patient care. Innovations in clinical care not infrequently take place around the diagnosis and management of individual patients, guided by the physician's assessment of the unique clinical presentation of the patient under her or his care. Conventional wisdom suggests that as many as 80% of patients who present with a specific set of clinical symptoms or findings can be treated in a standard or protocol-driven manner. However, a number of patients with complex disorders or a unique presentation require a novel approach that may include the use of a drug or biological agent in an "off-label" fashion or a surgical or interventional procedure that

is uniquely modified or designed for a specific patient. Observations from the care of a single patient can spawn new insights and promote new directions in research and patient care. At Stanford we want to foster a spirit of collaborative innovation to improve the care of an individual patient – but that innovation might also trigger a new direction and even a paradigm shift in medical care. And just as we want to foster innovations in the diagnosis and management of disease, we also want to stimulate innovations that will prevent disease or better define or refine the process of healthcare delivery.

We all recognize that whenever innovation involves patients we must be cognizant of both the ethics surrounding human subjects and the interfaces among standard patient care, innovation and research. These relationships are not linear and sometimes do not follow a logical progression. We certainly do not want to over-manage them, but we do want to be sure that our faculty and medical staff are aware of the boundaries between innovation and research and that we do all that we can to protect the patients we serve and the physicians who care for them.

As I have written in prior Newsletters (see: http://deansnewsletter.stanford.edu/archive/11_22_10.html#2, http://deansnewsletter.stanford.edu/archive/02_22_10.html#4), some guidance is important in defining “innovative care” and determining whether it is best undertaken under specific and limited circumstances or whether it is really “research” and thus best carried out with Institutional Review Board (IRB) approval. Although these distinctions are nuanced, the Task Force led by Drs. Frank Longo, George E. and Lucy Becker Professor in Medicine and Chair of the Department of Neurology and Neurological Sciences, and Norm Rizk, Berthold and Belle N. Guggenheimer Professor in Medicine and Senior Associate Dean, Clinical Affairs, offered these definitions of innovative care and research:

Innovative patient care is care that departs in a significant way from standard or accepted care. The primary purpose for innovative care is to benefit the patient, not to collect data to support a hypothesis or theory. Further, it is expected that innovative care will enhance the well-being of the patient even though it is recognized that there is limited prospective evidence of safety and efficacy.

In contrast:

Research around patient care is defined as an activity (e.g., drug, biological, surgery, procedure) that is designed to test a hypothesis with the goal of collecting data to reach an answer, result or conclusion. This almost always requires an IRB approved protocol since the goal is to seek new knowledge, to reorder existing knowledge or to apply existing knowledge to a new (clinical) situation.

To guide physicians in assessing proposed innovative treatments, the Task Force developed a process that was presented and discussed at the School of Medicine’s Executive Committee on February 4th and that was presented to the Stanford Hospital & Clinics Medical Executive Committee (of the Medical Board) on March 2nd. It will be presented to the Medical Board at the Lucile Packard Children’s Hospital on March 10th. The guidelines recommended by the Task Force can be summarized as follows:

- The process begins with a consultation by the treating physician with the Vice Chief of Staff at SHC or the President of the Medical Staff at LPCH [Med Staff Leader], who will consult with the relevant service chief and Senior Associate Dean for Clinical Affairs (Adult or Pediatric). ***Note that it is the responsibility of the treating physician to initiate the process.***
- If the issues that prompted the consultation are resolved, the process concludes at that point.
- If they remain, the Med Staff Leader convenes a review committee consisting of several standing members plus *ad hoc* members with expertise in the specialty of the proposed treatment. Outcomes of the review may include such recommendations as:
 - The treatment is not innovative and should be considered under an existing privileging process.
 - The physician should consider carrying out the treatment as a research project and developing a research protocol for submission to the IRB.
 - The treatment should not be undertaken at all.
 - The treatment should be undertaken as innovative care for a small number of patients. In this case the Med Staff Leader will continue to provide support and will monitor the outcomes of the treatment.

To monitor this process records will be kept of the requests that come forth including how they are triaged, and how many innovative treatments become research.

The Task Force also developed a Fact Sheet to help physicians and care providers who have questions or concerns. This will be modified over time, but here is what they put together to date:

A Brief Fact Sheet Q&A

Q. Is what I am doing research or innovative care?

A. *Federal regulations define research as a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. The purpose of research is primarily to seek new knowledge, to reorder existing knowledge, or to apply existing knowledge to a new situation.*

In contrast, the primary purpose of innovative care is to benefit a patient(s), not to collect data to support a hypothesis or theory. Innovative care is a non-standard procedure or treatment that is solely attempted to enhance the wellbeing of a patient. Innovative care is sometimes called 'nonvalidated' treatment, since it has not been formally evaluated for safety or effectiveness.

Q. What kind of oversight is required for research?

A. *Procedures and therapies that are determined to be research require review by the Institutional Review Board (IRB) in the Research Compliance Office. If you are uncertain if your proposed treatment should be considered research, contact the IRB to ask or begin with a consultation with the appropriate Medical Staff Leader (Vice Chief of Staff for SHC and President of the Medical Staff for LPCH).*

Q. What kind of review and monitoring is required for innovative care?

A. *Innovative care requires engagement with the Medical Staff Organization. For innovative*

therapy/procedures that present a significant increase in risk over other acceptable alternatives or if the therapy/procedure is so novel or unique that it is not possible to evaluate the risk or benefit, a consultative committee of the Medical Staff Organization will be organized to review the reasonableness of the proposed treatment and the patient's situation, and to make recommendations to the Medical Staff Organization and to you.

Q. Does every procedure that deviates from the 'Standard of Care' require oversight?

A. Whenever you plan a treatment or procedure that is significantly different from the accepted Standards of Care, you should consult with the appropriate Medical Staff Leader (Vice Chief of Staff for SHC and President of the Medical Staff for LPCH). . The Medical Staff Organization, in consultation with the appropriate Senior Associate Dean for Clinical Affairs (Adult or Pediatric) and the relevant service chief, is ultimately responsible for determining what kind of monitoring, support or oversight (if any) your activity requires.

Q. What if my approved innovative treatment/procedure is successful and I want to repeat it?

A. If you want to repeat the treatment beyond the number of times initially authorized, you should consult with the appropriate Medical Staff Leader, who will consult with the Committee that initially reviewed your treatment plan under these guidelines. The Committee will consider whether the treatment should no longer be considered "innovative." If so, the Credentialing and Privileging Committee will be asked to develop privileging criteria in consultation with the appropriate service and/or division chiefs. However, you should continue to follow these guidelines for approval of further treatments pending establishment of those privileging criteria. Alternatively, the Committee may recommend to the Credentialing and Privileging Committee that any further treatments would be best undertaken as research carried out with IRB approval. The Credentialing and Privileges Committee will make the final determination about continuing the treatments.

Q. What if I want to publish the outcome of or describe the procedures I've done in a medical journal article?

*A. The Federal Office of Human Research Protections (OHRP) has said that "the intent to publish is an insufficient criterion for determining whether an activity involves research." Planning to publish an account of an activity does not necessarily mean that the project fits the definition of research. People seek to publish descriptions of clinical activities that are not research for a variety of reasons. In fact, Kennedy and Eaton (2007)*_feel that "all innovating physicians should assume a duty...to educate about the impact of their changes on patient care." They go on to say that "If formal research is not conducted...the least that innovating physicians can do is to collect outcome data on their patients and use it to inform themselves and other physicians."*

* Eaton, Margaret L. and Donald Kennedy. *Innovation in Medical Technology. Ethical Issues and Challenges.* Baltimore: Johns Hopkins Press, 2007.

This Q&A is not inclusive and both it and the guidelines will evolve over time. Importantly, we are interested in your comments and reactions. Please send them to Kathy Gillam, Senior Advisor to the Dean, at k.gillam@stanford.edu, so that they can be shared with the Task Force. The actual Innovative Care Guidelines will be available in their entirety on line in the next

weeks, and if, after reviewing them, you have further reactions, please do share them with us. I want to again thank the leadership of Drs. Longo, Rizk and Gillam and the outstanding task force members for their work on this important issue. In closing, I want to underscore that our goal in developing these guidelines is to emphasize our commitment to fostering innovation while doing all we can to protect patients and those providing their care.

Healthcare Reform and New Models for the Delivery of Patient Care

Much has been written about the impact of healthcare and its reform, including in past issues of this Newsletter. At Stanford we have put together a Healthcare Reform Planning Committee with the goal of developing novel approaches to healthcare delivery. The group includes leadership from the School of Medicine, Stanford Hospital & Clinics and the Lucile Packard Children's Hospital, and it receives critical input from clinical department chairs and faculty. We also benefit from the new Clinical Research Excellence Center that Dr. Arnie Milstein leads and that will develop important partnerships with other leaders in the University (especially from the Business School and the School of Engineering). The primary task of the group is to consider ways of improving clinical care delivery that is coupled with innovation, clinical excellence, and outstanding quality, safety and patient experience, and that achieves these goals with attention to cost and value.

Over the last months we have been engaged in discussions with the Stanford University Benefits Group led by Randy Livingston, Vice President for Business Affairs, and Less Schlaegel, Associate Vice President for Benefits. This planning group has faculty and staff leadership representation and has been focusing on improving the health of Stanford University employees and dependents while also being attentive to controlling and slowing the costs of healthcare – which have continued to rise at an unsustainable pace. Given this financial reality, and coupled with the expectation that various components of the 2010 Affordable Care Act (ACA) will be instituted between 2011-2018, it is imperative that we all be proactive in planning for the future. A presentation of the impact of the ACA on faculty and staff benefits was given to the University Academic Senate on February 17th by Randy Livingston and Arnie Milstein, and their comments are available at the website for the Faculty Academic Senate (see: <http://facultysenate.stanford.edu/>).

In his presentation to the Academic Senate as well as to the Council of Clinical Chairs on February 25th, Dr. Milstein highlighted some of the unique ways in which Stanford faculty, in conjunction with SHC and LPCH, could develop a distinctive model of care based on its special expertise and on the recognition that in most populations approximately 10% of the patients account for 60% or more of the healthcare costs. These are often medically unstable chronic illness patients. Before joining Stanford, Dr. Milstein developed a unique model to care for such patients that has been described as an “Ambulatory ICU” – not because it comprises intensive care *per se* but rather because it uses an efficient care delivery system that, like an inpatient ICU, is available to high-risk patients 24/7. This system is based on a close relationship with the patient's main care provider and selected specialists. It has been successfully employed in several ambulatory settings, including at least one academic center. A readable description of this model appears in the January 17th issue of *The New Yorker* by Dr. Atul Gawande and is entitled “*The Super-Utilizers*” (see: <http://www.newyorker.com/online/blogs/newsdesk/2011/01/atul-gawande-super-utilizers.html>).

Dr. Milstein proposes that we establish an A-ICU at Stanford that will offer 24/7 care to Stanford employees who are likely to benefit from this model. These individuals would be cared for by defined clinicians who would focus on keeping them well and out of the hospital by coordinating care and using “design discipline” approaches to affect change in patient behavior.. Dr. Milstein and our team are in the midst of identifying the care providers, and the Stanford benefits group will be responsible for identifying the patients with the goal that this will be available in 2012. While this will be a data driven pilot experiment, we have every intent of seeking ways to extend the model to other regional employers.

Clearly this is just one example of how we will respond to the changing landscape of healthcare reform. There will be countless others – but in the end we will seek to the best of our ability to define approaches that capitalize on what makes Stanford Medicine unique and that focus on how we can shape the future rather than just react to it.

Changes Coming in the MCAT Exam

The Medical College Admissions Test (MCAT) is well known to undergraduates contemplating application to medical school and is actively used by nearly every medical school admission committees as one of the tools to guide admission. Interestingly, the format of the MCAT in use today was introduced in 1991 – twenty years ago. While this test measures knowledge across a number of domains, it has a number of limitations and may not be well suited to assessing all the qualities needed to be an excellent physician.

In the January 25, 2010 issue of this Newsletter I gave a preview of the work underway in revising the MCAT under the auspices of the MR5 Committee of the AAMC (see: http://deansnewsletter.stanford.edu/archive/01_25_10.html#4). The MR5 is a 22-member advisory committee that was appointed in 2009. Dr. Steven Gabbe, Senior Vice President for Health Sciences at The Ohio State University and Chair of the Committee, provided an update on its work at the February 24th AAMC Board of Directors meeting, which I attended. The committee will preview its recommendations at the 2011 Annual Meeting, after which they will make a final recommendation to the AAMC. At the same time, the MR5 Committee has been quite transparent in sharing its thinking and planning and in soliciting comment from medical schools and the broader community.

The major goals of the MR5 are to develop a new MCAT that identifies students who are academically qualified to succeed in medical school and beyond. There is also a strong desire to better identify students who have the personal characteristics to make them excellent professionals. I certainly concur that these are important objectives, but I pointed out in the discussion that a broader cultural transformation is also needed. In fact, most incoming medical students have the altruistic and humanistic values that make for excellent physicians, but these important attributes get blunted during medical school, residency training and beyond. Thus, if we want to develop highly knowledgeable physicians who are also humanistic and professional, considerable work needs to be done to improve these values among our residents, fellows, faculty and community colleagues.

While the MR5 work is clearly “in progress,” one of the intriguing aspects of Dr. Gabbe’s presentation was the possibility that in the next MCAT exam equal weight will be given to knowledge in the biosciences, physical sciences, critical analysis and reasoning and the behavioral and social sciences. The critical reasoning section could have questions, problems and scenarios similar to the ones being used this year in our “Multiple-Mini Interview” process for medical student admissions, which also test reasoning in different domains. (see: http://deansnewsletter.stanford.edu/archive/11_08_10.html#4 and <http://med.stanford.edu/ism/2011/january/interview-0110.html>).

There will be more to share in November after the AAMC meeting. At this point the earliest date the new MCAT could be in use is 2014.

US Economics and the NIH

While the actual budget numbers for FY11 and FY12 for science and technology, including biomedical research, are still uncertain, there is considerable and understandable concern and anxiety about how they will play out. While the President’s budget proposal for FY11 called for a 3.2% increase in the NIH budget (to \$32.007 billion), this is most unlikely, especially since the FY House Continuing Resolution calls for a 5.2% decrease (to \$29.376 billion). The potential impact of such a decrease would be even greater than it would otherwise be since it would be implemented halfway through the year, prior to the end of September of 2011. The showdown underway in the Congress leaves the entire discretionary budget (including NIH, NSF and other agencies) at a very concerning point. And while the President’s budget for NIH for FY12 (which begins October 1, 2011) proposes the NIH budget at \$31.7 billion, all bets are off since the budgetary battles are likely to be fierce. Obviously our various advocacy and professional organizations continue to emphasize the positive impact of investments in science, innovation and technology. But the focus on the national debt and the fierce divides between the Republicans and Democrats pose major threats and challenges.

I have noted in prior Newsletters that our faculty have competed well for NIH and other grants and that we have been judicious in our investments (see: http://deansnewsletter.stanford.edu/archive/01_10_11.html#1), but there is no denying that the years ahead will be extremely challenging and will require even more judicious financial management as well as efforts to find new or additional sources to support our mission in research. I remain confident that we will succeed given the excellence of our faculty and students – but it will be a time of serious challenge.

Graduate Student Admissions and Stanford Diversity

The last days have brought hundreds of potential PhD students applying to the Bioscience Graduate Programs to campus for interviews, meetings and tours. I have heard from a number of faculty how pleased they are with this year’s applicants. I was also pleased to note that this year the Biodiversity Event went “mainstream” and was included as part of a luncheon event for graduate students. The message was clear: diversity is part of our mission and culture and not a separate event or grouping. Special thanks for hosting this event go to Dr. Melanie Bocanegra, our newly appointed Assistant Dean for Graduate Education and Director of the Biosciences Diversity Program. The luncheon event featured a wonderful presentation by Dr. Carlos Bustamante, Professor of Genetics, who joined Stanford a year ago and who offered his

perspective on why it is such an extraordinary institution. This was complemented by an exciting presentation from Antonia Dominguez, President of BioAIMS and PhD student in Genetics. Thanks also to the various groups who participated in the Diversity Mini-Resource Fair. It was a day when Stanford Biosciences shined brightly.

A Perspective from the UK on Postdoctoral Scholars

I suspect that the “World View” Perspective by Dr. Jennifer Rohn, a cell biologist at University College London in the March 3rd issue of *Nature* will engender a range of views and reactions. Entitled “Give Postdocs a Career, Not Empty Promises” (see <http://www.nature.com/news/2011/110302/full/471007a.html>), Dr. Rohn addresses concerns that are global and that relate specifically to postdocs in the biosciences. While her basic thesis is that a viable career pathway for postdocs or bioscience graduates in research staff positions should be developed, she also touches on the important issue of the numbers of individuals being trained for too few jobs over too long a period of time. A number of these themes were touched on in our July 17th Think Tank on Postdocs (see: http://deansnewsletter.stanford.edu/archive/07_26_10.html#2) and in our January Leadership Retreat (see: http://deansnewsletter.stanford.edu/archive/01_24_11.html#1). While the proposals by Rohn are important, they are not new and will need to be considered in the broader context. But Dr. Rohn’s perspective is certainly worth reviewing.

Bike Safety: Yes and No

It was nice to learn about the student sponsored “Helmet Hookup” event that was held on February 25th, in which students promoted the use of bike helmets by fellow students. Elise Marie Geithner, ASSU Chair of Campus Organizing, is leading this effort. And we always appreciate the work of Ariadne Scott and her office on Bike safety. I am also pleased that a number of our medical students, led by Anthony Kaveh (SMS I) are eager to take on the issue of bicycle safety on campus. These are all good things.

At the same time, it is concerning to see students dressed in blue scrubs or white coats riding bikes without helmets or lights. And I must admit that every night when I drive the short distance to our campus home I encounter multiple student bikers whom I put in the “near miss” category. By this I mean students who ride recklessly, never stop at traffic signs, cross in front of moving vehicles and often have neither helmets nor lights. The lack of lights remains one of the biggest safety hazards.

So while I am encouraged by student-to-student engagement, bike safety on campus remains an ongoing and I think still major health and safety problem. I realize I have written about this frequently and also tried various advocacy approaches, none really having the kind of impact one hopes for. But it is still worth trying!

Upcoming Event

Mind Bugs: The Ordinary Origins of Bias, Dr. Brian Nosek

Thursday, March 17, 2011
4-6 pm
Munzer Auditorium, Beckman

Dr. Brian Nosek is a renowned social psychologist and scholar of unconscious bias, i.e. thoughts and feelings that are outside of a person's conscious awareness. In this talk, Dr. Nosek will explain what research has to say about where unconscious biases come from and how to measure them. He will also discuss how such biases can affect our perceptions, thinking, and behavior. His talk will explore the implications of unconscious bias on real-world behaviors such as hiring and evaluation decisions.

Please register for this event at:

<https://www.onlineregistrationcenter.com/register.asp?m=275&c=6>

Awards and Honors

- A special thank you to the SMSA (Stanford Medical Student Association) and the Gardner Mentorship Fund for hosting a reception for faculty who have served as mentors for students. This is all the more special since students initiated it, and I am sure it was very meaningful to faculty who work hard to guide and mentor students.
- The recipients of the 2010 School of Medicine SPIRIT Award and the new Inspiring Change Award were announced this week and will be formally celebrated (along with our valued staff) at the Recognition Celebration on Friday May 20th in the Li Ka Shing Center for Learning and Knowledge from 4-7 pm. This years SPIRIT recipients include:
 - **Chris Shay**, Project Manager/Planner for the Office of Facilities Planning and Management and
 - **Vuong Quoc Vu**, Human Health and Disease Coordinator for the Department of Pathology

In addition, the winners of Inspiring Change Leadership Awards include

- **Sonia Barragan**, Associate Director, Research Management Group and
- **Nancy Lonhart**, Associate Director and Administrative Manager for the Department of Medicine and PCOR

Congratulations to each – they are incredible individuals.

- **Dr. David Spiegel**, The Jack, Samuel and Lulu Willson Professor in Medicine, has been awarded the 2011 Arthur M. Sutherland Award from the International Psycho-Oncology Society (IPOS). This award "honors an IPOS or psycho-oncology community member with a lifetime achievement in the field of psycho-oncology. This is a late career award and recognizes sustained and distinguished output in psycho-oncology over their whole career. This is the Society's most important award and reflects the international standing of the recipient." Congratulations to Dr. Spiegel.
- **Dr. Abraham Verghese**, Senior Associate Chair for the Theory and Practice of Medicine, was honored at a special event hosted by Dr. Linda Boxer, Interim Chair of the Department of Medicine, for a unique honor. In addition to his many other talents, Dr.

Verghese is a world-renowned writer of non-fiction and fiction. The most recent event celebrated the fact that his novel, *Cutting for Stone*, has been on the New York Times Best Seller List for more than a year. While Stanford faculty boast many honors, few will achieve this one. And while I don't want to convey this as marketing, if you haven't read *Cutting for Stone* you should. It is fantastic!

- **Dr. George Yang**, Associate Professor of Surgery, has been elected President of the Society of University Surgeons. He will assume office in Feb 2012 and deliver his Presidential Address at the Society meeting in Feb 2013. The SUS presidency is a singular honor; please join me in congratulating Dr. Yang.
- **Stephanie Weber**, PhD candidate in Biochemistry, is one of 12 students who has been chosen to receive the 2011 Harold M. Weintraub Graduate Student Award sponsored by the Basic Sciences Division of Fred Hutchinson Cancer Research Center. Nominations were solicited internationally; the winners were selected on the basis of the quality, originality and significance of their work. The recipients, all advanced students at or near the completion of their studies in the biological sciences, will participate in a scientific symposium May 6 at the Hutchinson Center consisting of scientific presentations by the awardees. Congratulations.
- **The Glenn Foundation for Medical Research** has awarded a \$5 million grant to Stanford University to launch a new center on the biology of aging, focusing on the role of stem cells in the aging process. **Thomas Rando, MD, PhD**, Professor of Neurology and Neurological Sciences, will serve as the director of the new laboratories. **Steven Artandi, MD, PhD**, Associate Professor of Hematology, and **Anne Brunet, PhD**, Associate Professor of Genetics, will serve as associate directors.

Appointments and Promotions

Arlina Ahluwalia has been promoted to Clinical Associate Professor (Affiliated) of Medicine, effective 1/1/2011.

Ingrid Bossen has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2010.

K.S. (Casey) Crump has been reappointed as Clinical Assistant Professor of Medicine, effective 10/1/2010.

Christopher Gonzalez has been reappointed as Clinical Assistant Professor of Pathology, effective 1/1/2011.

Kevin Graber had been reappointed as Clinical Assistant Professor of Neurology & Neurological Sciences, effective 4/1/2011.

Stephen Harris has been promoted to Clinical Professor (Affiliated) of Pediatrics, effective 3/1/2011.

Paul Helgersen has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 11/1/2010.

Gary Hsin has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 1/1/2011.

Annie Hsu has been promoted to Clinical Assistant Professor of Radiation Oncology, effective 2/1/2011.

Robert T. Isom has been appointed to Clinical Associate Professor of Medicine, effective 3/1/2011.

Amul Jobalia has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 2/1/2009.

Michael S. Krathen has been appointed to Clinical Assistant Professor of Dermatology, effective 8/1/2011.

John Kugler has been promoted to Clinical Assistant Professor of Medicine, effective 1/15/2011.

Wilma Lee has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2010.

Jin (Billy) Li has been appointed to Assistant Professor of Genetics nter, effective 3/01/11.

June Lugovoy has been reappointed as Clinical Associate Professor (Affiliated) of Medicine, effective 9/1/2009.

Jana Mannan has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2010.

Fernández-Viña, Marcelo has been appointed to Professor of Pathology at the Stanford University Medical Center, effective 2/01/10.

Sean McGhee has been appointed to Clinical Assistant Professor of Pediatrics, effective 3/1/2011.

Madhur Rani Saxena has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 3/1/2011.

Nigam Shah has been appointed to Assistant Professor of Medicine, effective 3/01/10.

Vanila M. Singh has been promoted to Clinical Associate Professor of Anesthesia, effective 1/1/2011.

Annie Talbot has been promoted to Clinical Assistant Professor of Medicine, effective 2/16/2011.

Wendy Bick-Ling Wong has been promoted to Clinical Associate Professor of Pediatrics, effective 2/1/2011.

Dean's Newsletter

March 21, 2011

The 2011 Stanford University School of Medicine Match Results

Milestone events can be transformative. Life choice milestone events are usually carefully weighed and calibrated, and most of us balance the pros and cons of each choice. In medical education and training one milestone event stands in contrast – the Annual National Residency Match. While students in the Match in this and other countries will have individually weighed their choices, preferences and even dreams as they constructed and then submitted their personal “match list” in February, they all found out on March 17th at exactly the same time (calibrated to the same moment around the country and around the world) which residency program they matched to – and where they will begin the next phase of their training in June and July. The Match has been in place since 1952, originally at the request of medical students, and is the result of a computerized mathematical algorithm that aligns the preferences of the applicants with the preferences of residency programs at US teaching hospitals – to create “the Match.”

Across the US, the 2011 Match offered 23,421 first year and 2,737 second year residency program positions – 95% of which were filled. Those taking the positions include graduates of US allopathic and osteopathic medical schools as well as “off-shore” and international schools. Overall 30,589 individuals applied to the 2011 Residency Match. Slightly more than 94% of graduates of US medical schools matched to a first year residency program (the total being just over 15,558), and 81% of these students matched to one of their top three choices.

At Stanford 91 students participated in the Match, and I have included the results below for those who have given permission to share the news publicly. From our perspective, the outcome of this year's Match was wonderfully successful. Overall, 86% received one of their top three choices (a pattern that has been similar in past years). Approximately 30 of the students will be staying at Stanford for their residency, 9 will move slightly north to UCSF and 8 will make the sojourn to one of the Harvard teaching hospitals. While students will relocate to some 14 states, nearly 80% will be in California, Massachusetts, New York, Washington or Maryland – with the vast majority staying in California.

On a national level, recent trends for specialty selections have continued, with dermatology, orthopaedic surgery, otolaryngology, plastic surgery, radiation oncology, thoracic surgery and

vascular surgery being among the most competitive fields. For the sixth year in a row the number of seniors pursuing emergency medicine increased, this year by 7%.

For our 91 Stanford students, the most frequent choices for residency are Internal Medicine (21 students), Radiology (10 students), Emergency Medicine (8 students) and Anesthesia (7 students). But as you can see from the list that follows, our students have chosen a wide variety of medical specialties to pursue in the next phase of their careers.

Stanford students are also distinguished by the fact that many pursue training and research opportunities in addition to an MD degree and thus spend more than the 4 traditional years in medical school. This year 59% of our graduating students have spent 5 or more years at Stanford.

Stanford University School of Medicine
2011 Residency Match Results

<i>Banka, Gaurav</i>	UCLA Medical Center-CA	Internal Medicine
<i>Bennett, Frederick Christian</i>	Stanford Univ Progs-CA	Psychiatry
<i>Berbee, James Gerard</i>	U Wisconsin Hospital and Clinics	Emergency Medicine
<i>Bisinger, Alexa Dorothea</i>	UC San Francisco-CA	Emergency Medicine
<i>Bokoch, Michael Paul</i>	UC San Francisco-CA	Anesthesiology/Research
<i>Brennan-Krohn, Thea Charlotte</i>	Childrens Hospital-Boston-MA	Peds/Childrens Hosp
<i>Caceres, Wendy</i>	Stanford Univ Progs-CA	Internal Medicine
<i>Carter, John Carl</i>	U Washington Affil Hosps	Pediatrics-Preliminary
	U Washington Seattle-WA	Child Neurology
<i>Castillo, Tiffany Nicole</i>	Stanford Univ Progs-CA	Orthopaedic Surgery
<i>Chan, Keith Ted</i>	Kaiser Perm-Santa Clara-CA	Medicine-Preliminary
	U Washington Affil Hosps	Radiology-Diagnostic
<i>Chan, Lauren Shui-Sum</i>	CA Pacific Med Center	Medicine-Preliminary
	Stanford Univ Progs-CA	Radiology-Diagnostic
<i>Chang, Christine Ning</i>	Santa Clara Valley Med Ctr-CA	Transitional
	Kaiser Permanente-Los Angeles-CA	Radiation-Oncology
<i>Chang, Pearl Wen</i>	Stanford Univ Progs-CA	Pediatrics
<i>Chao, Christina Ka-Lei</i>	Harbor-UCLA Med Ctr-CA	Emergency Medicine
<i>Chao, Mark Ping</i>	Stanford Univ Progs-CA	Internal Medicine

<i>Charalel, Resmi Ann</i>	NY Hosp Med Ctr Queens	Medicine-Preliminary
	NYP Hosp-Weill Cornell Med Ctr-NY	Radiology-Diagnostic
<i>Chen, Qian Cece</i>	Barnes-Jewish Hosp-MO	Anesthesiology/4 yr
<i>Craig, David Austin</i>	Stanford Univ Progs-CA	Emergency Medicine
<i>Frost, Alana May</i>	Stanford Univ Progs-CA	Pathology
<i>Fu, Teresa</i>	Santa Clara Valley Med Ctr-CA	Transitional
	Stanford Univ Progs-CA	Dermatology
<i>Galvez, Michael Gabriel</i>	Stanford Univ Progs-CA	Plastic Surgery (Integrated)
<i>Green, Gary Michael</i>	Harbor-UCLA Med Ctr-CA	Emergency Medicine
<i>Gupta, Gaurav</i>	NYP Hosp-Columbia Univ Med Ctr-NY	Neurological Surgery
<i>Gyang, Elsie Ruth</i>	Stanford Univ Progs-CA	Vascular Surgery
<i>Hjorten, Rebecca Clarice</i>	Einstein/Montefiore Med Ctr-NY	Pediatrics
<i>Hong, Jennifer</i>	Dartmouth-Hitchcock Med Ctr-NH	Neurological Surgery
<i>Jones, Sha-Nita Evelyn</i>	Loma Linda University-CA	Emergency Medicine
<i>Klassen, R. Bryan Scott</i>	UC San Francisco-CA	Anesthesiology
<i>Knowles, Juliet Klasing</i>	Stanford Univ Progs-CA	Pediatrics
	Stanford Univ Progs-CA	Child Neurology
<i>Kumarasamy, Narmadan A.</i>	Hosp of St Raphael-CT	Transitional
	Einstein/Montefiore Med Ctr-NY	Radiology-Diagnostic
<i>LaRochelle, Flynn Christine</i>	Oregon Health & Science Univ	Obstetrics-Gynecology
<i>Larson, Barrett Jon</i>	Stanford Univ Progs-CA	Trans/Anes Santa Clara
	Stanford Univ Progs-CA	Anesthesiology
<i>Liebert (Perinetti), Cara Ann</i>	Stanford Univ Progs-CA	General Surgery
<i>Lin, Patrick S.</i>	UC Davis Med Ctr-CA	Internal Medicine
<i>Llewellyn, Michael Alan</i>	Santa Clara Valley Med Ctr-CA	Transitional
	Stanford Univ Progs-CA	Radiology-Diagnostic
<i>Lonyai, Anna</i>	Stanford Univ Progs-CA	Pediatrics
<i>Ma, Gene Kew</i>	Stanford Univ Progs-CA	Internal Medicine
<i>Macleod, Liam Connor</i>	U Washington Affil Hosps	Surg-Prelim/Urology

	U Washington Seattle-WA	Urology
Margeta, Milica	Stanford Univ Progs-CA	Medicine-Preliminary
	Duke Univ Med Ctr-NC	Ophthalmology
McCann, Kelly Elizabeth	Oregon Health & Science Univ	Internal Medicine
Miller, Jennifer Ann	Stanford Univ Progs-CA	Internal Medicine
Miller, Julie JoAnn	Stanford Univ Progs-CA	Medicine-Preliminary
	Massachusetts Gen Hosp	Neurology/MGH-BWH
Min, Hye Youn Elise	Brigham & Womens Hosp-MA	General Surgery
Minear, Steven Cassidy	UC San Francisco-CA	General Surgery
Murakami, Yohko	UC Irvine Med Ctr-CA	Medicine-Preliminary
	Univ So California-CA	Ophthalmology
Myung, David	Kaiser Perm-Santa Clara-CA	Medicine-Preliminary
	Stanford Univ Progs-CA	Ophthalmology
Nguyen, Annie Quoc-Thy	Santa Clara Valley Med Ctr-CA	Internal Medicine
Oh, David Yoonsuk	UC San Francisco-CA	Internal Medicine
Parikh, Victoria Nicole	UC San Francisco-CA	Internal Medicine
Patel, Nina Persotem	UC San Francisco-CA	Family Medicine
Penner, Rebecca Rakow	Santa Clara Valley Med Ctr-CA	Medicine-Preliminary
	UC San Diego Med Ctr-CA	Rad-Diag/Research
Pianko, Matthew James	NYP Hosp-Columbia Univ Med Ctr-NY	Internal Medicine
Pickard, Sarah Stephens	Childrens Hospital-Boston-MA	Peds/Childrens Hosp
Ponnusamy, Karthikeyan E.	Johns Hopkins Hosp-MD	Orthopaedic Surgery
Prabhu, Malavika	U Washington Affil Hosps	Obstetrics-Gynecology
Raj, Kristin Sharmila	Stanford Univ Progs-CA	Psychiatry
Raman, Bhargav	Santa Clara Valley Med Ctr-CA	Transitional
	Santa Clara Valley Med Ctr-CA	Radiology-Diagnostic
Ricardo-Gonzalez, Roberto Rafael	Brigham & Womens Hosp-MA	Medicine-Preliminary
	UC San Francisco-CA	Derm-2+2/Scientists
Robinson, Makeda Lucretia	UC San Francisco-CA	Internal Medicine
Rolnick, Joshua Alexander	Stanford Univ Progs-CA	Internal Medicine

<i>Rubin, Jamie Elyce</i>	University of Hawaii	Transitional
	Massachusetts Gen Hosp	Anesthesiology PG 2-4
<i>Sachdev, Sean</i>	UC San Diego Med Ctr-CA	Medicine-Preliminary
	Northwestern McGaw/NMH/VA-IL	Radiation Oncology/4 yr
<i>Sin, Jessica M.</i>	Greenwich Hospital-CT	Medicine-Preliminary
	Stanford Univ Progs-CA	Radiology-Diagnostic
<i>Smith, Kierann Elizabeth</i>	Mid-Hudson Fam Health-NY	Family Medicine
<i>Stack, Shobha Williamson</i>	Stanford Univ Progs-CA	Internal Medicine
<i>Stein, Mary Lynette</i>	Stanford Univ Progs-CA	Pediatrics-Anesthesiology
<i>Stern-Nezer, Sara Jessica</i>	Santa Clara Valley Med Ctr-CA	Medicine-Preliminary
	Stanford Univ Progs-CA	Neurology
<i>Stewart, Jessica Kelly</i>	Harbor-UCLA Med Ctr-CA	Transitional
	Duke Univ Med Ctr-NC	Radiology-Diagnostic
<i>Stewart, Leslie Anne</i>	Hosp of the Univ of PA	Internal Medicine
<i>Szabo, Katalin Anna</i>	San Mateo Bhvrl Hlth & Recovery Svcs-CA	Psychiatry
<i>Tan, Xiao</i>	Beth Israel Deaconess Med Ctr-MA	Internal Medicine
<i>Telleria, Jessica Jewel</i>	U Washington Affil Hosps	Orthopaedic Surgery
<i>Tieu, Meghan Minh Hien</i>	Kaiser Permanente-Oakland-CA	Medicine-Preliminary
	Stanford Univ Progs-CA	Anesthesiology
<i>Tom, Sabrina Marie</i>	UCLA Medical Center-CA	Emergency Medicine
<i>Trivedi, Amar Dinker</i>	Northwestern McGaw/NMH/VA-IL	Internal Medicine
<i>Troke, Joshua John</i>	UCLA Medical Center-CA	Emergency Medicine
<i>Tsai, Emily Bao</i>	New York Univ-NY	Medicine-Preliminary
	UCLA Medical Center-CA	Radiology-Diagnostic
<i>Van Arnam, John Simon</i>	Kaiser Perm-Santa Clara-CA	Medicine-Preliminary
<i>Velez, Mariel Marques</i>	Stanford Univ Progs-CA	Med-Prelim/Neurology
	Stanford Univ Progs-CA	Neurology
<i>Venteicher, Andrew Sean</i>	Massachusetts Gen Hosp	Neurological Surgery
<i>Vial, Ivan N.</i>	UPMC Medical Education-PA	Plastic Surgery (Integrated)

<i>Vorhies, John Schoeneman</i>	Stanford Univ Progs-CA	Orthopaedic Surgery
<i>Wang, Aaron S.</i>	Riverside Methodist-OH	Transitional
	Johns Hopkins Hosp-MD	Ophthalmology
<i>Webster, Jonathan Allen</i>	Johns Hopkins Hosp-MD	Internal Medicine
<i>Wei, Kevin Shao-Ang</i>	Brigham & Womens Hosp-MA	Internal Medicine
<i>Woodard, Gavitt Alida</i>	UC San Francisco-CA	General Surgery
<i>Zambricki, Elizabeth Anne</i>	Stanford Univ Progs-CA	Otolaryngology

Of course Stanford teaching hospitals also host the Match for a diverse array of residency programs and attract outstanding students from across the nation – in addition to our own Stanford graduates. Reports from each of the programs indicate outstanding results – not only in the quality of the students who will be joining us in June and July but, importantly, in their diversity. This makes the results even more wonderful.

Changes Coming in Graduate Medical Education

Graduate Medical Education (GME), which includes residency and clinical fellowship training, is one of the most important learning experiences for doctors. It also helps differentiate medical school graduates into the complex array of primary and specialty care providers. Depending on the specialty, GME adds anywhere from a minimum of three years to upwards of 8-10 years of additional training beyond medical school. It is often viewed as one of the most intensive experiences of training in the life of a doctor, and it is a period filled with history and tradition as well as complex balance of service versus education. Over the years, the proportionality of many residency programs has shifted too strongly toward service obligations, with long hours of inpatient care coupled with often intense and not infrequently competing demands and expectations. Hospitals, training program directors, clinical faculty, resident and fellow trainees and students have quite different perceptions about GME. In addition, the perceived values of GME are confounded by the economics of healthcare delivery, the role that residents play in the care and management of complex patients and the amount of time devoted to their education and professional development.

Although the full extent of the changes in GME that are on the horizon is yet to be defined, it is clear that changes are coming, some quite fast. During the past decade, considerable focus has been placed on the consequences of medical errors related to sleep deprivation – an issue linked to the historically long on-call schedules of residents. These have evolved over the years – from the every-other-night and sixty consecutive hour in-hospital on-call schedule that existed when I was in training (of course, now decades ago) to every third and then every fourth night of call. This changed dramatically in 2003 when the Accreditation Council for Graduate Medical Education (ACGME) mandated a maximum average of 80 hours per week for residents' work hours. While this began to change the schedule of training, an equally dramatic shift is about to unfold this summer with additional changes, many emanating from the 2008 Institute of Medicine (IOM) report on Resident Duty Hours: Enhancing Sleep, Supervision and Safety (<http://iom.edu/Reports/2008/Resident-Duty-Hours-Enhancing-Sleep-Supervision-and-Safety.aspx>).

While the IOM report was broadly debated, the ACGME has now issued its new approved duty hours, which become effective in July 2011 (see: http://www.acgme.org/acwebsite/dutyhours/dh_index.asp). Among the most dramatic of these is the new standard specifying that interns (first year residents) cannot work longer than 16 consecutive hours – making the traditional “overnight on-call” schedule obsolete. Residency programs across the nation – including at Stanford – are about to undergo major changes in how and where residents work and learn. Several of the models being proposed were discussed at the Medical School Faculty Senate on Wednesday March 16th; each has broad institutional and individual impacts and implications. While there is no question that these regulations must be followed, systems to assure effective “hand-offs” between multiple physician care providers (including residents, attending physicians and other care providers) constitute an important challenge that must be successfully met to assure patient care and safety. Coupled with this is the need to assess the impact of these changes on resident education – as well as the locus and types of care, service and education they will experience.

In tandem with the changes in resident duty hours are even bigger potential changes in the assessment and expectations for GME. These include the balance of training programs in primary care and subspecialties, whether care should move from the in-patient to other sites of care (ambulatory, community) and also how the balance between education and service should be determined. Equally important is the need to assure that the principles of quality, safety and patient satisfaction – along with evidence based outcomes – are better incorporated into GME. The emerging issues of healthcare delivery, including its costs, will need to be incorporated into the future of GME. Also underpinning the debate is the cost for GME – which today is largely paid for with public dollars through Medicare or discretionary federal funds for children’s hospitals. Needless to say, with the economic pressures facing the nation, including its entitlement programs, there is increasing scrutiny on the public funding of GME and questions about whether this funding should be continued. The consequences of these debates have enormous implications. No decisions have yet been made, but it is certain that major changes are forthcoming.

A number of national organizations have come forth with recommendations for changes in graduate medical education. Notable among these is the recent report from the Josiah Macy Jr. Foundation in conjunction with the Association of Academic Health Centers (see: <http://www.josiahmacyfoundation.org/>), whose recommendations will almost certainly impact the future of GME in important and considerable ways. The major recommendations of the Macy/AAHC Report include:

1. An independent external review of the governance and financing of the GME system (A specific recommendation is that the Congress should charge the Institute of Medicine to perform this critical review.)
2. Enabling GME redesign through accreditation policy. (Specifically, the external review of GME should make recommendations to the ACGME to ensure that the accreditation process is structured and functions in a way that best serves the interest of the public, the training programs, and the trainees.)

3. Ensuring adequate numbers and distribution of physicians: implications of GME. (Specifically, the review should address how GME is currently financed and make recommendations about how it can be better structured to meet the broad challenges of GME and healthcare.)
4. Providing trainees with needed skill sets: innovative training approaches and sites.
5. Ensuring a workforce of sufficient size and specialty mix.

It seems clear that, with the changes proposed above and many others that are being considered, GME will evolve considerably in the years ahead. While it seems likely that there will continue to be a Resident Match in the years to come, it also seems likely that the experiences, education and career pathways of future residents and the medical facilities responsible for them, will change considerably – and hopefully for the better.

From Postdoc to Innovator

Dr. Rania Sanford, Assistant Dean for Postdoctoral Affairs, informed me of an exciting interactive forum sponsored by the postdoctoral leadership of AIMS (Association of Industry-Minded Stanford Professionals) in collaboration with the School of Medicine Career Center (see: <http://med.stanford.edu/careercenter/>). Dr. Sanford noted that on the evening of Wednesday, March 16th, over 120 postdocs gathered at the Clark Center to hear Chris and Pamela Contag's advice in a talk titled "*From Postdoc to Innovators.*" The Contags, who co-founded Xenogen, gave an informative and lively talk, by invitation from AIMS, a new postdoc group with interest in entrepreneurship and industry (<http://aims.stanford.edu>). Many postdocs find themselves at a career juncture and wonder how to recognize and pursue the opportunities that might be available to them across a spectrum of life-long possibilities. AIMS and the Career Center have initiated informative programs by bringing to campus several of our former postdocs, now successful industry leaders and venture capitalists, to share their wisdom and insights with our current trainees. In addition to thanking the Career Center I want to also acknowledge some of the postdocs who have helped to launch AIMS, including Irfan Ali-Khan, Navaline Quach, Stéphane Boutet, Mambdidzeni Madzivire, Andrew Razgulin, Michael Kertesz, Keren Ziv, Tobi Schmidt, Hyejun Ra, and Shi Ming Xu. Look for future programs.

High School Students Get a Glimpse of Careers in Medicine

On March 18th, for the fifth consecutive year, the School of Medicine Office of Communication and Public Affairs, hosted Med School 101, which brings hundreds of local high school students to campus for a glimpse into medicine and science broadly and careers as a doctor more specifically. Berg Hall in the Li Ka Shing Center for Learning and Knowledge was filled with hundreds of eager and excited students – each of whom rapidly raised their hand when asked if they hoped to attend medical school. While certainly the career paths and choices will change for many, it is exciting to note that a career in medicine still captures and even inspires the rising generation. During the day-long event students interacted with each other as well as with faculty, students and residents to consider a range of different topics such as:

- Mind control – for better living
- To sleep, perchance to dream...but why?
- Young at heart; More than sad: Teens and depression

- The evolution of Darwin
- Virtual medicine: To the ER, STAT?
- So you wanna go to med school?
- Transformers: How stem cells are revolutionizing medicine
- Hot shots: the truth about vaccines
- Fit into your genes

It is our hope to continue to inform and inspire our community of learners about medicine and science. I am very grateful to the Office of Communication and Public Affairs for this annual program – and for our dedicated students, trainees and faculty for teaching and exciting the next generation of doctors.

The Dangers of Sharing Too Much Information

A recent event in which a student posted information on a blog that unintentionally compromised patient privacy prompts me to remind all of us about the vulnerability of sharing too much information in public and social media sites. In recent years the opportunities for social networking have been transformative, but they include the fact that the boundaries between personal and professional information are easy to blur at the edges. While virtually everyone in my family uses Facebook, I have avoided doing so for fear that information I would prefer to keep out of the public arena would not be protected. When a student or trainee becomes a “friend” on a social media network, there is a risk that information he or she shares about personal experiences with patients – even when anonymous – can be seen by others as infringing on their privacy.

According to Dr. Laura Roberts, Katherine Dexter McCormick and Stanley McCormick Memorial Professor and Chair of the Department of Psychiatry, who participated in the investigation of the student infraction, this is becoming a major issue in medicine – with big implications for all fields and perhaps in particular to mental health. The main goal of my comment here is to heighten awareness of the importance of care and scrutiny of communications and information we share in any public media. Dr. Roberts indicated that her professional societies will be enacting recommendations regarding the benefits and risks of physicians and social networking – a topic that will certainly be before us for many years to come. Dr. Roberts also recommended a number of relevant articles for broad review and interest – a few of which include:

- Greysen, SR. Online Professionalism and the Mirror of Social Media. *J Gen Inter Med.* 2010; 24; 1227
- MacDonald, J. Privacy, Professionalism and Facebook: A Dilemma for Young Doctors. *Medical Education* 2010;44: 805
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This is an important matter and something we all need to consider and pay careful attention to. The slope can be slippery and can result in unintended harm – with potentially serious consequences to individuals and institutions.

The Annual Ranking by USNWR

Hardly a year has passed without a comment (and sometimes rant) in this Newsletter about the annual ranking of medical schools by USNWR (US News and World Report) and, in particular, the concern that the metrics that have been employed give too much weight to size over quality. This has been particularly true for the heavy emphasis on total NIH funding – which is influenced by faculty size and thus impacts negatively on smaller schools like Stanford. More importantly, I have expressed concern over the years that the focus on total NIH funds created the pursuit by many medical schools and university leaders to increase faculty size and research facilities so that they could “rise in the NIH funding levels” and thus do better in the annual USNWR rankings. My concern has been that such a focus on size over quality (better measured by the amount of peer-reviewed NIH funding per faculty member or principal investigator) could create a financial threat to medical schools when NIH funding becomes constrained – as is now the case. And indeed a number of medical schools that have simply stretched too far in the past decade in faculty recruitment and resource commitment are now facing serious economic challenges and, in some cases, serious deficits.

Accordingly, I am pleased to note that this year USNWR has revised its metrics to give equal weight to total institutional NIH support and NIH support per faculty member. This is more similar to what has been done for Schools of Engineering. With that change, Stanford’s rank in the 2011 USNWR ranking of research medical schools is #5 (where it is tied with Duke, UCSF and Yale). This is a major change from the 2010 rank – but this should not be viewed as a change in Stanford. While I would like to think that we get better year after year, such big swings in ranking only reflect the way the metrics are scored. Indeed, I reflected on this in the February 22nd Dean’s Newsletter (see: http://deansnewsletter.stanford.edu/archive/02_22_11.html#5), where I referred to Malcolm Gladwell’s amusing but insightful commentary on how rankings can be influenced by subtle changes in the metrics that are chosen and employed. You might enjoy his article entitled “The Order of Things” in the *New Yorker* (February 14 & 21, 2011; Summary of article http://www.newyorker.com/reporting/2011/02/14/110214fa_fact_gladwell).

It would be disingenuous to say that I didn’t care about rankings – since I am well aware that comparative scores impact our applicants, students, faculty and community. At the same time, I care more deeply about whether the metrics employed accurately reflect the attributes purportedly being measured and compared. That is why, for instance, I believe that the peer-reviewed funding per faculty member as well as other metrics that define the true peer reviewed academic success of students and faculty are much more important than institutional funding. Consequently, I am pleased that USNWR has changed its metrics to put a greater emphasis on quality, and I hope that this will stimulate all of us to make that our priority moving forward. It is the quality and success of our faculty and students that really distinguish an institution.

Leadership Changes in Medical Development

In December 2009 I was pleased to announce the appointment of Laurel Price Jones as our Associate Vice President for Medical Development. She joined Stanford officially in January 2010 and during the past year helped medical development achieve a number of important milestones – in annual giving, new activity and major gifts. At the six-month mark of the current FY11 fiscal year, OMD has booked more than half of our cash goal of \$140 million and half of

the new activity goal. We are grateful for these results, which reflects the work of our excellent staff and leaders in Medical Development. Thus it is with mixed feelings that I share the message Ms. Price Jones sent out this past week:

I write with mixed feelings to let you all know that I am in the process of returning to Washington. I have enjoyed working with such a talented, dedicated, and collaborative group of development professionals, within OMD and beyond. The faculty and the leadership of the Medical School have been welcoming and supportive, and they bring transformational ideas to the table every day, making fundraising for Stanford Medicine so very satisfying. It has been an honor and a privilege to be associated with this great University.

There is a confluence of forces that motivate my desire to return to the DC area. My husband Rhys continues to teach full-time at The George Washington University, having found only part-time work in this area. His weekly commute to Palo Alto is tiring and not much fun. Our home in Alexandria remains unsold and ready to go back into action as the family home. But, most important, our oldest daughter -- who lives and teaches in Washington -- is expecting twins (our first grandchildren) in early June; and our middle daughter has just accepted a position in New York and will move from Galesburg, Illinois, to Brooklyn -- also in June.

Dean Pizzo has been aware of these forces and is supporting me in this process by providing a leave of absence. Barbara Clemons has agreed to act in my absence as the interim AVP from March 18. Also supporting my decision is the fact that Michele Schiele brings such a wealth of experience to our fundraising for Stanford Medicine. I will send an update when I have it; in the meantime, I want to thank each of you for your friendship and professional support.

I want to take this opportunity to thank Laurel Price Jones for her contributions and to wish her well in her personal and future life events.

I am pleased that Ms Barbara Clemons will serve as the Interim AVP – a role she has so ably filled in the past. During the next several weeks we will be working to further refine how to further optimize the future success of OMD and its conjoint work with the Offices of Hospital Development (at SHC), the Lucile Packard Foundation for Child Health and the Office of Development at Stanford University. Philanthropy and medical development are among the most essential underpinnings for our future success, and we will do all we can to make our programs as successful as we can.

Updating the Facts on Conflicts of Interest

Issues regarding interactions with industry and potential conflicts of interest continue to abound and require ongoing communication, refinement and understanding. These policies are updated as needed (see: <http://med.stanford.edu/coi/siip/policy.html>), and attention is given to addressing common questions. Recently Dr. Harry Greenberg, Senior Associate Dean for Research, and his colleagues put together a “fact sheet” along with some background references that I share below. I urge all faculty to give careful attention to this information, which will be posted in the near future at the website noted above.

**Q. How will I know if an industry sponsored talk I have been asked to give is promotional?
Does SIIP apply to me?**

There is no way to answer this question perfectly, and in the end, you must rely on your own good sense and judgment. Here are a series of questions to help you try to determine if the company is compensating you for a talk in a promotional capacity.

- Is compensation coming from the marketing division rather than the research division of the company?
- Is your compensation for giving the talk reasonable and customary?
- Is the company providing some/all of the content for the talk (slides, talking points, teaching aides, etc)?
- Is the company dictating the topic of the talk with any level of specificity?
- Does the company have any control over the topic/content talk? Do they review the talk contents prior to presentation?
- Is the company offering inducements to learners to attend the talk (e.g. meals, travel, gifts, lodging, honoraria, other)?
- Has the company asked you to attend a speakers training session?
- Is the venue for the talk more appropriate for a holiday or vacation than for a learning experience?
- The SIIP prohibition on engaging in educational activities that are promotional applies to all full time and part time faculty, including active emeriti, UTL, MCL, Clinician Educators, Adjunct faculty, staff, students and trainees
- When in doubt ask Barbara Flynn, Harry Greenberg, or your Department Chair.

Q. If I give a talk sponsored by industry that is allowable under SIIP what guidelines I should follow?

- Ensure that your financial support by industry is fully disclosed by the meeting sponsor
- Prominently disclose to the attendees that you are being paid by the company to give the talk
- Do not use the Stanford name in a non-Stanford event except to identify your title and affiliation
- Make sure you communicate to the audience that the content reflects your views and not the views of Stanford School of Medicine, Stanford Hospitals and Clinics or Lucile Packard Children's Hospital
- Provide a fair and balanced assessment of therapeutic, diagnostic or preventative options and promote educational material that is scientifically accurate

Q. How can some industry relationships derail education?

- Faculty who accept gifts from industry model this behavior for their students and trainees
- Pharmaceutical and device companies have a history of using educational talks by academic leaders to promote their products
- Industry support of many continuing medical education (CME) activities has been associated with programs that were geared toward promoting their products in order to encourage sales rather than advancing knowledge

- In order to counter-act the effect of industry support on CME the Stanford School of Medicine does not accept direct support for its CME programs. Greater emphasis will be on education that targets outcomes and quality improvement:
- takes advantage of emerging technologies
- focuses more on the professional and technical development and education of the learner
- based upon the best scientific evidence available
- designed to change physician competence, performance-in-practice and/or patient outcomes

Q. Do free meals really influence us?

- "Food is the most commonly used technique to derail the judgment aspect of decision-making." [Katz]
- Gifts of food influence attitudes, a fact that has been documented by Social Science research for decades
- Experimental subjects were more likely to accept persuasive messages when accompanied by food [Janis]

Q. When is a gift not a gift?

- Gifts become a social contract that creates a sense of obligation called reciprocity [Cialdini]
- Even di-minimus gifts, such as pens, engender a sense of obligation and reciprocity on the part of the recipient [Wazana]
- Feelings of obligation to reciprocate are unrelated to the value of the gift
- Reciprocal giving is often unequal—the return gift may have a higher value (e.g. a pen vs. writing a prescription with that pen) [Cialdini]
- Gifts that are unwanted or unsolicited still create the sense of obligation to reciprocate. [Cialdini]
- Gifts produce a feeling of obligation even when the giver is disliked [Regin]

Q. Why would I believe that a gift could influence me?

- 61% of physicians reported that gifts don't influence them, but only 16% thought they don't influence others [Dana]
- The size or value of the gift does not directly correlate with its influence
- Medical students were significantly more likely to think that gifts were more problematic for public officials than physicians [McKinney]
- Physicians that attended an industry-sponsored seminar including travel to a resort location, increased their usage of the sponsor's drug but deny the seminar had an influence [Orlowski]

Q. Is it allowable for our department to receive grants from industry for scholarships or other educational funds for students and trainees?

- Yes, as long as receipt is compliant with SIIP. Support must be specifically for the purpose of education and meet the following conditions:
 - The School of Medicine (SoM -- department, institute, program or division) selects the student or trainee
 - The recipient is not subject to any implicit or explicit expectation of providing something in return for the support, i.e., a "quid pro quo"
 - The funds are provided to SoM and not directly to student or trainee
 - SoM has determined that the funded conference or program has educational merit
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Ethics and Society

Issues about ethics and society are ever more important. Indeed the most recent issue of *Stanford Medicine* (see: <http://stanmed.stanford.edu/2011spring/>) is focused on important issues and challenges in bioethics. I hope you will review this either on line or in print. In addition to the ethical dilemmas that arise within medicine, there are others that connect or arise from other fields but that have important messages for the medical community. The Center for Ethics and Society has sought to bring such issues to a wide audience and will do so on April 5th from 7-9 pm through a showing of the 2011 Oscar Award winning documentary film about the 2008 financial crisis, "Inside Job," in the Hewlett Teaching Center, Auditorium 200. This will be followed on April 6th by a panel discussion by Stanford faculty members from 4-6pm at the Bechtel Conference Center in Encina Hall (see: <http://ethicsinsociety.stanford.edu/ethics-events/events/view/1216/?date=2011-04-05>).

Awards and Honors

- Stanford has been the beneficiary of a number of Paul and Daisy Soros Fellowships for New Americans. Indeed 34 Stanford students have received this award since the program commenced. We have just learned that three additional students will be named as new Soros Fellows. They include:
 - **Aadel Chaudhuri** (MSTP student)
 - **Deepa Galaiya** (third-year MD student)
 - **Daniel Solis** (second-year MD student)
 Please join me in congratulating Aadel, Deepa and Daniel.
- **Dr. Preetha Basaviah**, Clinical Associate Professor and Director of the Practice of Medicine Course, is the recipient of the 2011 SGIM National Award for Scholarship in Medical Education. This will be awarded May 6th at the Medical Education Innovations Session of the SGIM Meeting in Phoenix, Arizona. Congratulations, Dr. Basaviah.

Appointments and Promotions

Eric Amesbury has been appointed to Clinical Assistant Professor (Affiliated) of Ophthalmology, effective 2/1/2011

Lindsey Atkinson Ralls has been promoted to Clinical Assistant Professor of Anesthesia, effective 7/1/2011

Denis Bouvier has been reappointed as Clinical Associate Professor of Medicine, effective 1/1/2011

George Commons has been promoted to Adjunct Clinical Associate Professor of Surgery, effective September 1, 2010

Kellen Glinder has been promoted to Adjunct Clinical Assistant Professor of Pediatrics, effective March 1, 2011

Shoshana Helman has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 3/1/2011

Joanne Imperial appointed to Clinical Associate Professor of Pediatrics, effective 4/1/2011

Yvonne L. Karanas has been promoted to Clinical Associate Professor (Affiliated) of Surgery, effective 3/1/2011

Beatrice Jenny Kiratli has been promoted to Clinical Associate Professor (Affiliated) of Orthopaedic Surgery, effective 4/1/2011

Kimberly L. Lee has been appointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 3/1/2011

Benjamin Mandac has been reinstated and reappointed as Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 9/1/2009

Song L. Nguyen has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2010

Erna Nishime has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 6/1/2011

Radhamangalam J. Ramamurthi has been promoted to Clinical Associate Professor of Anesthesia, effective 4/1/2011

Alejandrina Rincon has been appointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 7/1/2011

Tracy A. Rydel has been promoted to Clinical Assistant Professor of Medicine, effective 4/1/2011

Anita Sit has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2010

Lillian Soohoo has been promoted to Clinical Assistant Professor of Dermatology, effective 4/1/2011

Payam Tabrizi has been reappointed as Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 4/1/2011

Sandra A. Tsai has been promoted to Clinical Assistant Professor of Medicine, effective 3/1/2011

Leon Wanerman has been promoted to Adjunct Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective January 1, 2011

John H. Wehner has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2009

Brian P. Yochim has been appointed to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 5/1/2011

Dean's Newsletter

April 5, 2011

Integrated Planning: A Work in Progress With Serious Intent

It is good to know that in matters of institutional alignment we are ahead of the curve. Academic medical centers across the country are bracing for major changes and challenges that are almost certain to result from the consequences of the economic downturn on state and federal budgets. As you know all too well, the most immediate concern is the almost certain flattening – or

reduction – in NIH funding. Coupled with this are the changes unfolding in healthcare funding. These are related both to the Affordable Care Act and to decisions being made by employers and the private sector in response to the continuing rise in healthcare costs. As was evident at the April 2-4th meeting of the Council of Deans in Chicago, every medical school leader is focused on how the changing financial landscape will impact missions in education, research and patient care. While the themes are common, it is also important to underscore that there is enormous regional and local variation on how these events will likely play out based on whether the medical school is public or private, research intensive or more clinically oriented and, of course, on the status of local and state economies.

Perhaps the most important variable is the degree of alignment of the medical school with its teaching hospitals and parent university. This theme was expressed not only at the Council of Deans, but also at the joint meeting of the leaders of medical schools and teaching hospital CEOs that took place on April 4th. This meeting was not only timely but also notable in that it was the first joint meeting of the Council of Deans and the Council of Teaching Hospitals in well more than a decade. That alone is remarkable. What was interesting was how clearly aligned medical school and hospital leaders were in their recognition of both the major challenges and the close linkage between the success of the medical school and that of the teaching hospital and vice versa. So too was the recognition that the models developed in the past, in which clinical revenues cross-subsidize research and education and clinical revenues are bolstered by private payers to make up shortfalls in public payments (through Medicare and Medicaid), will need to change. How those changes are accomplished will define the future of academic medicine and the future health of our nation.

These are themes I have recounted frequently and, while we are not immune to coming economic challenges, we have done a great deal to prepare for their consequences. While no amount of preparation can provide a guarantee of security if the financial impact is too great or too rapid, I am confident that we are poised to make the necessary adaptations to assure our success. One reason for optimism is the integrated strategic planning we have been doing over the years. As you well know, we have been deeply involved within the medical school in the continued implementation of our strategic plan, *Translating Discoveries*, over nearly a decade. The School has also collaborated over the past several years with the Lucile Packard Children's Hospital (LPCH) in integrated planning that addresses our future efforts in clinical care as well as research and education. We have engaged in similar integrated planning with Stanford Hospital & Clinics over the years; these efforts have intensified during the past year and are now rapidly accelerating.

While it is important for the leadership of institutions to be aligned, it is equally imperative (perhaps even more so, given the complexities of academic medical centers) that alignment be recognized and embraced by all constituencies – faculty, students, staff, university leaders, members of the hospital boards of directors and trustees of the university. The current integrated planning efforts of the School of Medicine (SoM) and Stanford Hospital & Clinics (SHC) are occurring along different themes and agendas; they will be further developed and brought to our various communities and constituencies in the weeks and months ahead.

An important reality check on integrated strategic planning took place at a one-day retreat of the leadership groups of SHC (CEO and senior Vice Presidents) and SoM. Importantly, there was concurrence about what makes Stanford unique (especially its excellence in research and innovation) as well as what our vulnerabilities are. The latter relate to our size and scope of clinical activities in a marketplace that is rapidly consolidating and where the need to define our value to the communities we serve is more important than ever. As a next step we plan to have, over the next months, mission-based discussions with clinical chairs and then with other faculty and staff at SoM and SHC as well as with the governing boards of the hospital and university.

SoM and SHC are also in the midst of comprehensive integrated planning in key areas that intersect our missions in research, education and patient care. For example, a group of faculty and hospital leaders is working intensely to develop a roadmap for the future of Cardiovascular Health that builds on the work of the Cardiovascular Institute and interdepartmental programs in cardiology, cardiovascular surgery, vascular surgery and related services. Similar broad institutional and interdepartmental planning is also underway in Cancer and will soon be launched in Neurosciences and in Immunity/Transplantation/Infection. Each of these efforts is addressing our future success in innovation and discovery, excellence in medical care delivery, outstanding quality and patient service and the value that Stanford Medicine offers to our community.

Planning is also being initiated around related missions in primary care, other clinical services, network development and the alignment of the Medical Center with the University and the communities we serve. Increasingly our attention must be focused on the relative emphases we put on hospital, ambulatory and community-base care delivery – which will surely impact our faculty as well as our trainees. While these activities have a broad range, they are interconnected and, taken together, will help define the resources we will need in faculty recruitments, staffing and of course capital needs – especially the new Stanford Hospital. They will also allow us to identify the ways in which we will garner needed resources through programmatic investments, business plans and philanthropy.

The SoM, SHC and LPCH are also actively working on our response to the rapid changes in healthcare reform and financing. Our new Clinical Research Excellence Center will play an increasingly important role, but so too will our efforts and decisions regarding our University Health Alliance, our planning in Population Science and our ability to engage in risk management through new entities like “Accountable Care Organizations” and other changes that will emerge in the years ahead.

Of course, as I have discussed in recent Newsletters, we are also deeply involved in planning around our missions in education and research. These activities are also linked to those outlined above and serve to underscore the complexity, range and depth of our challenges and the opportunities they will afford. While it seems likely that much of what we do in the years and decades ahead will address critical questions of how and where we manage health and deliver care, we must also be laser focused on preserving and enhancing our efforts in innovation and discovery and in the training and development of future transformative leaders. There is no denying that this will be difficult – but the risks of failure are unacceptable if we are to steward the future of Stanford Medicine for the generations to come.

Best Practices Brings Medical Schools and Teaching Hospitals Together

If alignment at the institutional level is an imperative, the opportunity to bring our nation's academic medical centers into alignment is also compelling. With that in mind 105 medical schools and 109 teaching hospitals have signed on to the *Best Practices for Better Care* initiative coordinated by the Association of American Medical Colleges (AAMC) – see: <https://www.aamc.org/initiatives/bestpractices/>. Stanford will be one of the participating institutions.

This new initiative aligns medical schools and teaching hospitals through a common commitment to these five important goals:

- Teach the next generation of doctors about the importance of quality and patient safety through formal curricula
- Ensure safer surgery through use of surgical checklists
- Reduce infections from central lines using proven protocols
- Reduce hospital readmissions for high-risk patients
- Research, evaluate, and share new and improved practices.

Importantly, Stanford has already initiated efforts in each of these areas – and more. While our individual efforts are important in their own right, we are likely to learn from similar experiences of colleagues around the country and thus will be able to better serve our own patients. Importantly, this aligned effort will hopefully make a clear statement to the national community we serve about the value of academic medicine and our shared commitment to patient care, quality and safety as well as to ways to improve the delivery of care and manage its costs and outcomes. For more information about Best Practices for Better Care and a list of participating institutions, visit www.aamc.org/bestpractices.

Launching Accountable Care Organizations

The lexicon for healthcare delivery has changed over the years, with various intents and goals. From private practice to group and multispecialty practices, to health maintenance organizations, capitated or managed care, various approaches have been taken to care for patients individually or in populations. The latest rendition is the “Accountable Care Organization (ACO),” which was forecast in the Affordable Care Act as a way to manage populations, promote health, improve quality and safety outcomes and reduce costs. The first phase of the ACO is focused on payments from Medicare, and the “proposed rules” governing ACOs from the CMS (the Centers for Medicare and Medicaid Services) have been expected for many months. They were issued this past week and will open for comment through June 6th. They can be found at <http://oig.hhs.gov/fraud/aco.asp>. CMS has also released a number of fact sheets available at www.calhospital.org/aco-proposed-rule-released <<http://www.calhospital.org/aco-proposed-rule-released>>.

A Health Policy Forum article by Dr. Don Berwick, Director of CMS, in New England Journal of Medicine (see: <http://healthpolicyandreform.nejm.org/?p=14106&query=home>) offers a

readable summary of the rationale and goals for ACOs. That said, as I learned at the April 4th combined meeting of the Council of Deans and Council of Teaching Hospital leaders, the now published “proposed rules” for ACOs are nuanced and bureaucratic, and they require digestion, discussion and reaction. ACOs can be hospital based, physician organized or integrated between hospitals and physicians. We will need considerable discussion and debate about whether and when we should forge toward forming an ACO, but as we proceed it is clear that we would do so in an integrated hospital/physician model. I am sure there will be a lot more to say about ACOs but for now I wanted to alert you to the fact that they are becoming more of a reality – at least in words.

Clinical Practice Guidelines and Conflicts of Interest

During the past week two reports, one from the Institute of Medicine (IOM) and another in a leading medical journal, provide contrasting portraits of the integrity and transparency of clinical practice guidelines. On March 23rd the IOM issued “*Clinical Practice Guidelines We Can Trust*,” which recommends eight standards to ensure the objective and transparent development of trustworthy guidelines (see: <http://www.nas.edu/morenews/20110323.html>). Among the stated standards are:

1. Establishing transparency by explicitly stating and making publicly accessible the processes by which Clinical Practice Guidelines (CPGs) are developed and funded.
2. The management of conflict of interest whereby individuals considered for membership in the development of a CPG should declare all related conflicts of interest with the intent of making any conflicts known and transparent and excluding individuals with COI wherever possible. Specifically the chair of the CPG group should have no conflicts and funders should have no role in the development of the CPG.

Ironically, the March 28th issue of the Archives of Internal Medicine included a report by TR Mendelson et al entitled “*Conflicts of Interest in Cardiovascular Clinical Practice Guidelines*” (*Arch Intern Med.* 2011;171:577-585) that reports on the 17 most recent American College of Cardiology/American Heart Association Guidelines through 2008. The authors observed that 56% of the 498 individuals who worked on these CPGs reported a COI (ranging from 13%-87% on different CPGs). The authors concluded that conflicts of interest are prevalent in cardiology guidelines – although I would add that it is likely that similar observations would be found in CPGs for other diseases and disciplines. An “invited commentary” by Dr. Steven Nissen from The Cleveland Clinic was highly critical and raised serious concerns about the integrity of the clinical guidelines in cardiology and the potential bias they might convey. While there will surely be different points of view about this, the observations are not new and have been a source of concern for some time. Given the importance of evidence-based medicine and the likelihood that clinical practice guidelines will become even more prevalent and important in future healthcare, we need to be mindful of the past and potentially current state of CPG development. This makes the report from the IOM even more timely and important.

Avoiding Financial Conflict of Interest Learning Module for New Faculty

Dr. Ann Arvin, Vice Provost and Dean for Research, has informed us about a new training tutorial titled *Avoiding Financial Conflicts of Interest* that must be completed by all new

Stanford faculty. It is a self-paced, web-based module designed to provide an overview of the high-risk situations that can lead to financial conflicts of interest for faculty. Additional information about the module can be found at the COI website <http://www.stanford.edu/group/coi/training/training.html>. It is available to all members of the Stanford community with SUNet IDs through the Stanford Training and Registration System (STARS).

One and Ten Year(s)

During the past week we had the opportunity to celebrate the anniversary of the move of the Dean's Office into the Li Ka Shing Center for Learning and Knowledge. At that time we, along with the Simulation and Education Technology group (SET) were the first and only occupants of the LKSC – which was still undergoing completion. In many ways we were the beta test for this wonderful new facility – although when we moved in floors (literally) were still to be finished, the Café and the Paul and Millie Berg Conference Center still distant dreams, the Berg Family Commons a promissory note for medical and graduate students, and the Goodman Simulation Center mostly wires and architect's plans.

A year later, the LKSC is bustling with activities inside and out virtually 24/7. We had hoped that with the LKSC we would finally have a definable “front door” to the School of Medicine – and that dream has been more than fulfilled. Our medical and graduate students view it as a place for learning, meeting, exercising, communicating and relaxing. Our faculty and staff view the LKSC as a place for conveying and meeting. The Stanford community now sees the LKSC as a gathering place with lawns for sitting and having picnics and social events. And Discovery and Foundation Walks now serve as major thoroughfares within the medical school, to and from the Schools of Engineering and H&S and as a ready route to Stanford Hospital & Clinics and the Lucile Packard Children's Hospital.

A lot has happened in a year – and especially the past six months – and for this I thank the many faculty and staff who helped bring the LKSC to reality. And of course we are all deeply grateful to those who provided the funding for the LKSC – particularly Mr. Li Ka Shing, Professor Joseph and Hon Mai Goodman, Professor Paul and Millie Berg, Dr. CJ and Han Lip Huang, Dr. Keith Gianni, Serge Klotz, Jane Anne Nohl, Enid and Robert H. Parsons, Dr. Arthur J. Riesenfeld, Dr. Roy Stanford, and Akiko Yamazaki and Jerry Yang, along with significant contributions from our basic and clinical departments, the Dean's Office and the President's Fund at Stanford University. Because the LKSC was quite purposefully designed to optimize flexibility, it is also a facility that will continue to change and evolve in an organic and functional way in the years ahead. The LKSC will also help to connect and intersect with the new Stanford Hospital and the additions to the Lucile Packard Children's Hospital that will be constructed over the next several years. Clearly a lot of exciting and important changes – but for now it is wonderful to celebrate the memory of our first year (even if just in a limited way) of occupying the LKSC.

In tandem with the milestone of the LKSC and other major events I note in passing that I passed the ten year mark as Dean of the School of Medicine this past weekend – during which time I was chairing the annual meeting of the Council of Deans of the Association of American Medical Colleges. While I suspect that not everyone shares this feeling, it is amazing to me that

the years have passed so quickly since my very first Dean's Newsletter (DNL) on April 2, 2001. I hasten to add what a privilege it has been to work with so many extraordinary faculty, students and staff across this remarkable university and community. Of course, I realize that there is understandable speculation about how long the DNL's will continue to come to you on their regular bi-weekly schedule. I am still looking at the end of summer 2013, and while for some that may feel too short and for others too long, for all of us there is a lot to continue to do at this time of change and transformation in medicine and science.

Stanford and the March of Dimes

On Wednesday, March 30th we celebrated a new major collaboration between Stanford University and the March of Dimes designed to address one of the major challenges impacting child health in the United States – prematurity. Despite so many advances in pediatrics over the past decades, prematurity remains the leading cause of death in newborns in the US – occurring in one of eight babies. While the preterm birth rate has declined in recent years it is still nearly 30% higher than it was in the early 1980s, and it has major impacts on children, families and society.

Being born even just a few weeks preterm can be associated with an array of immediate and long term complications including respiratory distress and problems, the risk of neurological damage (and cerebral palsy) and a panoply of learning and developmental disorders. Immature organs associated with prematurity can have a number of short and long term consequences, and the risk for life-threatening infections is also increased during the neonatal period. Notably, all of these complications increase the earlier preterm birth occurs. In addition to the impact of prematurity on infants and their families, the financial costs to the nations are significant as well. In 2006 the Institute of Medicine estimated that prematurity costs the nation more than \$26 billion annually.

Major knowledge gaps in the causes of prematurity remain despite decades of research. This has led to a unique partnership between the March of Dimes and Stanford University to establish the March of Dimes Prematurity Research Center at the Stanford University School of Medicine. At the March 30th event, the leadership of the March of Dimes announced a \$20 million grant to Stanford to make this new center a reality. Led by Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs and the Harold K. Faber Professor of Pediatrics, who will serve as the Principal Investigator, the center will bring together experts from a variety of disciplines to develop new approaches to the study of prematurity with the goal of preventing its occurrence. Specifically, the new center has four goals:

- Understanding the factors that lead to preterm birth
- Predicting which women are at risk of delivering a preterm birth
- Translating the research findings into clinical interventions and policy changes that will prevent preterm delivery
- Reducing the social disparities that contribute to preterm birth

Additional details about this exciting center are presented in a recent report (see:

<http://med.stanford.edu/ism/2011/february/dimes-0228.html>). In addition to thanking the March of Dimes for their support, I want to acknowledge the leadership of Stanford faculty who will serve as co-principal investigators. They include Dr. Paul Wise, Professor of Pediatrics and of Health Research & Policy, and Dr. Gary Shaw, DrPH, Professor of Neonatology. As I noted in

my comments about the center, “This is the kind of research that Stanford faculty are uniquely qualified to carry out. The research is directed at generating and testing new hypotheses and investigational strategies through a highly innovative, collaborative, transdisciplinary structure that integrates and utilizes powerful new informatics capabilities with an unprecedented array of ethnically-diverse, biologic, clinical and environmental population-based datasets.”

Remembering Dr. Larry Crowley

I received news this past week that Dr. Larry Crowley died on March 28th following a long struggle with illness. Without question Larry Crowley was a major figure in the life of the Stanford Medical Center, where he had a significant and lasting impact on the medical school, Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital. He made major contributions to each and is credited as one of the driving forces that led to the building of the Lucile Packard Children’s Hospital. Because of his extraordinary work and contributions he was awarded the Dean’s Medal in 2009. I am copying below the tribute I prepared for him at that time – which is certainly applicable today and which speaks to Dr. Crowley’s past and future legacy.

Lawrence G. Crowley, MD, professor emeritus of surgery, is presented the Dean's Medal in recognition of his leadership contributions to Stanford University, the School of Medicine, and to the community as a whole.

Dr. Crowley was born in Newark, New Jersey in 1919, and received both his BA and MD from Yale University. He completed his residency in General Surgery at the Yale-New Haven Hospital, and had his first teaching position as an assistant professor of Surgery at Yale Medical School before moving on to spend ten years as a part-time assistant clinical professor of surgery at the University of Southern California School of Medicine (USC).

While at USC, Dr. Crowley managed to juggle his position at the university with a private practice in surgical oncology along with numerous community projects. His most notable community contribution was to Casa Colina, a former Polio rehabilitation facility. After polio was eradicated by the development of a vaccine by Jonas Salk in the early 1950s, Dr. Crowley worked with the board and persuaded them to broaden their services to care for patients of all ages with all kinds of physical injuries and disabilities.

Casa Colina has been recognized throughout the nation as the first to introduce many of the modalities that are implemented in rehabilitative care today, as well as the first rehab center to offer a complete range of care for those with brain injuries and other neurological trauma.

Dr. Crowley first came to Stanford as professor of surgery in 1964, and left to become dean of the University of Wisconsin School Of Medicine from 1974 to 1978. He returned to Stanford as acting dean of the medical school, and in 1979 was appointed vice president for medical affairs at Stanford. Of his many contributions to the medical center, his efforts as a champion of the new children's hospital are some of the most significant.

Dr. Crowley and Lucile Packard both felt that the time had come to replace the Stanford Convalescent Home with a more advanced facility for children's care, particularly since the types of diseases affecting children now required far more than rest and recuperation.

Dr. Crowley also argued strongly to attach the children's hospital to the existing Stanford University Hospital, rather than rebuilding on the original site of the convalescent home. During the last decade, the Lucile Packard Children's Hospital has grown to become one of the leading centers of excellence in pediatric medicine and surgery, and Dr. Crowley's foresight was instrumental in the success of this important partnership.

Dr. Crowley's other honors include the Certificate of Merit from the American Cancer Society and a Stanford University Distinguished Service Award, and the Lawrence Crowley, MD Endowed Professorship in Child Health was named in recognition of his contributions to Stanford.

Dr. Crowley is survived by his wife Madeline and his children, Larry Jr, Steve and Suzanne, grandchildren and legions of family, friends and colleagues. He will be deeply missed. A Memorial Service to celebrate his life will be planned, and I will let you know the details when they are available.

Upcoming Events

28th Annual Stanford Medical Student Research Symposium

Thursday, May 12

3:00 – 6:00 PM

Ballroom, Li Ka Shing Center for Learning and Knowledge (LKSC)

Faculty and students are invited to hear students present their posters and answer questions about their research. Approximately, 30-40 medical students, both MD and MD/PhD will showcase their original medical research projects carried out in laboratories, clinics and the community - locally and abroad. These projects from the medical student body demanded that students identify and research contemporary health issues that affect individuals and communities as a whole.

After closing remarks at 5:45 PM, the Stanford University Medical Center Alumni Association will announce the students with the outstanding research posters, capping the event.

For information about this event, please contact Beth Leman (leman@stanford.edu).

10th Annual Medicine and the Muse

Tuesday, April 12

5:00 PM

Paul and Millie Berg Hall, Li Ka Shing Center for Learning and Knowledge

Dr Audrey Shafer, Professor of Anesthesia, Stanford University School of Medicine/VA Staff Anesthesiologist, Veterans Affairs Palo Alto Health Care System and Director, Arts, Humanities and Medicine Program, Stanford Center for Biomedical Ethics <http://bioethics.stanford.edu/arts/>

asked me to let you know about the 10th Annual Medicine and the Muse Program, which will take place on Tuesday, April 12th. This year's program features art exhibits and presentations by Stanford medical students. Dr. Richard Kogan, a psychiatrist and concert pianist and artistic director of the Music and Medicine Initiative at the Weill Cornell Medical College, will give the keynote presentation.

Medicine and the Muse is free and open to the public, however seating is limited. For more information see: <http://bioethics.stanford.edu/arts/events/MedicineandtheMuse.html> or contact: 650.723.5760.

Save the Date: LPCH Is Having a 20th Birthday Party

Sunday, June 26th

10:00 AM – 4:00 PM

Intersection of Quarry and Welch Roads

On Sunday, June 26th the Lucile Packard Children's Hospital will be celebrating its 20th anniversary with a celebration of their history and future plans featuring more than 75 interactive booths, favorite hospital staff members, musical performances, storytelling, face painting, and more. Food from local favorites and cupcakes will be available. Everyone is invited!

Awards and Honors

- **Dr. Helen Blau**, the Donald E. and Delia B. Baxter Foundation Professor and Director, Baxter Laboratory for Stem Cell Biology, has been named the recipient of the AACR (American Association Cancer Research Foundation Irving Weinstein Lectureship. This lectureship was established to “acknowledge and individual whose outstanding innovations in science and whose position as a thought leader have the potential to inspire creative thinking and new directions in cancer research”
- **Dr. Karl Deisseroth**, Associate Professor of Bioengineering and of Psychiatry, has been named the first recipient of the Ludwig von Sallman Clinician-scientist Award, presented by the ARVO Foundation for Eye Research (AFER) to a clinician-scientist under age 40.

Appointments and Promotions

Barry R. Behr has been promoted to Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective March 1, 2011.

David F. Fiorentino has been promoted to Associate Professor of Dermatology and, by courtesy, of Medicine, at the Stanford University Medical Center, effective April 1, 2011.

Allan Mishra has been promoted to Adjunct Clinical Associate Professor of Orthopaedic Surgery, effective March 1, 2011.

Andrew J. Patterson has been reappointed to Associate Professor of Anesthesia and, by courtesy, of Surgery, at the Stanford University Medical Center, effective April 1, 2011.

Christopher K. Payne has been promoted to Professor of Urology and, by courtesy, of Obstetrics and Gynecology at the Stanford University Medical Center, effective March 1, 2011.

Homero Rivas has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective April 1, 2011.

Dean's Newsletter

April 18, 2011

Dr. Alan Garber Named Provost of Harvard University

On Friday, April 15th Harvard University President Drew Faust announced that Alan Garber has been appointed the next provost there. Dr. Garber is currently the Henry J. Kaiser Jr. Professor of Medicine and, by courtesy, of Economics; Professor of Health Research and Policy & Economics in the Graduate School of Business; and Senior Fellow at the Freeman Spogli Institute (FSI) for International Studies, and he is a much respected and beloved member of the Stanford community. While we always are disappointed to lose a valued colleague and distinguished faculty member, it is hard to not celebrate Alan's selection for this important new position – for which he is quite well suited.

Dr. Garber is a graduate of Harvard College, Class of 1976, and he received a PhD in economics from Harvard while he was completing his MD degree at Stanford. In 1986, following his internship and residency at the Brigham and Women's Hospital, he joined the Department of General Medicine at Stanford University. Over the past 25 years he has had a remarkably successful career that has intersected medicine, economics and health policy. He is deeply admired in the academic community for his broad medical knowledge, deep analytical thinking and ability to bridge broad intellectual disciplines and fields. He has also been a highly valued consultant and guide to health policy for political candidates and for the public and private sectors. His breadth and range of skills and knowledge make him exceptional and remarkably qualified to serve in the central role of provost of a major university. Harvard has been unique among leading universities in selecting outstanding MD leaders as provosts, including the two most recent incumbents, Harvey Feinberg, now President of the Institute of Medicine, and Steve Hyman, a renowned neuroscientist and psychiatrist.

Without question Alan Garber's departure for his new position in Cambridge on September 1st will leave a major gap in Stanford's excellence in medicine, economics and policy. At the same time he will bring his unique skills to another great university. Naturally we will seek Alan's guidance, along with others, to consider how to retain and shape the excellent programs he and his colleagues have established at Stanford. But for now please join me in congratulating Alan Garber and in wishing him well for an exciting new journey.

Healthcare in the US: Past, Present and Future

Dr. Rob Jackler, Edward C. and Amy H. Sewall Professor in Otorhinolaryngology and Chair of the Department of Otolaryngology, recently shared an interesting article from the New York Times on healthcare reform, which if you haven't seen you might find interesting. I thought you

might be interested in a few excerpts from this report, and I am taking the liberty of copying the first couple of paragraphs and conclusion for your perusal.

The results of America's first comprehensive survey of the economics of medical practice, made public last week by the committee on the costs of medical care after five years of study, reveal what may be described as a crisis in medical service.

They show that while the average pay of physicians and other health workers is not high and while the actual pay in individual cases is often insufficient, adequate medical attention is beyond the reach of many millions of people.

They reveal that while medical knowledge has been progressing rapidly for half a century or more, the application of that knowledge to the needs of the general public has lagged.

But when it comes to measures to meet the crisis there is disclosed a clash of philosophies, forcefully presented in the majority and minority reports of the committee. The majority group, expressing themselves in recommendations so sweeping as to come under the heading of revolutionary, see medicine as a social problem and responsibility, demanding reorganization and centralization. The minority see it as a function which can never be socialized, since in their opinion it must always resolve itself into a highly personal relation between physician and patient. There are already indications that the reports, in their radical divergence, will shake the medical world to its core.

The lengthy article, which was written by RL Duffus, ends with a last paragraph entitled "A Challenge Presented," and I quote:

"As the report puts it" Dr. Hamilton concludes, "the present situation presents a challenge. It is not a question of whether we can afford to pay for an adequate and comprehensive system of medical care. A social investment in health pays its own way and yields a surplus. The present system is a luxury which the American nation -- rich as it is in resources -- is too poor to afford"

That the report is, as Dr. Hamilton says, a "challenge" has already been established by its reception. It is the opening gun in a battle between individualism and socialism in medicine which promises to be of long duration.

The committee that was referred to above, and that led to this review, was chaired by Dr. Ray Lyman Wilbur and was financed by eight foundations. Dr. Wilbur was Dean of the Stanford University School of Medicine from 1911-1916 and then served as President of the University from 1916-1943 (during which time he was Secretary of the Interior from 1929-1933 [giving new meaning to multi-tasking]). *The New York Times* article referred to above was published on December 4, 1932.

Without overstating the case, it is remarkable to note the parallels of the debate on healthcare reform that still exist today, nearly 70 years later. It is worth remembering that when Roosevelt constructed the New Deal (of which Dr. Wilbur was a critic) he was advised to leave healthcare reform off the table in lieu of other major social initiatives, including Social Security. Had healthcare in the US been addressed then we might not be having the debates that are taking place today.

The current set of challenges in healthcare reform was the topic of the Second Medical Staff Symposium held on April 5th, at which a panel led by Dr. Rob Jackler addressed some of the implications of healthcare reform for Stanford. Also participating in the panel were Drs. Alan Garber, the Henry J. Kaiser Jr. Professor of Medicine and, by Courtesy, of Economics; Professor of Health Research and Policy & Economics

In the Graduate School of Business; and Senior Fellow at the Freeman Spogli Institute (FSI) for International Studies, and Dr. Arnie Milstein, Professor of Medicine and Director of the Clinical Excellence Research Center. Later in the week the Center for Health Policy at FSI and the Center for Primary Care and Outcomes Research in the Department of Medicine held events that focused on health policy issues in the US and globally. Similar discussions took place at the Board of Directors meeting of the Lucile Packard Children Hospital within the same week – underscoring the broad interest and implications of the healthcare debate.

And, of course, as these discussions have been taking place within our medical center, the debate in Washington has been filled with rhetoric and rancor, particularly over the past week – with polarizing commentaries on the Affordable Care Act of 2010, the economy and the major entitlement programs, especially Medicare and Medicaid. While Congressman Paul Ryan (R-WI) proposed the elimination of Medicare and Medicaid as part of 5-trillion deficit reduction package over the next decade, President Obama proposed preservation of these entitlement programs, albeit with reductions in their spending. He further proposed strengthening the Independent Payment Advisory Board (IPAB), which is slated to begin in 2014 and which is charged with serving as a check on Medicare spending by removing some of the decision making authority from Congress and making payments more evidence-based.

Given the current and projected costs of healthcare it seems undeniable that we cannot afford to continue the discussion of 1932 another 70 years into the future. However, the debate does not seem destined for resolution in the immediate future.

NIH and Federal Research Budget for the Remainder of FY11

I am taking the liberty of copying a recent update from David Moore of the AAMC (see: <https://www.aamc.org/advocacy/washhigh/>) since he nicely summarizes the impact of the recent federal legislative battle and resolution on NIH funding and other federal programs we in the AAMC rely on. It is worth underscoring that these results affect spending through the end of September 2011. The battle over the FY12 budget (which would begin on October 1, 2011 – unless there is another continuing resolution) is just getting underway and promises to be equally if not even more fierce and contentious.

The final bill includes \$30.7 billion for the **National Institutes of Health (NIH)**, a \$320 million (1.0 percent) reduction from FY 2010, including the 0.2 percent across-the-board cut. The bill specifies \$210 million in cuts from a pro rata reduction of all institute, center, and the Office of the Director's budgets, and \$50 million from the intramural buildings and facilities account. The bill does not provide funding for the Cures Acceleration Network and does not include the statutory mandates governing NIH grant numbers and size that were included in H.R. 1 as passed by the House Feb. 19 [see *Washington Highlights*, Feb. 25].

H.R. 1473 specifies \$372 million for the **Agency for Healthcare Research and Quality (AHRQ)**, a \$25 million (6.3 percent) cut below FY 2010 levels. AHRQ is not subject to the 0.2 percent across-the-board cut because it is funded through a tap on all Public Health Service agencies rather than a direct appropriation.

The measure cuts funding for the **Health Resources and Services Administration (HRSA)** to \$6.261 billion, a \$1.2 billion (16.3 percent) cut below FY 2010. The HRSA administrator is tasked with developing an FY 2011 spending plan within 30 days of enactment to determine which programs within the agency will absorb much of the \$1.2 billion reduction. Shortly after H.R. 1473 was released, the House Appropriations Committee posted an accompanying table of suggested program cuts that proposes a \$164 million cut to the Bureau of Health Professions, the arm of HRSA that administers the Title VII, Title VIII, and Children's Hospitals Graduate Medical Education (CHGME) programs. Because the table only reflects the committee's assumption for how HRSA will implement the larger cut, final funding levels for the health professions, nursing, and CHGME programs will not be available until the agency submits its spending plan.

H.R. 1473 rescinds \$1.2 billion (2.5 percent) from the **Department of Veterans Affairs (VA)** medical care accounts in FY 2011 and reallocates it for FY 2012 advanced funding. The bill provides \$52.8 billion for the VA medical care accounts in FY 2012, a \$5.8 billion (12.4 percent) increase over FY 2011 including the reallocation.

For FY 2011, the **National Science Foundation** is funded at \$6.806 billion, a \$65.75 million (1.0 percent) decrease from FY 2010-enacted levels. H.R. 1473 provides \$5.510 billion for NSF research and related activities, \$53.13 million (0.8 percent) below FY 2010.

For the **Centers for Disease Control and Prevention (CDC)**, H.R. 1473 includes \$5.649 billion, a \$748 million (11.7 percent) decrease from FY 2010 levels and CDC's lowest funding level since 2003.

With implementation of new food safety modernization legislation on the horizon, **the Food and Drug Administration** received one of the few funding increases seen in H.R. 1473, with funding increased to \$2.447 billion, a \$102 million (4.5 percent) over FY 2010.

H.R. 1473 does not include the legislative riders to defund the **Affordable Care Act (ACA, P.L. 111-148 and P.L. 111-152)**; prohibit funding to Planned Parenthood; stop the Education Department from implementing "gainful employment" regulations of proprietary colleges; and prohibit the use of federal funds for needle exchange programs that were included in H.R. 1.

As part of the final compromise on FY 2011 spending, the House and Senate agreed to vote on two enrollment resolutions on cutting abortion and health care spending. The House adopted a resolution (H. Con. Res. 36) that would block federal funding of Planned Parenthood. The House also adopted a second resolution (H. Con. Res. 35) that would block funding to implement the ACA. However, both measures failed to reach the agreed upon 60-vote threshold for passage in the Senate, sending the spending package to the president without the policy provisions.

H.R. 1473 also requires the Government Accountability Office (GAO) to report to Congress within 60 days of the bill's enactment on "an audit of expenditures made for comparative effectiveness research through funds provided to the Agency for Healthcare Research and Quality, the National Institutes of Health, or any other agency within the Department of Health and Human Services" under the American Recovery and Reinvestment Act of 2009 (P.L. 111-5)

or the ACA. The report is to include a description of the expenditures made, the entities that received the funding, and the purpose of the funding.

The bill also includes a provision eliminating a requirement that the Secretary of Health and Human Services designate annual funding for each HHS agency's office of minority health. No funding is provided for the National Health Care Workforce Commission, the independent federal advisory body appointed by GAO in September 2010 [see *Washington Highlights*, Oct. 1, 2010].

To paraphrase Winston Churchill, it is not clear whether this is the end of the beginning or the beginning of the end – but no matter which it is, there are challenging times ahead for all of us, especially in academic medical centers.

Physicians and the Patient Experience

In previous Newsletters the importance of addressing and improving the patient experience has been coupled with excellence in innovation, outstanding medical care, and quality and safety as a means of assuring the value we provide to patients and the community we serve (se:

http://deansnewsletter.stanford.edu/archive/01_24_11.html#3,

http://deansnewsletter.stanford.edu/archive/09_13_10.html#4, and

http://deansnewsletter.stanford.edu/archive/12_01_08.html). While there is no doubt that we are blessed to have faculty physicians who provide state-of-the-art and cutting edge medical care and procedures, it is also true that patients assess their experience in a hospital and medical center not only on their encounter with their physician but on the whole experience they have during the visit or stay. This includes everything from the quality of the parking and food services to the cleanliness and service of the facility. Their assessment includes how much time the physician spent with them and whether they felt listened to and cared for with humanism and professionalism. Obviously the patient experience is a complex interdigitation of services and functions provided by a wide range of medical center personnel and services.

While what we do as physicians is just a part of that patient experience, it is an important part – and in many ways it outweighs other components in the mind of the patient. Importantly, it is something we all seek to do well – although we may take it for granted or just assume we are doing it well. Further, the ability of any single physician to provide outstanding service is also affected by the extraordinary array of pressures each of us feels in our daily lives as doctors in a medical center caring for complex patients: the press and often multiple and simultaneous calls on our time, the demands of different masters (from academic to clinical and beyond), the fact that none of us work in isolation and that many of the services that define our performance can be the responsibility of others. All that said, there are a number of key roles we play as physicians, and these need to be considered both individually and as a members of a medical care team. An important question is whether there are ways to measure or monitor our performance and, if so, how such information might be shared in a way that is helpful and not accusatory or recriminatory. As with so many issues, we all make assumptions about our individual behavior and performance – but nearly all of us benefit from evaluating our performance in a comparative context that is data driven and transparent.

Based on these issues and concerns, this April the School of Medicine and Stanford Hospital & Clinics (SHC) are beginning a new project to distribute and share patient satisfaction data with faculty physicians. Patient satisfaction data can be collected in a variety of ways, none of them perfect by any means. At SHC they are collected by Press Ganey metrics – a commercial entity that collects similar data from several thousand US hospitals. SHC sends out approximately 100,000 such Press Ganey surveys each year with a response rate of about 25%. While data are available on inpatient as well as outpatient services, the ability to tie the information to individual physicians is more evident in ambulatory settings. These data are available for most but not all outpatient departments (e.g., they are not currently available for radiology, pathology, pediatrics and psychiatry).

While a lot of data is collected, the decision has been made to limit reports to just a few scores – particularly those linked most closely with overall patient satisfaction. They include responses to questions like these: the patient's likelihood of recommending the physician they encountered; the concern the physician showed for the patient's questions or worries; how well the physician included the patient in decisions about his/her treatment; the value of the instructions the care provider gave the patient about follow-up care; and the amount of time the care provider spends with her/his patient. These (along with other questions) are rated on a 5-point Likert scale ranging from "very poor" to "very good" (the top score). In the ambulatory score the results track to the "care provider," which is defined as the physician, nurse practitioner or physician's assistant who treated the patient.

Comparison with national data shows that top-quartile institutions have "top-box" (leading indicator questions) scores of 85% in the questions noted above. Hence, for the purpose of SHC reporting, if scores in individual questions are 85% or higher they will be coded green whereas if they are less than 50% they will be coded red. To help each of us understand how we are doing on these five "top-box" questions, we will each receive reports of our own individual scores (coded green to red) around April 15th and then quarterly thereafter. It is of course recognized that some of the patient sample sizes will be small, especially if the number of patient encounters are limited. Attempts will be made to increase the sample size in the future – but clearly scores with small sample sizes should be interpreted with caution.

The primary purpose of sharing these data is to improve the patient experience and our work as care providers. The underlying principles for improving the patient experience include compassion and caring, professionalism and pride, teamwork and communication. They are built on a foundation of outstanding state-of-the-art and cutting-edge medical care that is delivered with high quality and safety. Each of these factors is important and, while each requires discrete attention, they are all important in order to maximize our excellence as a leading medical center. To help with this initiative, a number of on-line as well as information and discussion sessions will be held in the weeks ahead. This project will also be part of a larger initiative that will engage every employee at SHC and that we hope will enhance the quality and excellence of our services to patients and community.

Social Networking and the School of Medicine: 2.0 to 3.0 and Beyond

At the April 15th Executive Committee meeting, Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, and Michael Halaas, Chief Technology Officer,

provided an interesting and informative update on the latest enhancements of the school's online Community Academic Profiles (CAP) system and a fascinating glimpse into further developments that are underway. The key to these is the marriage, as Dr. Lowe expressed it, of the CAP platform with social networking. Accomplishing this will open up entire new capabilities for communication and collaboration among all members of our community. It also bridges intergenerational thinking, comfort and utilization with information technology and especially the rapidly changing world of social networking – which is much more commonly used in age groups more akin to our students and junior faculty – although there is clearly overlap in both directions!

Dr. Lowe pointed out that social networking has been perhaps the most transformative of all the IT-enabled tools. For instance, there are currently 600 million Facebook users (250M added in 2010), 190 million Twitter users (100M added in 2010), and in 2010 there were 25 billion tweets. In fact, social networking overtook email in 2009. 83% of Fortune 500 companies use at least one form of social media. And, although we may have the impression that younger people are the primary users of social media, the average social network user is 37 years old (although I must say that in my book that still counts as “young!”). Social networking is clearly the new communication and collaboration platform. Given this, it is crucial that we take advantage of its capabilities in the context of our values, policies and goals. If we do not, we will find that members of our community will go elsewhere to use social media, with potentially negative consequences for such sensitive and regulated information as patient data.

The current version of CAP, version 2.0, was released in June 2010. It includes all School of Medicine faculty and students and all postdoctoral scholars at the University. It has a secure Stanford-only interface as well as a publicly assessable interface, mentoring functions, and a section where research opportunities can be posted. Currently, 75% of faculty, 69% of postdocs and 65% of students have profiles, for a total of 4337 profiles. I suspect that many of us are still not actively using this resource to its full potential.

The 2.0 version also has an enhanced capability for connecting faculty, students and trainees based on common research areas. It uses a vector space algorithm to calculate “similarity” scores between CAP profiles based on Shared MeSH publication topics in PubMed. It displays the top ten similar CAP profiles and can be used to explore CAP using publication topics as one of many potential linkages. This feature is updated daily based on CAP PubMed citations.

While CAP 2.0 added many new features to the initial CAP, the pace of technology advance is so rapid that IRT has been working on yet the next version for many months. The first phase of version 3.0, which IRT is calling *Collaboration Community*, is scheduled for release in the summer of 2011. It will include new profiles for staff, bringing the total potential number of profiles to roughly 10,000. In addition, there will be Twitter-style activity feeds, the ability to follow individuals and comment on the posts of others, and share documents and URLs, among other features. The second phase of this release, scheduled for the fall of 2011, will include the capability to form groups with privacy settings and increased search capability, as well as ongoing enhancements based on community feedback.

The potential uses for these exciting new capabilities include:

- Research proposal collaboration
- Educational and mentoring collaborations
- Medical student collaboration on clinical care teams
- Intra- and inter-departmental staff collaboration
- Expertise finding
- Formation of affinity groups for information sharing
- School-wide messaging (e.g. announcements, policies etc)
- Departmental communications

However, Michael Halaas also pointed out issues to watch and assess, such as:

- HR, policy and cultural issues
- The need for a critical mass of adoption
- Demographic differences in usage
- Community-driven behavioral norms

It is clear that ongoing assessment and fine-tuning will be required as our community begins to use these new tools, which although they pose some challenges, have the potential to transform once again our ability to communicate and collaborate. Thanks to Dr. Lowe and Michael Halaas for their intriguing look into a future that is, in some ways, already here.

Innovation, Intellectual Property and Patents

Innovation and discovery are major themes being promoted by the Obama administration, and they are clearly pursuits we carry out with great success at Stanford. The Bayh-Dole Act of 1980 gives universities, small businesses and non-profits intellectual property (IP) control of their inventions and other IP that result from federal funding (e.g., from NIH). This has revolutionized the role of universities in moving discoveries and innovations from academia to industry – benefitting the government’s investment in research and rewarding the faculty and university for new innovations. It also helps to promote economic development and has helped spawn local as well as national businesses with significant economic development.

One of the important steps toward commercialization of university discoveries takes place through the Office of Technology and Licensing (OTL), which is best of class at Stanford. A key part of this is seeking and acquiring a patent for a new discovery – which is an important protection of IP and a key step for garnering funding for product development. One of the challenges has been the timeline for patent review and approval. Because this process is critical to promoting innovation and helping to fulfill the objectives of the Administration in accelerating economic recovery through science, Stanford was fortunate to host a workshop done collaboratively with the United States Patent and Trademark Office.

Dr. Paul Yock, Director of the BioDesign Program and Martha Meier Weiland Professor of Bioengineering and Medicine, hosted a special panel discussion that featured David Kappos, Undersecretary of Commerce for Intellectual Property and Director of the United States Patent and Trademark Office (USPTO). Mr. Kappos delineated some of the challenges he has faced since he assumed his position in 2009 (e.g., the USPTO has over 700,000 patent filings waiting decision, a process that can take 5 or more years). Importantly, he announced a number of

initiatives he has put in place to streamline the work of the USPTO, to make submissions and reviews more automated and efficient, and be more responsive to the engine of innovation.

Most importantly, Mr. Kappos and the staff of the USPTO who participated in the various workshops on April 13th sought to listen to members of academia and the Silicon Valley community about ways the USPTO could work more effectively and collaboratively. Where clearly much work and many obstacles remain, the fact that the USPTO is willing to reach out to constituents and to be more responsive to their concerns is an important step. In addition to thanking Dr. Yock, special thanks for arranging this important dialogue also go to Kathy Ku, Director of the Office of Technology and Licensing, and Dr. Ann Arvin, Vice Provost and Dean for Research at Stanford and Lucile Salter Packard Professor of Pediatrics.

A New Chapter in COI Inquiries?

The Association of American Medical Colleges (AAMC) held its Forum on Conflict of Interest in Academe (FOCI) Meeting in Philadelphia on April 10-12th. Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs and Berthold and Belle N. Guggenheimer Professor of Medicine, and I participated in different panel discussions at the meeting. Also in attendance from Stanford were Barbara Flynn, Manager of the COI Program, Shannon Shankle, COI Analyst, and Dr. Harry Greenberg, Senior Associate Dean for Research and the Joseph D. Grant Professor of Medicine and of Microbiology and Immunology, who is also a member of the FOCI Academe Steering Committee.

The agenda was wide ranging and included COI at the institutional level, in clinical practice and education and in relation to the NIH, industry (including start-ups) and devices, as well as purchasing. One of the more startling comments came from Gardiner Harris, Public Health Reporter for *The New York Times*, during the panel I participated in. Specifically, Mr. Harris noted that from his perspective a bigger issue than COI with industry will soon be in the public eye.. It has to do with physicians and Medicare expenditures around clinical practice conflicts. While he didn't reveal the specifics, he did indicate that *The Wall Street Journal* is in possession of considerable data and that reports will be forthcoming. If true this would be concerning – especially in light of the long saga of conflict revelations during recent years, coupled with the scrutiny that Medicare is now under. Clearly not a comforting situation – but one we will learn more about as details come to light.

Frontiers in Human Health

On April 6th we hosted another in our series of Frontiers in Human Health, this one focused on “Translating Medical Discoveries.” Over 350 members of our community attended the event in the Li Ka Shing Center for Learning and Knowledge for dinner, discussions, presentations and more discussion. One of the features of the Frontiers events is the opportunity for guests to join a discussion with one or more faculty members who are seated at each table of ten. This is a great opportunity for dialogue and discussion as well as introducing the community to our Stanford Medical School faculty.

Dinner and table discussions were then followed by three presentations. One from Dr. Jim Ford, Associate Professor of Medicine (Oncology), Genetics and, by courtesy, Pediatrics, focused on how his team developed a novel new therapy (PARP inhibitors) now under study for women with so called “triple negative” breast cancer. It is based on his laboratory research and the opportunity to translate discoveries made there to patients. Dr. Kari Nadeau, Assistant Professor of Pediatrics (Immunology and Allergy) and, by courtesy, Otolaryngology, addressed the work she and her colleagues are doing on asthma and on the important but under-researched area of severe food allergies. Finally, Dr. Bill Robinson, Associate Professor of Medicine (Immunology and Rheumatology), addressed the common problem of osteoarthritis and how new approaches to intervention might be developed that would be based on a better understanding of the basic mechanisms responsible for this all too common impairment that occurs with aging.

Following the presentations, Paul Costello, Executive Director of the Office of Communication and Public Affairs, led a roundtable question and answer discussion – first with the presenters and then with the audience. This facilitated a lively and engaging dialogue.

Overall this was a terrific event and, in addition to the speakers and all the faculty who took the time to attend the event and participate in discussions, I also want to thank our outstanding Medical Development staff for all that they did to make this so successful. In particular I want to thank Caitlin Davis, June Lang, Jon Pierucci, Erik Rausch, Michele Shiele, Deb Stinchfield and Terri Tarantino.

Stanford School of Medicine Admit Weekend

On April 7-9th Stanford students, faculty and the Office of Admissions hosted a weekend of information and events for nearly 100 students who have been admitted to Stanford School of Medicine and who elected to return for another visit. According to Dr. Gabe Garcia, Director and Associate Dean for MD Admissions and Professor of Medicine, this was the largest group of returning students for “Admit Weekend” he could remember. This certainly suggests that a large number of our accepted students are interested in attending Stanford. During their weekend the Admit Students had an opportunity to learn more about the curriculum and the full range of services and activities at the medical school, medical center and university. Every effort was made to have lots of interactions with current students – including attendance at the School of Medicine Talent Show!

To date, the admitted students consist of 52% women, 48% men and 20% from groups underrepresented in medicine. However, since the students don't have to give us a final answer about whether they are coming to Stanford until May 15th, this is just a snapshot. The full portrait will not be known until we have the final acceptances and final numbers in mid-July.

Stanford Alumni Weekend

Exactly one week after “Admit Weekend” the Stanford University Medical Center Alumni Center (SUMCC) hosted its Annual Weekend led by Drs. Bill Rhine, MD’84, SUMCC President, and Linda Clever, MD’65, Associate Dean for Alumni Affairs. More than 350 Medical School alumni returned to Stanford for the weekend’s events and festivities – including

two graduates from the Class of 1946. Alumni took part in seminars, discussion groups, and tours and shared meals and social events with classmates and colleagues.

A highlight of the weekend was the “Stanford at the Leading Edge” symposium on Saturday morning, April 16th, which focused on Translating Discoveries: Brain, Body and Soul. It included a plenary session by Dr. David Spiegel, Director, Center on Stress and Health, and Medical Director of the Stanford Center for Integrative Medicine. Dr. Spiegel is also the Associate Chair of the Department of Psychiatry and Behavioral Sciences and the Jack, Lulu and Sam Willson Professor in the School of Medicine. Following Dr. Spiegel’s presentation, alumni had the opportunity to attend two seminars, choosing from the following outstanding speakers:

- **Dr. John Adler**, Co-Director, Stanford CyberKnife Center and Vice Chair of the Department of Neurosurgery and the Dorothy and Thye King Chan Professor
- **Dr. Helen Blau**, Director, Baxter Laboratory for Stem Cell Biology and the Donald and Delia B Baxter Foundation Professor
- **Dr. Sean Mackey** (Resident in Anesthesia’98 and Fellow in Pain Management’98), Chief of the Division of Pain Management, Director of the Stanford Systems Neuroscience and Pain Lab and Associate Professor of Anesthesia
- **Dr. James Doty**, Director of the Center for Compassion and Altruism Research and Education, Stanford Institute for Neuro-Innovation & Translational Neurosciences and Clinical Professor, Department of Neurosurgery
- **Dr. Tom Schall’88**, President and CEO, ChemoCentryx
- **Dr. Saki Srivastava**, Chief, Division of Clinical Anatomy, and Associate Professor, Department of Surgery
- **Dr. Gary Steinberg**, PhD’79, MD’80, Resident in Neurosurgery’83, Director, Stanford Institute for Neuro-Innovation & Translational Neurosciences, Co-Director, Stanford Stroke Center, Chair, Department of Neurosurgery and the Bernard and Ronni Lacroute-William Randolph Hearst Professor, Department of Neurosurgery.

Special thanks to each of the faculty members who made presentations to the alumni – which I heard from many were very well received. I want to offer my particular thanks to the Class Representatives for their work on the Alumni Weekend and to the many members of the Office of Medical Development who worked so diligently to make the weekend successful. Among others I want to thank Patrick Delahunt, Barbara Clemons, Bruce Bingham, Jon Pierucci and Terri Terrantino (and her group) from Medical Development and once again, Drs. Rhine and Clever. Our alumni are among our most treasured groups and I am confident that events such as this recent Alumni Reunion Weekend help affirm that reality.

Upcoming Events

28th Annual Stanford Medical Student Research Symposium

Thursday, May 12 | 3:00 -- 6:00 PM

Ballroom, Li Ka Shing Center for Learning and Knowledge (LKSC)

Faculty and students are invited to hear students present their posters and answer questions about their research. Approximately, 30-40 medical students, both MD and MD/PhD will showcase

their original medical research projects carried out in laboratories, clinics and the community - locally and abroad. These projects from the medical student body demanded that students identify and research contemporary health issues that affect individuals and communities as a whole. After closing remarks at 5:45 PM, the Stanford University Medical Center Alumni Association will announce the students with the outstanding research posters, capping the event. For information about this event, please contact Beth Leman (leman@stanford.edu).

Awards and Honors

- **Dr. Steve Galli**, The Mary Hewitt Loveless, M.D. Professor and Chair of the Department of Pathology has been named the recipient of the 2011 Scientific Achievement Award from the World Allergy Organization (WAO). The WAO is an international umbrella organization comprised of 84 regional and national allergy and clinical immunology societies from around the world.
- **Dr. Marilyn Winkleby**, Professor of Medicine at the Stanford Prevention Research Center in the Department of Medicine, received the inaugural Dr. Augustus A. White III and Family Faculty Professionalism Award, which was celebrated at a lovely event on Friday, April 15th in the Faculty Club. This award resulted from a generous gift from Dr. Gus White to foster and celebrate diversity and professionalism at Stanford. Dr. White also celebrated his 50th anniversary of his graduation from Stanford Medical School. He was the first African American graduate of Stanford and has had an incredibly illustrious career with major leadership roles at Harvard Medical School and nationally. His new book, *Seeing Patients: Unconscious Bias in Health Care*, describes his journey through medicine and helps understand the power of commitment and leadership in the face of adversity.

Dr. Winkleby is a most deserving first recipient of the Gus White Faculty Professionalism Award. Her research has focused on understanding the disparities that affect the health of ethnic minority and low-income populations. Dr. Winkleby is the Director of the Office of Community Health, which has had a major impact on the school and community since it was founded. She is also the co-founder of the Stanford Medical Youth Science Program (SMYSP), a 5-week summer residential program for low-income and under-represented minority high school students who are interested in pursuing careers in medicine or science. This program has been an incredible success since it began 24 years ago. Indeed, 100% of the 524 students who have completed the SMYSP have graduated from high school, 86% have graduated from a four-year college (of which 43% have attended medical school or graduate school) and 42% are becoming or have become health professionals. This is an extraordinary accomplishment and is worth celebrating in its own right – and now even more so with the Gus White III Professionalism Award.

- **Dr. Steven Quake**, Lee Otterson Professor in the School of Engineering and Professor of Applied Physics and, by courtesy, of Physics, learned of two significant awards within two days. First, Dr. Quake will receive the 2011 Promega Biotechnology Research Award from the American Society of Microbiology and the American Academy of

Microbiology. In addition, Dr. Quake will also be the recipient of the Raymond and Beverly Sackler International Prize in Biophysics - a prize which rewards outstanding scientists of 45 years or younger. This year's award focuses on "Innovative Physical Techniques in Biology."

Please join me in congratulating Drs. Galli, Winkleby and Quake for their well deserved recognition and awards.

Appointments and Promotions

Bruce L. Daniel has been promoted to Professor of Radiology, effective 5/01/ 2011.

David F. Fiorentino has been promoted to Associate Professor of Dermatology and, by courtesy, of Medicine, at the Stanford University Medical Center, effective 4/01/ 2011.

Andrew J. Patterson has been reappointed to Associate Professor of Anesthesia and, by courtesy, of Surgery, at the Stanford University Medical Center, effective 4/01/ 2011.

Homero Rivas has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center effective 4/01/ 2011.

Dean's Newsletter May 9, 2011

Dr. Sam Gambhir is Appointed Chair of the Department of Radiology

I am very pleased to announce that Dr. Sam Gambhir has agreed to serve as the next chair of the Department of Radiology. Dr Gambhir will succeed Dr. Gary Glazer, who has served with great distinction since 1987 and who created one of the most outstanding academic radiology departments in the world. Among Dr. Glazer's many accomplishments was the recruitment of Dr. Gambhir to Stanford in 2003 to serve as Director of the then newly created Molecular Imaging Program at Stanford (MIPS) as well as Chief of the Division of Nuclear Medicine in the Department of Radiology.

Dr. Gambhir graduated from the Medical Scientist Training Program at UCLA, where he obtained his PhD in Biomathematics and MD in 1993. He trained in Nuclear Medicine at UCLA and is a Diplomate of the American Board of Nuclear Medicine. To call Sam Gambhir's subsequent career trajectory anything but meteoric would be a major understatement. At UCLA he quickly rose from trainee to being Director of the Crump Institute for Molecular Imaging, Vice Chair of the Department of Molecular and Medical Pharmacology and Professor of Molecular and Medical Pharmacology. Since joining Stanford in 2003, Dr. Gambhir has developed a leading program in molecular imaging that developed unique collaborations and interactions across Stanford and the nation. He also designed and opened the new Nuclear

Medicine & Molecular Imaging Clinic in late 2010 that brings state-of-art clinical care to adult and pediatric patients.

Dr. Gambhir's honors and awards for his work are exceptional and include the Taplin Award (2002), Holst Medal (2003), AMI Distinguished Basic Scientist of the Year Award (2003), Doris Duke Distinguished Clinical Scientist Award (2004), Hounsfield Medal from Imperial College London (2006), Election to the Institute of Medicine of the National Academy of Sciences (2008), Tesla Medal (2008), and an RSNA Outstanding Researcher Award (2009). Since 2004, he has also served on the NCI Scientific Advisory Board. He has over 400 publications, has edited several leading textbooks in the field, has 30 patents granted or pending, and has received over \$75 million in NIH funding as a principal investigator. He also continues to actively engage the local community, and he raised significant funds to open the Canary Center at Stanford for Cancer Early Detection in 2009.

Dr. Gambhir is internationally recognized for his incredible scientific contributions and for training and educating the new generation of physicians and scientists focusing on molecular imaging. In gathering information about Dr. Gambhir for his appointment, I heard from virtually everyone I contacted that he is an individual of enormous talent and vision who will almost certainly reshape the future of imaging from both a scientific and a clinical perspective. His leadership skills are equally notable. While there is also no doubt that the field of radiology and imaging will change dramatically in the years ahead, Stanford is clearly fortunate to have Dr. Gambhir carrying on the tradition of excellence in radiology and imaging science already established at Stanford.

I also want to thank Dr. Bobby Robbins, Thelma and Henry Doelger Professor of Cardiac Surgery II, Chair of the Department of Cardiothoracic Surgery and Director of the Cardiovascular Institute, for his exceptional commitment and leadership as chair of the Search Committee. The Committee worked diligently for over a year to bring forth an incredible slate of candidates and finalists, and we all owe them a debt of appreciation and gratitude. This distinguished Committee included Drs. Ranjana Advani, Owen Aurelio, James Brooks, Robert Dodd, Sarah Donaldson, Sabine Girod, Sherril Green, Mike Longaker, Neyssa Marina, Ruth O'Hara, Jay Pasricha, Natalie Rasgon, Stephen Smith, Kevin Tabb, and Alan Yeung. I also want to thank Ms Kendra Baldwin for her exceptional role in staffing and coordinating the work of the Committee and the search process. She did this wonderfully well, and she won the respect of the candidates as well as the committee.

I also want to acknowledge the close collaboration we have had with the Stanford University Medical Center in bringing Sam Gambhir's appointment to completion. In particular I want to thank Amir Rubin, President and CEO of Stanford Hospital & Clinics, Chris Dawes, President and CEO of the Lucile Packard Children's Hospital, and Dr. Larry Leung, Chief of Staff at the VA Palo Alto Health Care System. I also want to thank Marcia Cohen, Senior Associate Dean for Finance and Administration, for her exceptional work in helping to bring the many threads of the recruitment to successful alignment.

Please join me in thanking Dr. Gary Glazer for his decades of service and leadership to radiology and to Stanford and join me in welcoming Dr. Gambhir as the next Chair of the Department of Radiology at Stanford.

Remembering and Celebrating the Life of Dr. Emma Bakes

When Emma Bakes entered Stanford School of Medicine in 2005 she envisioned learning medicine as a student and then, as a physician, caring for and learning from those whom she served. She could not have known that her deepest knowledge of medicine would come from her own personal experiences as a patient and that her legacy would be inspiring colleagues, teachers and friends about human dignity and compassion in the face of incredible adversity. Emma Bakes died of cancer on February 28, 2011 just shy of her 43rd birthday. She had hoped to attain her Doctor of Medicine degree this June, having filled all the requirements even when struggling with the pain and suffering of illness. We are working to be able to present her MD degree posthumously to fulfill her wish and that of her family but also to help celebrate her incredible life – a life that now lives on in her four-year old son Titan and her partner Donald Mendoza.

Medicine was not Emma's first career. She joined Stanford as an accomplished astrophysicist and scholar. Inspired as a young girl by Carl Sagan, she followed a path that included a PhD in astrophysics, positions at Princeton and Vassar, and research positions at the NASA Ames Research Center (ARC) and the SETI (Search for Extraterrestrial Intelligence) Institute. Her scholarship included peer reviewed publications and a book entitled "The Astrochemical Evolution of the Interstellar Medium." Emma was highly admired by her community at the NASA ARC and the SETI Institute, but she also yearned to have a human impact in addition to pondering life in the universe. That led her to a new journey and ultimately to Stanford Medical School, where she transformed her identity from teacher to learner and expert to student with a renewed sense of mission and commitment. Even when she was diagnosed with cancer as a medical student she persisted in her quest for knowledge and humanism. Her style was unique and ebullient as well as vulnerable because of her life's journey and the new impact of disease. But her commitment to her son, partner, family and friends was deep. A glimpse of her spirit is captured in an essay she wrote just months before her death entitled "The Shore of the Cosmic Ocean: A confluence of Humanity and Science" (see: http://scienceblogs.com/SETI/2011/02/the_shore_of_the_cosmic_ocean.php).

On April 28th a Memorial Service was held at the SETI Institute to commemorate Emma's life. It was organized with care and love by her partner, Donald Mendoza (also Titan's father), along with Judy Martelli, and it brought together friends and colleagues from the cross-sections of her life that were intertwined into the special network that Emma had weaved by her very personal way of connecting science and humanism.

While we can celebrate the contributions she made as a scientist and scholar, we cannot help but mourn the fact that generations of patients will not benefit from her ministrations as a caring physician. Her memory will certainly be sustained in her family and all who came to know Emma. We plan to further sustain the memory of Emma Banks through a scholarship in her name and the hope that her story will inspire future generations of students to love and care for the links between humanism and science.

Annual Visit by the School of Medicine National Advisory Council

On Monday May 2nd the School of Medicine National Advisory Council (NAC) conducted their annual review. After a day packed with presentations, discussions and reflections, they offered their preliminary findings and recommendations to John Hennessy, President of Stanford University. The NAC has played an important role in making sure that the medical school's strategic compass is directionally correct and that its path is sound and excellent.

The NAC members included a wide range of experts in medicine, science and academia. The chair of the NAC is **Dr. Ed Benz**, President of the Dana Farber Cancer Institute, Harvard University. NAC members include: **Dr. Huda Akil**, Co-Director of the Molecular and Behavioral Neuroscience Institute and Professor of Neurosciences, University of Michigan; **Dr. Tom Boat**, Professor of Pulmonary Medicine and Executive Associate Dean, University of Cincinnati College of Medicine; **Dr. Jennifer Rubin Grandis**, Vice Chair of Research and Professor of Otolaryngology and Pharmacology, University of Pittsburgh School of Medicine; **Dr. Helen Hobbs**, Director, McDermott Center for Human Growth and Development and Professor of Internal Medicine and Molecular Genetics, UT Southwestern Medical Center; **Dr. Larry Kaiser**, Senior Executive Vice President and Dean, Temple University School of Medicine and CEO of the Temple University Health System; **Dr. Dan Lowenstein**, Professor of Neurology and Director of the Physician Scientist and Education Programs at UCSF School of Medicine; **Dr. Trudy Mackay**, Professor of Genetics, North Carolina State University; **Dr. Betsy Nabel**, President of the Brigham & Women's Hospital; **Dr. Arthur Rubenstein**, Executive Vice President and Dean, University of Pennsylvania School of Medicine; and **Dr. Bill Stead**, Director of the Informatics Center and Associate Vice Chancellor for Health Affairs, Vanderbilt University Medical Center

The issues and topics comprising the annual NAC visit agenda have varied over the years from singular themes to a more varied agenda. This year's meeting fell into the latter category. It began with a "State of the School" overview that I delivered. In my remarks I updated the School's overall performance (e.g., financial recovery in consolidated revenues, profits, endowment income, reserves, patent income, gifts) as well as our success in research grants and clinical income. While both of these sources of revenue represent major immediate threats, we have done well in the past couple of years, with research expenditures (outside of ARRA funding) up by about 10% for the past two years and clinical income rising (up 7% this past year). However, given the economic conditions impacting support for research and the uncertain impact of healthcare reform, a considerable feature of my opening presentation and the discussion that followed was about how Stanford is preparing for the challenging times that are ahead.

One aspect of this important institutional preparation is the integrated planning we have been doing with both the Lucile Packard Children's Hospital and the Stanford Hospital & Clinics (SHC). Accordingly, an important presentation to the NAC was on our integrated clinical and academic planning – focusing on the School and SHC. **Drs. Alan Yeung**, Li Ka Shing Professor and Clinical Chief of the Division of Cardiology in the Department of Medicine, and **Dr. Bobby Robbins**, the Thelma and Henry Doelger Professor and Chair of the Department of Cardiothoracic Surgery and Director of the Cardiovascular Institute, presented updates on the status of planning in the Cardiovascular Institute (CVI). They described the comprehensive

integrated plan for the CVI that has emerged from an effort lasting nearly a year. It addresses several key disease management centers that cut across inpatient and ambulatory centers and that include both treatment and prevention strategies along with key efforts in innovation and technology. An important feature of this integrated planning has been the coordination of services (e.g., cardiology, cardiovascular surgery, vascular surgery), each traditionally existing in silos but now connected into a more integrated model of care and disease prevention and research.

In tandem with the update on integrated planning in the CVI we also shared the status of planning for the Cancer Institute. **Dr. Bev Mitchell**, George Becker Professor and Director of the Stanford Cancer Institute, and **Dr. Doug Blayney**, Medical Director of the Stanford Cancer Institute and Professor of Medicine, led the discussion with input from **Dr. Sri Seshardri**, SHC Vice President for the Cancer and Cardiovascular Institutes.

Integrated clinical planning with SHC has become a major initiative and is highly supported by Amir Rubin, President and CEO at SHC. Indeed, in addition to the discussions with the NAC, recent presentations have been the focus of half day retreats with the clinical department chairs and, separately, with hospital and school staff administrative leaders. Amir Rubin and I have been at each of these sessions, and they represent a new level of collaboration between the school and the hospital. In addition to our focus on major themes like cancer, cardiovascular, neuroscience and transplantation, we have also had dialogue about our future efforts in primary care as well as network development. These integrated planning activities are a critical aspect of our preparation for dealing with the rapidly changing healthcare environment in California as well as nationally.

We also had the opportunity to engage the NAC in two other important discussions. The first was the important topic of developing novel and creative approaches to flexible career pathways for faculty across the entire span of the career. **Drs. Hannah Valantine**, Senior Associate Dean for Diversity and Leadership and Professor of Medicine, and **Christy Sandborg**, Chief-of-Staff at LPPH and Professor of Pediatrics, led this discussion. They and their colleagues have built on recent discussions (including one held at our January 2011 Strategic Planning Leadership Retreat [see: http://deansnewsletter.stanford.edu/archive/01_24_11.html#1]) to develop a novel proposal called “Academic Biomedical Career Customization.” The NAC engaged in a thoughtful discussion of this intriguing project and offered a number of helpful insights and suggestions that will be considered as the pilot phase of this program begins this Fall.

A different focus of discussion with the NAC was a consideration of the future of biomedical libraries and knowledge centers in the age of information technology and rapidly changing financial models for controlling access to information development and flow. Following a presentation by **Heidi Heilemann**, Associate Dean for Knowledge Management and Director of the Lane Library, and **Dr. Henry Lowe**, Senior Associate Dean for Information Resources and Technology and Associate Professor of Pediatrics, the NAC discussed the rapidly changing knowledge acquisition and sharing landscape and the need for new models to sustain the library of the future.

Following a tour of the Li Ka Shing Learning and Knowledge Center and, in particular, the Goodman Simulation Center led by **Dr. David Gaba**, Director of the Center for Immersive and Simulation Learning and Professor of Anesthesia, the NAC heard presentations on the future of medical education led by **Dr. Charles Prober**, Senior Associate Dean for Medical Education and Professor of Pediatrics. Dr. Prober and his colleagues updated the group on work that began with discussions held at our August 2010 Think Tank on Medical Education (see: http://deansnewsletter.stanford.edu/archive/08_30_10.html#2) and was further developed at our the January 2011 Strategic Planning Leadership Retreat (see: http://deansnewsletter.stanford.edu/archive/01_24_11.html#1). Based on these earlier discussions, Dr. Prober has appointed four work groups that will examine different facets of medical education (from undergraduate to graduate and postgraduate training) in four interconnected areas: 1) Patient Centered Learning; 2) Knowledge Retrieval and Integration; 3) Coaching, Mentoring, and Advising; and 4) New Learning Strategies and Pathways.

To help frame the discussion about the future of medical education, **Matt Goldstein**, SMS 6+ MD/PhD student, reflected on his experience and how that might inform how medical education is conducted in 2021. Given their leadership roles in the committees mentioned above and their overall contributions to medical education, four faculty leaders contributed to the discussion. They included **Dr. Clarence Braddock**, Associate Dean for Medical Education and Professor of Medicine, **Dr. Henry Lowe** (see above), **Dr. Laura Roberts**, McCormick Professor and Chair of the Department of Psychiatry, and **Dr. Abraham Verghese**, Professor and Senior Associate Chair of the Department of Medicine. Several models for the future of medical education that ranged from evolutionary to revolutionary were discussed with the NAC. These will be further explored and discussed over the months ahead.

The final major theme of the NAC visit was a review and update on the Department of Bioengineering, which was established seven years ago. This department is unique in the University in being jointly sponsored by the Schools of Engineering and Medicine. **Dr. Russ Altman**, Boston Scientific Chair and Professor of Bioengineering, Genetics and Medicine, provided an historical overview of how the department was formed, how it has been developed and where it is heading in the future in education and research as well as in translational medicine. **Dr. Jim Plummer**, Dean of the School of Engineering, participated in the discussion.

As you can gather, the NAC visit was filled with a lot of exciting presentations. They reflected the range of important domains that comprise the School of Medicine – from education to research and patient care as well as support for faculty and for the resources that are needed to make us unique during times of change. They also represented a range of states of completion, from initiatives well on the way to implementation to those whose ideas are still under development. As noted above, the NAC shared their preliminary observations with President Hennessy and will provide a more formal report in the next months (as they have done in past years). They did seem stimulated by the discussions and for that I thank our faculty, students and staff. I also extend my appreciation to **Dr. Kathy Gillam**, Senior Advisor to the Dean, **Mira Engel** and **Jana Baldwin** for all the work they did in helping the NAC visit be so successful.

Spectrum Continues to Make Progress

Thanks to the leadership of Dr. Harry Greenberg, Senior Associate Dean for Research and Joseph D Grant Professor in the Department of Medicine, and his colleagues, Spectrum (aka the Stanford Clinical and Translational Science Award) continues to make progress. This message was conveyed clearly on Tuesday May 3rd at the annual visit of the External Advisory Board, which reviewed progress in bioinformatics; operations, training and compliance; the clinical and translational research unit; innovations and pilots; and community engagement. The early feedback has been extremely positive.

In addition, Spectrum trainees have been successful in their participation on the national stage, nine of whom gave presentations at the 2011 Clinical and Translational Research and Education Meeting in Washington D.C. The presentations included:

- **Lilian Lam**: Characterization of Nontyphoidal Salmonella Strains Isolated from Patients in South Africa
- **Hiwot Araya & Ehete Bahiru**: A retrospective Study of Mortality and adherence among HIV/Aids patients at Alert Hospital
- **Benjamin Seligman**: Postsixty Mortality and Transition in the Global Burden of Disease
- **Shushmita Ahmed**: How does Motivation Affect Postoperative Weight Loss?
- **Kathryn Sepelyak**: Patterns of Verbal Defects in Children with Chromosomal Abnormalities
- **Aditi Mallick**: Chronic Stress and Salivary gene expression
- **Rashmee Shah, MD**: Atrial Fibrillation Ablation Outcomes
- **Roxana Daneshjou**: Whole Exome Analysis of African Americans in High- and Low – Doses of Warfarin

The Emerging Debate About Graduate Education

During the last year we have had a number of discussions about the education of medical and graduate students as well as postdoctoral fellows. In October 2010 we convened a think tank on PhD education (see: http://deansnewsletter.stanford.edu/archive/10_11_10.html#3), and we continued to discuss issues raised there at our January 2011 Strategic Planning Leadership Retreat(see: http://deansnewsletter.stanford.edu/archive/01_24_11.html#1). Our focus has been broad. It has included a dialogue about our goals, objectives, expectations and funding for graduate students coupled with the realization that there are not enough academic positions to accommodate all PhDs being trained – along with expressions by a number of students of interest in other career pathways and opportunities outside of academia. Our discussions have been far ranging but our actions, to date, have been relatively limited. That said, our current reflections on PhD education have been timely in light of recent commentaries, position statements and national task forces that are challenging assumptions about the viability of graduate education – in the US and globally.

For instance, the April 21 issue of Nature featured several provocative commentaries with titles like “*The PhD Factory*”(see: <http://www.nature.com/news/2011/110420/full/472276a.html>) and “*Rethinking PhDs*” (see: <http://www.nature.com/news/2011/110420/full/472280a.html>). The dominant theme is that too many PhDs are being produced around the world for a shrinking job market – in academia, industry and elsewhere. This is consistent with comments we heard during our internal discussions, but our viewpoint was tempered by the reality that opportunities for PhD graduates are impacted by where they received their degree and how they were educated –

clearly not all PhDs in science are equal. Needless to say, we are fortunate at Stanford to have incredibly talented students in our PhD programs – but even for them opportunities are still limited, either by what is available or by the choices they make along the way.

Even though we began our discussions about rethinking the future of graduate education as a Stanford initiative, it is clear that others are thinking similarly, and some agencies will likely drive agendas that could affect graduate education. Among the most important is the recently announced panel sponsored by the NIH that will look into the future of graduate education. Dr. Shirley Tilghman, President of Princeton University and a highly respected scientist, will chair the panel (see: <http://news.sciencemag.org/scienceinsider/2011/04/nih-panel-tackles-makeup-of-the.html>). According to a recent interview, Tilghman notes that “the root of the problem” is the overproduction of PhDs. She adds: *“As a consequence, there are too many people chasing too few jobs and too few grant dollars. This problem will only get worse in the next decade, given the current federal budget. I believe there could be changes made to the structure of the typical biomedical research laboratory. The typical lab consists of about 10 trainees, a technician, and a principal investigator. The majority of those trainees will not become principal investigators, because those jobs are not multiplying. And at the moment, there aren’t enough career alternatives to capitalize on the time investment of these trainees. So I think we need to change the scenario.*

From years of being a mentor, I know that not all students want a career running their own lab and raising money. Instead, they want to do what they love: research. Perhaps more members of a lab could be permanent employees, and fewer could be trainees. We need to explore such options.”

While our Stanford discussion on graduate education will continue, it seems inevitable that whatever emerges from our deliberations will be affected by the work of the NIH panel. Clearly both are worth following.

University Faculty Senate Approves New Degree Programs

On April 28th, the Senate of the Academic Council of Stanford University approved a new School of Medicine PhD program on Stem Cell Biology and Regenerative Medicine, perhaps the first of its kind in the US (see: <http://med.stanford.edu/ism/2011/april/stem-phd.html>). The decision to proceed with this degree has been the focus of considerable and thoughtful review and is ultimately based on the assessment that this is a unique and clear discipline – and one where Stanford can provide leadership. Special thanks and commendation must be given to Dr. Renee Reijo Pera, Professor of Obstetrics and Gynecology and Director of the new PhD program, and Dr. Theo Palmer, Associate Professor of Neurosurgery and Co-Director of the doctoral program.

In addition, the Senate also approved the proposed MD-JD degree program that has been developed by leaders in the Schools of Law and Medicine. This provides yet another unique career path for Stanford Medical Students. Next in the pipeline is the MD-MPP (Master in Public Policy) joint degree.

The Art of Listening and Communicating with Patients

As we constantly discover new ways of caring for the patients we serve, it is equally important to reaffirm the importance of the way we communicate with our patients, listen to their concerns and show in our actions the value of the doctor-patient relationship. A brief commentary on this topic that I co-authored with Dr. Wendy Levinson, Professor and Chair of the Department of Medicine at the University of Toronto, appeared in the May 4th issue of the Journal of the American Medical Association (JAMA). The commentary is entitled “Patient-Physician Communication: It’s About Time” (see: <http://jama.ama-assn.org/content/305/17/1802.full>). Our Office of Communication and Public Affairs pursues this topic further in its “5 Questions” series – see: <http://med.stanford.edu/ism/2011/may/5q-pizzo-0509.html>.

Department of Pediatrics Hosts its Second Research Day

Annual departmental retreats are an important feature in the life of virtually every basic science department at Stanford. They present opportunities for sharing new findings, fostering new ideas and developing community by bringing students, trainees and faculty together. Clinical departments also host retreats since they are also a great opportunity for networking, particularly when the faculty and trainee sizes are multiples of the basic science programs. The Department of Pediatrics held its Second Annual Research Retreat on Friday, April 22nd to feature and help celebrate the work of trainees, junior faculty and established investigators. Indeed 190 individuals participated in the Retreat, which was held at the Quadrus Conference Center. Awards were given to trainees and junior faculty for their research projects and included (for first and second place):

- **Pediatric Residents:** Jane Maclean, MD and Jason Bacha, MD
- **Clinical Fellows:** Anne Hsui, MD and Preston Lavinghousez, MD
- **Postdoctoral Fellows:** Paul Valdmanis, PhD and Scott Metzler, PhD
- **Instructor in Pediatrics:** Kara Davis, MD and Alexis Davis, MD

The “Rules of Practice” Are Updated for Stanford Faculty

Although revisions to policy in this area have been long in the making, we now have the final edition of the *Practice Policy for the Physicians and Psychologists in the School of Medicine*. This policy, which will be effective May 15, 2011, replaces the current *Rules of Practice for the Faculty Physician*. It addresses the clinical care activities and reviews generated by physicians – including the approved sites for clinical practice and the approved payment mechanisms for clinical services. It also addresses such issues as telemedicine and practice in states or countries outside the licensed jurisdiction, and it provides the process by which exceptions or clarifications to its provisions may be sought. It is important for all physicians and psychologists who have faculty appointments at the School of Medicine to be cognizant of this policy and adhere to it. If you have any questions please contact Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs (nrizk@stanford.edu), or Dr. Ann James, Senior University Counsel, Office of the General Counsel (anjames@stanford.edu).

Because this policy has not been revised for some time, I am including it below to ease your ability to review it. It is also available on-line in the School of Medicine Faculty Handbook (<http://med.stanford.edu/academicaffairs/handbook/chapt10.html#practice>).

Practice Policy for the Physicians and Psychologists in the School of Medicine

I. **Scope and Purposes**

This Policy governs all physicians and psychologists in the School of Medicine involved in clinical care activities (Clinicians) and the revenue generated by such Clinicians. Every Clinician has made a written commitment to comply with the Rules of Practice for the Faculty Physician (Faculty Handbook

2.103, <http://med.stanford.edu/academicaffairs/handbook/2.103.doc>), and this policy updates and replaces these Rules. The clinical care activities and revenue of all Clinicians shall be governed by this Policy. Except as provided in this Policy, full-time Clinicians (as defined below) may not have or maintain a private practice of medicine.

II. **Definitions**

A. ***Individuals Covered by the Policy***

All Clinicians who engage in patient care services as part of their employment at Stanford University are covered by this Policy. This policy excludes trainees (including trainee/instructors), who are covered under different policies but includes part-time faculty.

B. ***Practice Income***

1. Practice income is all Clinician medical fee-for-service or contract income derived from direct, indirect or consultative patient care services requiring physician or other licensure, whether such activities are recurrent or non-recurrent in nature, provided by the Clinicians as part of their employment by Stanford University, regardless of the source of payment for those services or the purpose for which the Physician service/opinion is rendered. In addition, income generated by adjunct Clinicians who engage in patient care may be practice income when performed as part of their Stanford duties. All practice income shall be assigned to Stanford Hospital and Clinics ("SHC") or Lucile Packard Children's Hospital ("LPCH") by all Clinicians who generate such income. Except as provided in this Policy, none of such persons shall have any right or title to such practice income. Nonclinical activities of individual Clinicians shall not be covered by this Policy.
2. Consulting on disputed medical claims or testifying as an expert witness on the medical condition or treatment of any person is excluded from practice income when the service meets all of the following criteria:
 - (a) Is based solely on a review of medical records (including x-rays, tracings, lab results and photographic material) of a person who is not a current patient of any Clinician or of SHC or LPCH, AND
 - (b) Does not involve use of any SHC or LPCH staff, laboratories or other facilities, AND
 - (c) Does not involve personally examining or interviewing the person.

3. Practice income includes all medical direction income, including but not limited to income from serving as a medical director for any diagnostic or therapeutic facility, or any other nonprofit or for-profit enterprise where the medical director has responsibility for the quality of medical service(s) rendered.
 - (a) Payment for serving only as a member of an advisory board or governing board of such an organization is not practice income but is subject to disclosure as a possible conflict of commitment or interest.
 - (b) Any Clinician whose commitment to Stanford is part-time (that is, any commitment less than 100% or 1 FTE):
 - i. If the Clinician receives no benefits from Stanford (generally meaning less than 50% time), a list of other employer(s) shall be provided to the Senior Associate Dean for Academic Affairs, to be included in the Clinician's personnel file
 - ii. If the Clinician receives partial benefits from Stanford (generally meaning less than 75% time but more than 50% time), the Clinician must obtain an exemption from Practice Income for any clinical income which is unrelated to the Clinician's Stanford commitment. Such an exemption must be in writing, agreed to by the Division Chief and Department Chair, approved by the Senior Associate Dean for Academic Affairs, and documented in the Clinician's appointment letter or, for an already-employed Clinician, in an annual letter of agreement.
 - iii. If the Clinician receives full benefits (generally meaning 75% time or more) but is less than 100% time, the Clinician must obtain an exemption from Practice Income for any clinical income which is unrelated to the Clinician's Stanford commitment. Such an exemption must be in writing, agreed to by the Division Chief and Department Chair, approved by the Senior Associate Dean for Academic Affairs, and documented in the Clinician's appointment letter or, for an already-employed Clinician, in an annual letter of agreement.
4. No exception to this Policy will be effective unless such exception has been reviewed and approved in writing by the Chair and Division Chief of the relevant Clinician's Department and the Senior Associate Dean for Academic Affairs, and malpractice coverage has been agreed to by SUMIT or separate malpractice coverage is provided, is satisfactory to the School and to SUMIT, and is documented in writing.
5. Resolution of questions on whether specific types of payments are practice income or can be received as personal payments will be resolved by the Senior Associate Dean for Academic Affairs.

III. Approved Practice Sites

1. The approved practice sites for the Clinicians are the facilities of SHC and LPCH, and other hospitals and ambulatory care facilities, including the Blood Center, owned, or managed by, or under an affiliation or other agreement with the University or SHC or LPCH; and other health care agencies, institutions, and

places designated by the Dean or his or her designee as sites of approved practice. The requirement to practice only in approved practice sites applies to all international as well as domestic locations. The specific practice site or sites for any individual Physician will be determined by the cognizant Chair or Division Chief.

2. No full-time Clinician may ever maintain a clinical practice outside of the approved practice sites. The practice location requirements for part-time Clinicians are defined in the individual's employment letter, as approved by the relevant Department Chair and the Senior Associate Dean for Academic Affairs, and, for international sites, the Senior Associate Dean for Global Health.
3. The provision of telemedicine services should be reviewed for licensure requirements on a case by case basis. State laws vary, and may change from year to year or as a result of litigation. Such practice should be governed under a contract for outreach and be confirmed for coverage with SUMIT prior to undertaking any services.
4. Provision of Clinician services at sites other than approved practice sites on a routine or non-recurring basis must be approved in advance by the Senior Associate Dean of Academic Affairs and the Department Chair and documented in writing. Any income derived from such activities shall be practice income. Rendering emergency care (a "good Samaritan" action) is an exception to such restriction on practice location.
5. Contact through the internet, whether by an affected individual, another clinician, or a family member of an affected individual, should be thoughtfully reviewed and, if an answer is deemed appropriate, may be provided with the following disclaimer: *"NOTE: My response to your question is not medical advice but my informal assessment of the [photo/description/] you have sent. My assessment is not a basis for any action or inaction for this individual, and, as with all medical issues, is not intended to nor does it replace the evaluation and determination of a medical professional who can make a diagnosis and render appropriate care. I have not had the opportunity to review the complete medical records nor had the opportunity to examine [you/the patient]; my assessment can only be based upon the limited information [you have/I have been] provided."*

IV. **Malpractice Coverage**

0. Malpractice coverage is provided only for patient-related activities performed by Clinicians as part of their official duties within approved practice sites, including outreach locations to which Clinicians are assigned as part of their duties.
1. SUMIT malpractice insurance has specific restrictions and provisions for coverage. Each licensed Clinician considering any clinically related activity outside an approved practice site should consult the Senior Associate Dean for Academic Affairs and the Insurance Manager for SUMIT. All questions or issues regarding coverage or any request for any exception should be resolved with SUMIT and confirmed in writing with SUMIT, the Senior Associate Dean for Academic Affairs and the Department Chair.

V. **Unauthorized Practice of Medicine**

Under no circumstances may any Clinician practice medicine outside of the location in which he or she is licensed. For example, a Clinician licensed only in California may not

provide clinical care outside of California, whether in the United States or any other jurisdiction, barring the application of special circumstances allowing such practice. Any Clinician considering practice outside a jurisdiction of licensure should consult the Senior Associate Dean for Academic Affairs to determine whether any exception applies.

- VI. **Rights and Obligations of Clinicians** Clinicians shall have the rights and obligations respectively provided for them in their individual appointment letters, this Policy and all applicable University, School and Department rules, regulations, and policies. Each Clinician shall have the obligation to know and understand such requirements, and, if in doubt, shall be obligated to obtain answers from the cognizant Chair or the Senior Associate Dean for Academic Affairs.

- VII. **Duties of Clinicians**
All Clinicians shall provide services to patients in the respective hospitals and other locations in which they serve, respecting and following all relevant policies, rules and regulations including but not limited to those related to patient care, billing and compliance.

- VIII. **Effective Date**
This Policy is effective on May 15, 2011 and replaces the Rules of Practice for the Faculty Physician.

Medical Students Advocate for Bike Safety

In past issues of the Dean's Newsletter and in other forums I have raised serious concerns about bicycle safety on the Stanford campus. Of particular concern is the fact that many students (or more appropriately bike riders) do not wear helmets (while there are more formal surveys, I generally count about only 1 in ten wearing helmets). An equally low number - or fewer - do not have reflective gear or lights on their bicycles – something I note virtually every night as I drive home. It is scary. And to make matters worse, a shockingly few number actually obey road traffic signs – including stop signs. While not wanting to be overly hyperbolic, I believe I have seen the potential for an accident virtually every time I drive home at night; it is only vigilance and extreme caution that saves the day – but that is no assurance that an accident will not occur in the future. This is all despite the enormous amount of work that has been done by the University and especially Ariadne Scott, who has put amazing programs in place to enhance education and safety on campus (see: http://transportation.stanford.edu/alt_transportation/BikingAtStanford.shtml). And while progress has been made, the lack of attention to bike safety – or its extinction over time by students – is notable and worrisome.

Now an admission of personal judgment. I often thought that the biggest problems in this area were among undergraduate students and that graduate students, faculty and staff would be more attentive to safety issues (or feel less omnipotent) and that students and trainees in the medical school would exercise greater attention to bicycle safety. This turns out to be false – as I have personally observed and others have recorded as well. So, before complaining further about the broader university, we clearly have work to do in the medical school.

Hence I was especially pleased when a group of first year medical students took leadership on bicycle safety and arranged a meeting with Ariadne Scott (from Parking & Transportation Safety) along with Dr Charles Prober and me. The SMS1 students are Anthony Kaveh, Sneha Shrestha and Nancy Yerkes. They expressed a commitment to help improve safety in the medical school first and then carry that to the university on a student-to-student basis. This is a terrific idea, and I share it to alert you once again to the problems we have with safety and also to encourage you to work with our students and, of course, for our students to work with each other. Creating a culture of safety is hard – but it can be done, and we owe it to each other to help do that for our students, staff and faculty. Please help!

Stanford Hosts Western AAMC

On April 30 – May 3rd the School of Medicine hosted the annual American Association of Medical Colleges (AAMC) Western Regional Conference. Thanks to the diligence and hard work of faculty and student leaders, the event was a tremendous success by virtually every measure. Registration for the conference exceeded all expectations. Based upon prior meetings, 350 attendees were anticipated, but over 500 registered. Most participants were faculty, staff and students from medical schools, residency programs and undergraduate institutions. However, the conference also attracted professionals from schools of dentistry, podiatry, pharmacy, optometry, chiropractic, and traditional Chinese medicine.

The immediate feedback from attendees regarding the quality of the meeting has been outstanding. Compliments reflect on the organization of the meeting, the almost flawless events schedule and the venue, which featured the Li Ka Shing Center for Learning and Knowledge.

The success of this meeting also reflects the incredibly hard work of faculty and staff. I want to thank the three program chairs:

- Dr. Clarence Braddock, Associate Dean for Medical Student Education
- Dr. Gabe Garcia, Associate Dean for Medical Student Admissions
- Dr. Pree Besaviah, Director, Practice of Medicine

I also want to thank the great work of the individuals and teams that made the program so successful. They include Cindy Irvine (Assistant Dean for Medical Education) and Char Hamada (Assistant Dean for Student Affairs) along with Kim Osborn, Bahij Austin, Zera Murphy, Christine Solari, Brian Tobin, Juhn Verano, Ray Jackman, Tomiko Oskotsky and the terrific volunteers from Student Life, Admissions, Division of Evaluation, EPS Finance and Administration, Educational Technology, Simulation Program, Standardized Patient Program, Financial Aid, Registrar's Office, Medical Student Research and Scholarship, Medical Science Training Program and the Center of Excellence.

Stanford Medical School shined brightly at the Western Regional AAMC meeting – and for that we are all grateful.

Aligning Immersive Learning and Medical Education

In an effort to further align immersive learning with medical student education, the Center for Immersive and Simulation-based Learning (CISL) led by Associate Dean David M. Gaba, MD has changed its administrative home from Information Resources and technology, under Senior Associate Dean Henry Lowe, M.D., to Educational Programs and Services under Senior Associate Dean Charles Prober, MD. This change was effective May 2nd. CISL includes the School of Medicine's programs of Immersive and Simulation Learning (ISL), the direction and management of the Hon Mai and Joseph Goodman Immersive Learning Center on the Ground Floor of the Li Ka Shing Center, and a Consortium of groups and facilities engaged in ISL activities in the Stanford family of institutions (SoM, SHC, LPCH, and VA Palo Alto HCS).

The Loss of Two Extraordinary Stanford Medicine Alumni

I noted above the tragic loss of our student Emma Bakes. Over the past week medicine lost two distinguished leaders – both graduates of the School of Medicine.

Dr. Jim Mongan was a 1967 graduate of the School of Medicine. His life was dedicated to public service in many venues across the US and world. His commitment to improving the world characterized the journey of his life. He served in the White House under President Jimmy Carter, was later president of the Truman Medical Center in Kansas City and then served as president of the Massachusetts General Hospital and finally as president and CEO of Partners HealthCare. He played a major role in the landmark health care reform that has occurred in the Commonwealth of Massachusetts. In addition to his enormous range of professional accomplishments, Jim Mongan was an incredibly genuine and caring individual of great integrity and commitment. He is deeply missed by all who had the honor to know and interact with him.

Dr. Jack Griffin was a 1968 graduate of Stanford Medical School and was to receive the Wallace Sterling Award with his wife Diane Griffin, also an incredibly accomplished scientist, in just a few weeks. Jack Griffin was an internationally acclaimed neuroscientist and was the founding director of the Johns Hopkins Brain Science Institute and former Director of the Department of Neurology at Johns Hopkins, where he served on the faculty for several decades. His accomplishments in science and medicine were remarkable and from them he won deep respect and admiration around the world.

Certainly every death and loss is important and has an impact on families, communities and organizations. These two Stanford Medicine alumni had incredibly distinguished careers in very different ways – but they epitomize what we value most – individuals who seek to make a difference and live their lives doing so. They will be missed but surely not forgotten.

2010 McCormick Faculty Awardees

The School of Medicine and the Office of Diversity and Leadership are pleased to announce the recipients of the 2010 McCormick Awards. These awards provide research/project funding to junior faculty women pursuing advancement, or to junior faculty men or women who support the advancement of women in medicine and/or medical research. The awards are supported by the McCormick Funds, which were established to support the advancement of women in medicine and/or medical research directly, or by supporting the mentoring, training and encouragement of

women pursuing the study of medicine, in teaching medicine, and engaging in medical research. This year 18 applications were submitted and the winners were chosen by a review committee that included: Ray Gaeta, Anne Brunet, Kari Nadeau, and Hannah Valantine. Three award winners each year will receive \$30,000 per year for two years.

This year's McCormick Award winners include:

- Katrin Chua, MD PhD, Assistant Professor in Medicine: **SIRT7: linking chromatin regulation to oncogenic transformation**
- Joyce Liao, MD PhD, Assistant Professor in Ophthalmology: **Laser-Assisted Stem Cell Transplantation to Treat Adult Vision Loss**
- Fan Yang, PhD, Assistant Professor in Orthopedic Surgery: **Combinatorial Development of Microarrays for Understanding Stem Cell Fate Regulation in 3D**

Congratulations to each.

Awards and Honors

- On May 3rd, 72 scholars from the US were elected to the National Academy of Sciences, one of the most prestigious honors in science. Of these eight were from Stanford University and three are School of Medicine faculty, with two others having joint appointments or associations with the medical school. The three School of Medicine faculty members elected to the NAS are:
 - *Dr. David Kingsley*, Professor, Department of Developmental Biology
 - *Dr. Brian Kobilka*, Professor and Chair, Department of Molecular and Cellular Physiology
 - *Dr. Rob Malenka*, Nancy Friend Pritzger Professor of Psychiatry and Behavioral Sciences and Co-Director, Stanford Institute for Neuro-Innovation and Translational Neuroscience

Also elected to NAS from Stanford with close ties to the School of Medicine are *Dr. Sue McConnell*, Susan B. Ford Professor in the Department of Biology (and also on the Executive Committee of the Stanford Institute for Neuro-Innovation and Translational Neuroscience) and *Dr. Keith Hodgson*, the David Mulvane Ehrsham and Edward Curtis Franklin Professor of Chemistry and Associate Lab Director for Photon Science at SLAC.

- *Dr. Bill Newsome*, Professor of Neurobiology and Investigator in the Howard Hughes Medical Institute, is one of 28 US scholars and leaders who was elected to the American Philosophical Society (APS) on April 29, 2011. Founded by Benjamin Franklin in 1743, the APS is the nation's oldest learned society and "promotes useful knowledge in the sciences and humanities through excellence in scholarly research, professional meetings, publications, library resources, and community outreach."

- **Dr. Alan Schatzberg**, Past Chair Kenneth T. Norris, Jr Professor of Psychiatry and Behavioral Sciences, received the *Doctor Honoris Causa* from the University of Vienna, the oldest university in Austria.
- **Dr. John Ioannidis** was installed as the third incumbent of the CF Rehnborg Professorship on April 21st. Dr. Ioannidis joined Stanford this past year to lead the Department of Medicine's Stanford Prevention Research Center. The prior two incumbents of the Rehnborg professorship were Dr. Jack Farquhar, who founded the SPRC, and Dr. Steve Fortmann, who was the second director, preceding Dr. Ioannidis.
- **Dr. Preetha Basaviah**, Clinical Associate Professor, has received the Society of General Internal Medicine National Award for Medical Education.
- **Dr. Axel Brunger**, Professor of Molecular and Cellular Physiology, of Neurology and Neurological Sciences, of Photon Science and, by courtesy, of Structural Biology, has been named the winner of the American Society of Biochemistry and Molecular Biology's inaugural DeLano Award for Computational Biosciences.

Congratulations to all.

Appointments and Promotions

Mildred Cho has been promoted to Professor (Research) of Pediatrics, effective 5/01/11.

Cheryl Koopman has been promoted to Professor (Research) of Psychiatry and Behavioral Sciences, effective 5/01/11.

Jianghong Rao has been promoted to Associate Professor of Radiology, effective 5/01/11.

Dean's Newsletter

May 23, 2011

Thinking About Population Sciences at Stanford

On Saturday morning, May 21st, we held a retreat designed to think about the future of population science at Stanford. It was incredibly informative and highly successful in bringing a broad and diverse community of scholars and experts together with the goal of reflecting on how we can make our individual and collective efforts more successful – and ideally make our total impact bigger than the sum of our respective parts. Forty-five faculty from three schools and 24 different divisions or departments in the University and Stanford Hospital joined together in this discussion and dialogue. Dr. Jack Rowe, Professor of Health Policy and Management at the Columbia University Mailman School of Public Health, attended as special guest and consultant. Dr. Rowe has extensive experience as a leader in academic medicine and the private healthcare market and has spent time at Stanford over the past two years.

The impetus for the retreat was the increasing recognition that population science is an important feature of the future of medicine. While we have been fortunate to have a number of incredibly talented faculty in population science, our efforts are highly dispersed in the medical school and throughout the university. We have also been fortunate in recruiting a number of highly talented faculty leaders in population science during the past several years. Coupled with these factors is the changing face of science and healthcare – at the NIH and in the public and private sector – that makes population science ever more important. At the same time, this is a diverse field that includes epidemiology, statistics, sociology, psychology, anthropology and health policy along with important intersections in disease disciplines (e.g., cancer) and in health and prevention.

Given our current strengths, it is important to ask how we can make them even stronger. While many academic centers approach population science through schools of public health, we have been clear at Stanford that we do not intend to pursue that pathway. Instead we are seeking broader interaction across the university and into the community with the goals of enhancing programs in education, research and clinical care delivery. While some might argue (and the issue was raised at the retreat) that the best way to bring faculty together is to create a shared facility, we also recognize that there are many other ways of facilitating interaction and collaboration. One example was this very retreat – which enabled a diverse group of faculty to meet and share their areas of interest and hopes for the future. (I would note that a number of faculty commented that simply getting together for this retreat had already spawned some new potential collaborations).

While many important views and perspectives were presented and shared, common shared themes emerged as well, including innovation (especially in the Stanford culture) and the importance of aligning social and biological sciences, of using new technologies and tools (such as cell phones and data tracking sources) that might connect personal, biological and social data, and of developing new tools that could reshape the field of populations sciences research. Resources that facilitate interaction or help handle large databases are other ways of moving a collaborative research agenda forward. There was a recognition that the term “population” should include molecules, cells, systems, bodies and communities of individuals and that efforts should focus on diversity, health disparities, age, behavior and various diseases (including emerging health problems like obesity).

The discussion at this first retreat was rich and provocative. The next steps will involve collating and organizing the various recommendations that came out of the retreat and then, in all likelihood, carrying out further explorations through small group discussions. It was not the intent of this first retreat to reach a conclusion or develop a plan – but rather to raise questions about opportunities, small and large, and help create an agenda for how we can support faculty and make Stanford’s efforts in population science the best they can be.

School of Medicine 2011 Staff Recognition

At a Friday May 20th reception in the Li Ka Shing Center for Learning and Knowledge (LKSC) we celebrated the wonderful work done by Stanford School of Medicine staff members who have been part of our community for five to more than 40 years. What makes institutions great is the

individuals who choose to work there – and we are fortunate in the medical school to have outstanding employees who work across all of our missions in education, research, patient care and community service along with the disciplines that enable their success – from finance and administration to information technology, philanthropy, communications and beyond. A second hallmark of a great institution is that employees stay for years and even decades, during which time they also evolve and contribute in new and exciting ways. While the public credit for work done at academic medical centers and universities more commonly goes to the faculty and students, the reality is that the work they do would not be possible without the incredible support and help they receive from the individuals who staff every one of our functions and activities.

We are a diverse and highly variegated institution, but there is a common thread that connects all of us. We are committed to improving the world by educating its future leaders, making the discoveries and innovations that will transform knowledge and helping to improve the care of the patients who come to us both for healing and for the preservation of their health and well being. I sometimes think about the breadth and myriad talents of our community in the same way that I think about the starting line of a marathon. At the start of a race there are often thousands of individuals who have diverse backgrounds, a wide range of ages and life knowledge and experience, and highly individual goals and personal aspirations. But they are joined together in a new organic connection that ultimately moves each individual first as part of a shared experience and ultimately as an individual journey – at her or his own pace and comfort – to a common goal.

In some ways we do that in our special work environment. We also line up each day at Stanford in our real and virtual space and then move individually and collectively toward the shared goal of improving the human condition. Many times our connections and interactions are not apparent but, in time, our individual and joint efforts have a real impact. In that spirit I want to thank all of the exceptional individuals who work at Stanford and who truly make a difference. At this moment, many Americans are out of work, and many who are employed are in jobs they find less than fulfilling. We are fortunate to work in an exciting and meaningful environment that has a valuable mission and that is greatly enhanced by the quality and commitment of our work community.

We attempt to acknowledge and celebrate our staff employees year round, but we are also pleased to host this annual reception to thank individuals who have achieved milestones of time at Stanford or exceptional performance. The name of each individual who has spent 5, 10, 15, 20, 25, 30, 35 and 40 years at Stanford is mentioned at the Employee Recognition website (see: <http://med.stanford.edu/employeerecognition/>). At the reception we highlighted the individuals who have spent 35 and 40 years at Stanford. Their bios are included on the website, and they include:

Employees with more than 35 years of service:

- **Marilin Masek**, Pathology - see: http://med.stanford.edu/employeerecognition/honorees/35years/Marilyn_Masek.html
- **Cecele Quaintance**, Pediatrics - see: http://med.stanford.edu/employeerecognition/honorees/35years/Cecele_Quaintance.html

- **Back-Hong Tran**, Research management Group – see:
<http://med.stanford.edu/employeeerecognition/>)
- **Hendrik Vreman**, Pediatrics – see:
http://med.stanford.edu/employeeerecognition/honorees/35years/Hendrik_Vreman.html
- **Judith Washborn**, Information Resources & Technology – see:
http://med.stanford.edu/employeeerecognition/honorees/35years/Judith_Washburn.html

Employees with more than 40 years of service:

- **Virginia Fowkes**, Medicine, Family and Community Medicine – see:
<http://vascular.stanford.edu/profiles/frdActionServlet?choiceId=facProfile&fid=3997>
- **Tim Gadus**, Facilities Planning and Management – see:
<http://med.stanford.edu/employeeerecognition/honorees/40years/>

Two awards, the *Spirit Award* and the *Inspiring Change Leadership Award*, recognize members of our staff who have been truly exceptional in carrying out their responsibilities. The Spirit Award recognizes two individuals who have won the respect of the Stanford community for their consistent dedication, initiative, motivation, attitude and service. The two winners of the 2010 *Spirit Award* are (see: <http://med.stanford.edu/employeeerecognition/awards/2010-spirit.html>):

- **Chris Shay**, Project Manager/Planner, Office of Facilities Planning and Management
- **Young Quoc Vu**, Course Coordinator for “Human Health and Disease,” Department of Pathology

The *Inspiring Change Leadership Award* is for individuals who have initiated work improvements and programs that have been transformative. The 2010 Inspiring Change Leadership Awardees are:

- **Sonia Barragan**, Associate Director, Research Management Group
- **Nancy Lonhart**, Associate Director and Administrative Manager, Department of Medicine and PCOR

I offer my deep appreciation to *all* of our wonderful staff.

Stanford Institute for Stem Cell Biology and Regenerative Medicine: An Update to the Executive Committee

At the May 6 Executive Committee meeting, Drs. Irv Weissman, Virginia & D.K. Ludwig Professor for Clinical Investigation in Cancer Research and Director of the Stanford Institute for Stem Cell Biology and Regenerative Medicine (ISCBRM), and Michael Longaker, Deane P. and Louise Mitchell Professor in the School of Medicine and Institute Co-Director, provided an update on the Institute. A summary of their remarks follows:

Since its founding nearly a decade ago initially as the Cancer/Stem Cell Institute under the leadership of Irv Weissman, the Institute for Stem Cell Biology and Regenerative Medicine has experienced significant growth and change. In 2005 the original Institute was divided into the separate Stanford Cancer Institute and the Institute for Stem Cell Biology and Regenerative Medicine (ISCBRM).

The leadership of the Institute for Stem Cell Biology and Regenerative Medicine, along with the Dean, raised over \$185,000,000 to establish the new Lorry I. Lokey Stem Cell Research Building. The Lokey Building (also known as the Stanford Institutes of Medicine 1) houses faculty focusing on stem cell biology and regenerative medicine from an array of disciplines that include cancer, neuroscience, cardiovascular, imaging and more

The ISCBRM has recruited a number of impressive researchers. Stem cell researchers at Stanford have garnered over \$198 million in grants from the California Institute for Regenerative Medicine, 32 percent more any other California institution. Thanks to the leadership and actions of Renee Reijo Pera, Theo Palmer, and Susan Prohaska, the Stanford University Faculty Senate approved the creation of a PhD program in stem cell biology and regenerative medicine on April 28th, which is the first doctoral program in the nation devoted solely to stem cell science and the first interdisciplinary doctoral program created by the School of Medicine in over 25 years.

Investigators at the institute are moving forward quickly on four scientific fronts, conducting research in embryonic stem cells, reprogramming normal cells from people into pluripotent stem cells or trans-differentiated tissue cells, cancer stem cells, and adult (tissue specific) stem cells. They have made impressive strides in each area. One example is the discovery by Irv Weissman and Ravi Majeti labs that cancers carry a CD47 marker, a “don’t eat me” signal, and that blocking this signal allows the macrophages of the innate immune system to attack the cancer. Translating this research into clinical treatments is the focus of a CIRM disease team grant, one of three awarded to Stanford out of 14 statewide.

Last year, institute scientists and other Stanford stem cell researchers from the Cancer Institute and SINTN took up residence in the new Lorry I. Lokey Stem Cell Research Building. This facility has a number of features that promise to accelerate research. By concentrating many of Stanford’s stem cell researchers in one spot, the building promotes cross-fertilization of ideas. Twenty percent of lab space (60 benches) has been allocated as “hotel benches,” which researchers from outside the building can use to collaborate with Lokey residents for a period of one to three years. The Lokey building also hosts powerful technologies, many of which are available to the wider campus as cores and service centers.

The course to an even brighter future is being set. One goal is to recruit several new faculty members, a process that is well underway. Another is to expand the existing Program in Regenerative Medicine, led by Institute co-director Mike Longaker, an effort that brings together stem cell researchers not only from the institute and the School of Medicine, but also from the other schools at Stanford, the hospitals and clinics, other area universities, as well as biotechnology, electronics and software companies throughout Silicon Valley. An overarching focus for the translational medicine efforts of these programs is the initiative

to build on stem cell related Stanford discoveries that are ready, or almost ready, for early stage clinical trials.

Thanks to Drs, Weissman and Longaker for their update, and we look forward to seeing the further exciting progress of the Institute.

The Wallace H Coulter Endowment Celebration

On May 9th Stanford celebrated a \$20 million award for translational research in the life sciences to the Department of Bioengineering. Stanford is one of five institutions to receive this award (which included a matching award from the President's Fund) from the Wallace H Coulter Foundation. The successful collaboration with the Coulter Foundation began with the leadership of Drs. Scott Delp and Paul Yock when they served as founding chair and co-chair of the Department of Bioengineering and has continued under the leadership of current chair Russ Altman and co-chair Steve Quake. This has been a wonderful collaboration and a highly successful program that offers some important insights.

The Stanford- Coulter program (see: <http://bioengineering.stanford.edu/coulter/grantinfo.html>) provides competitive seed grants to support collaborative translational research projects that involve co-investigators from the Department of Bioengineering and a clinical Department in the School of Medicine. The goal is to encourage and facilitate research that addresses an unmet clinical need that leads to improvements in healthcare and to commercial products.

Stanford-Coulter projects over the past several years have been highly successful and have addressed a number of important and interesting challenges. This is illustrated in the range of topics that comprise the five successful projects receiving funding in 2011. They include:

- *Rapid viral identification device using nanochannel FET detectors* — Annelise Barron, PhD, associate professor of bioengineering, and Michael Snyder, MD, professor of genetics.
- *Fast, pinhole camera-phone based imaging of oral cavity for early cancer detection* — Manu Prakash, PhD, acting assistant professor of bioengineering, and Michael Clarke, MD, professor of oncology.
- *A novel solution for temporary cardiac pacing* — Jeffrey Feinstein, MD, associate professor of bioengineering and of pediatric cardiology, and Paul Wang, MD, professor of cardiovascular medicine.
- *Portable respiratory acoustic monitoring device* — Thomas Krummel, MD, professor of surgery and of bioengineering, and Paul Sharek, MD, associate professor of pediatrics.
- *Minimally invasive creation of autologous venous valves for the treatment of deep venous insufficiency* — Paul Yock, MD, professor of bioengineering and of medicine, and Jason Lee, MD, assistant professor of surgery.

Special thanks to the Coulter Foundation for creating this award, and of course to our faculty and leaders in Bioengineering for the creative projects developed over the years and for their successful leadership and implementation of this program.

The First Stanford Medical Center Gala

On Saturday evening May 7th, the First Stanford Medical Gala was held at the Arrillaga Alumni Center. The inspiration for this event, with the purpose of creating an annual social gathering for community and faculty physicians associated with Stanford Hospital & Clinics, came from Dr. Brian Bohman, Chief of Staff at SHC (2008-2011). The Gala also seeks to honor outstanding clinicians who have provided excellent patient care at SHC. A highlight of the festive evening was the announcement of newly appointed “Lifetime Honorary Medical Staff.” The names of these distinguished physicians were announced by Dr. Ann Weinacker, incoming Chief of Staff, and included:

<i>Ronald L. Ariagno, MD</i>	<i>Anthony S. Felsovanyi, MD</i>	<i>Harry Oberhelman, MD</i>
<i>Richard R. Babb, MD</i>	<i>Alvin Hackel, MD</i>	<i>Brian T. Paaso, MD</i>
<i>Davis W. Baldwin, MD</i>	<i>James B.D. Mark, MD</i>	<i>George L. Paris</i>
<i>Karl G. Blume, MD</i>	<i>Thomas C. Merigan, Jr,</i>	<i>Louis W. Roloff, MD</i>
	<i>MD</i>	
<i>Melvin C. Britton, MD</i>	<i>Bryan D. Myers, MD</i>	<i>Edward Rubenstein, MD</i>
<i>Norman S. Coplon, MD</i>	<i>William H. Northway, MD</i>	

Special mention was also made of the fact that this year was also Dr. Harry Oberhelman’s 50th Anniversary on the staff at SHC – a remarkable accomplishment.

Also highlighted were the most recent recipients of three major awards that recognize excellence in patient care and compassion. Two of these are SHC Awards and one is a School of Medicine Award – and they all focus on clinical excellence. They include:

1. Denise O’Leary Award for Clinical Excellence

- a. 2010: Dr. Robert Dodd, MD, PhD
- b. 2009: Dr. Christine Wijman, MD, PhD

2. Isaac Stein Award for Compassionate Care

- a. 2010: Timothy Chamberlain
- b. 2009: Stephanie Harman, MD

3. Alwin C-Rambar-James BD Mark Award for Clinical Excellence

- a. 2010: Philip Sunshine, MD
- b. 2009: David Stevenson, MD

Of course, in addition to the recognition of outstanding clinicians at Stanford, the focus of the evening was dinner and dancing! I must admit that I’d much rather run than dance (and for good reasons) but fate intervened (although many would note that my versions of dancing and running are not readily distinguishable).

I want to thank Bryan Bohman and Ann Weinacker for arranging the Gala and the many individuals who worked so hard to make it a special event. Given the many pressures and demands we all face every day, it was great to have an opportunity to interact with old and new colleagues in a non-clinical (and very lovely) setting.

2011 Medical Students Research Awards

On May 19th the Stanford University Medical Center Alumni Association hosted an event to honor the five medical students whose research project was selected for special recognition at the 2011 Medical Student Research Symposium. This marks the 28th anniversary of this research symposium, which features the work of student projects performed through Medical Scholars Program, Scholarly Concentrations, MSTP and other programs. We are fortunate to have students who are committed to conducting excellent research in a wide variety of areas and topics.

The 2011 Award Winners are:

- **Shah Ali, SMS 3:** *Direct Evidence of Postnatal Cardiomyocyte Generation on Murine Models of Aging and Cardiac Injury.* Dr. Irv Weissman is his mentor.
- **Dhruvatej Boddupalli, SMS 3:** *One breath: A Low Cost Ventilator for Pandemic Preparation and the Developing World.* Dr. Tom Krummel is his mentor.
- **Tyler Johnston, SMS 2:** *Biomechanical Evaluation of a Novel Reverse Coracoclavicular Ligament Reconstruction for Acromioclavicular Joint Separation.* Dr. Tim McAdams is his mentor.
- **Patrick Lin, SMS 4:** *Molecular Inversion Probes (MIP) Identify Novel Genomic Signatures in Pediatric Low Grade Gliomas.* Drs James Ford and Joshua Schiffman are his mentors.
- **Felipe Perez, SMS 2:** *Characterizing the No Show Patient at Lucile Packard Children's Hospital.* Dr. Corinna Haberland served as his mentor.

The 2011 Research Symposium Judges included a broad array of faculty, students and staff, and I want to thank them and congratulate our students. I also congratulate and thank all of our students who are pursuing research projects as an integral part of their medical education.

Awards and Honors

- **Dr. James Chang**, Professor of Plastic and Reconstructive Surgery and of Orthopaedic Surgery and Chief of the Division of Plastic Surgery in the Department of Surgery, is the recipient of the 12th Annual Stanford Asian American Award for Faculty.
- **The School of Medicine BioAIMS (Biomedical Association for the Interest of Minority Students)** has been named the recipient of the President's Award for Excellence Through Diversity. This student led organization promotes diversity for graduate students at Stanford and offers numerous programs to help support students and their families. This year's president of BioAIMS is Antonia Dominquez from the Department of Genetics. Please join me in congratulating the BioAIMS students, leaders and staff for this wonderful recognition. A reception will be held on Monday June 6th from 3:4:30 in the Citrus Courtyard between Building 10 and the History Corner.
- **Scope**, the School of Medicine's blog, has received a Bronze award in the blog category from the Health Information Resource Center. Now in their 13th year, these awards were created to "recognize high-quality electronic health information."

Congratulations to all.

Appointments and Promotions

Jonathan Bernstein has been reappointed to Clinical Assistant Professor of Pediatrics, effective 7/1/2011.

David Clarke has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2010.

Robert P. Cowan has been appointed to Clinical Professor of Neurology and Neurological Sciences and, by courtesy, of Anesthesia, effective July 16, 2011.

Brittney DeClerck has been appointed to Clinical Assistant Professor of Pathology, effective 11/1/2011.

Lyn Dos Santos has been promoted to Clinical Associate Professor of Pediatrics, effective 5/1/2011.

Laleh Gharahbaghian has been promoted to Clinical Assistant Professor of Surgery, effective 7/1/2011.

David Goya has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2010.

Christine C. Gray has been appointed to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 5/1/2011.

Amy Heerema-McKenney has been promoted to Clinical Associate Professor of Pathology, effective 5/1/2011.

Irene Oi Yin Ho has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 4/1/2011.

Manuela M. Kogon has been appointed to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 5/1/2011.

Erik T. Price has been reappointed to Clinical Assistant Professor of Medicine, effective 3/1/2011.

Karla K. Prodany has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 4/1/2011.

Dana N. Romalis has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 5/1/2011.

Alan Spira has been appointed to Clinical Associate Professor (Affiliated) of Medicine, effective 4/1/2011.

Sarah R. Williams has been promoted to Clinical Associate Professor of Surgery, effective 9/1/2011.

Gail Wright has been promoted to Clinical Associate Professor of Pediatrics, effective 4/1/2011.

Dean's Newsletter

June 13, 2011

Commencement 2011

We celebrated the School of Medicine and Stanford University Commencement on June 11-12th. This year advanced degrees were awarded to 261 School of Medicine students, including 39 Master of Science Degrees, 126 Doctor of Philosophy Degrees and 96 Doctor of Medicine Degrees. A number of students were the recipients of one or more advanced degrees – some awarded concurrently this year and others sequentially over past years. This was the first year we held commencement on Alumni Green, facing the Clark Center, Fairchild Science, the Li Ka Shing Center for Learning and Knowledge, the Beckman Center and the Lorry Lokey Stem Cell Research Building and proximate to the new Science and Engineering Quad and to our main teaching hospitals, Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. This contiguous alignment of research, education and patient care on the campus of a major university is one of the unique features of Stanford Medicine. But what really differentiates us is the quality of our students, trainees and faculty – and commencement is an opportunity to recognize and celebrate the incredible accomplishments of our students. They offer hope at a time of tremendous changes in our healthcare and research landscapes.

Commencement is also an opportunity to recognize and celebrate the contributions of our students and trainees to teaching and learning. We are the beneficiaries of shared learning opportunities as well the creators of new knowledge. This interface is also an essential component of the distinguishing culture that defines Stanford.

I want to thank the many dedicated individuals who organized the Commencement events and staffed them with such a high degree of professionalism and excellence, especially Zera Murphy, Director for Student Life, and her team of volunteers who gave up part of their Saturday to lend a hand. I appreciate all their efforts.

Nearly a third of the students receiving the Doctor of Medicine degree will continue their training at Stanford. Overall, while students will relocate to 14 states, nearly 80% will continue

their training in California, Massachusetts, New York, Washington or Maryland (http://deansnewsletter.stanford.edu/archive/03_21_11.html). In celebrating our students who will be continuing their lives in science, medicine and other important ventures, we also remembered with deep respect Emma Bakes, who would have received her MD degree on June 11th but who, tragically, died of cancer on February 28th. Emma came to Stanford Medical School following a distinguished career as an astrophysicist and with a deep passion to become a doctor. Sadly, Emma's greatest lessons about medicine came from being a patient – but she inspired all whom she met and her memory will live on through the Emma Bakes Scholarship. Since she completed all of her requirements for graduation, we awarded her MD degree in her memory and for her family and friends (also see: http://deansnewsletter.stanford.edu/archive/03_21_11.html).

Student Speeches

A tradition at the School of Medicine Commencement is to hear comments from a graduating PhD and MD student who has been elected by his or her classmates. I am pleased to share their comments with you:

Remarks from Graduate Student Speaker - Joel Dudley, PhD Candidate in Bioinformatics

First of all, allow me to thank my fellow classmates for electing me to speak today, and also thanks to Zera Murphy, Dean Pizzo and many others who have worked hard to make it possible to celebrate this commencement today.

When I sat down to write this speech, I was feeling a bit daunted, so I began reading biographies of some of the notable graduate students from Stanford's history. I started reading about people like Larry Page and Sergey Brin who founded Google, and Jerry Yang and David Filo who founded Yahoo! Then I realized that these guys all started billion dollar, world-changing companies before they ever finished graduate school. And then I thought, wow, maybe I've actually failed somehow because I ended up making it to graduation without starting a world-changing company. So, I stopped doing that, because it was getting a bit depressing to be honest. Then I thought, hey, I'm an informatics guy, I should be able to write a computer program that will write the speech for me. So I put together some software that would try to extract the essence of commencement speech text and first fed it the commencement address text from (a well-known public figure).

So then thought to myself, very simply, "what does it mean to obtain a graduate degree from Stanford?" So, we are all walking away with MDs, PhDs, and masters degrees, good for us, but these degrees can be obtained at countless institutions across the country. Does it mean anything that we are getting our degrees from Stanford in particular, and if so, what? Now, we all know intuitively that Stanford is a unique place, and that there is no other university like it. But I think you'll all also agree that this is a very difficult understanding to put into words. Then it hit me when I was reading books to my son one night. I happened to be reading one of the Harry Potter novels to my son when it struck me that Stanford is our real-world Hogwarts School. Many of you probably know that Hogwarts is the magical place in the world of Harry Potter where all the wizards go to school. Now, I'm not saying that Stanford is like Hogwarts because we also have a

bunch of young wizards roaming the halls, which we do. Rather, Stanford is just like Hogwarts because the extraordinary is ordinary. For those of you who have read the books or seen the movies, you know that at Hogwarts School, the paintings move around and talk, the staircases are constantly flipping around the school, and other little bits of magic are part of the ordinary day-to-day life in the school. Now Stanford is exactly the same in that there are extraordinary magical things happening here on a day-to-day basis that are just part of the everyday experience at Stanford.

Here at Stanford it is ordinary for an MD and an engineering student to take classes together in the Stanford design school and work side-by-side on the next generation of innovative healthcare projects. At Stanford it was ordinary to see iPads in the hands of patients and doctors mere weeks after they became available. At Stanford it is ordinary for bioscience med students to take entrepreneurship courses taught by VCs to help them take their ideas and innovations to market. At Stanford it is ordinary for MD and PhD students to take a course that lets them get hands on experience hacking their own personal genomes, or to get hands on experience making induced pluripotent stem cells when the rest of the medical world is still trying to learn what these things even mean. At Stanford it is ordinary for students to write their own iPhone apps to make their research easier, or for pediatricians to collaborate with computer science professors to hook next generation artificial intelligence algorithms to pediatric ICU equipment to realize the future of data-driven healthcare. I'm sure that given the time, many of you could come up with numerous more examples of this kind of magic that is part of the everyday life at Stanford, and I think that we can all agree based on our own personal experiences, that the extraordinary is ordinary here at Stanford in that we are creating and working in the future of science and medicine here on a daily basis.

The science fiction author William Gibson once said, "The future is here. It just isn't evenly distributed." Since we have been living the future of scientific research and healthcare throughout our training here at Stanford, I believe it is our responsibility, as fresh graduates of this unique environment, to distribute this future to the rest of the world. Now I don't think it's news to everyone here that our country and our world is in a bit of a slump. The entire country is looking for the next wellspring of innovation that is going to pull us out of this economic slump into another wave of prosperity. Do you think they are looking at the east coast, at Wall Street to pull us out of this slump? I don't think so. I can tell you that the whole country, maybe the whole world is looking west to Silicon Valley for the next wave of innovation. And many of you know that Stanford and its professors and graduates are at the heart of innovation here in Silicon Valley. Some of you may recall that a few months ago President Obama came to visit this area and he landed his Marine One helicopter directly on Stanford Campus soil. I think there was a lot of symbolism to that gesture. I don't think he landed his helicopters on our campus as a matter of convenience. Let's face it, SFO is only 30 minutes away and the heavily-guarded NASA Ames research center airstrip is just 15 minutes away. No, I think the President himself was making it clear that he has high hope for the continued innovation capacity of Stanford to drive us out of this rough patch.

In a way I'm somewhat sorry to conclude that just when you thought you were graduating and could ride the prowess of the Stanford name into a cozy perch in the working world, that our Stanford degrees carry a tremendous responsibility. It is not possible for you to get your next job and sit back and relax and think, "Well, I'm just going to run with the pack here and hope that

someone does something to fix this economy." You have to realize that we are critical players in the future of this country and this world because nobody has been trained like us. Because you have been here at Stanford so long, you likely take all the extraordinary aspects of your training for granted. But I'm telling you that once you get out into the wild of the "real world" you will very quickly realize how special your training has been. Therefore it is imperative that we rise to the occasion and push to realize the full potential of our training. I know that you can do it. And how do I know? Because that's exactly what every Stanford Medical School graduate has done before us. Just spend a few minutes on Wikipedia reading about our predecessors and you will be in awe of the legacy that is ours to maintain.

Remarks from Medical Student Speaker - David Craig

It is my unbelievable honor to be speaking to the 2011 graduating class of the Stanford University School of Medicine. A class of intelligence, compassion, extreme good looks. And now, a class of doctors. And, lest we forget, we are an historic class at Stanford: the final class to graduate without having passed even one course in a distinguished manner. Graduates of 2011, hold your heads high, for we were the straw that finally broke the camel's gradeless back; the class that found the thin line between pass and fail and deeply explored its meaning. Although, in truth, none of you ever needed a mark, good or bad, to motivate you; you are people whose native passion and internal motivation will always far outstrip the reach of any red pen. We are these people. And when the administration of this world class medical institution asked us to help shape the new grading system, to provide feedback and assistance from a student perspective, we responded like the most noble of creatures in a structure fire: by getting the hell out of the building.

Which is why we are all sitting here today, preparing to go from the frying pan of medical school to the ...armageddon of residency. And if you remember the commotion about the rapture a few weeks ago, well, it turns out that they just got the date wrong: a correct reading of all major religious texts predicts a yearly bump in the number of souls on the way to heaven every July 1st. But don't worry, you won't be going anywhere when it happens: you will be on call. They say that when a new doctor is made, an angel gets its wings, and now that I see just exactly what we know at the end of medical school, I realize that the phrase is meant literally.

Indeed, we are headed far and wide next year, the newest foot soldiers in the war against disease that leaves not one of us on this planet untouched, a true world war in a pure and timeless sense. And my classmates, though your staggering debt load may prevent you from sleeping on an actual bed, you can at least sleep soundly knowing that you have chosen to fight on the right side of this war. We all know that there is profit to be made, quickly and in abundance, in spreading fear and ignorance, in promoting poor health, in disregarding or denying the sorrow of another human being. You have instead chosen to hold a candle against these things, to enter into a profession where even your daily commute is a statement against suffering and a habitual reaffirmation that good exists. And believe me, this is the only way that a rusted 1993 Geo Metro driving at 6 am will ever be considered a sign of good in the world.

As interns, you will not set all of the care plans, but you will be the constant presence at the bedside, the face that appears in a patient's mind when they wake up at 2 am in pain and in need of "their doctor." In this part of the war against illness, you will be the pointy tip of the Foley, the first to respond and uh...relieve the situation. It will be on you to show up, maybe tired, maybe

frustrated after a long day, at 2:05 am and bring to bear your skill and above all your compassion, from trench to bedside.

You are an amazing and accomplished group of colleagues, and it would take me all day to list even those of your achievements that I know off the top of my head. But we did not get here alone; we were supported, mentored, guided. We had help. From family, friends, teachers, patients. Innumerable people chipped in and sacrificed so that we might develop, some in ways that we will never fully comprehend or possibly even realize, and we would be remiss not to spend some time thanking them. With that in mind, here we go...thanks.

It is actually a peculiar deficiency in our language that we only have the word "thanks" to express gratitude. "Thanks" is what you say to the guy who made your coffee; "thanks" is what you say when somebody holds a door. What do you say, then, to somebody who has, for decades, given variously of their body, their career, their savings, their thoughts, and above all of their time to you? What do you say when, to your shame, you were sometimes less than grateful for these indescribable gifts, when they had to be given out of nothing but faith, determination, and a transcending love that has inspired some of the best literature and worst tattoos in the history of our species? I guarantee you that there is not a person in a robe here today who is not thinking about their parents, biological or otherwise, and I also guarantee you that we don't know what to say. It certainly is not just "thanks." Personally, I can only think to express my gratitude in the way that I always have and will always in the future: by calling home once every two weeks and asking how the cat is doing.

Our advisors. Drs. Blaschke, Knox, Salvatierra, and Gesundheit. To say that you tolerated our harebrained ideas and rants is both selling you short and seriously underestimating the intelligence of a hare. Thank you.

Our medical administration and deans. While we may not have always agreed on policy, your doors were always open, and working with you was always a tremendous privilege, both when the white coats were off and especially when they were on. In a world where people are often content to ignore you if not work intentionally against your best interests, I have never doubted that you had ours in mind constantly. You are role models for ascetic, civic-minded self-sacrifice, to the degree that, should I ever be in a position of leadership in the future, I hope dearly that I will prove far more effective than all of you at using my power to enrich and glorify myself. You have a strong and definite vision for the future of medical education, bringing us both an innovative new clinical evaluation system called "grades" and a beautiful new building full of equipment so expensive that experts estimate its sale at auction would generate enough money to pay up to half of one student's medical tuition next year.

You have given us other bold new programs, too, such as Educators4Care. An initiative that has identified some of the most skilled and dignified physician educators in our institution and put them to work for a project whose name is based on a number pun. In its naming, Educators4Care finally elevates Stanford to the lofty ranks inhabited by such cultural institutions as the musicians of 2 Live Crew, the videogame Left 4 Dead, and of course the 2003 cinematic masterpiece featuring Ludacris, 2 Fast 2 Furious. Thank you for that.

And for the future, you have ensured that we will never forget medical education, largely because you have ensured that we will be paying for ours until the heat death of the universe, when physicists tell us that all motion and life will stop, but several government loan agencies remind us that we will still be responsible for all of our borrowed money. Interestingly, the idea of free medical education has become more trendy recently. I think that this is a fantastic idea, but I will block it with my life if its provisions are not also retroactive. And don't worry, deans, I

mean that for you, too. I will see to it personally that you are fully refunded the three-hundred dollars that you paid directly to Dr. Osler himself for your medical educations in the time before the great flood.

At this point, I should note that I thought that I would be receiving my diploma before this speech.

And so we transition. My classmates, Stanford made us colleagues, but we made ourselves friends. And if ever you become nostalgic and miss the last four to eleven years of your life, you need only to load an online medical lecture at 200% of the normal speed, and you will be home again. But still it is with a huge amount of sadness that I watch all of you ready to disperse; we have just barely become doctors, and already we're itching to leave the room too fast. You're set to go to so many amazing and influential cities, such as Boston, New York, Los Angeles, and...other. And undoubtedly you will make a difference for the better in innumerable lives, as I know you already have. In truth, after spending the last several years with you, I can say honestly that medical school has only made you doctors in the way that a microphone makes somebody a singer. The letters "MD" will magnify your impact and open doors for you, will let you reach into more and darker corners of the world and spread hope and comfort there. That is true. However, those letters work only like a microphone, only amplifying what you put into them. And a microphone will never make you a singer, just as an MD will never make you a doctor. It is now just as it has always been: you have to bring your own voice, and it is, in the end, the only thing that matters.

I'd like to close now by ripping off a more experienced speaker. Everybody here who is affiliated with Stanford medicine knows that our community suffered an unfathomable loss this year with the death of Dr. Gregory Feldman, a surgeon and teacher whose profound, protean talent was matched only by the degree to which he was beloved. I know for a fact that his influence directed many of the graduates here today, and he is and always will be instantly and permanently missed. What you may not realize, however, is that some years ago, Dr. Feldman gave a commencement address for his graduating class at some medical school in Boston that I have never heard of. And this speech was so good that it ended up on youtube, where I will be stealing from it for the rest of my life. Birthdays, bar mitzvahs, my own wedding vows, all of it. I'd like to end now as he ended then:

"In medicine, as in life, it's far more important to be lucky than to be good. My friends and classmates, we've spent the last 4, 5, or in some cases, 37 years of our lives studying to get good, and not one of us graduating today can effectively treat lower back pain. So as we move forward into our residencies, let us resolve to take the focus off getting good and concentrate instead on getting lucky. Thank you."

Commencement Address by Dr. Elizabeth Blackburn

We were very fortunate to have Dr. Elizabeth Blackburn as our 2011 School of Medicine Commencement Speaker. Dr. Blackburn is the Morris Herzstein Professor of Biology and Physiology in the Department of Biochemistry and Biophysics at UCSF, where she has been on the faculty since 1990. Dr. Blackburn earned her undergraduate degrees at the University of Melbourne and then did her PhD at Cambridge. Her contributions to science have been extraordinary – especially her elucidation of the molecular nature of telomeres (the protective caps at the ends of chromosomes) and the ribonucleoprotein telomerase – work which earned her

the 2009 Nobel Prize. In addition to being an incredible scientist, Dr. Blackburn is a courageous advocate for ethical principles and justice, as was shown by her decisions on the importance of stem cell research. She is deeply admired by the national and international scientific community and stands as a role model of excellence.

First and foremost, warm congratulations to all you Graduates -- this is truly YOUR day -- and congratulations to those who have helped make this day possible -- your families, your teachers and friends who are here celebrating this significant day with you.

Thank you so very much, Dean Pizzo, honored guests, ladies and gentlemen -- and most importantly! Graduates -- for inviting me to this very special occasion today.

A scientific heroine of mine, the great physicist and chemist Marie Curie, who won a Nobel prize two times, said something that struck me: "Nothing in life is to be feared. It is only to be understood."

This quote resonated with me and I hope it will with you too. I think it has meaning in ways relevant to you today.

First, as you go through the often unfamiliar territories that the journey of your life and career will take you on;

And second, as we consider where medicine and biological and biomedical research may go, with all the advances in knowledge in these areas that have happened and that will be happening. First, the unknown directions of one's life. As I began my journey into biological sciences research and now, as I encounter issues of medicine and society arising from that research, surely those words of Marie Curie "Nothing in life is to be feared. It is only to be understood" have been applicable. Although, I don't think my mother would have exactly appreciated them way back when my journey began, far away in Tasmania, Australia: as a small child living near the seashore I had the spine-chilling habit of picking up dangerous animals - poisonous jellyfish from the beach and stinging ants from twigs - and singing and crooning to them -- behavior I thought perfectly natural, because I loved animals, but which was probably not good for the peace of mind of parents. So I think my mother would have appreciated me having a little more fear then!

I was lucky to be given the circumstances in life that could transmute that childhood enthusiasm into a lifelong passion for doing science. These circumstances included the opportunity to have a great education, as you graduates have had here at Stanford. But more importantly, to have the opportunity to join something much bigger than myself -- I mean here the great enterprise of biological and biomedical research. It was a huge privilege to become a part of a tradition of learning and scholarship and to become an active contributor to the surge and excitement that exist in the quest for discovery in science and medicine. So how do Marie Curie's words "Nothing in life is to be feared, it is only to be understood" apply here?

Well, the paths many of you will choose after your graduation will be demanding. As has been my experience, throughout your lives and careers you are going to have to encounter the new and unfamiliar, which can engender fear. Specifically, the many profound triumphs of medicine and biological research to date now confront us with a myriad of completely new challenges. So, instead of sticking with what worked in the past, one will have to fearlessly open one's mind to new ways of thinking and approaches.

My own path in biology has allowed me to experience this in various ways. First, for my research that led to our discovering the molecular nature of chromosome ends, and to the discovery of the enzyme, telomerase, that maintains these ends -- we had the freedom - the

sometimes scary freedom - to do novel experiments, that sometimes necessitated stepping into byways away from the mainstream of research. For biology often reveals its general principles through what may seem at first to be arcane and bizarre. Specifically, we studied obscure, harmless, tiny single celled creatures in pond scum, called Tetrahymena. - Tetrahymena even have not two, but seven sexes -- reminding us that there is more going on below the calm surface of ponds than we might think! Why did we study such exotic-seeming creatures? Because they have many, many short, linear chromosomes, making them perfect for molecular studies of chromosome ends, and I was curious about a mystery of nature: how are the ends of chromosomal DNAs replicated without losing terminal DNA sequences?

Well, this tiny organism - certainly not a household name, or mainstream - enabled me to find out the molecular nature of chromosome ends -- call telomeres - and we discovered that without the special telomeric DNA and its unique mode of replicating, chromosome ends gradually shorten as their telomeric DNA erodes away, eventually causing cells stop dividing altogether. This might have seemed on the surface obscure. So why did it matter? Well, these protective chromosome caps, the telomeres can wear down -- shorten - with age in people, and short telomeres signal cell death. Thus if telomeres shorten the cells lose the ability to self renew, or even become genetically unstable. And, chromosome ends often wear down as we age.

And this leads to the second reason Marie Curie's words "Nothing in life is to be feared; it is only to be understood" resonates with me, and I hope will with you too. This reason relates to where medicine and biomedical research may go. Because, unexpectedly, our research work has led me, and many others, into questions of human diseases, such as cancer.

From the work of many groups worldwide, including, I am proud to say, ours, it is now emerging that telomeres and their maintenance are relevant to at least one aspect of an age-old question that humans have been asking for millenia: how do we age?

Now, while aging is of course a many-faceted process, one unwelcome fact about it for humans is increased susceptibility to the diseases of aging -- cancer, heart diseases, diabetes, etc.

Emerging evidence is linking inadequate telomere maintenance - that is, the wearing down with age of the protective caps at the ends of chromosomes - to this facet of aging. What contributes to inadequate telomere maintenance and, perhaps in turn, to diseases of aging? Genetic factors, yes, and non-genetic factors, and combined interactions of genetic and non genetic influences. Indeed, in recent years, much research links this once only basic research into chromosome end maintenance to some of the commonest diseases of aging in people, to how peoples' health is impacted as they age, even by such factors as chronic, debilitating psychological stress, which can affect aging processes occurring at the very heart of our bodies' cells. Chronic psychological stress is a major part of modern life. So, our work even leads into the age old search for a deeper understanding of the mind-body connection, including how stress, feelings and thoughts, can affect health.

Our research has played right into these larger questions, presenting yet another new challenge: can this, originally lab-based, understanding of telomeres and telomerase be exploited in the quest to intercept or even prevent the now-common chronic diseases in society and improve health?

Freshly graduating from Stanford's School of Medicine, you have learned that major triumphs of 20th Century research and medicine have prominently included learning how to specifically diagnose and treat diseases. Beginning with gaining morphological understanding of disease states, more and more this success is now coming from cellular/molecular understanding of evolving disease processes. Ironically, it is these truly amazing triumphs - in understanding,

treating or curing so many severe diseases and afflictions -- that have brought the more delayed, slowly developing common diseases of in our societies - such as cancer, heart disease, diabetes - to the fore as looming medical challenges.

And the understanding of disease processes is now putting into our sights a wonderful goal: the prediction of disease risks, permitting less toxic and more effective interventions. Often, modern medicine necessarily emphasizes treatment AFTER symptoms arise and normal function is compromised. Ideally, we would intervene before symptoms appear, and thus preserve normal function. A great goal would be the ability to prevent or intercept these common diseases, with preservation of health at a population scale. And for these challenges we may need new approaches in medicine, and indeed in society.

I was not ever trained as a physician. But from asking basic questions about how cells work, and then later, by teaming up with wonderful clinical and other collaborators, we have gone into unexpected realms and made unanticipated findings, which perhaps may even help us do useful things for human health in the future. I've now become very interested in challenges and ramifications of medicine in the modern world -- this was not an expected direction of my journey in research, so I have had to keep relearning new aspects of research through my professional life. So never be afraid of the new, as one cannot tell where your career might lead. I hope that this story has illustrated that a journey in biomedical research can take unexpected turns and one always is learning. I want to emphasize how rewarding intense work can be: to wake up every morning excited about the work, and to feel it is worthwhile and important. So lastly, I want to touch on the question of balance in life. I have found great happiness in the excitement and, yes, the fun of being part of something much larger than oneself: this quest to understand how life works and now its implications for human health.

Now, we sometimes think of balance as meaning having each day on some kind of normal schedule. But it is important not to lose the intensity of involvement needed to achieve significant work that you think is important. For me, rather, I think balance in life can be achieved over years, rather than on some daily or weekly basis. For some years I was completely absorbed in research. Later in my life, I joined into the mainstream of life and its complexities -- it was a great joy to my husband and me when our son was born and having family life -- making work and family scheduling complex of course! Later, in a different kind of balance, I began thinking about larger issues of the impact of biological and medical research in society, which brought me into arenas of national science policy and thinking about social justice. These have all been great adventures and now having received the Nobel Prize there are yet again some unexpected new adventures and experiences: For example: people sometimes come up and say "Can I touch you?" So I would urge you never be afraid of the new, remembering Marie Curie's words.

What I have learned that I'd like to pass on to you? Go on your future journeys never fearing, but trying to understand. I have learned that a pursuit of something larger than myself is perhaps the most important thing one can do with one's education. So join something larger than oneself and use your education and training to benefit as many people as possible.

Thank you and congratulations, graduates.

Teaching Awards to Faculty and Residents

On June 1st we hosted the Annual Student Clinician Ceremony, honoring teaching and humanism in medicine. We celebrated medical students who completed their preclinical education and who

are about to embark on their personal journey into clinical medicine. We also honored medical students who were being inducted into the Arnold P. Gold's Humanism Honor Society. In addition we recognized Residents at Stanford Hospital & Clinics and the Lucile Packard Children's Hospitals who were being honored by the Arthur P. Gold Foundation and Excellence in Teaching. And finally we recognized the faculty who were receiving awards for their excellence in preclinical and clinical teaching as well as in undergraduate education. Accordingly, this wonderful event brought together a community and continuum of teachers and learners from medical students to residents to fellows. Most importantly, the ceremony recognized the important links between medicine and humanism and between education and professionalism. Listed below are the various award recipients – who were also featured at Commencement.

Faculty Award for Teaching

Miriam Goodman, PhD, *Associate Professor, Department of Molecular and Cellular Physiology*

Faculty Award for Student Service

Olivia Martinez, PhD, *Professor, Department of Surgery (Immunology)*

The Arthur L Bloomfield Award In Recognition of Excellence in the Teaching of Clinical Medicine

Neera Ahuja, MD, *Clinical Associate Professor, Department of Medicine - General Internal Medicine*

Jeffrey Dunn, MD, *Clinical Associate Professor, Department of Neurology*

Jose Montoya, MD, *Associate Professor, Department of Medicine (Infectious Diseases)*

The Henry J Kaiser Family Foundation Award for Outstanding and Innovative Contributions to Medical Education

Andrew Connolly, MD, *Associate Professor, Department of Pathology*

The Henry J Kaiser Family Foundation Award for Excellence in Preclinical Teaching

Kathleen Gutierrez, MD, *Associate Professor, Department of Pediatrics (Infectious Diseases)*

Beth Martin, MD, *Clinical Assistant Professor, Department of Medicine (Hematology)*

Shefali Srivastava, MD, *Clinical Instructor, Department of Psychiatry and Behavioral Sciences*

The Henry J Kaiser Family Foundation Award for Excellence in Clinical Teaching

Jason Lee, MD, *Assistant Professor, Department of Surgery – Vascular Surgery*

John Morton, MD, *Associate Professor, Department of Surgery – General Surgery*

Eva Weinlander, MD, *Clinical Associate Professor, Department of Medicine – Family and Community Medicine*

The Franklin G Ebaugh, Jr. Award for Advising Medical Students

Karen Friday, MD, *Clinical Professor, Department of Medicine*

The Alwin C Rambar-James B D Mark Award for Excellence in Patient Care

Jeffrey A Norton, MD – *Professor in Surgery, Chief, Surgical Oncology and General Surgery, Department of Surgery*

Lawrence H Mathers Award for Exceptional Commitment to Teaching and Active Involvement in Medical Student Education

Lars Osterberg, MD, *Clinical Associate Professor, Department of Medicine – General Internal Medicine*

Allan V Cox Medal for Faculty Excellence Fostering Undergraduate Research

Garry Gold, MD, *Associate Professor, Department of Radiology – Diagnostic Radiology*

The Arnold P Gold Foundation Award for Humanism and Excellence in Teaching by Residents

Erin Augustine, *Pediatrics – General Pediatrics*

Jason Bartos, *Medicine – General Internal Medicine*

Judith Hagedorn, *Urology*

Ronald Jou, *Surgery*

Zachary Kastenber, *Surgery*

Joy Rusmintratip, *Psychiatry and Behavioral Sciences*

Gold Humanism Honor Society 2011 Inductees

Omar Amir, SMS 3

Patrick Avila, SMS 3

Krista Birnie, SMS 3

Blake Charlton, SMS 4

Ian Corcoran-Schwartz, SMS 3

Matthew Goldstein, SMS 6+

Richard Jones, SMS 3

Eric Leroux, SMS 3

Danica Lomeli, SMS 3

Long Nguyen, SMS 3

Keyan Salari, SMS 6+

Amanda Schwartz, SMS 3

Krishnan Subrahmanian, SMS 3

Rachel Sussman, SMS 3

Morgan Theis, SMS 3

Jane Whitney, SMS 3

Please join me in congratulating this exceptional group of students, residents and faculty for their teaching and humanism.

**The 2011 Graduates
Masters of Science**

Sarah Joann Aerni
Biomedical Informatics

Viji Ganapathi
Biomedical Informatics

Myla Ashfaq
Human Genetics and Genetic Counseling

Sarah Theresa Kerfoot Garcia
Human Genetics and Genetic Counseling

Dipanjana Banerjee, M.D.
Epidemiology

Amir Ghazvinian
Biomedical Informatics

Alexander James Butwick
Epidemiology

Andrew David Hsu
Neurosciences

Gemma Chandratillake
Human Genetics and Genetic Counseling

Lili Kuzmich
Human Genetics and Genetic Counseling

Jennifer Chen
Biomedical Informatics

Gigi Yuen-Gee Liu
Epidemiology

Tiffany Chen
Biomedical Informatics

Linda Yang Liu
Biomedical Informatics

Valerie Yuk Lan Chock
Epidemiology

Neyssa Maria Marina
Epidemiology

Oliver Crespo Diaz
Master of Science in Medicine

Viswam Siva Nair
Epidemiology

Catherine Amalia Del Vecchio
Master of Science in Medicine

Andrew Robert Norman
Developmental Biology

Kyla Emerson Dunn
Human Genetics and Genetic Counseling

Kathleen Maria O'Leary
Health Services Research

James Van Rensselaer Hunt Freeman
Health Services Research

Austin James Ostermeier
Cancer Biology

Kun Tae Park
Health Services Research

Daniel Aaron Pollyea
Epidemiology

George Poultides
Epidemiology

Amanda Amparo Richards
Biomedical Informatics

Huy Song Seng
Biomedical Informatics

Rashmee U Shah
Health Services Research

Cyrena Torrey Simons
Health Services Research

Stephanie Leigh Sottile
Human Genetics and Genetic Counseling

Michael Stern
Biophysics

Reana N Tischler
Human Genetics and Genetic Counseling

John Simon Van Arnam
Cancer Biology

Kimberly Kathryn Vande Wydeven
Human Genetics and Genetic Counseling

Amy Jean Veodisch, MD
Epidemiology

Arthur Yang
Biomedical Informatics

Robert Maxwell Zamkow
Biomedical Informatics

Doctor Philosophy

Mohammed Nazar AlQuraishi

Genetics
Theory-free Potentials

Michael Alonso
Immunology
*T Cells Regulate the Formation and
Function of Inflammatory Dendritic Cells*

Peter Caton Anthony
Biophysics
*Single-molecule Studies of Nucleic Acid
Folding*

Craig Michael Betts
Biochemistry
*Regulation of Centromeres by the Anaphase
Promoting Complex*

Michael Paul Bokoch
Biophysics
*NMR Spectroscopy for Structural and
Dynamic Studies of the Beta-2 Adrenergic
Receptor*

Gregory Ross Bowman
Biophysics
*Markov State Models for Protein and RNA
Folding*

Colleen Ann Brady
Cancer Biology
*p53 Transactivation-domain Mutant Mice
Reveal Context-specific Differences in 153's
Mechanism of Action*

Frank Curtis Brown
Biochemistry
*Molecular Analysis of Vesicle Tethering at
the Golgi*

Justin Emmanuel Brown
Neurosciences
*Neural Correlates of Pain in the Healthy
Human Brain: Distinguishing Painful and
Non-painful Stimuli with fMRI*

Brittany Edna Burrows
Neurosciences

Visual Cortical Representations of Bottom-up Salience and Perceptual Continuity

Brad Busse

Biophysics

Proteomic Single-Synapse Analysis with Array Tomography

Erika Liliana Bustamante

Developmental Biology

Genetic Studies of Endocrine Function and Metabolic Regulation by the Corpora Cardiac Cells in Drosophila Melangaster

Daniel Richard Calnan

Cancer Biology

Regulation of the Longevity Associated Tumor Suppressor FoxO3 by Lysine Methylation and Binding to Protein Partners

Matthew Carter

Neurosciences

Optogenetic Reverse Engineering of Brain Sleep/Wake Circuitry

Charles Kwok Fai Chan

Developmental Biology

Origins of the Adult Hematopoietic Niche

Mark Ping Chao

Cancer Biology

Understanding Mechanisms of Synaptogenesis in C. Elegans: from Cell Adhesion to Vesicle Transport

David Pei-Ann Chen

Biomedical Informatics

Integration of Electronic Health Records and Public Biological Repositories Illuminates Human Pathophysiology and Underlying Molecular Relationships

Peter Caton Choi

Immunology

Mechanisms of Myc Lymphoma Regression and Recurrence

Peiying Chuan

Biochemistry

From Single Molecules to Single Cells: Mechanistic Studies of Myosin VI and Cardiac Myosin

Matthew Ryan Clutter

Immunology

Network Analysis and Drug Target Identification in Mast Cells

Oliver Crespo Diaz

Immunology

The Role of PDGF and FMS Signaling Pathways in Autoimmune Demyelination

Emily Marie Deal

Microbiology and Immunology

Primary Peripheral Human Plasmacytoid Dendritic Cell Responses to Rotavirus Infection: Mechanisms of Induction and Consequences for Pathogenesis

Catherine Amalia Del Vecchio

Cancer Biology

Defining Novel Functions for the Oncogenic Variant EGFRvIII in Tumor Initiation

Sridharan Devarajan

Neurosciences

Neural Mechanisms of Visual and Auditory Attention

Daniel J. Dickinson

Cancer Biology

The Pre-Metazoan Origins and Evolution of Epithelial Cell Adhesion and Polarity

Emily Marguerite Drabant

Neurosciences

Individual Differences Modulate Neural Responses During Emotional Reactivity and Regulation

Joel Dudley

Biomedical Informatics

Methods and Applications for Position-specific Evolutionary Anatomies in Clinical Genomics

Emily Egeler

Chemical Systems Biology

Probing Degradation of Unstable Proteins

Patrick Ryan Eimerman

Microbiology and Immunology

Characterization of Listeria Monocytogenes Growth and Colonization of the Murine Gallbladder

Jake Warner Fathman

Immunology

Characterization and Isolation of Discrete Progenitor Populations During Natural Killer Cell Development

Dina Finan

Biochemistry

Motors Meet Their Cargo: Establishing Cellular Functions of Myosin VI Through Biochemical Analysis of Novel Binding Partners

Lynette Chai Jen Foo

Neurosciences

Development of a Novel Method to Purify and Culture Mature Rat Brain Astrocytes

Yael Garten

Biomedical Informatics

Text Mining of the Scientific Literature to Identify Pharmacogenomic Interactions

Kenneth Demire Gibbs, Jr.

Immunology

Regulation of Hematopoietic and Leukemic Stem Cells

Dariya Sergiuvna Glazer

Genetics

Incorporating the Dynamic Nature of Molecules Improves Performance of Structure-based Function Prediction Methods

Matthew Jordan Goldstein

Immunology

CpG Vaccine Strategies Induce Tumor-reactive T Cells for Adoptive Therapy of Lymphoma

David Goode

Genetics

Evolutionary Constraint Facilitates Interpretation of Genetic Variation in Resequenced Human Genomes

Ethan Joseph Greenblatt

Biophysics

Derlin-1 is a Rhomboid Protein Required for the Dislocation of Misfolded Proteins from the Endoplasmic Reticulum

Anna Bao Zhen Guan

Cancer Biology

Characterization of the Novel IK Complex and Its Role in the DNA Damage Response

Cong Christine Guo

Neurosciences

Decoding Cerebellar Instructive Signals for Learning in the Oculomotor System

Andea Elise Hartsock

Andrea Elise Hartsock

Molecular and Cellular Physiology

Competitive Regulation of E-cadherin Juxta-membrane Domain Degradation by p120-Catenin Binding and Hakai-Mediated Ubiquitination

Olivia Louise Hatton

Immunology

Syk Survival Signaling in Epstein Barr Virus (EBV)+ B Cell Lymphomas

Robert Tyler Hillman

Genetics

Neuropilins are Positive Regulators of Hedgehog Signal Transduction

Lewis Hong

Genetics

*Genetics and Genomics of Mammalian
Pigment Patterning*

Michael Howitt

Microbiology and Immunology
*Regulation of Motility in Helicobacter
Pylori and the Epsilon Proteobacteria*

Yana Emmy Hoy

Microbiology and Immunology
*The Interplay between Salmonella Enterica
serovar Typhimurium and the Murine
Intestinal Microbiota*

Jamie Conklin Iman

Genetics
*From Embryonic Stem Cells to Cancer: The
Role of the Retinoblastoma Protein in Cell
Cycle and Differentiation*

Megan Insko

Developmental Biology
*Regulation of the Switch from Proliferation
to Differentiation in an Adult Stem Cell
Lineage*

Katherine LaRoque Jameson

Cancer Biology
*Tmor Selective Targeting of a Conserved
Scaffold Domain*

Max Jan

Cancer Biology
*Pre-leukemic Hematopoietic Stem Cells
Precede Human Acute Myeloid Leukemia*

Jonathan Wiley Jones

Microbiology and Immunology
*Molecular Mechanisms of the Innate
Immune Response to Francisella Tularensis*

Rachel Stern Kalmar

Neurosciences
*Moving Through the Brain: A Study of
Movement Preparation in the Oculomotor
and Reach Systems*

Rinki Kapoor

Biophysics
*Mechanistic Studies and Biomedical
Applications of Antimicrobial Peptoids
Against Multi-drug Resistant Infections*

Nicole Hanick Kattah

Immunology
*Tetramers Reveal CD4+ T Cells that are
Specific for U1-70 in Systemic Lupus
Erythematosus*

Tiara Lynn Aiko Kawahara

Cancer Biology
*Control of Transcriptional Programs of
Aging by NF-kappaB*

Jon-Michael Knapp

Neurosciences
*Sex-specific Structure and Function of the
Olfactory System in Drosophila
Melanogaster*

Juliet Klasing Knowles

Neurosciences
*P75 Neurotrophin Receptor Mediated
Protection from Amyloid-Beta Induced
Neurodegeneration*

Yuya Kobayashi

Genetics
*DNA Methylation Profiling Reveals Novel
Biomarkers and Important Roles for DNA
Methyltransferases in Postate Cancer*

Matthew Herbert Larson

Biophysics
*Single-molecule Measurements of
Transcript Elongation and Termination by
RNA Polymerase*

Josephine Yuenming Lee

Microbiology and Immunology
*A Mouse Model of Helicobacter Pylori
Infection: Effects of Gut Microbiota on
Bacterial Colonization and Disease
Progression*

Peter Leader Lee

Chemical and Systems Biology

The Regulation of the Kinesin-like Motor Protein, KIF1C, by Rab GTPases

Hwei Xian Leong

Immunology

Loss of Retinoic Acid in the Tumor Milieu Reprograms Lamina Propria Dendritic Cells in Spontaneous Intestinal Neoplasia

Mia Levy

Biomedical Informatics

Rule-based Response Assessment Framework

Ray Shih-jui Lin

Biomedical Informatics

A Stochastic Model of Cancer Progression and Screening

Jessica Ashley Linderman

Immunology

Immune Reconstitution after Hematopoietic Cell Transplantation

Michael Emori Llewellyn

Bioengineering

Novel Tools to Study and Restore Muscle Function

Jay Mahesh Maniar

Genetics

EGO-1, An Essential Caenorhabditis Elegans RNA-directed RNA Polymerase, Modulates Gene Expression Through the Messenger RNA-templated Production of Short Antisense Effector RNAs

Milica Margeta

Neurosciences

From Building a Neuron to Building a Circuit: Polarity and Synaptic Specificity in C. Elegans

Kelly Elizabeth McCann

Cancer Biology

The Roles of Chromatin Modifying Enzymes in DNA Double-strand Break Repair

Julie JoAnn Miller

Chemical Systems Biology

A Primary Cilia Disease Protein Network Centered at the Centrosome

Murtaza Mogri

Bioengineering

Optogenetic Studies of Brain Disease: Engineering Light Delivery into Biological Tissue

Christopher Jason Moore

Genetics

Genetic and Biochemical Analysis of the Ribonuclease E Family of Proteins in E Coli

Alexander A Morgan

Biomedical Informatics

Methods of Study Integration in Multiplex Molecular Medicine

David Yoonsuk Oh

Microbiology and Immunology

Regional Specification of Thymocyte Signaling and Migration in the Thymus: A Two-Photon Microscopic Study

Yi-Ching Ong

Microbiology and Immunology

Toxoplasma Gondii Co-opts Host Immune Signaling by Secretion of a Polymorphic Tyrosine Kinase, ROP16

Ann Gee Lisa Ooi

Chemical and Systems Biology

Understanding Hematopoietic Stem Cells: From Macro to Micro

Adrienne Lee Orr

Molecular and Cellular Physiology

Amyloid-beta Inhibits E-S Plasticity through Inhibition of Cannabinoid Receptor 1-dependent Disinhibition

Amy Colleen Palin

Immunology
Mechanisms of the Impaired Th1 Immune Response in the Human Neonate

Wendy W Pang
Cancer Biology
Human Hematopoietic Stem Cells in Aging and Myelodysplastic Syndrome

Min Young Park
Chemical and Systems Biology
Developing a Protein-based Assay for Identifying hRSV Entry Inhibitors and Knowledge-based Approaches to Design Peptidomimetics

Jennifer Janell Parker
Chemical and Systems Biology
Survival and Signaling Changes in Antigen Presenting Cell Subsets after Radiation

Chirag Patel
Biomedical Informatics
Environment-wide Associations to Disease

Kaitian Peng
Microbiology and Immunology
Dissecting the Complex Host-pathogen Interactions in Francisella Tularensis

Julie Rebecca Perlin
Developmental Biology
The Role of Neuregulin 1 in Schwann Cell Migration

Laura Marie Prolo
Neurosciences
Impaired Myelination in a Mouse Model of the Free Sialic Acid Storage Disorders

Kavya Rakhra
Immunology
Characterizing the Immune Response to Tumor Regression Mediated by Oncogene Inactivation

Rebecca Rakow-Penner
Biophysics

Advances in Breast MRI

Alya Rachel Raphael
Developmental Biology
The Role of Schwann Cells in Peripheral Nerve Development in Zebrafish

Alexander Red Eagle
Genetics
The Role of the IL-4/STAT6 Signaling Pathway in the Development of Obesity and Insulin Resistance

Roberto Rafael Ricardo-Gonzalez
Immunology
The Roles of STAT6 and STAT4 in Glucose and Lipid Homeostasis

Daniel Patrick Riordan
Genetics
Identification of RNA Regulatory Information in the Saccharomyces Cerevisiae Transcriptome

Alan E Rorie
Neurosciences
Integration of Sensory and Reward Information During Perceptual Decision-making in Lateral Intraparietal Cortex (LIP)

Kacey Layn Sachen
Immunology
Antigen Recognition in the Pathogenesis of Follicular Lymphoma

Louis Alexander Saddic III
Cancer Biology
Methylation of the Retinoblastoma Tumor Suppressor by SMYD2 & Functional Interactions Between Retinoblastoma and C-MYC in a Mouse Model of Hepatocellular Carcinoma

Keyan Salari
Genetics
Exploring Cancer Biology Using Integrative Genomics

Kimberly Salvia

Neurosciences

The Synaptic Vesicle Protein B0AT3 (SLC6A17) Catalyzes Sodium-coupled Neutral Amino Acid Transport

Mark Anthony Sellmyer

Chemical and Systems Biology

Chemical Tools to Perturb and Observe Complex Biology

Alicia Roberta Shields

Genetics

Regulation of Self-renewal, Proliferation and Differentiation in Adult Stem Cell Lineages

Marina Sirota

Biomedical Informatics

Developing and Applying Integrative Computational Methods to Study Autoimmune Disease

Alyssa Christine Snider

Genetics

The Chromatin Remodeling Factor Chd11 in the Preimplantation Embryo and in ES Cells

Brett Theodore Staahl

Developmental Biology

Mechanism of an Epigenetic Switch that Mediates Neuronal Development

Timothy Richard Stowe

Cancer Biology

Centrosomes, Cilia and Centriolar Satellites: Characterizing the Role of Cep72 in Centriolar Satellite Function

Lihan Sun

Molecular Pharmacology

Protective Signaling in the Myocardium: A Role for Protein Kinase Cepsilon and Aldehyde Dehydrogenase 2 Regulators in the Treatment of Myocardial Infarction and Heart Failure

Kaustubh Satyendra Supekar

Biomedical Informatics

Detecting and Characterizing Large-scale Human Brain Networks

Lora Beatrice Sweeney

Neurosciences

Using Semaphorins to Assemble an Olfactory Circuit

Fraser Elisabeth Tan

Biochemistry

C-MYB Controls the Initiation of Ciliogenesis in Developing Mouse Airway Epithelium

Shumin Tan

Microbiology and Immunology

Helicobacter Pylori: Molecular Mechanisms for the Utilization of the Cell Surface as a Relicative Niche

Joy Sing-Yi Tea

Neurosciences

Chromatin Remodeling and Dendrite Wiring Specificity in the Drosophila Olfactory System

Hannah Margareta Teichmann

Neurosciences

Motoneuron Dendrite Morphogenesis in Caenorhabditis Elegans

Ruth Ilana Tennen

Cancer Biology

To the Telomeres and Beyond: Chromatin Regulation by the Mammalian Sirtuin SIRT6

Robin Deis Trujillo

Microbiology and Immunology

A Role for the let-7 Primary MicroRNA in Target Gene Recognition and Repression

Hsing-Chen Tsai

Neurosciences

Illuminating the Function of Dopaminergic Neurons in Reward

Ricardo Andres Valenzuela

Molecular and Cellular Physiology
Alterations to Synaptic Function and Connectivity in Area CA3 of the Hippocampus in Mouse Models of Mental Retardation

Mariel Marques Velez

Neurosciences
Behavioral and Genetic Dissection of Polarotactic Responses in Drosophila Melanogaster

Andrew Sean Venteicher

Biophysics
Identification of Novel Human Telomerase Components Essential for Holoenzyme Assembly and Function

Kartik Viswanathan

Cancer Biology
Mechanisms Regulating Adaptive Pancreatic Beta Cell Function

Lu-En Wai

Immunology
The Role of Natural Killer Cells and Activating Receptors on Natural Killer Cells in Transplantation

Stephanie C Weber

Biochemistry
Macromolecular Motion In Vivo: Anomalous Diffusion Through an "Active" Viscoelastic Medium

Kevin Shao-Ang Wei

Cancer Biology
Inhibition of Vascular Endothelial Growth Factor Signaling Stimulates Erythropoiesis and Sensitizes Hepatic Insulin Signaling Through Activation of Hepatic Hypoxia-inducible Factor-2 Alpha

Alissa Meyer Winzeler

Developmental Biology
The Contribution of Myelin Lipids to the Failure of Central Nervous System Axon Regeneration

Stacey Ellen Wirt

Cancer Biology
Cell Cycle Exit in G1 and Differentiation Independent of the Rb Gene Family During Embryonic Development

Michael Thomas Wong

Immunology
Regulation of Human T Helper Cell Differentiation

Guanglei Xiong

Biomedical Informatics
Extraction of 3D patient-specific geometry and motion from medical images

Zhen Peggy Yao

Biomedical Informatics
Sampling-based Exploration of Folded State of Protein Under Geometry and Kinematic Constraints

Alper Yetil

Cancer Biology
Mechanisms of MYC Inactivation Induced Senescence and Sustained Tumor Regression

Noah H. Zimmerman

Biomedical Informatics
A Computational Approach to Identification and Comparison of Cell Subsets in Flow Cytometry Data

Luis Alejandro Zúñiga

Immunology
Chemerin and IL-17 in Inflammation, Obesity, and Metabolism

Doctor of Medicine

Emma Bakes

MD Awarded Posthumously
1968 - 2011

Gaurav Banka

University of California at Los Angeles Med
Ctr
Los Angeles, CA • *Internal Medicine*

Frederick Christian Bennett
Stanford Hospital and Clinics
Palo Alto, CA • *Psychiatry*

James Gerard Berbee
University of Wisconsin Hospital and
Clinics
Madison, WI • *Emergency Medicine*

Alexa Dorothea Bisinger
University of California at San Francisco
San Francisco, CA • *Emergency Medicine*

Michael Paul Bokoch
University of California at San Francisco
San Francisco, CA •
Anesthesiology/Research

Thea Charlotte Brennan-Krohn
Children's Hospital of Boston
Boston, MA • *Pediatrics*

Wendy Caceres
Stanford Hospital and Clinics
Palo Alto, CA • *Internal Medicine*

John Carl Carter
University of Washington Affiliated
Hospitals
Seattle, WA • *Pediatrics-Preliminary*
University of Washington, Seattle
Seattle, WA • *Child Neurology*

Tiffany Nicole Castillo
Stanford Hospital and Clinics
Palo Alto, CA • *Orthopaedic Surgery*

Keith Ted Chan
Kaiser Permanente Medical Center
Santa Clara, CA • *Medicine-Preliminary*
University of Washington Affiliated
Hospitals
Seattle, WA • *Diagnostic Radiology*

Lauren Shui-Sum Chan
California Pacific Medical Center
San Francisco, CA • *Medicine-Preliminary*
Stanford Hospital and Clinics
Palo Alto, CA • *Diagnostic Radiology*

Christine Ning Chang
Santa Clara Valley Medical Center
San Jose, CA • *Transitional*
Kaiser Permanente Medical Center
Los Angeles, CA • *Radiation Oncology*

Pearl Wen Chang
Stanford Hospital and Clinics
Palo Alto, CA • *Pediatrics*

Christina Ka-Lei Chao
Harbor-UCLA Medical Center
Torrance, CA • *Emergency Medicine*

Mark Ping Chao
Stanford Hospital and Clinics
Palo Alto, CA • *Internal Medicine*

Resmi Ann Charalel
New York Hospital Medical Center of
Queens
Flushing, NY • *Medicine-Preliminary*
New York Presbyterian Hospital
Weill Cornell Medical Center
New York, NY • *Diagnostic Radiology*

Qian Cece Chen
Barnes-Jewish Hospital
St. Louis, MO • *Anesthesiology*

David Austin Craig
Stanford Hospital and Clinics
Palo Alto, CA • *Emergency Medicine*

Alana May Frost
Stanford Hospital and Clinics
Palo Alto, CA • *Pathology*

Teresa Fu
Santa Clara Valley Medical Center
San Jose, CA • *Transitional*
Stanford Hospital and Clinics
Palo Alto, CA • *Dermatology*

Michael Gabriel Galvez
Stanford Hospital and Clinics
Palo Alto, CA • *Plastic Surgery*

Natalia Gomez-Ospina
Santa Barbara Cottage Hospital
Santa Barbara, CA • *Medicine-Preliminary*
Johns Hopkins Hospital
Baltimore, MD • *Dermatology*

Cheryl Green
Georgetown University Hospital
Washington, DC • *Psychiatry*

Gary Michael Green
Harbor-UCLA Medical Center
Torrance, CA • *Emergency Medicine*

Gaurav Gupta
New York Presbyterian Hospital
Columbia University Medical Center
New York, NY • *Neurological Surgery*

Elsie Ruth Gyang
Stanford Hospital and Clinics
Palo Alto, CA • *Vascular Surgery*

Anna Lonyai Harbison
Stanford Hospital and Clinics
Palo Alto, CA • *Pediatrics*

Rebecca Clarice Hjorten
Albert Einstein College of Medicine

The Children's Hospital at Montefiore Med
Ctr
Bronx, NY • *Pediatrics*

Quoc Tri Ho
VA Medical Center, Boise
Boise, ID • *Internal Medicine*

Jennifer Hong
Dartmouth-Hitchcock Medical Center
Lebanon, NH • *Neurological Surgery*

Ryan Steven Huss
Residency to Begin 2012

Grace Huynh
International Venture Laboratories
Seattle, WA

David Philip Janka
Private Enterprise

Sha-Nita Evelyn Jones
Loma Linda University Medical Center
Loma Linda, CA • *Emergency Medicine*

R. Bryan Scott Klassen
University of California at San Francisco
San Francisco, CA • *Anesthesiology*

Juliet Klasing Knowles
Stanford Hospital and Clinics
Palo Alto, CA • *Child Neurology*

Juliet Klasing Knowles
Stanford Hospital and Clinics
Palo Alto, CA • *Pediatrics*

Narmadan Akileswaran Kumarasamy
Hospital of Saint Raphael
New Haven, CT • *Transitional*
Albert Einstein College of Medicine
The Children's Hospital at Montefiore Med
Ctr
Bronx, NY • *Diagnostic Radiology*

Flynn Christine LaRochelle
Oregon Health & Science University

Portland, OR • *Obstetrics & Gynecology*

Barrett Jon Larson
S Stanford Hospital and Clinics
Palo Alto, CA • *Transitional-Anesthesiology*
Stanford Hospital and Clinics
Palo Alto, CA • *Anesthesiology*

Cara Ann Liebert
Stanford Hospital and Clinics
Palo Alto, CA • *General Surgery*

Patrick S. Lin
University of California at Davis Med Ctr
Sacramento, CA • *Internal Medicine*

Gigi Yuen-Gee Liu
Johns Hopkins Hospital
Baltimore, MD • *Internal Medicine*

Michael Emori Llewellyn
Santa Clara Valley Medical Center
San Jose, CA • *Transitional*
Stanford Hospital and Clinics
Palo Alto, CA • *Diagnostic Radiology*

Wah-Ping Luk

Gene Kew Ma
Stanford Hospital and Clinics
Palo Alto, CA • *Internal Medicine*

Liam Connor Macleod
University of Washington Affiliated
Hospitals
Seattle, WA • *Surgery-Preliminary/Urology*
University of Washington, Seattle
Seattle, WA • *Urology*

Milica Margeta
Stanford Hospital and Clinics
Palo Alto, CA • *Medicine-Preliminary*
Duke University Hospital
Durham, NC • *Ophthalmology*

Kelly Elizabeth McCann
Oregon Health & Science University

Portland, OR • *Internal Medicine*

Aabed Meer

Residency to Begin in 2012

Jennifer Ann Miller

Stanford Hospital and Clinics
Palo Alto, CA • *Internal Medicine*

Julie JoAnn Miller

Stanford Hospital and Clinics
Palo Alto, CA • *Medicine-Preliminary*
Massachusetts General Hospital
Boston, MA • *Neurology*

Elise Hye Youn Min

Brigham & Women's Hospital
Boston, MA • *General Surgery*

Steven Cassidy Minear

University of California at San Francisco
San Francisco, CA • *General Surgery*

Yohko Murakami

University of California at Irvine Med Ctr
Irvine, CA • *Medicine-Preliminary*
University of Southern California
Los Angeles, CA • *Ophthalmology*

David Myung

Kaiser Permanente Medical Center
Santa Clara, CA • *Medicine-Preliminary*
Stanford Hospital and Clinics
Palo Alto, CA • *Ophthalmology*

Annie Quoc-Thy Nguyen

Santa Clara Valley Medical Center
San Jose, CA • *Internal Medicine*

David Yoonsuk Oh

University of California at San Francisco
San Francisco, CA • *Internal Medicine*

Victoria Nicole Parikh

University of California at San Francisco
San Francisco, CA • *Internal Medicine*

Nina Persotem Patel

University of California at San Francisco
San Francisco, CA • *Family Medicine*

Rebecca Rakow Penner

Santa Clara Valley Medical Center
San Jose, CA • *Medicine-Preliminary*
University of California at San Diego Med
Ctr
San Diego, CA • *Diagnostic
Radiology/Research*

Matthew James Pianko

New York Presbyterian Hospital
Columbia University Medical Center
New York, NY • *Internal Medicine*

Sarah Stephens Pickard

Children's Hospital of Boston
Boston, MA • *Pediatrics*

Karthikeyan Ettigounder Ponnusamy

Johns Hopkins Hospital
Baltimore, MD • *Orthopaedic Surgery*

³Malavika Prabhu

University of Washington Affiliated
Hospitals
Seattle, WA • *Obstetrics & Gynecology*

Kristin Sharmila Raj

Stanford Hospital and Clinics
Palo Alto, CA • *Psychiatry*

Bhargav Raman

Santa Clara Valley Medical Center
San Jose, CA • *Transitional*
Santa Clara Valley Medical Center
San Jose, CA • *Diagnostic Radiology*

Roberto Rafael Ricardo-Gonzalez

Brigham & Women's Hospital
Boston, MA • *Medicine-Preliminary*
University of California at San Francisco
San Francisco, CA • *Derm-2+2/Scientists*

Makeda Lucretia Robinson

University of California at San Francisco

San Francisco, CA • *Internal Medicine*

Joshua Alexander Rolnick
Stanford Hospital and Clinics
Palo Alto, CA • *Internal Medicine*

Jamie Elyce Rubin
University of Hawaii
Honolulu, HI • *Transitional*
Massachusetts General Hospital
Boston, MA • *Anesthesiology*

Sean Sachdev
University of California at San Diego Med
Ctr
San Diego, CA • *Medicine-Preliminary*
McGaw Medical Center of Northwestern
Univ
Chicago, IL • *Radiation Oncology*

Brandon Luke Labron Seagle
University of Washington
Seattle, WA • *General Surgery*

Jessica M. Sin
Greenwich Hospital
Greenwich, CT • *Medicine-Preliminary*
Stanford Hospital and Clinics
Palo Alto, CA • *Diagnostic Radiology*

Kierann Elizabeth Smith
Mid-Hudson Family Health Institute
Kingston, NY • *Family Medicine*

Shobha Williamson Stack
Stanford Hospital and Clinics
Palo Alto, CA • *Internal Medicine*

Mary Lynette Stein
Stanford Hospital and Clinics
Palo Alto, CA • *Pediatrics-Anesthesiology*

Sara Jessica Stern-Nezer
Santa Clara Valley Medical Center
San Jose, CA • *Medicine-Preliminary*
Stanford Hospital and Clinics
Palo Alto, CA • *Neurology*

Jessica Kelly Stewart
Harbor-UCLA Medical Center
Torrance, CA • *Transitional*
Duke University Medical Center
Durham, NC • *Diagnostic Radiology*

Leslie Anne Stewart
Hospital of the University of Pennsylvania
Philadelphia, PA • *Internal Medicine*

Katalin Anna Szabo
San Mateo Medical Center
San Mateo, CA • *Psychiatry*

Xiao Tan
Beth Israel Deaconess Medical Center
Boston, MA • *Internal Medicine*

Jessica Jewel Telleria
University of Washington Affiliated
Hospitals
Seattle, WA • *Orthopaedic Surgery*

Meghan Minh Hien Tieu
Kaiser Permanente Medical Center
Oakland, CA • *Medicine-Preliminary*
Stanford Hospital and Clinics
Palo Alto, CA • *Anesthesiology*

Sabrina Marie Tom
University of California at Los Angeles Med
Center
Los Angeles, CA • *Emergency Medicine*

Amar Dinker Trivedi
McGaw Medical Center of Northwestern
University
Chicago, IL • *Internal Medicine*

Joshua John Troke
University of California at Los Angeles Med
Ctr
Los Angeles, CA • *Emergency Medicine*

Emily Bao Tsai
New York University
New York, NY • *Medicine-Preliminary*

University of California at Los Angeles Med
Ctr
Los Angeles, CA • *Diagnostic Radiology*

John Simon Van Arnam
Kaiser Permanente Medical Center
Santa Clara, CA • *Medicine-Preliminary*

Mariel Marques Velez
Stanford Hospital and Clinics
Palo Alto, CA • *Medicine-
Preliminary/Neurology*
Stanford Hospital and Clinics
Palo Alto, CA • *Neurology*

Andrew Sean Venteicher
Massachusetts General Hospital
Boston, MA • *Neurological Surgery*

Ivan N. Vial
University of Pittsburgh Medical Center
Pittsburgh, PA • *Plastic Surgery*

John Schoeneman Vorhies
Stanford Hospital and Clinics
Palo Alto, CA • *Orthopaedic Surgery*

Wenshuai Wan
Master of Science, Health Services Research
Stanford, CA • *Stanford University*

Aaron Sheng-Chieh Wang
Riverside Methodist Hospital
Columbus, OH • *Transitional*
Johns Hopkins Hospital
Baltimore, MD • *Ophthalmology*

Jonathan Allen Webster
Johns Hopkins Hospital
Baltimore, MD • *Internal Medicine*

Kevin Shao-Ang Wei
Brigham & Women's Hospital
Boston, MA • *Internal Medicine*

Gavitt Alida Woodard
University of California at San Francisco
San Francisco, CA • *General Surgery*

Elizabeth Anne Zambricki
Stanford Hospital and Clinics
Palo Alto, CA • *Otolaryngology*

Update on the Center for Clinical Informatics

At a recent Executive Committee meeting Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology gave an update on the Stanford Center for Clinical Informatics. He subsequently prepared a summary of his presentation which I am pleased to share with you below:

The Stanford Center for Clinical Informatics was established in 2005 as one of three Strategic Centers at the School of Medicine. The Center is directed by Henry Lowe MD, Associate Professor of Pediatrics and Senior Associate Dean for Information Resource and Technology (IRT). The discipline of Clinical Informatics has been defined as transforming health care by "analyzing, designing, implementing, and evaluating information and communication systems that enhance individual and population health outcomes, improve patient care, and strengthen the clinician-patient relationship." (Gardner RM et al. Core Content for the Subspecialty of Clinical Informatics. J Am Med Inform Assoc. 2009 Mar-Apr;16(2):153-7). The Center for Clinical Informatics defines its mission as "fostering the use of innovative information technology solutions to improve human health." Given the research-intensive nature of Stanford University School of Medicine, a major focus of the Center's activities to date has been applying Informatics expertise and technologies to support the School's clinical and translational research mission. In this regard, the Center works in partnership with SPECTRUM, the coordinating entity for Stanford University's Clinical and Translational Science Award (CTSA) grant, on three overarching goals:

1. The application of innovative informatics to reduce barriers to effective clinical and translational research (CTR)
2. Connecting the Stanford CTR community to data, technology and expertise through a free Informatics consultation service
3. Using the Stanford CTR community's needs to drive innovative applied Clinical Informatics research and development projects

The Center's Clinical Informatics consultation service, staffed by an experienced team of informaticians, computer scientists and analysts, provides up to five hours of assistance at no charge. In 2010 the Center handled over 200 substantial consultations (out of a total of over 300 requests), a 70% increase over 2009. Most of the consultations fell into two categories: secondary use of health information for research purposes and provision of secure research data management solutions. The Center's impact is increasingly broad, in 2010 working with faculty in almost all of the School's clinical departments and a number of the basic science departments.

A major contributor to the Center's success has been the STRIDE (Stanford Translational Research Integrated Database Environment) system. This secure informatics platform, developed by the Center, provides critical functionality in three area:

- In partnership with both hospitals, STRIDE aggregates information from the Stanford pediatric and adult electronic health records using a HIPAA-compliant model that facilitates the secondary use of health information for a wide variety of research activities. The STRIDE Clinical Data Warehouse integrates clinical data on almost 1.65 million pediatric and adult patients cared for at Stanford since 1995. STRIDE offers powerful, HIPAA-compliant, "self-service" tools that allow researchers to identify potential research cohorts using clinical and temporal criteria as well as performing

efficient, secure, electronic review of clinical data to further refine patient cohorts. The Center also extracts and models clinical data sets for use in IRB-approved research studies. A recent addition to the STRIDE platform has been a novel Research Alerting System that analyzes clinical data in real-time to provide secure notification of potential research participants. The STRIDE platform is also being used to provide reports based on clinical data as part of Stanford Hospital and Clinics' quality improvement initiative.

- STRIDE provides a secure, HIPAA-compliant platform for the deployment of sophisticated research data management applications. A number of these STRIDE applications have been deployed, supporting a diverse set of research activities including Cancer Genetics, Joint Replacement Registries, Cardiothoracic Surgery Outcomes, Multimedia Dermatology Research, Neonatology Data Linkage and a joint breast cancer outcomes project involving Stanford and the Palo Alto Medical Foundation (PAMF).
- Biospecimen data management (specimen registration, tracking, retrieval and linkage to clinical data) is provided by STRIDE to a number of tissue banks, including the Stanford Cancer Institute (in partnership with the Department of Pathology), Bone Marrow Transplantation and Hematology. STRIDE manages and tracks information on over 100,000 biospecimens stored at Stanford.

In addition to STRIDE, the Center also operates an installation of REDCap (Research Electronic Data CAPture), a secure web-based research data management system developed at Vanderbilt University and supported by a consortium of 200 global partners (including the Center). This easy to use, self-service system is provided free of charge by the Center and integrates with many data analysis tools. The Center currently hosts over 200 active REDCap research databases, with approximately 500 active users at Stanford. REDCap databases are secure, backed-up and address the risk of storing sensitive clinical research data on the user's computer.

The Center for Clinical Informatics has a number of ongoing research and development collaborations with groups across the School, including Biomedical Informatics (clinical data mining, multisite secure clinical data exchange, algorithmic clinical data modeling, similarity matching algorithms), the Cancer Center (breast cancer outcomes, cancer center research database), Anesthesia (sepsis identification, research registry frameworks), Emergency Medicine (research alerting), Cardiothoracic Surgery (integrated databases for outcomes research), Dermatology (drug prescribing patterns), Genetics (Personalized Medicine), Neonatology (High Risk Infant Registry) and the Stanford Prematurity Center (Integrated Database Models). The Center has also engaged in a variety of educational activities, including a very successful Clinical Informatics seminar series and providing clinical informatics research training opportunities to masters and doctoral students, in partnership with the Stanford Biomedical Informatics Training IDP.

Looking forward, in addition to continuing many of its current activities, the Center sees exciting opportunities for research collaborations in new areas such as large scale clinical data mining, clinical text mining, quality improvement and outcomes, novel data-driven clinical decision support and personalized medicine applications that leverage on the integration of clinical and genomic data. More information about the Stanford Center for Clinical Informatics' activities and services are available at <https://clinicalinformatics.stanford.edu/>

Upcoming Event:

Stanford Health Policy Forum: The State of Children's Health in California - with Diana Dooley, California Secretary of Health and Human Services

Monday, June 20

12:00 – 1:30 PM

Clark Center Auditorium

The panel at the Stanford Health Policy Forum on June 20th will include California Health and Human Services Diana Dooley, Lucile Packard Children's Hospital President and CEO Christopher Dawes and Stanford faculty members, Dr. Shashank Joshi and Dr. Paul Wise. Paul Costello, Executive Director of the Office of Communication and Public Affairs, will lead a roundtable question and answer discussion -- first with the guest speakers and then with the audience. Additional information is available at: <http://healthpolicyforum.stanford.edu/>

Other Awards and Honors

- **Paul C. Blainey, PhD**, postdoctoral fellow, Bioengineering, has received the 2011 Career Award at the Scientific Interface by the Burroughs Wellcome Fund.
- **Kevin Chun-Kai Wang, PhD**, postdoctoral fellow, Dermatology, has received the 2011 Career Award for Medical Scientists by the Burroughs Wellcome Fund.
- **Ronald Davis, PhD**, Professor of Biochemistry and of Genetics, is the recipient of the 2011 Genetics Prize presented by the Peter and Patricia Gruber Foundation. The award is presented to a leading scientist in recognition of groundbreaking contributions to any realm of genetics research.
- **Cheryl Gore-Felton, PhD**, Professor of Psychiatry and Behavioral Sciences, has been selected as a 2011-12 Fellow of the Hedwig van Ameringen Executive Leadership in Academic Medicine Program for Women at the Drexel University College of Medicine. The program is dedicated to preparing senior women faculty for positions of leadership at academic health centers.
- **William Newsome, PhD**, Professor of Neurobiology, is among the 37 new scholars who were recently elected to the American Philosophical Society. The APS honors leading scholars, scientists and professionals through elected membership and opportunities for multidisciplinary, intellectual fellowship.
- **Carla Shatz, PhD**, the Sapp Family Provostial Professor and director of the Bio-X program at Stanford, has been elected as one of eight foreign members of the Royal Society, which is composed of approximately 1,500 distinguished scientists around the world and is the oldest scientific academy in continuous existence.
- **Robert Siegel, MD**, Associate Professor of Microbiology and Immunology, is one of four recipients of the Walter J. Gores Faculty Achievement Award. These awards are given annually in recognition of excellence in teaching in its broadest sense.

- **Jessica Sin, PhD**, is the recipient of the Norman Blank Award 2011. This award is given to an outstanding graduating Stanford medical student in Radiology.
- **Justin Sonnenburg, MD**, Assistant Professor of Microbiology and Immunology, has the 2011 Investigators in the Pathogenesis of Infectious Disease Award by the Burroughs Wellcome Fund.

Congratulations to all.

Appointments and Promotions

Arash Alizadeh has been appointed to Assistant Professor of Medicine, effective 7/01/11.

Heike Daldrop-Link has been appointed to Associate Professor of Radiology, effective 6/01/11.

Tushar J. Desai has been appointed to Assistant Professor of Medicine, effective 6/01/11.

Michael Eisenberg has been appointed to Assistant Professor of Urology at the Stanford University Medical Center, effective 8/01/11.

Brian A. Hargreaves has been promoted to Associate Professor (Research) of Radiology, effective 6/01/11.

Booil Jo has been promoted to Associate Professor of Psychiatry and Behavioral Sciences, effective 6/01/11.

Aya Kamaya has been reappointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective 10/01/11.

David A. Katzenstein has been reappointed to Professor (Research) of Medicine, effective 6/01/11.

Amelie Lutz has been appointed to Assistant Professor of Radiology at the Stanford University Medical Center effective 5/01/11.

Gary Luxton has been promoted to Professor of Radiation Oncology at the Stanford University Medical Center, effective 6/01/11.

Jose R. Maldonado has been reappointed to Associate Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 6/01/11.

Sam P. Most has been promoted to Professor of Otolaryngology – Head and Neck Surgery at the Stanford University Medical Center, effective 6/01/11.

Beverley Newman has been promoted to Professor of Radiology at the Stanford University Medical Center, effective 6/01/11.

Stephen J. Roth has been promoted to Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 6/01/11.

Julien Sage has been promoted to Associate Professor of Pediatrics, effective 6/01/11.

Shreyas S. Vasanawala has been promoted to Associate Professor of Radiology at the Stanford University Medical Center, effective 6/01/11.

Dean's Newsletter

July 5, 2011

Relieving Pain in America

Late last fall the Institute of Medicine (IOM) of the National Academy of Sciences asked me to chair a committee to review the public health implications of pain in America. This project was mandated by the passage of the Affordable Care Act in March 2010, which stipulated that the IOM deliver a report on pain in America to the Congress and the National Institutes of Health by June 2011. Having witnessed the impact of pain on patients I have cared for over the years – especially as a pediatric oncologist – and having watched the impact of chronic pain on friends and family members, the extraordinary effects of pain on individuals, families and communities was abundantly clear to me. But as our committee learned during six meetings from the end of November 2010 through late April 2011, the magnitude and human and economic toll of pain in America is far greater than any of us imagined.

Studies or committees commissioned by the IOM are expected to respond in an objective data-driven manner to a specific set of questions or issues. It is this impartiality and integrity that makes IOM reports so respected and valued. Often IOM reports take 1-2 years to complete but our committee was charged to carry out its work on a remarkably accelerated timeline – given the magnitude and dimensions of the challenge. We were specifically asked to address five major issues: the public health dimensions and implications of pain in America; the demographic profile of who is impacted by pain and at what cost; the impediments to the effective treatment and prevention of pain; the current and future tools and techniques used to treat pain today, and the opportunities to create new knowledge or approaches to pain management through sponsored research and public-private partnerships in the future.

The 19-member committee that I chaired, along with Dr. Noreen Clark, Myron E. Wegman Distinguished University Professor and Director of the Center for Managing Chronic Illness, University of Michigan as co-chair, included a broad array of experts from medicine (including complementary medicine), surgery, dentistry, nursing, psychology, law, ethics, religion, journalism, and palliative care. We were fortunate to have on the Committee Dr. Sean Mackey, Associate Professor, Department of Anesthesia and Chief of the Division of Pain Management at Stanford. The Committee heard testimony from professional organizations and societies, academia, the NIH and FDA, the VA and the Department of Defense, as well as patients and advocacy organizations. More than 2000 public comments were received from patients and professionals about their personal and related experience with pain. The Committee held sessions

in three cities and worked extensively between and after meetings to construct the report that was delivered to Congress and the NIH on June 28th and to the public on June 29th.

The personal face of pain was always a centerpiece of the Committees' deliberations. That said, the dimensions of the magnitude of chronic pain in America is captured by two statistics: first that more than 116 million Americans suffer from chronic pain and second, that the economic pain in America is between \$560-635 billion dollars per year (twice what is spent on cardiovascular disorders or cancer). This averages more than \$2000 per American – which is an underestimate since these numbers do not include children, members of the military, incarcerated individuals or those in chronic care facilities.

The report is entitled ***“Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research”*** and is now available online at <http://www.iom.edu/Reports/2011/Relieving-Pain-in-America-A-Blueprint-for-Transforming-Prevention-Care-Education-Research.aspx> and will be available in hardcopy in late fall. The blueprint includes 16 major recommendations and contains a timeline for their implementation. The Committee's work was guided by a number of underlying and overarching principles, including:

Guiding Principles Constructed by the Committee

- Effective pain management is a **moral imperative**, a professional responsibility and the duty of people in the healing professions.
- Chronic pain has a distinct pathology, causing changes throughout the nervous system that often worsen over time. It has significant psychological and cognitive correlates and can constitute a serious, separate disease entity. This means that **chronic pain can be a disease itself**.
- Pain results from a combination of biological, psychological and social factors and often **requires comprehensive approaches to prevention and management**.
- Given chronic pain's diverse effects, **interdisciplinary assessment and treatment** may produce the best results for people with the most severe and persistent pain problems.
- Chronic pain has such severe impacts on all aspects of the lives of its sufferers that every effort should be made to **achieve both primary and secondary prevention** of the transition from the acute to the chronic state through early intervention.
- While there is much more to be learned about pain and its treatment, **even existing knowledge is not always used effectively**, and thus substantial numbers of people suffer unnecessarily.
- The Committee recognizes the serious problem of diversion and abuse of opioid drugs, as well as questions about their usefulness long-term, but believes that **when opioids are used as prescribed and appropriately monitored, they can be safe and effective**, especially for acute, post-operative, and procedural pain, as well as for patients near the end of life who desire more pain relief.
- The effectiveness of pain treatments depends greatly on the **strength of the clinician-patient relationship**; pain treatment is never about the clinician's intervention alone, but about the clinician and patient (and family) working together.
- Many features of pain lend themselves to **public health approaches** -- a concern about the large number of people affected, disparities in occurrence and treatment, and the goal

of prevention as noted above. Public health education can help counter the myths, misunderstandings, stereotypes, and stigma that hinder better care.

Among the recommendations the Committee indicated should be completed before the end of 2012 are:

1. ***The Secretary of the Department of Health and Human Services should develop a comprehensive, population health-level strategy for pain prevention, treatment, management, education, reimbursement, and research that includes specific goals, actions, time frames and resources.*** This strategy should:
 - Describe how efforts across government agencies, including public-private partnerships, can be established, coordinated, and integrated to encourage population-focused research, education, communication and communitywide approaches that can help reduce pain and its consequences and remediate disparities in the experience of pain among subgroups of Americans.
 - Include an agenda for developing physiological, clinical, behavioral, psychological, outcomes, and health services research and appropriate links across these domains.
 - Improve pain assessment and management programs within the service delivery and financing programs of the federal government.
 - Proceed in cooperation with the Interagency Pain Research Coordinating Committee and the National Institutes of Health's Pain Consortium and reach out to private –sector participants as appropriate.
 - Involve federal agencies and departments (National Institutes of Health, Centers for Disease Control and Prevention, Food and Drug Administration, Centers for Medicare and Medicaid Services, Agency for Healthcare Research and Quality, Health Resources and Services Administration, Indian Health Service, Department of Defense, and Department of Veterans Affairs); private sector entities (pain advocacy and awareness organizations; health professions associations; health care providers; health professions educators; private insurers; and accreditation, certification, and examination organizations); and relevant state-level entities.
 - Include ongoing efforts to enhance public awareness about the nature of chronic pain and the role of self-care in its management.

The development of this strategy should be completed by the end of 2012.

2. ***Develop strategies for reducing barriers to pain care.*** The population-level strategy referred to in #1 above, should include identifying and developing comprehensive approaches to overcoming existing barriers to pain care, especially for populations that are disproportionately affected by and undertreated for pain. Strategies also should focus on ways to improve pain care for these groups.
3. ***Support collaboration between pain specialists and primary care clinicians, including referral to pain centers when appropriate.*** Pain specialty professional organizations and primary care professional organizations should work together to support the collaboration

of pain specialists with primary care practitioners and teams when primary care providers have exhausted their expertise and the patient's pain persists.

4. ***Designate a lead institute at the National Institutes of Health responsible for moving pain research forward and increase the support and scope of the Pain Consortium.*** At the same time, NIH should increase financial resources and staffing support for and broaden the scope of the Pain Consortium and engage higher-level staff from the institutes and centers in the consortium's efforts. The Pain Consortium should exert more proactive leadership in effecting the necessary transformation in how pain research is conducted and funded.

The Committee recommended that the four recommendations noted above be completed by the end of 2012, and the other twelve recommendations be implemented by the end of 2015. I certainly recognize that listing them as I have above takes them out of context and may does not make their rationale clear or even compelling. However, as is noted in the report, the findings and recommendations revolve around a single conclusion: ***Pain affects the lives of more than a hundred million Americans, making its control of enormous value to individuals and society. To reduce the impact of pain and the resultant suffering will require a transformation in how pain is perceived and judged both by people with pain and by the health care providers who help care for them. The overarching goal of this transformation should be gaining a better understanding of pain of all types and improving efforts to prevent, assess and treat pain.***

Each day we are called on to address many different issues or problems. At one level, committing time to a Committee like this certainly takes time that could have been used for other purposes. Hopefully the impact of the Committee's findings and recommendations will be meaningful and make these efforts justifiable. That still remains a hope to be fulfilled.

Sharing A Perspective on Graduate Education

In the May 8th issue of the Dean's Newsletter (see: http://deansnewsletter.stanford.edu/archive/05_09_11.html#5) I commented on "The Emerging Debate About Graduate Education" and referenced the series of articles in the April 21st issue of *Nature* that raised questions about the numbers of PhDs being educated in the US and worldwide. I also mentioned that the NIH was launching a Biomedical Workforce (BWF) Taskforce that would be chaired by Dr. Shirley Tilghman, President of Princeton University and a highly distinguished scientist who had also raised the question of whether the US was educating too many PhDs for too few jobs. When I wrote that brief commentary I didn't know that the NIH BWF Task Force would ask me to attend their first meeting and speak from the perspective of research-intensive medical school. Because the work of the Task Force is closed I was only able to be present for the portion related to my presentation. Since the outcome of this task force will almost certainly have an impact and since the issues regarding graduate education are of broad interest, it seems prudent to share some of the comments I provided to NIH.

While the focus of the BWF Task Force is on PhD education I provided some background on our MD program as well, especially since a number of our students pursue joint degree programs. In doing so I described the multiple career pathways open to medical students, especially the opportunities to develop additional knowledge, skills and degrees in business, law, education as well as science and engineering.

Our PhD programs are also unique among medical schools in a number of important ways. First we have as many PhD students as we do medical students and view our graduate students community as equally valued and essential to our mission as our MD students. We have both department-specific PhD programs as well as interdepartmental PhD degree programs (e.g., cancer biology, immunology, neuroscience, stem cell biology & regenerative medicine). We also benefit from a shared bioscience admission process that includes related programs in the Schools of Medicine, Humanities and Sciences and Engineering and that permits mobility of students across programs. While there are not similar joint degree programs for PhD students, one unique program is the Masters of Medicine Program that was initiated by Dr. Ben Barres, Professor and Chair of Neurobiology in 2006 (see: <http://msm.stanford.edu/>).

One of the important issues in graduate education (in either bioscience or medicine) is the length and duration of training – especially if the average of 5.5 years for PhD education is coupled with 3-5 additional years of Postdoctoral Training. Accordingly it is important to review PhD education in association with postdoctoral training – as we have done in our planning groups and our 2010 Think Tanks on “*Beginning to Think About Graduate Education*” (see: http://deansnewsletter.stanford.edu/archive/10_11_10.html#3) and “*Thinking About Postdoctoral Fellows and Scholars*” (see: http://deansnewsletter.stanford.edu/archive/07_26_10.html#2). This was very much featured in our discussion at this past January’s Strategic Planning Leadership Retreat (see: http://deansnewsletter.stanford.edu/archive/01_24_11.html#1).

Acknowledging that a goal of graduate education at medical schools like Stanford is to educate and train future leaders and academicians, we also need to think more broadly about the career paths students pursue – and for a variety of reasons. Just over half of our PhD graduates enter academia. And the numbers of jobs available in academia are limited. Those who choose other paths should not be considered as doing so because they couldn’t make it academia. As we heard during our think tanks and retreat, many students discover during their time in graduate school that their career interests are elsewhere – in business, industry, teaching among others. All too often such students feel they must hide her/his career ambitions lest they lose the respect – and support – of the PhD mentor or committee. This is an issue that requires honest reflection and discussion. It is widely agreed that PhD education is a great model by which to learn to think independently and critically, generally through the design and completion of experiments and their analysis and communication. These are skills that are transferable to many different career paths – not simply academia.

Unlike the diversity of programs and pathways we have constructed for medical students at Stanford, there is not the same level of flexible learning or dual degrees for PhD students. There are certainly lots of reasons for this but this is something that requires consideration and likely revision. An effort to revisit the curriculum for PhD bioscience students at Stanford is in the offing and hopefully will shed light on this issue.

This leads to one of the important questions that the NIH BWF Task Force is considering – are we training too many PhD students? My response to the committee was that it would be unwise to restrict the number of students being educated in PhD programs today, and that it would be very damaging to reduce the number of training grants supported by the NIH. More specifically, I underscored that restricting the number of students would negatively impact the pipeline and also the outcomes. As Dr. Dan Herschlag, Professor of Biochemistry, recently analogized, as a

nation we need to keep the funnel wide at the outset of the education pathway, since it is unclear which students will ultimately emerge as the successful candidates for major academic careers. He further compared this to a baseball analogy – that often begins with college leagues (or sandlots) and that for those destined for careers in professional baseball, selects some for the minor leagues and, ultimately a select few for the majors. That seems like a reasonable analogy with one important exception. As educators we need to think more critically about those PhD students who don't want to join the “minors league” or those who don't make it from the minors to the majors. The default option shouldn't be career failure – it needs to be career alternatives. This will require us to broaden the education opportunities and experiences for PhD students, the questions being when and how to do this. But these are valid and important questions that we need to focus on more clearly.

One issue for which there is broad consensus is that the financial model underpinning graduate education needs radical change. The reliance on training grants and institutional support – and even the expectations set by the NIH – have significant and somewhat damaging implications. The solutions are not straightforward but the current pathway is not sustainable. While not a complete solution, one of our highest priorities for fundraising is to generate support for PhD education. Coupled with this is the need to also address the important conundrum of the length of education and training – by critically reassessing what can be done to shorten the overall length of training and to make the process also more flexible, for reasons noted above. Another critically important issue is to continue to diversify our graduate student community – a goal that has been ongoing at Stanford for some years. Added to this is to think of graduate education more globally – both in where students come from (which is currently limited by NIH training grants) and where they will go to pursue their careers.

It will be interesting to see what comes of the NIH BMW Task Force. Perhaps more importantly will be what comes from our internal work groups and efforts at Stanford on graduate education and postdoctoral training – topics I will return to with updates on our progress in future issues of this Newsletter.

A Person of Courage and Integrity

I have long respected Dr. Eugene Carragee's evidence-based approach to the management of back pain. Dr. Carragee is a Professor in the Department of Orthopedic Surgery and Chief of the Spinal Surgery Division. He is an experienced and thoughtful clinician and surgeon. In addition to being an outstanding faculty member at Stanford, Dr. Carragee also deserves respect for his personal courage as a military surgeon and command leader for the US Army, where he cared for refugees as well as individuals injured in battle in the Vietnam, Cambodia and Iraq. On his various tours of duty over more than two decades, he has also sustained serious personal injuries - but has always put others before himself. Now he is embroiled in another highly visible battle, which is driven by evidence, ethics and integrity. I won't recount the current events in detail other than saying that he has raised questions about the validity of reports appearing in *The Spine Journal*, where he serves as the Editor-in-Chief. This story has dominated a number of news reports in recent weeks and is well covered in <http://med.stanford.edu/ism/2011/june/carragee-profile-0628.html>. But it is important to underscore his courage in this current debate. Driven by integrity – and ultimately respect for the safety of patients – he has been willing to take on a contentious issue knowing that it could entail both personal and professional harm. But Dr. Carragee's decision to stand for the integrity of his discipline and the community he serves

deserves our respect regardless of one's stand on the issues. He is truly a person with courage – an attribute often lacking in our world today.

Women and Medicine

Dr. Karen Siebert concludes her Op-Ed article ***“Don’t Quit This Day Job”*** as follows: *“If medical training were available in infinite supply, it wouldn’t matter how many doctors worked part time or quit, because there would always be new graduates to fill their spots. But medical schools can only afford to accept a fraction of the students who apply”* (see: http://www.nytimes.com/2011/06/12/opinion/12siebert.html?pagewanted=1&_r=1&sq=karen%20siebert&st=cse&scp=1). This statement would be provocative enough if it applied broadly, but Dr. Siebert targets her remarks to women in medicine. She begins her commentary with the disclaimer that she has always worked full-time and that she is also the mother of four children. However, she quickly notes, “increasing numbers of doctors – mostly women – decide to work part-time or leave the profession.” In her opinion piece she conveys her thoughts on part-time work by doctors as a problem for patients and for society. And while her arguments have some rationale, her focus on women in medicine is a disservice and misses many important points. The reactions to her article (mostly negative) are numerous and convey strong disagreement with her position and commentary (See: More on Women in Medicine (<http://parenting.blogs.nytimes.com/2011/06/15/more-on-women-and-medicine/?scp=1&sq=women%20and%20medicine&st=cse>)).

As dean of a medical school I certainly recognize the costs of medical education – to individuals, institutions and society. The shortage of physicians, especially in primary care, has been a topic of discussion particularly during the contentious debate about the future of health care in the US. Organizations like the Association of American Medical Colleges (AAMC) have advocated for increasing the size of medical school classes by 30% and on June 20th the AAMC reported that *“In response to the increased need for physicians across the country, first-year enrollment in the nation’s medical schools continued to grow in 2010 despite more institutions citing economic concerns, according to the 2010 Medical School Enrollment Survey from the AAMC. The survey indicates that M.D. enrollment is projected to reach 21,041 by 2015, 27.6 percent above 2002 enrollment and just below the 30 percent increase called for by the AAMC in 2006 in response to the nation’s physician shortages. Between 2002 and 2010, 80 percent of accredited medical schools increased their enrollment by two or more positions.”*

Importantly half of the students currently enrolled in medical school are women – which is a major advance of decades ago when I began my own education and training. If one were to extend Dr. Siebert’s logic we would need to further increase the size of medical school classes to compensate for future loss of the physician workforce, or not admit women to medical school, or admit only those who signed a vow to work full-time. Clearly these are all ridiculous options and none address the issues, problems or solutions.

I have been part of the medical work force for decades. I doubt anyone would accuse me of working anything but full-time, but that also misses the point. Like many physicians in academic medicine I have worked “part-time” on many topics, including patient care. But that is not the primary issue either. The reality is that a life in medicine is a demanding one. It is also a privileged career path that can be deeply rewarding, valuable to society, and personally meaningful. For many physicians however, the constant demands of time and work-pressure

result in “burning out,” not infrequently in mid-career, or becoming disenchanted, disillusioned, or even angry with the life of being a doctor. Some of these reactions impact the choice of medical career paths (primary care vs. specialty), the location of work (rural vs. urban), the size and scope of practice (group vs. solo or small) and much more. The demands of a career in medicine almost inevitably take a toll on personal life, marriage, partnerships, relationships and family. And the incidence of substance abuse and suicide is higher in physicians than in other careers. While the causes of these life events are complicated, they are not solved or even ameliorated by having a “one-size-fits-all” expectation or making different career paths and choices less valued or meritorious. We need to think differently.

From my perspective we should celebrate rather than decry different career paths. We should also seek ways of sustaining a life in medicine over the career of a physician or academician in a manner that is flexible and that permits new directions and options to be pursued over time. The ease of doing this does depend on the complexity of the job and its requirements. For example, a part-time career or shared practice model can be quite successful in clinical medicine and lots of examples of this exist. I am personally aware of one since my own daughter is successfully blending a shared practice with family and personal balance. I believe her patients are well-served, as are her colleagues, family and her own career satisfaction. And this neither is unique nor is it gender specific. Such choices need to be individually derived – but surely should not be driven by expectations that one path (part-time) is inferior to another.

For some years I have been questioning how we can create more flexible career paths within academia, being cognizant of the pressures felt by junior faculty – and senior faculty – given the demands of job, family and more. A couple of years ago I asked Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership, and Christy Sandborg, Chief of Staff at the Lucile Packard Children’s Hospital and Professor of Pediatrics, to take on this challenge. They and their colleagues presented some of their efforts at our Strategic Planning Leadership Retreat this past January in a panel discussion entitled “***Flexibility in Faculty Careers – A Mandate for Cultural Change***” (see: http://deansnewsletter.stanford.edu/archive/01_24_11.html#1). They have continued to work on this challenge and are developing a new model for faculty entitled “Academic Biomedical Career Customization” that recognizes the need for faculty to apportion different amounts of time and effort during different stages of life and career. For example, a faculty member might work less, or on different issues, during the time when children and family responsibilities are significant and more during other portions of their career. This program looks at a career having a trajectory of decades with changing personal and professional needs and demands over time. It gets away from the issue of part-time vs. full-time and seeks to individualize one’s career path. Obviously this too will require lots of customization – which is also to say, that it avoids the pitfall of “one-size-fits-all.” Whether we – and our institutions – can make such a program successful remains to be seen.

While it is important to raise issues and concerns as Dr. Siebert has done, it is important to be thoughtful so that we don’t arrive at simplistic conclusions. What may have worked for Dr. Siebert (or me for that matter) may not work for others. We certainly need to set expectations that meet the needs of patients, institutions and societies. But doing it only one way – or in pretending that one’s way is better than another’s way – has surely not made medicine a successful career for many physicians at this point in our history. So, thinking creatively and honestly about new ways of serving patients and the careers of those who deliver patient care seems timely and important. But is not a matter of part-time versus full-time but of thinking

differently about careers in medicine – for women and men – that is needed. Obviously more will follow on this important issue.

Facilities Updates

As you likely know, the Palo Alto City Council voted unanimously on June 7th to approve the development agreement that gives a green light to Stanford Medical Center Renewal project (see: <http://stanfordhospital.org/newsEvents/newsReleases/2011/city-council-approves-renewal.html>). While one important issue regarding the Arboretum Day Care Center remains to be resolved (but seems likely to be so), it seems timely to apprise you of some of the changes that will be taking place over the next months to year(s) as these projects get underway. The (hopefully) final approval meeting will be held on July 11th. With that in mind, I asked Chris Shay, Facilities Planner, and Niraj Dangoria, Assistant Dean, Facilities Planning and Management, to give an update on these projects – which impact the hospitals and the portion of the medical school (specifically the original ED Stone buildings) that are within the City of Palo Alto. You can also visit the School of Medicine facilities website (see: <http://medfacilities.stanford.edu/>) which has lots of updates on ongoing and future projects. Here is the update from Chris and Niraj:

The renewal of our facilities will be a long-term project, with exceptional future benefits but with a number of inconveniences for our visitors, patients, faculty and staff along the way. Construction will commence this summer with the necessary infrastructure work being installed to support our new buildings. Once the infrastructure has been placed, the new LPCH Hospital, Stanford Adult Hospital, and the School of Medicine Foundations of Medicine 1 (FIM1) building can start construction. For full details on the facility renewal plan, please visit the newly opened project website at: <http://www.stanfordpackard.org/>. Information on the work starting now can be found at: <http://www.stanfordpackard.org/preconstruction>.

Needless to say, construction related inconveniences should be anticipated during the project. To be fully informed about what is going to take place it is worth spending a few minutes at the Renewal website (<http://www.stanfordpackard.org/>) to learn more about how construction related issues might impact your work. It is also worth being informed since is likely that we will be asked by patients, visitors, and other university faculty, staff and students for assistance in dealing with these changes. To support your own information and you ability to help inform others, the website contains a wealth of information on the new facilities and the benefits to our community. The Renewal team is working hard to ensure that inconveniences to the Medical Center are kept to a minimum, but if you have a concern please feel to reach out to them at: info@stanfordpackard.org.

We will provide updates along the way as these projects unfold in the months and years ahead.

Employee Survey—Action Plans

Now that we are almost halfway through the calendar year, Marcia Cohen, Senior Associate Dean for Finance and Administration, would like to take the opportunity to update you on the progress that has been made since the results of our employee survey was distributed to

departments in October 2010. Department administrators have met with their staffs to create action plans to address issues that came to light as part of the survey. To date, 57 departments and units have submitted action plans to the Employee Survey team. In some cases, where a department is large, multiple action plans have been created.

The top five areas that appear in these action plans are: Feedback and Coaching (49 plans; 32 of which focus on performance appraisals); Communication (27 plans); Change Management (25 plans); Professional Development (22 plans); and Working Conditions (13 plans; examples of conditions to be addressed include equipment, wellness, pay, space, trash collection, cleanliness).

The action plans also include ideas such as: setting up a tracking plan to evaluate staff development progress for individuals; implementing Wow/Bravo cards to recognize staff performance success on the spot as it occurs; other recognition awards; creating a departmental Wiki with Resource list, contacts and “How to Do” FAQs; sponsoring an Administrative Retreat for staff; holding regular town hall meetings; and providing quarterly brown bags where administrative and research staff can share information about current departmental research. This is just a small sample of the many ideas that have come forward in the action plans developed as part of the survey.

Thank you to all of the School of Medicine staff who participated in the Stanford Staff Employee Survey last fall and to everyone who has assisted in developing action plans to address areas identified for improvement. The efforts taken as a result of the survey are truly impressive; we are extremely pleased with all the positive response. Your continued participation in implementing and evaluating the action plans will help us make the School of Medicine and Stanford an even better place to work.

Remembering Dr. Bruce Tune

We were informed this past week that Dr. Bruce Tune, Professor of Pediatrics, died at his home on June 25th of complications from Parkinson Disease. He was 71 and is survived by his wife Nancy Tune along with children, grandchildren and mother.

Dr. Tune founded the division of pediatric nephrology at Stanford and was instrumental in helping to launch the kidney transplant program at the Lucile Packard Children’s Hospital – now one of the most successful programs in the world. In addition to his academic and professional achievements, Dr. Tune will be remembered as an outstanding and compassionate physician and teacher. He will be missed by the Stanford community, and especially the children and families he cared for during his distinguished career.

Upcoming Event: *Medicine 2.0 Summer Discount for Stanford Employees*

Medicine 2.0

September 16-18

Li Ka Shing Center for Learning and Knowledge

The Medicine 2.0 conference (<http://stan.md/medicine20>) is coming to Stanford on September 16-18. Medicine 2.0 is an international conference dedicated to the future of social media and technology's exciting,

ever-evolving role in medicine. The conference will also host the first-ever Stanford Summit @ Medicine 2.0, a day of talks by inspirational leaders who will discuss these technologies and their role in the future of health, medicine, and biomedical research. Among the speakers are Jennifer Aaker, PhD, the General Atlantic Professor of Marketing at the Graduate School of Business; Charlie Cheever, co-founder of Quora; Susannah Fox, an associate director at the Pew Internet & American Life Project; Philip Pizzo, MD, the Carl and Elizabeth Naumann Dean of the School of Medicine; and Abraham Verghese, MD, professor of medicine and noted author.

So that as many Stanford faculty, students and staff can attend Medicine 2.0 as possible, the conference organizers are offering significant discounts on tickets now through August 1. Affiliates can register for the entire conference for only \$799 (a 44% discount), the Stanford Summit for \$199 (a 60% discount), or the research-focused days for \$699 (a 30% discount). To register, visit the this Stanford registration page: <http://stan.md/med2regforsu>

Appointments and Promotions

Tyler Aguinaldo has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 3/1/2011.

Valerie Berry has been reappointed to Clinical Assistant Professor of Medicine, effective 7/1/2011.

Rajinder K. Chitkara has been appointed to Clinical Professor (Affiliated) of Medicine, effective 9/1/2011.

Ana M. Crawford has been promoted to Clinical Assistant Professor of Anesthesia, effective 6/1/2011.

Thao Duong has been reappointed to Clinical Associate Professor (Affiliated) of Orthopaedic Surgery, effective 6/1/2011.

Ram Duriseti has been promoted to Clinical Associate Professor of Surgery, effective 9/1/2011.

Stafford Grady has been appointed to Clinical Associate Professor of Pediatrics, effective 6/1/2011.

Steven Goodman has been appointed to Professor of Medicine, effective 7/01/2011.

Charles Hill has been reappointed to Clinical Assistant Professor of Anesthesia, effective 6/1/2011.

David I. Kaufman has been appointed to Clinical Associate Professor of Anesthesia, effective 6/1/2011.

Seung Kim has been promoted to Adjunct Clinical Associate Professor of Surgery, effective September 1, 2010.

Roger Klima has been reappointed to Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 9/1/2009.

Joshua Korman has been promoted to Adjunct Clinical Associate Professor of Surgery, effective September 1, 2010.

Carol Lin has been appointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 6/1/2011.

Alexander C. Liu has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 2/1/2011.

Seema Nagpal has been appointed to Clinical Assistant Professor of Neurology and Neurological Sciences and of Neurosurgery, effective 8/1/2011.

Teimour Nasirov has been promoted to Clinical Assistant Professor of Cardiothoracic Surgery, effective 7/1/2011.

Cynthia Nguyen has been promoted to Adjunct Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective April 1, 2011.

Maurice Ohayon has been reappointed to Professor (Research) of Psychiatry and Behavioral Sciences, effective 8/01/2011.

Zakia Rahman has been reappointed to Clinical Assistant Professor of Dermatology, effective 7/1/2011.

Roy R. Sasaki has been appointed to Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 6/1/2011.

Gabriel Schonwald has been promoted to Adjunct Clinical Assistant Professor of Anesthesia, effective May 1, 2011.

Theodore Scott has been promoted to Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 6/1/2011.

Rajesh P. Shah has been appointed to Clinical Assistant Professor of Radiology, effective 8/1/2011.

Chitra Venkatasubramanian has been reappointed to Clinical Assistant Professor of Neurology and Neurological Sciences, effective 7/1/2011.

Craig Zone has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 7/16/2011.

Dean's Newsletter

July 25, 2011

Important New Leadership Appointments and Promotions

Dr. Quynh Le Named Next Chair of the Department of Radiation Oncology

I am extremely pleased to announce that Dr. Quynh-Thu Le will become the next Chair of the Department of Radiation Oncology, effective September 1, 2011. Dr. Le will succeed Dr. Richard Hoppe, who has served with great distinction as Chair of Radiation Oncology since September 1, 1994.

Dr. Le was selected through a national search and received incredible endorsement from the Search Committee, which was chaired by Dr. Bev Mitchell, Director of the Stanford Cancer Institute and George E. Becker Professor in Medicine and Professor, by courtesy, of Chemical and Systems Biology, along with Drs. Youn Kim, Co-Chair of the Committee and Professor of Dermatology; Steven Chang, Professor of Neurosurgery; Michael Clarke, Professor of Medicine and Deputy Director, Stanford Institute for Stem Cell Biology & Regenerative Medicine; Paul Fisher, Professor of Neurology & Neurological Sciences and of Pediatrics; Sam Gambhir, Professor of Radiology and Bio-X, Charlotte Jacobs, Professor of Medicine (Oncology) Emerita; Stefanie Jeffrey, Associate Professor of Surgery; Norbert Pelc, Professor and Associate Chair of Radiology; Joseph Presti, Professor and Interim Chair of Urology; Jody Puglisi, Professor and Chair of Structural Biology; Sridhar Seshadri, VP Cancer Center and VP Organizational Effectiveness, SHC; Clare Twist, Associate Professor of Pediatrics (Oncology); and Pam Molano, Chief Administrative Officer of Faculty Practice Organization, LPCH.

I also want to thank Ms. Kendra Baldwin for her exceptional contributions in staffing and supporting the work of the search committee. Ms. Baldwin continues to gain the deep respect and admiration of our search committees and, importantly, each of the candidates who participate in our leadership searches. In addition, I want to acknowledge the important work of Ms. Julie Moseley, Director of Organizational Effectiveness, in the search committee process. Leadership of clinical departments is increasingly challenging and requires not only the requisite academic accomplishments but also evidence of leadership capacity and ability. Selecting clinical chairs who combine academic success with emotional intelligence, sensitivity and the ability to lead successfully is essential to the future success of Stanford Medicine. Evidence that Dr. Le possesses these attributes came through in the discussions I had with national leaders in Radiation Oncology and Cancer Medicine about her and further affirms that she is a great choice for Stanford and this important role.

Dr. Le was born in Vietnam and did her undergraduate work at the California Institute of Technology, where she did a dual major in chemistry and biology as a Carnation Merit Scholar. She received her MD from UCSF in 1993, where she was elected to AOA and received the Sadie E. Berkove MD Fellowship as the top graduate in the class of 1993 and the Janet M. Glasgow Memorial Award as the top-graduating woman. She then did her Residency in Radiation

Oncology at UCSF and became Board Certified in this specialty in 1998. Dr. Le joined the Stanford faculty in 1998 and rapidly ascended in performance and excellence; she was appointed Director of Clinical Research in the department in 2005 and promoted to Professor in 2007. Along the way Dr. Le assumed national leadership in the American Society of Clinical Oncology, the American Society of Therapeutic Radiation and Oncology, the American Radium Society, American Association for Cancer Research and American Board of Radiology, among others. I heard from leaders in these organizations how much her knowledge and leadership have been valued and respected.

Dr. Le's work in the management of head and neck cancers, one of the most challenging of tumor types, is highly regarded and is codified in well over a hundred scientific publications along with a number of reviews in journals and text books. She has shared her pioneering work with colleagues across the USA and around the world in numerous society and academic meetings. She has also won prizes for education and has been a recipient of the Henry Kaplan Memorial Prize for Resident Education on three separate occasions.

I also want to thank Dr. Rich Hoppe again for his wonderful leadership as Chair of Radiation Oncology over nearly 18 years (including time when he served as interim chair). The Department and School will recognize his exceptional leadership on the evening of August 26th. The Stanford Department of Radiation Oncology, founded by Dr. Henry Kaplan, one of the most important leaders in the field and at Stanford, is among the most distinguished in the world. The life of Dr. Kaplan and, in many ways, that of the department and Stanford, are well told in the exceptional book by Dr. Charlotte Jacobs, the Drs. Ben and A. Jess Shenson Professor in the School of Medicine, Emerita, entitled "*Henry Kaplan and the Story of Hodgkin's Disease*," published in 2010 by Stanford University Press. With Dr. Le's appointment a new chapter begins, and we all look forward to its story unfolding over the years ahead.

Dr. Dan Herschlag Will Become Senior Associate Dean for Graduate Education and Postdoctoral Affairs

On September 1, 2011 Dr. Dan Herschlag, Professor of Biochemistry, will become Senior Associate Dean for Graduate Education and Postdoctoral Affairs, succeeding Dr. John Pringle, who has served with distinction in this role since 2006. Before welcoming Dr. Herschlag I want to thank Dr. Pringle again for his many important contributions to improving the education and lives of our graduate students and postdoctoral scholars.

Dan Herschlag joined the Stanford faculty as an Assistant Professor of Biochemistry in 1992 and became Professor of Biochemistry and of Chemical Engineering and, by Courtesy, of Chemistry, in 2002. As noted on his website, "The overarching goal of the Herschlag Lab is to understand the fundamental behavior of RNA and proteins and, in turn, how these behaviors determine and impact biological catalysis and biology. The lab takes an interdisciplinary approach, spanning and integrating physics, chemistry and biology through fruitful interactions with collaborators and a wide range of techniques are employed." In addition to his pioneering research, for which he has won numerous awards and honors, Dan has had a longstanding interest and commitment to graduate and postdoctoral education. He made terrific contributions at our 2010 Think Tanks on graduate and postdoctoral education and to our Strategic Leadership Retreat in January 2011 (see: http://deansnewsletter.stanford.edu/archive/01_24_11.html#1).

Over the next two years Dan will focus on some of the key issues facing graduate and postdoctoral training, from the financial models supporting these programs to the curriculum foundations for education and new paths for training to the opportunities for Stanford graduates in academia, industry and beyond. We look forward to benefiting from Dr. Herschlag's knowledge, expertise, commitment and passion. And we are the appreciative beneficiaries of John Pringle's many contributions over the past several years.

Dr. Clarence Braddock Has Assumed the Role of Associate Dean for Graduate Medical Education.

Over the past fifteen years, Dr. Larry Shuer, Professor of Neurosurgery, has provided dedicated leadership as the Medical Director for Graduate Medical Education (GME) at Stanford Hospital and Clinics and Associate Dean for Graduate Medical Education at the School of Medicine. During his tenure in these roles, Dr. Shuer and Ann Dohn (Director of GME) have presided over numerous institutional and program accreditations and have enabled Stanford to sustain respect and excellence in Resident and Fellow education – especially given the many rules and regulations that impact these programs. Indeed, Dr. Shuer has worked with department chairs and program leaders throughout the medical center to get ready for the sweeping new regulations on Resident Duty Hours that went into effect in July 2011. We must all be appreciative and grateful for his work – which has often been challenged by various regulatory requirements – but which has been highly successful over the years.

Thankfully, Dr. Shuer will continue to provide advice and counsel regarding GME during a transition to new faculty leadership and, I am sure, over the years ahead. As I write this update, GME as we have known it in the US is threatened by the changes in Medicare that are likely to unfold as part of the debt-ceiling negotiations that are on-going in Washington. Over the next week(s) it will become clear as to how much of GME will continue to be funded by Medicare and how this will develop over the years ahead. While changes in GME funding have long been expected, the rate and extent of the changes and likely damage are truly unprecedented. A primer on this important issue is available at <https://www.aamc.org/initiatives/gmefunding/>.

As Dr. Shuer prepares to transition from his roles, I am pleased to announce that Dr. Clarence Braddock III, Professor of Medicine has been appointed the new Associate Dean for GME. Over the next six months he will also transition to leadership as the Medical Director for Graduate Medical Education at Stanford Hospital and Clinics. He will work closely with Dr. Shuer during the transition period. Dr. Braddock will also continue to function as Associate Dean for Medical Student education and to report directly to Dr. Charles Prober, Senior Associate Dean for (Undergraduate, Graduate & Continuing) Medical Education. As you likely know, one of our key goals is to better integrate and coordinate undergraduate and graduate medical education into a more seamless educational experience. Because Dr. Braddock is a highly recognized leader in medical education and has a long career and many accomplishments in both medical student education and GME, we believe he is uniquely qualified for these new roles. To make more time for his enhanced focus on education, he will also be transitioning out of his role as Medical Director for Quality for the Department of Medicine.

With all the changes underway in GME we believe this is a unique time to reconsider our priorities and goals for healthcare delivery and the important interface of Residents as learners and care providers. I am confident that our leadership team – and the collaborations that will continue to unfold – will foster success during times of change.

Cori Bossenberry, Niraj Dangoria and Sam Zelch Promoted to Associate Dean Status

Because of their expanded scope of responsibilities and impact on the School of Medicine's missions I am pleased to announce that three of our key institutional leaders will now also have the title of Associate Dean. Each has a broad portfolio of responsibility that is both discrete as well as interactive with multiple domains of the School, Medical Center and University.

Cori Bossenberry is the Executive Director of Human Resources for the School of Medicine. Her office is involved in the recruitment, appointment, career development and training, well-being, recognition, and wellness of our diversified workforce that numbers in thousands (see: <http://hrg.stanford.edu/>). She and her colleagues have developed an organization of exceptional quality and function, and we are all extremely grateful and respectful for the role that they play in our missions of education, research and patient care.

Niraj Dangoria is Director of Facilities and Planning for the School of Medicine, where he has also served as Assistant Dean. Under his leadership the medical school has taken on the greatest and most wide-sweeping facilities programs in its history. These include, on our campus, completed major building projects (Li Ka Shing Center, Lorry Lokey Stem Cell Building) as well as those currently planned (the Jill and John Freidenrich Center for Translational Research) and those now in earlier planning stages (CJ Huang Building, FIM1). They also include as well major offsite projects that are now underway, including a Center for Technology and Innovation, and, of course the coordination with our hospital partners in the major new projects at Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. Niraj and his colleagues are also well known to virtually every faculty member and department chair seeking space (which seems to be everyone at times), and have a well deserved reputation for doing an outstanding job in planning and coordinating to meet expectations as best as possible with what are always limited resources. His role thus touches all of our missions in education, research and patient care.

Sam Zelch is the Chief Financial Officer for the School of Medicine, and he also serve as an Assistant Dean. The school is now a \$1.4 Billion operation in terms of revenues. It has an exceptionally complex, matrix-based financial model involving departments, institutes, centers and central administrative resources that also includes major interactions with both the hospitals and the university – each with different funds flow models and financial needs and expectations. I have noted in the past that Stanford School of Medicine is one of the most financially successful medical schools in the nation, and in no small part this is a consequence of the rigorous and thoughtful financial management that Sam Zelch and his colleagues provide – from current operational, programmatic and capital budgets to short and long-term planning. Given the uncertainties in stable funding for research and the changes anticipated in healthcare policy and payments, the role of his office and his expertise will have ever greater impact and importance across all of our missions in education, research and patient care.

I am pleased to recognize Cori Bossenberry, Niraj Dangoria and Sam Zelch by their respective promotions to Associate Dean in the School of Medicine. Please join me in congratulating them.

A New Model and Program for Medical Philanthropy and Development

Although we have enjoyed considerable success in our fundraising and philanthropic efforts over the past decade and in particular with the recent Stanford University Campaign, The Stanford Challenge, we have been less well served by our “siloed” development organizations at the central University, the Medical School and Stanford Hospital & Clinics (SHC). Over the past several months, Amir Rubin, President and CEO of SHC, and I have discussed the pros and cons of the current model (an SHC Office of Hospital Development and a School of Medicine Office of Medical Development, each with separate leaders and agendas) compared to a more integrated and coordinated model to support both SHC and SoM under a banner like Stanford Medicine (as a placeholder name). Even though the hospital and school offices attempted to work collaboratively, the reality is that the two separate organizations created a sense of competition and confusion – to our faculty and, more importantly, to our community. Amir and I decided that it would be wise to explore a new model; in this effort we were guided by Martin Shell, Vice President of the Office of Development for Stanford University, and Michele Schiele, who was recruited to Stanford this past January to serve as Senior Associate Vice President for University Development.

The result of these discussions will be a new Development Program for Stanford Medicine that will combine the talented teams already in place for hospital and medical school development along with alumni relations. This new Development Program for Stanford Medicine will be led by Michele Schiele and will house all of the employees in a central and coordinated office. Even though this new organization will not be fully operative until September 1st, it has met with considerable support and enthusiasm at both the staff level and by the University leadership.

We are at the cusp of new and exciting challenges. With the plans to proceed with the construction and renovation of SHC approved, there are considerable fundraising needs for construction and clinical program development. There are also extraordinary needs to support the education of medical and graduate students and also our faculty – especially during a period of incredible change due to the anticipated decreased support for research and patient care services. By fusing our programs and developing compelling visions for how Stanford Medicine will change the landscape of the future of healthcare delivery, biomedical research and education – and serve our communities locally and globally – we are poised for exceptional opportunity despite the bountiful challenges that lie ahead. Our goal is to do no less than double our current fundraising success over the next several years. We believe that our new model will enable us to achieve these and many other goals and that it will further foster our efforts to work in a collaborative and more integrated manner. We will be sharing more about this exciting new “development” in the weeks and months ahead – and, importantly, how you can help.

New Version of CAP (Community Academic Profiles) Will Add Social Networking Functionality

This Fall the School of Medicine will deploy a private social networking platform that will be available to the entire School community and tightly integrated into a new version of the Community Academic Profiles (CAP) system. Profiles for all individuals at the School of Medicine describing their professional expertise, experience, interests and contact information will be provided and a suite of social networking features will be available, in a protected environment, with the goal of fostering a vibrant virtual community and supporting collaboration. CAP profiles for staff will be created for the first time and in conjunction with existing profiles for all faculty, postdocs and students, the online community will

include approximately 10,000 people. The new secure CAP social networking platform will support features commonly used on platforms such as Facebook and Twitter including interactive comments, "activity streams", the creation of private groups, file sharing between users and access on mobile devices. The platform is certified to store Protected Health Information (PHI) to support the School's research and educational mission and it is not intended for use in patient care. As part of this project, the School has licensed technology from [Salesforce.com](https://www.salesforce.com), used in the Salesforce Chatter system.

Each CAP profile "owner" will have the ability to control his or her profile and decide, at a granular level, what information (if any) is made visible to the public and to the Stanford CAP community. The interactive social networking environment will be entirely private within Stanford and information will not be shared on public sites or indexed by search engines. All individuals who use the system will be required to follow a Social Media Honor Code to ensure the privacy of our community.

Social networking paradigms are changing how we communicate and collaborate, both in our personal and work lives and have the potential to dramatically change how we deliver team-based patient care, conduct collaborative research, teach and support administrative functions. This project, lead by Senior Associate Dean Henry Lowe and Chief Technology Officer Michael Halaas, aims to support, explore and assess how this new social networking environment can enhance the ways we work together and ultimately support our core missions. It is anticipated that the new system will be available in early October of this year. Detailed information, training materials and demonstrations will be available later this summer.

The Power of Patients and Parents

As a pediatrician I have witnessed the impact of parent advocacy on diseases and problems that impact children. The passion, commitment and unwavering engagement of parents on behalf of their children can move individuals and institutions to new agendas and opportunities. In my own career these were particularly evident in the research and clinical agenda for children with cancer and also for those with HIV and AIDs. Of course advocacy is not restricted to children, as was well evidenced by the impact of advocacy groups, individuals and leaders on AIDS in the gay community. The impact on drug development, clinical trials and effect on those suffering from AIDS was notable and in many ways nonpareil.

In her latest and soon to be completed film entitled *Rare*, Dr. Maren Grainger-Monsen, Filmmaker in Residence and Program Director for Bioethics and Film, and her colleague Nicole Newham demonstrate the power of parents of children with a rare disorder called Hermansky Pudlak Syndrome, which includes albinism, a bleeding disorder and pulmonary fibrosis. By bringing to life the incredible commitment of Donna Appell, whose daughter Ashley suffered from this disease, filmmakers Grainger-Monsen and Newham take viewers into the devastating lives of the children and adults impacted by this rare disease -- and, equally importantly, how they and their loved ones and community literally changed the agenda for research and care. The long and often disappointing journey of clinical research is revealed -- but also the hope and compassion of parents, children and physicians and providers. We had the opportunity to witness this remarkable documentary in a film screening on July 13th in the Clark Center Auditorium. It was a moving experience.

Dr. Grainger-Monsen, her colleagues and the Stanford Center for Biomedical Ethics provide a unique resource for Stanford, the nation and world. Each of our lives is circumscribed by

experiences and events that cross our personal "known world." Through the art of filmmaking in areas that broach and explore important ethical and human illnesses and challenges, Maren extends and deepens our personal horizons and understanding. *Rare* is one of a number of exceptional films in her growing repertoire that now includes *Hold Your Breath*, *Worlds Apart*, *Vanishing Line*, *Grave Worlds* and *The Revolutionary Optimists*. I encourage you to view her website (<http://medethicsfilms.stanford.edu/>) and explore the insights she and her films offer to each of us.

Nominations for 2012 Faculty Fellows Program

The Office of Diversity and Leadership has announced the launch of the 2012 School of Medicine ***Faculty Fellows Program***. Now commencing its sixth year, the program will focus on a select group of Assistant and Associate Professors as Faculty Fellows for the 2011-2012 academic year. The purpose of the Faculty Fellows program is to identify and develop a diverse group of faculty with the potential to become our future leaders.

During the yearlong program, Fellows attend monthly dinner meetings with key University leaders including President John Hennessey, Provost John Etchemendy and Dean Philip Pizzo. Each speaker shares their "Leadership Journey" and engages fellows in a discussion about their leadership philosophy, strategy and style. In addition, Fellows participate in small monthly mentoring groups led by a senior Professor; and in a structured Career Development Planning process with their division chiefs or department chairs to craft a specific, career development action plan which the fellow will implement over the subsequent year.

If you are interested in being nominated for this opportunity, ask your Department Chair or Chief to nominate you. Criteria to apply:

- Assistant or Associate professors (***no less than 3 years in rank at Assistant and no more than 3 years in rank at Associate***)
- Demonstrated interest in, and potential for leadership
- Respected by colleagues
- Has the ability to influence others
- Can advocate for change
- Values diversity
- Thinks strategically and systemically
- Interested in taking on leadership roles in the future

Fellows are expected to attend all dinner meetings and mentoring group meetings. Below are the dinner meeting dates for 2012. All dinners are from 5:30-8:00pm.

- February 21, 2012
- March 20, 2012
- April 17, 2012
- May 15, 2012
- June 19, 2012
- July 17, 2012
- August 21, 2012

- September 18, 2012
- October 16, 2012
- November 20, 2012

You may obtain a nomination form via the ODL website at <http://med.stanford.edu/diversity/> or by contacting Jennifer Scanlin at jscanlin@stanford.edu.

Nominations are due by September 1, 2011. The new Fellows class will be announced in November 2011 and will begin meeting in January, 2012.

Call for Volunteers for Medical Education in Zimbabwe

Dr. Michele Barry, Senior Associate Dean for Global Affairs and Professor of Medicine, asked that I share this opportunity with you – and I am pleased to do so:

Starting in October there is an opportunity for Stanford faculty to teach overseas in Zimbabwe--

Basic science and clinical faculty as well as selected postdocs are invited to participate in a unique teaching partnership with the University of Zimbabwe medical school over the next 5 years funded by an NIH-MEPI grant called Novel Education Clinical Trainees and Researchers Program- (NECTAR) <http://globalhealth.stanford.edu/strategicinitiatives/nectar.html>

Both bedside teachers and preclinical lecturing are needed to teach in what was once a state-of-the-art teaching hospital in Harare, Zimbabwe affiliated with the University of Zimbabwe Health Sciences University encompassing the only medical school in the country. The economic crisis in Zimbabwe resulted in significant emigration of health professionals leaving only 39 percent of the medical faculty left and only 33 percent of doctor posts filled countrywide. This grant is an attempt to try to improve major gaps in preclinical and clinical training as well as in research mentorship by partnering with both Stanford and the University of Colorado.

- A minimum of two weeks teaching would be required but longer periods or sabbaticals are also welcomed.
- Airfare and housing would be provided.
- More details can be provided by Joce Rodriguez at Joce@stanford.edu

Awards and Honors

- **Dr. Arash Alizadeh**, Assistant Professor in the Department of Medicine (Oncology) is one of 16 physician-scientists nationwide to be named a recipient of a Doris Duke Clinical Scientist Development Award. This is a highly competitive and distinguished award that enables recipients to devote 75% of their time to research and hopefully help promote their careers physician-scientists. Please join me in congratulating Dr. Alizadeh (who is also a graduate of our School of Medicine's MSTP program). Congratulations, Dr. Alizadeh.
- **Dr. Maxence V. Nachury**, Assistant Professor of Molecular and Cellular Physiology, has just received the Early Career Life Scientist Award from the American Society for Cell Biology (ASCB). This award is given to an outstanding scientist who has served as an independent investigator for no more than 7 years. Congratulations, Dr. Nachury.

Appointments and Promotions

Natali Aziz has been reappointed to Clinical Assistant Professor of Obstetrics and Gynecology, effective 9/1/2011

Marina Basina has been reappointed to Clinical Assistant Professor of Medicine, effective 7/1/2011

Sylvie L. Blumstein has been reappointed to Clinical Assistant Professor of Obstetrics and Gynecology, effective 9/1/2011

Milana Boukhman has been reappointed to Clinical Assistant Professor of Surgery, effective 9/1/2011

Michelle M. Ferrari has been reappointed to Clinical Assistant Professor (Affiliated), effective 12/1/2010

Dominik Fleischmann has been promoted to Professor of Radiology at the Stanford University Medical Center, effective 7/01/11.

Michael E. Friduss has been reappointed to Clinical Associate Professor (Affiliated), effective 9/1/2011

Gregory H. Gilbert has been reappointed to Clinical Assistant Professor of Surgery, effective 9/1/2011

Heather Henri has been reappointed to Clinical Assistant Professor of Medicine, effective 9/1/2011

Andrea Jelks has been reappointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 7/1/2011

Rebecca L. McNiven promoted to Clinical Assistant Professor of Medicine, effective 7/1/2011

Leah S. Millheiser has been reappointed to Clinical Assistant Professor of Obstetrics and Gynecology, effective 7/16/2011

Stefan A. Mindea has been reappointed to Clinical Assistant Professor of Neurosurgery, effective 8/1/2011

Nancy Morioka-Douglas has been reappointed to Clinical Professor of Medicine, effective 9/1/2011

Christian Pariseau has been reappointed to Clinical Assistant Professor of Pediatrics, effective 8/1/2011

Suma D. Ramzan has been reappointed to Clinical Assistant Professor of Anesthesia, effective 9/1/2011

Lewis Shin has been reappointed to Assistant Professor of Radiology at the Veterans Affairs Palo Alto Health Care System, effective 2/01/12.

Ronald M. Witteles has been reappointed to Assistant Professor of Medicine at the Stanford University Medical Center effective 8/01/11.

Dean's Newsletter

August 29, 2011

A New School Year Begins: Welcome to the 2011 Incoming Class of Stanford MD Students
Today, August 29th, is the first day of classes for our 86 incoming MD students and five Masters in Medicine graduate students. It follows a week of preparation, bonding, transition, introductions and celebration – as well as enthusiasm and excitement (and of course some anxiety).

Last week these students began their introduction to medical school with backpacking and hiking in the Sierras in the SWEAT (Stanford Wilderness Experience Active Trip) program. They returned to campus to begin the “Transition to Medical School” on August 23rd. Special thanks to Lizzy George (SMS 2) and James Xie (SMS 2) who, along with nearly 30 other classmates, led this year’s SWEAT program – said to be one of the best ever. The “Transitions” program included a combination of informational sessions, shared experiences, moments of inspiration, social gatherings and new acquisitions. An important feature of the program addressed “Promoting Personal Wellness” and included two students, Marico Howe (SMS 5) and Danica Lomeli (SMS 4). In addition, for the first time, students visited various local health and community organizations to give evidence of our commitment to serving our communities. Special thanks to students James Xie (SMS 2) and Moises Gallegos (SMS 2) for their work in making these visits so successful. In addition to a lot of new information, our new students also received two “tools of the trade circa 2011”: an iPad and a stethoscope. Appropriately, there was considerable emphasis on how students should foster and support wellness in themselves and others and constant reminders of the central place of patients – and the role of doctors – in guiding the future of medicine, individually and collectively.

We are honored to welcome this stellar group of MD students, who were selected from a pool of 6,301 applicants. The overall demographic profile mirrors past years and reflects diversity and depth. Women comprise 53% of the class, and 19% of the incoming MD students are “underrepresented in medicine” minorities. Reflecting our global community, 15% of students were born outside the US, but the majority of their homes are on either the east or west coasts!

As evidence of their past accomplishments, 14 of our incoming MD students have a Masters degree in addition to a baccalaureate degree and four (4) have a PhD (one each in biomedical engineering, chemistry, neuroscience and music). Seven (7) students are entering the MSTP (MD/PhD) program, and I am confident that others will seek additional advanced degrees in the years ahead. Further evidence of the accomplishments of our new students is that 31% already have one or more peer-reviewed publications, 23% have conducted research or service in countries outside of the US, 14% participated in NCAA athletics and many have experience in performing arts as well. Quite a lot of talent! Most importantly, the commitment of our new students to embarking on a life journey in medicine and science gives hope for the future.

Special thanks to Char Hamada, Zera Murphy, Cindy Irvine, Suzanne Bethard, and all of our wonderful staff who worked so hard to welcome our incoming 2011 MD class and prepare them for the work they are now beginning.

The Stanford Society of Physician Scholars Celebrates Its First Anniversary

This month marks the first anniversary of the Stanford Society of Physician Scholars (SSPS), a new program created and directed by Charles G. Prober, Senior Associate Dean of Medical Education, and organized by Dr. Robert S. Ohgami (see: <http://ssps.stanford.edu/>). SSPS focuses on the scholarly development of residents and clinical fellows. The Society now includes 85 Scholars from 14 of our clinical departments – and we are hoping more will join over the course of this next year.

One of the goals of SSPS is to enhance partnership opportunities between medical students and Scholars. With that in mind SSPS is awarding \$5,000 research grants submitted by Scholars who have partnered with a medical student collaborator. The recipients of the first five of these grants are:

- **Dr. Brice Gaudilliere, Resident** in the Department of Anesthesia, and **Ryan Schubert, SMS 4**, for their grant entitled “*Single-cell analysis of molecular signaling pathways regulating opiate-induced immunosuppression in humans.*”
- **Dr. Kun Park, Instructor** in the Department of Pediatrics, and **Aaron Sin, SMS 2**, for their grant entitled, “*Health outcomes and economics of biologic therapies in inflammatory bowel diseases.*”
- **Dr. Ian Chen, Resident** in the Department of Medicine, and **Vinca Chow, SMS 4**, for their grant entitled “*Induced pluripotent stem cell-derived cardiomyocytes for the treatment of systolic heart failure.*”
- **Dr. Christina Khan, Resident** in the Department of Psychiatry, and **Alex Cardenas, SMS 5**, for their grant entitled “*Brain driver education: an innovative approach to teaching emotional self-regulation for teens.*”
- **Dr. Richard Gurgel, Fellow** in the Department of Otolaryngology, and **Cristen Olds,**

SMS 2, for their grant entitled, “*Neuroimaging of the auditory cortex with near-infrared spectroscopy to assess hearing in children.*”

Congratulations to these Residents, Fellows and students on beginning what we all hope will become increasingly fruitful interactions and collaborations between our undergraduate and graduate medical education programs.

The More Formal Beginning of a Different Transition

A year ago, in the August 30, 2010 issue of the Dean’s Newsletter, I announced my intention to transition from my role as Dean at the end of the 2013 school year (see: http://deansnewsletter.stanford.edu/archive/08_30_10.html#9). At that time I quipped that this meant about 68 more Newsletters. Since then 21 have been published (including this one) so we are down to 47 (or less, depending on timing!). More seriously, I want to say what an honor and privilege it has been to serve the School of Medicine, the Medical Center and University over the now nearly 10-½ years. I have always done my best to put the future of the School and its missions in education, research, and patient care first and foremost. And I do believe that we have together accomplished a tremendous amount over the past decade.

Now, with approximately two years remaining, I wanted to let you know that the Provost will be launching the search for my successor in the next weeks. On a national level searches and appointments for senior leaders (chairs and deans) take about 1 ½ - 2 years to complete.

While this will be an important transition for the School (and of course me) I am totally committed to doing everything I can to further our shared success – especially during these very challenging times. So you can count on my total commitment, energy – and additional Newsletters.

Another Warning on Violations of Privacy

Our Office of the General Counsel and our IT Services group in the School of Medicine have asked me to share the following statement with you – based on a recent apparent infraction of our privacy policy.

It is critical for each of us to remember that access to a patient's record is allowed solely for specific job-related need. Accessing for curiosity is a violation of federal and state law and will result in serious disciplinary action, up to and including termination, as well as possible government-imposed penalties. The State of California and the federal government are very actively enforcing privacy rights; as an example, in July UCLA paid \$865,000 to settle claims of employee snooping into celebrity and other patient records, according to a Department of Health and Human Services press release and related national media coverage (<http://www.hhs.gov/news/press/2011pres/07/20110707a.html>). Both the Lucile Packard Children's Hospital (LPCCH) and Stanford Hospital & Clinics (SHC) proactively monitor access to patient records, investigate any suspicious access, and, in coordination with the School, take strong actions in response to inappropriate access to such records. Please be advised about the seriousness of these policies and the penalties associated with violations

This is a topic others and I have commented on frequently and while there is ever increasing attention to privacy policies, violations still occur. When that happens the consequences will be severe – especially since these violations are clear - and unnecessary.

The Economy and Case for Supporting Research and Innovation

The now persistent economic downturn and the furious debates over our nation's debt and fiscal health have raised serious (and appropriate) worries about future investments in science and innovation. While these concerns impact all federal agencies supporting research, medical schools are particularly vulnerable to changes in funding from the National Institutes of Health. Indeed, we witnessed this vulnerability specifically from 2003 (the final year of the "NIH doubling") through 2009 – when NIH funding grew by less than inflation and the purchasing power of NIH grants declined significantly. While the pattern of declining support was altered temporarily by the stimulus funding through the American Recovery and Reinvestment Act of 2009, these two years of additional support have now ended, and future funding from the NIH appears likely to be flat for the foreseeable future. And of course this could get much worse depending on how the issues regarding the federal debt are resolved. Even though the NIH is one of the few federal agencies that have enjoyed bipartisan support, it is not immune to "across the board cuts" or to the current politics surrounding discretionary federal spending.

Even forgetting for a moment the impact of NIH support on our faculty and trainees, it is important to underscore how vital innovation and discovery are to jobs and economic recovery. A recent report from United for Medical Research notes that nearly a half-million jobs across the US are directly and indirectly supported by NIH funding. Overall, NIH funding produced nearly 70 billion dollars in new economic activity in 2010 – with impacts in all 50 states. Equally if not more importantly, over the past decades NIH funding has made the US the leader in biomedical research and has contributed to extraordinary progress in treating and improving the outcomes of nearly all major diseases impacting both adults and children.

In addition to our continued advocacy for NIH funding, there is another issue that warrants our concern. With increasing frequency leaders at the NIH and academic centers are focusing on the need for research funding to result in new treatments or cures. There is no question that this is an outcome we all desire. But the shift to link funding to defined outcomes is shortsighted and dangerous. Virtually every major advance in medicine has been built on basic research that had no clear application when it was conducted. Indeed the foundation of excellence in basic research is the very reason why our clinical and translational research portfolio exists today. We must do all we can to make certain that the pipeline of basic research – not linked to defined outcomes – is sustained and supported. From my perspective this advocacy is as important as that for research funding *per se* – and both are linked to the future of academic medicine and, in fact, the long-term success of the US in innovation, discovery and economic well being.

The Faces of the Stanford Medicine Community

Since moving to the Li Ka Shing Center for Learning and Knowledge in 2010, we have had numerous visitors to our offices. I appreciate the sensitivity and observations of several of those visitors who pointed out something that was clearly unintended – but nonetheless still striking. Specifically, the photo wall of the past deans of the School of Medicine displayed in the sitting area of the lobby on the third floor, while highlighting notable leaders in the history of Stanford Medicine, is also clearly defined by its lack of diversity. I won't offer excuses since this is part of our history, for better or worse, and I hope that it will be remedied over time by the diversity of future leaders of the School of Medicine. That said, we are also very proud of the fact that we

have one of the most diverse student populations and increasingly we celebrate the diversity of our faculty and staff. So, to demonstrate this breadth we have done some rearranging in the Dean's suite and now have a continuous photo show highlighting faculty, students and staff from throughout the School of Medicine. This photo show – which uses existing pictures and portraits – went live on August 26th and demonstrates the variety and depth of our extraordinary community. The photo library is a work-in-progress and new pictures will be added over time. I think it reflects our community more vibrantly and appropriately, and I am grateful to the individuals who offered comments to me.

I want to thank several individuals who have worked very hard to bring this project to fruition. In particular, Kristin Goldthorpe, Project Manager in Dean's Office, and Pam Lowney, Web Editor (Information Resources & Technology), as well as Traudi Sedelmayr (Facilities Planning and Management), Trent Tanaka and Brian Tobin (Simulation and Educational Technology), and John Stafford (Communications and Public Affairs), have done wonderful jobs – and I am most appreciative for their efforts.

New Regulations from the NIH on Conflict of Interest

On August 23rd, the Department of Health and Human Services released the “Final Rule” on changes to conflict of interest regulations regarding research. We are processing all of that it contains – but it is clear that the new regulations will place additional reporting requirements on faculty and institutions. While our systems at Stanford for managing, monitoring and reporting conflicts of interest are among the best in the nation, it is also clear that we will need to make further changes over the next year – when the rules become fully effective.

The new rules will mandate that all investigators supported by NIH have training on conflicts of interest. Institutions will need to ensure that information about financial conflict of interests is publicly accessible. Importantly, the new rules will require institutions to provide the NIH details about the nature of the conflict and the key features of the institutions management plan.

The Final Rules on the “*Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought and Responsible Prospective Contractors*” is available in the Federal Register at: <http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf> and a table summarizing the major changes between those in 2011 and those of 1995 is available through the NIH at <http://grants.nih.gov/grants/policy/coi/>. We will be sharing more specific information in the future.

Dedication of “The Universal Woman”

Thanks to the vision and advocacy of Dr. Irv Weissman, Director of the Stanford Institute for Stem Cell Biology and Regenerative Medicine and the Virginia and DK Ludwig Professor, and a generous gift from Marlene and Duane Dunwoodie, longtime friends of the Institute, the dedication of “The Universal Woman”, a sculpture by Nathan Oliveira, was held in the lobby of the Lorry Lokey Stem Cell Research Building on August 25th. It was a deeply moving and meaningful event thanks to the thoughtful comments of Joe Oliviera, son of Nathan Oliveria, who died in 2010, and the remarks of Marlene Dunwoodie.

As noted by Irv Weissman, and poignantly described by Marlene Dunwoodie at the unveiling of “The Universal Woman”, the sculpture seems to represent a woman with a serious disorder whose outstretched arms beckon for help, care and support. This large bronze sculpture, which will be prominently visible to all who enter the Lokey Building, serves as a reminder of our mission – to discover and to cure.

Honoring Richard Hoppe, MD

On Friday evening August 26th, faculty, staff, friends and colleagues from the Medical School, hospitals and university – and from across the country – attended a special event honoring Dr. Richard Hoppe for his nearly 20 years as chair (including time as interim chair) of the Department of Radiation Oncology. The deep respect, admiration and gratitude of our community for the many contributions of Dr. Hoppe were evident and abundant – and very well-deserved.

Even though Radiation Oncology is a relatively small clinical department, its history and that of its leaders in advancing cancer research, education and patient care – and in advancing the mission of the medical school and medical centers – are well known internationally and highly respected. This history began with Dr. Henry Kaplan, who began as chair of the Department of Radiology in 1948 and who led the department (which combined diagnostic and therapeutic radiology) until 1972. He was followed by Dr. Malcolm Bagshaw, who continued this tradition and then participated in the separation of radiation oncology in 1986. Dr. Bagshaw served as the first chair of the new Department of Radiation Oncology. In 1992 Dr. Hoppe succeeded Dr. Bagshaw, first as interim chair and then, in 1994 as permanent chair. Over the past 19 years Richard Hoppe, the Henry S. Kaplan-Harry Lebeson Professor of Cancer Biology, has had a highly distinguished career at Stanford – as an outstanding clinician, thoughtful mentor and teacher and accomplished investigator. His leadership has not only been applicable to the Department – but also to the School and Hospitals, continuing the tradition established by Henry Kaplan.

Dr. Hoppe has been a faculty member of the School of Medicine for 35 years and he returns to the faculty on September 1st when Dr. Quynh Le, whom he helped train and mentor, succeeds him as Chair of Radiation Oncology. This is another success for Dr. Hoppe – and for the School, Medical Center and University.

Thanks and congratulations to Rich Hoppe – who we know will continue to contribute to Stanford for many more years to come.

Progress on Bike Safety – Hopefully

The importance of bike safety was highlighted by making it part of orientation for our new medical students this past week. This was championed by three now second year students, Anthony Kaveh, Sneha Shrestha and Nancy Yerkes – who have worked with Ariadne Scott (Parking and Transportation) to promote the use of helmets and lights by students in the medical school (see: http://deansnewsletter.stanford.edu/archive/05_09_11.html#1). Making the case even more relevant was a presentation by Dr. Mark Welton, Professor of Medicine, who recounted his own very serious bike accident and how his life was saved by wearing a bike helmet.

To promote bike safety, our new incoming students were invited to sign the Bike Safety Pledge for the School of Medicine. If you haven't done so already, visit the website (<http://transportation.stanford.edu/bikesafetypledge-som/>), sign the pledge and serve as a role model for bike safety. Dr. Welton's story makes it abundantly clear why this is so important.

The new insignia for Bike Safety from our medical students leaders is shown below and says it all!



Announcement About the Seventh Sino-US Conference

Dr. William Brody, President of the Salk Institute and Member of the Stanford University Board of Trustees, asked that we share the following announcement of the 7th Sino-US Conference on Medicine that will be held September 21-23, 2011 at the Salk Institute in La Jolla, CA (see: <http://sino-us-symposium2011.org/>). This meeting brings together experts in clinical medicine, basic science, hospital operations, and public health and policy around topics of mutual interest to the United States and China. This year's theme will focus on chronic illness and will cover topics from basic science to state-of-the-art diagnosis and treatment, as well as how to best organize healthcare delivery systems that are effective and affordable.

Awards and Honors

- **Scott Boyd**, MD, PhD, Assistant Professor of Pathology is a recipient of a "New Scholar Award in Aging" from the Ellison Medical Foundation.
- **Maureen Tedesco**, MD, Stanford/PAVAMC MIS Fellow, is the recipient of the Association of Women's Surgeons Outstanding Surgical Resident Award.
- **Sean P. David**, Clinical Associate Professor of Family and Community Medicine, is the 2011-2013 James C. Puffer, M.D./American Board of Family Medicine Fellow at the Institute of Medicine.
- **Stephanie Harman**, MD, Clinical Assistant Professor of Medicine, has been named the Arnold P. Gold Foundation Clinical Assistant Professor.

Congratulations to all.

Appointments and Promotions

Stephen Asch has been appointed to Professor of Medicine, effective 8/01/2011.

Dorsey Bass has been reappointed to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 11/01/2011.

Atul J. Butte has been promoted to Associate Professor of Pediatrics, effective 6/01/2011.

Alan Cheng has been reappointed to Assistant Professor of Otolaryngology, effective 10/01/2011.

Athena Cherry has been promoted to Professor of Pathology and of Pediatrics at the Stanford University Medical Center, effective 8/01/2011.

Lawrence Chu has been promoted to Associate Professor of Anesthesia at the Stanford University Medical Center, effective 8/01/2011.

Jeffrey A. Feinstein has been reappointed to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 11/01/2011.

Jennifer Hoblyn has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences at the Veterans Affairs Palo Alto Health Care System, effective 8/01/2011.

Stephanie Jeffrey has been promoted to Professor of Surgery at the Stanford University Medical Center, effective 8/01/2011.

Richard Lafayette has been reappointed to Associate Professor of Medicine at the Stanford University Medical Center, effective 8/01/2011.

Michael V. McConnell has been promoted to Professor of Medicine at the Stanford University Medical Center, effective 8/01/2011.

Kari C. Nadeau has been promoted to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 8/01/2011.

David Peng has been appointed to Associate Professor (Teaching) of Dermatology, effective 6/01/2011.

Stanton B. Perry has been reappointed to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 10/01/2011.

Sylvia K. Plevritis has been appointed to Associate Professor of Radiology, effective 8/01/2011.

Elizabeth A. Price has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 8/01/2011.

Elif S. Selamet Tierney has been appointed to Assistant Professor of Pediatrics at the Stanford University Medical Center, effective 8/01/2011.

Alexander E. Urban has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences, effective 9/01/2011.

David Weill has been promoted to Professor of Medicine at the Stanford University Medical Center, effective 8/01/2011.

Dean's Newsletter September 12, 2011

An Important Message from Stanford Hospital and the Lucile Packard Children's Hospital About Assuring the Continuity of Patient Care

Among the many reasons underscoring the need for healthcare reform is confusion about the extent of coverage inflicted on patients by insurance companies - particularly when a patient is facing a serious medical need or challenge. Every individual facing a medical illness wants to know that they can receive the best possible care and treatment from an institution or physician whom they trust and value regardless of whether their healthcare costs are covered by public or private insurers. Confusion can arise when insurance companies are negotiating fees with hospitals and physicians - as is the case presently for both Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCCH). With the goal of informing patients (and their employers) that they will continue to receive care at SHC and LPCCH during the contract negotiations, the leaders from SHC and LPCCH have asked me to include in this Newsletter the message they are providing to patients and employers. The overarching goal is to assure patients that they are valued by our hospitals and medical staff and that they will not be abandoned or refused care and services. The message SHC and LPCCH are posting and sharing with patients and employers is as follows:

Stanford Hospital & Clinics is in contract negotiations with Anthem Blue Cross. Lucile Packard Children's Hospital is in contract negotiations with Anthem Blue Cross and also Blue Shield of California. During negotiations, both hospitals are still seeing patients who are insured with both of these health plans. All patients can continue to be seen regardless of their insurance benefit design, procedure or authorization status.

We encourage all patients and families with questions to call us at the following numbers: 1-877-519-6099 or 650-736-5998

We look forward to continuing to provide patients and families with our world-class care.

The School of Medicine Welcomes Back Ms. Martha McKee as Its Ombudsperson

We are delighted to announce that Martha McKee, former Ombudsperson for the School of Medicine, has rejoined the School in this role. Martha previously served as the School of Medicine Ombudsperson from December 1996 to June 2007, when she left Stanford to relocate with her family to Arizona. We are very pleased that she is now returning to the Bay Area and that we have the opportunity to have her back at the Medical School.

During her tenure at Stanford, Martha successfully managed the Office of the Ombudsperson for the School of Medicine, providing confidential and neutral problem solving expertise for faculty, post docs, students and staff in our competitive, complex and highly charged environment. She successfully mediated and facilitated the resolution of hundreds of disputes which otherwise might have involved the University and others in costly litigation. This position reports directly to the Dean of the Medical School and participates as a team member with the Office of the General Counsel and the School's Human Resources group in training and other programs designed to improve the climate of the Medical School.

Before being appointed Ombudsperson in 1996, Martha was employed by the Office of the General Counsel, Stanford University. She was assigned to the Risk Management Department where she served as an attorney for the Hospital and Clinics.

Martha holds a J.D. from Santa Clara University School of Law, and an A.B. from Smith College. She is a frequent speaker and trainer at conferences of The Ombudsman Association and the Smith College Club of the Peninsula. She is a member of the California State Bar and is a Certified Mediator.

We are delighted that Martha has returned to Stanford. She can be reached at her office in MSOB X301, phone 498-5744, and email at mmckee@stanford.edu

Please join us in welcoming Martha back to Stanford!

An Important Update on Housing Benefits for School of Medicine Clinician Educator Faculty

Medical School faculty who are in the Clinician Educator Line are extremely valued members of our community and are integral to our success as an academic medical center. Since the inception of this faculty line in the medical school in 2002 we have been seeking ways to make its members feel that they are important (I would add essential) to the mission of the Stanford Medicine. This is best evidenced by the work that these physicians do in the care of patients, the education of students and trainees, and in the participation of collaborative scholarship. At the same time, we have been quite aware that members of the CE line have not had access to some of the benefits available to other faculty, perhaps most notably housing benefits. With that in mind we have been working to remedy this for some time. I am pleased to say that a task force led by Dr. Ron Pearl, Richard K. and Erika N. Richards Professor and Chair of the Department of Anesthesia, has worked collaboratively and successfully on this issue with the Finance and Administration group in the Dean's Office, the leadership of Stanford Hospital & Clinics and the Lucile Packard Children's Hospital, the Provost's Office and the Stanford Faculty Housing Office. Based on their efforts I am pleased to announce the implementation of new housing assistance programs for eligible Clinician Educators at the rank of Clinical Assistant Professor, Clinical Associate Professor and Clinical Professor.

The new programs, which are intended to assist eligible CE's in their efforts to purchase a home in the local qualifying area, include the following:

1. The **Clinician Educator - Arranged** Mortgage (CE-AM) program is administered by the Stanford Federal Credit Union (SFCU). The maximum CE-AM loan, which is based on the lesser of 50% of the purchase price or 50% the appraised fair market value of a qualifying residence, is \$600,000. The payments on the CE-AM are fixed at interest

only for the first 5 years and adjust to both principal and interest in years 6 through 20 with a balloon payment due in at the end of year 20. This loan sits in second position behind a qualifying 1st mortgage loan that the CE can obtain from any mortgage lender.

2. The **Clinician Educator Deferred Interest Program** (CE-DIP) is a non-amortizing zero current interest loan with a deferred interest feature. The maximum loan amount, which is based on the lesser of 20% of the purchase price or 20% of the appraised fair market value of a qualifying residence, has been increased for Clinician Educators to a maximum of \$150,000 and is now the same as for Faculty. This loan would normally sit in third position behind a qualifying 1st mortgage loan that the CE can obtain from any mortgage lender, and after the CE-AM loan obtained from SFCU. Stanford University Faculty Staff Housing (FSH) administers the CE-DIP loan.
3. The **Clinician Educator Housing Allowance Supplement** (CE-HAS) is a taxable fringe benefit that provides additional compensation for first time home buyers within the qualifying area. The program, which is now the same as for Faculty, utilizes an academic 9-month salary, and is administered by Stanford University Faculty Staff Housing (FSH).

These programs are available to eligible Clinician Educators who are first time home buyers purchasing within the qualifying area applicable to Stanford housing programs. The home must be a single-family home, condominium or other dwelling unit suitable for housing one family. ***Prior to making an offer on a property for which the eligible Clinician Educator plans to use University housing programs, he or she must contact the Stanford University Faculty/Staff Housing Office to review his or her eligibility and to complete a loan application.*** Housing benefits are available to eligible Clinician Educators after eligible employment begins. Similar to the process for becoming pre-approved for a loan from a private mortgage lender, the Stanford University loan application, credit approval check and eligibility determinations must be planned for and completed well in advance of beginning the search for a home to avoid any complications. More information on these new programs, which are effective on September 1, 2011, is available on the Faculty Staff Housing website at <http://fsh.stanford.edu/CE/index.shtml>.

Stanford Physician-Scientists and Scholars Past, Present and Future

One of the distinctive features of Stanford Medical School is its commitment to the education, training and career development of physician-scientists and scholars. We have had the chance to witness the importance of this mission in the past couple of weeks through the historical portrait of a distinguished member of our faculty and by celebrating the contributions of present and future physician-scholars who are members of the Stanford Society of Physician Scholars along with those who are current medical students and alumni.

Thanks to the incredible efforts of Dr. Jason Gotlib, Assistant Professor of Medicine (Hematology), we had the wonderful opportunity to view a remarkable documentary film about Dr. Stan Schrier, Professor of Medicine (Hematology) Emeritus at Stanford entitled "The Mozart of Hematology" (see: <http://lane.stanford.edu/biomed-resources/medgrandrounds.html>). Stan Schrier has been a member of the Stanford faculty for 50 years - virtually for as long as the Medical School has been on the Stanford campus. This wonderful tribute not only reflects on the life and contributions of one of the giants in medicine to the field of hematology and science - but also provides a unique perspective into the changes that have taken place in medicine during

the past five decades and the important role that physician-scientists like Stan Schrier have had in contributing to the progress that has been achieved. I can't help but believe that such a story is inspirational to the new generation of students and trainees who will help further elucidate the scientific underpinnings of medicine and through their discoveries and innovations help create the future - even one that we can barely or not even imagine. This is what Stanford is about and is what makes us unique.

The Continuing Evolution of Interdisciplinary Research, Education and Patient Care

In December of 2002 we established the first of our Stanford Institutes of Medicine. Today we have five formal institutes (see: <http://med.stanford.edu/institutes/>), each of which is designed to bring together faculty, students and staff from across the university to address challenging and compelling questions that bridge our missions in education, research and patient care. In 2006 we further codified the organizational template and guidelines for the Stanford Institutes of Medicine (see: <http://med.stanford.edu/institutes/guidelines.pdf>), and in the years since then the Institutes have continued to evolve and shape our agenda in a number of important ways. Perhaps most importantly they have helped bring together broad communities of faculty and students across Stanford and, along with other initiatives like BioX (see: <http://biox.stanford.edu/>), have fostered a unique interdisciplinary and transdisciplinary environment that really distinguishes Stanford from nearly all of its peers.

Over the past two weeks three separate events or presentations have demonstrated how much interdisciplinary research has evolved at Stanford and how much this is contributing to translating discoveries with the goal of improving the care of adults and children.

First, on September 8-9, the Byers Eye Institute at Stanford and the Stanford Institute for Neuro-Innovation and Translational Neurosciences (SINTN) hosted a symposium on "New Approaches to Understand and Treat Vision Loss" that brought together faculty from throughout Stanford (and other centers) to address important themes in vision science, its loss and restoration. Themes from basic science, engineering, regenerative medicine, gene therapy and others were coupled with discussions on academic-industry relations, development of new therapeutics and translational medicine. The cross-dialogues and fertilization illustrated in a significant way the power of interdisciplinary science and medicine. I also quickly add that this symposium is a direct outcome of the vision of Dr. Mark Blumenkranz, Professor and Chair of the Department of Ophthalmology, who led the development of the Byers Eye Institute - along with the wonderful contributions from Brook Byers and his family that have made this initiative possible. The collaboration between the Byers Eye Institute and SINTN is further evidence of the evolution of interdisciplinary collaboration at Stanford (also see below).

In a separate effort, the Cardiovascular Institute (CVI) held its annual retreat on September 9th with over 150 faculty, students and trainees attending scientific presentations, poster discussions and interactive dialogues. Thanks to the leadership of Dr. Bobby Robbins, Thelma and Henry Doelger II Professor and Chair of the Department of Cardiothoracic Surgery and Director of the CVI, the Institute and its impact on the Stanford Medicine community have continued to evolve. Of particular note is the important strategic planning process that has helped shape the future of cardiovascular health at Stanford into a set of specific initiatives that link the School of Medicine and Stanford Hospital & Clinics. Perhaps most importantly, this plan brings together interdepartmental clinical services as well as research and education programs among cardiothoracic surgery, cardiology and vascular surgery - thanks to the shared leadership of Dr.

Robbins along with Dr. Alan Yeung, The Li Ka Shing Professor of Medicine and Dr. Ron Dalman, Walter Clifford Chidester and Elsa Rooney Chidester Professor of Surgery.

Finally, at the September 2nd meeting of the School of Medicine Executive Committee, Dr. Gary Steinberg, Bernard and Ronni Lacroute-William Randolph Hearst Professor in Neurosurgery and Neurosciences, Chair of the Department of Neurosurgery and Director of SINTN, provided an update on the status of the Institute. I include below Dr. Steinberg's summary of his presentation.

Update on the Stanford Institute for Neuro- Innovation and Translational Neuroscience

"SINTN was designated on October 1st, 2008 by Dean Pizzo to reorganize the Neuroscience Institute (NIS) at Stanford, which was created in 2003. The main goal for this newly formed Institute was to foster strong collaborations between the > 150 basic, translational and clinical neuroscientists at Stanford and enable translational efforts. We decided to focus on areas that present unique opportunities for development or expansion. We created five initiatives with two to three centers in each: Neural Plasticity and Repair, Neurodegeneration and Regeneration, Neurobiology of Cognitive and Developmental Disorders, Neuroengineering, and Neuroscience and Society. In all these areas we are aiming to advance our understanding of normal brain and spinal cord function and elucidate pathomechanisms underlying malfunction of the nervous system following injury or neurologic and psychiatric disease. A major mission of SINTN is to pioneer innovative techniques to manipulate the nervous system, with the ambitious goal of translating these new discoveries into novel therapies that improve quality of life for patients with CNS disorders over the next 5-10 years.

General highlights:

The institute has had a successful three years in terms of achieving its visions and goals thanks to the SINTN Executive Committee and a number of dedicated individuals who have worked diligently to accomplish this. We have secured over \$ 56 million in gifts and grants and have recruited 5 outstanding new faculty: Tom Sudhof (2008), Giles Plant (2010), Lu Chen (2010), Xinnan Wang (2011), Jun Ding (2011). We are in process of recruiting 3 additional faculty in the coming year in the areas of pain/addiction, behavior and vision. These recruits will comprise a unique, broad range of new expertise from molecules to neural circuits to behavior at Stanford. Moreover, we have created and supported 3 university core service centers in the areas of behavior, imaging and vector/virus production, as well as supported the MCP-SINTN Engineering Core, in order to sustain the key needs of our faculty. These core facilities have also have provided services to other institutes within the SOM and to other faculty in the university. We were awarded an NIH NINDS P30 center core grant (the first ever at Stanford) to help fund these cores over the next five years. These core facilities are supporting more than 200 projects each year and work leading to many high impact publications. Furthermore, SINTN has subsidized the Neuroscience Graduate Program (IDP), weekly seminar series, symposia and the annual Neuroscience retreat. SINTN has also provided three Neuro-Innovation fellowships (\$125,000/each) and for the first time supported the 3rd year neuroscience graduate students through SINTN Frances B. Nelson Predoctoral awards (22 students so far). Importantly, we have awarded 34 Faculty Neuro-Innovation Seed Grants across the university since 2008, to stimulate collaboration between basic and translational research areas.

Program highlights

- **Stanford Partnership for Spinal Cord Injury and Repair:** Dr. Giles Plant was recently recruited as the director of research in this new program, who has started to

establish multidisciplinary preclinical projects and the infrastructure necessary to execute translational studies. At the clinical level, we are one of 7 centers nationally participating in the Geron Phase I Trial using human embryonic derived oligodendrocyte precursor cell transplant in subacute complete spinal cord injury patients. We are also organizing an international spinal cord injury and repair symposium that will take place in 2012.

- **Vision and Blindness Prevention Center:** We have supported two symposia bringing nationally recognized vision scientists and clinicians together on the Stanford campus. We also were awarded for the first time an NIH NEI T32 Vision Research Training Program Grant (\$800,000/4 years) for postdoctoral fellows. We are currently launching a faculty search for a vision scientist.
- **Parkinson's disease and Movement Disorders Program:** This program has been supported by the Blume Foundation (\$2.8M) during the last 3 years. We have funded our faculty with numerous seed grants and have also recruited a new faculty member, Jun Ding, to join this team in 2012.
- **Pain and Addiction Program:** This program has supported three seed grants to our faculty in different departments. In addition, we are in the final phases of a search to bring a preclinical scientist to join our program.
- **Stem Cells, Tissue Engineering and Neurotransplantation Program:** This program, lead by Gary Steinberg, received a \$20 million CIRM grant to conduct preclinical development with human embryonic-derived neural stem cells for treatment of motor deficits following stroke. In addition, this program is currently supporting the Stanford/SanBio clinical trial as the first clinical trial in the U.S. to test intraparenchymal stem cell therapy for stroke patients.
- **Neuroengineering:** Our neuroengineering team is engaged in some very exciting and novel research. Krishna Shenoy and Jaimie Henderson's team was awarded a SINTN seed grant to support a clinical trial of their brain-computer interface for using neural signals from the brain to directly control external electronic devices, such as a computer cursor and robotic hand. This project plans to implant a quadriplegic patient in the next 3 months.
- **The Center for Compassion and Altruism Research and Education (CCARE)** applies rigorous scientific methods to define the neural basis for compassion and altruistic behavior. They have raised \$3.3 million in gifts and grants and have funded various projects throughout the university. Additionally they planned and sponsored a very successful 2-day international conference in 2010 on Compassion, Science and Society that included His Holiness the Dalai Lama. The Stanford
- **Interdisciplinary Group on Neuroscience and Society (SIGNS)** investigates the effects of the revolution in neuroscience on our society, beyond the strictly medical results, as well as the consequences for law, education, business, politics, and religion. A quarterly panel discussion series covers stimulating topics like Neuroscience in the Courtroom.

Significantly, the neurosciences at Stanford are united in its efforts. For the first time ever, various Stanford neuroscience groups including SINTN, Neuroventures (a Bio-X program), the Center for Neurobiological Imaging, the Clinical/Basic Science departments in the School of Medicine and across the University, as well as Stanford Hospital and Clinics and Lucile Packard Children's Hospital are working together towards common goals which we hope will be an important part of the final phase of the Stanford Challenge."

Taken together these efforts give evidence of the continuing evolution of interdisciplinary collaboration - which we all hope will benefit Stanford and serve our community, the nation and the world in the years ahead.

Preparations Begin for the Campaign for Stanford Medicine

At the September 2nd Executive Committee, Ms. Michele Schiele, Senior Vice President for Development, and I gave an update on the planning that is now underway for the Campaign for Stanford Medicine. We hope to begin this campaign at the start of 2012, as the Stanford Challenge winds down. Over the next months we will work with faculty, department chairs, institute and center directors and our new combined office of medical and hospital development to define the capital and programmatic goals we hope to achieve over the next 5-7 years. These will include such major projects as the support for Stanford Hospital as well as for School of Medicine facilities. Also included will be support for graduate and medical student education, faculty support and professorships, clinical program support and a number of important new initiatives. We are planning to coordinate this effort between the leadership of SHC and the School and to have more detailed discussions about it at our Strategic Planning Leadership Retreat in January 2012. Obviously lots more to follow.

In the meantime, the School of Medicine completed its FY11 fundraising efforts at the end of August and even with the current economic climate we demonstrated progress over FY10. There are various metrics that are used to assess the year-end results but here are some important ones:

- With an FY11 fundraising goal of \$140 million, we have raised (cash received) \$157,139,137 in the past year (112.2% of goal). This compares to the cash received in FY10 of \$124,208,231.
- In new activity we set a goal of \$160 million and as of August 31, 2011 we recorded \$157,169,814 (or 98.2% of the goal)
- Both cash received and new activity is significantly higher for FY11 than for FY10.

While this progress is notable, we believe we can do significantly better - especially now that we have the new joint development program combining SHC and SoM. Indeed, it is the expectation that both institutions will do much better united than apart - and that this new organization will serve the Medical Center and our community well during the years ahead.

Stanford Medical Center is Smoke Free - But So Are An Increasing Number Of Universities

In August 2007 Stanford School of Medicine became a smoke-free campus as part of its mission to promote the health and wellness of its community. This policy was extended to the Stanford Hospital & Clinics and the Lucile Packard Children's Hospital in 2008 and today the entire Medical Center is smoke free. But that is not the case for the rest of Stanford University. This is notable since an increasing number of colleges and universities (now more than 530 across the US) have adopted smoke free or tobacco free policies over the past several years (see <http://www.cnn.com/2011/HEALTH/08/31/smokefree.college.campus/>). While one can appreciate concerns about becoming too controlling and about infractions of choice and personal liberty, the evidence for diseases directly attributable to tobacco use is unequivocal and virtually unparalleled by other environmental risk factors.

We believe that the policy of the Medical Center helps promote health and wellness. One hopes that in time a similar policy will extend across the entire university - as it has in numerous colleges and universities in the US.

Celebrating the 2011 Dean's Medal Recipients

The contributions of Stanford Medical School to society begin with the creation of new knowledge and extend to discoveries and innovations that impact the lives of adults and children in health and disease locally and globally. While it is the creativity of scientists that initiates the process of discovery, novel work often requires support from donors that permits new ideas to become more viable candidates for sponsored competitive research funding. Increasingly this continuum extends to advocates and policy leaders who promote innovation in government funding for research and innovation. Without each of these essential ingredients, the US (and Stanford) could not sustain its leadership in innovation. This important continuum is well evidenced by the three distinguished individuals who received the 2011 Dean's Medal on Saturday, September 10th.

- ***Dr. CJ Huang*** has provided philanthropic contributions that have permitted important new research to be conducted in the School of Medicine, and the CJ Huang building will foster a community of excellence long into the future.
- ***Professor Stan Cohen's*** work has provided fundamental insights in how genes work and can be engineered and has spawned insights and discoveries that have directly affected the health of people in our community and worldwide.
- ***Representative Anna Eshoo*** has long been an advocate for scientific research and federal funding that enable outstanding discoveries to impact the US and world.

Each of the recipients of the 2011 Dean's Medal has made individual contributions of excellence to Stanford and our community and together they have helped Stanford improve the health of our nation and world. We are deeply appreciative of their efforts.

Thanks and Best Wishes to Dr. Kevin Tabb

Since Dr. Kevin Tabb joined Stanford Hospital & Clinics in 2005, faculty and leaders at the School of Medicine have developed a deep admiration and affection for him. He has won respect through his diligence and hard work in addressing with great integrity and transparency some of the most vexing problems of our medical center and of the rapidly changing face of healthcare. The range of his contributions include his important work in information technology that contributed significantly to the leadership role SHC now plays in the excellence of its Electronic Medical Record (EMR). His collaboration and commitment has also resulted in major improvements in SHC's quality and safety data - largely through his work with department chairs and faculty and with Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs. As the Chief Medical Officer at SHC, Dr. Tabb has been a thoughtful spokesperson for the work of physicians as well as Stanford's academic missions. In that regard he has served on a number of important search committees and has contributed thoughtful guidance and advice in a manner that garners respect and confidence. These skills have moved him into national prominence, which is now clearly evidenced by his selection to become the next President and CEO of the Beth Israel Deaconess Medical Center in Boston (see: <http://articles.boston.com/2011-09->

[07/business/30123694_1_stanford-hospital-and-clinics-medical-data-harvard-teaching-hospital](#)). Of course this is a great opportunity for Dr. Tabb, and, if past performance is any predictor for the future, he will do an outstanding job in Boston. He will be missed at SHC and Stanford and leaves an enduring impact on our Medical Center.

Please join me in congratulating Dr. Tabb and wishing him continued success.

Congratulations to the Stanford Center for Continuing Medical Education

Over the summer, our Stanford Center for Continuing Medical Education was informed by the ACCME (Accreditation Council for Continuing Medical Education) that they had attained not only full accreditation but Accreditation with Commendation. This outstanding accomplishment reflected the remarkable progress that has been made in our CME program in recent years under the leadership of Dr. Rob Jackler, Associate Dean for Postgraduate Education, and Terry O'Grady, Executive Director of the Center. Congratulations to Dr. Jackler, Ms. O'Grady and the entire CME staff for this wonderful achievement.

New Spectrum Website

Stanford has launched a new website that guides and supports biomedical researchers through the complex process of conducting translational and human-subject research studies. Developed by Spectrum, the Stanford Center for Clinical and Translational Education and Research, this online portal is part of an ongoing effort to streamline the infrastructure that supports this type of research across the university. Funded with the help of a Clinical and Translational Science Award from the National Institutes of Health, it represents an important milestone in the Spectrum team's mission to accelerate the flow of discoveries from university investigators to health practice.

Ripping a page from physician-scribe Atul Gawande's book, *The Checklist Manifesto: How to Get Things Right*, the website provides Stanford biomedical researchers with helpful to-do-lists for the four stages of running a clinical study -- design, set-up, management and close-out. Easy-to-follow lists provide researchers with online links to essential clinical trial resources, such as funding websites and custom online budget workbooks.

Within the Spectrum website, researchers also can access Study Navigator 2.0, a new release of Stanford's clinical trial project tracker and collaboration tool. Since its launch in March, the development team has folded in user feedback to enhance research team workflow, especially in the area of documentation management.

"The Spectrum website will ultimately be the front door to all of Stanford's clinical and translational resources, including a variety of CTR training programs and pilot funding opportunities supported by Spectrum. It will help investigators focus on the research, not the administrative overhead of running a study," said Harry Greenberg, MD, Spectrum's director

The new Spectrum website is available at <http://spectrum.stanford.edu/>

Awards and Honors

- **Karl Deisseroth, MD, PhD**, Associate Professor of Bioengineering and of Psychiatry and Behavioral Sciences, is the 2011 recipient of the W. Alden Spencer Lecture and Award. The Columbia University College of Physicians and Surgeons, the Department of Neuroscience, and the Kavli Institute give this award each year for Brain Science. Congratulations to Dr. Deisseroth.
Profile: http://med.stanford.edu/profiles/Karl_Deisseroth/
- **Phil Beachy, PhD**, Investigator, Howard Hughes Medical Institute Ernest and Amelia Gallo Professor, Stanford University School of Medicine Department of Biochemistry and Institute for Stem Cell Biology and Regenerative Medicine, is the co-recipient of the Keio Medical Science Prize 2011 for his work on the "Identification of Hedgehog, a key molecule in development, and its medical applications" (see: <http://www.ms-fund.keio.ac.jp/prize/>). This prize recognizes researches who have made outstanding contributions to medicine or the life sciences. Past recipients are enormously distinguished and Dr. Beachy well deserves to be among them. Congratulations to Phil Beachy.
Profile: http://med.stanford.edu/profiles/Philip_Beachy/

Appointments and Promotions

- **Sumaira Z. Aasi** has been appointed to Clinical Associate Professor of Dermatology, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Sumaira_Aasi/
- **Peter Barelka** has been promoted to Clinical Assistant Professor (Affiliated), effective 9/1/2011.
- **Sumit Bhargava** has been appointed to Clinical Associate Professor of Pediatrics, effective 10/1/2011.
- **Laura Brodzinsky** has been promoted to Clinical Associate Professor of Obstetrics and Gynecology, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Laura_Brodzinsky/
- **Alice Chiao** has been promoted to Clinical Assistant Professor of Surgery, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Alice_Chiao/
- **Cynthia L. DeTata** has been reappointed to Clinical Assistant Professor of Obstetrics and Gynecology, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Cynthia_Detata/
- **Shirit Einav** has been appointed to Assistant Professor of Medicine and of Microbiology and Immunology, effective 9/01/2011.
Profile: http://med.stanford.edu/profiles/Shirit_Einav/
- **Neal B. Frager** has been reappointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2011.
- **Michael Haberecht** has been promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Michael_Haberecht/

- **Michael Laufer** has been reappointed to Clinical Assistant Professor of Surgery, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Michael_Laufer/
- **James S. Lin** has been promoted to Clinical Associate Professor (Affiliated) of Surgery, effective 9/1/2011.
- **Robert M. Menard** has been promoted to Clinical Associate Professor (Affiliated) of Surgery, effective 4/1/2011.
- **Catherine A. Miller** has been promoted to Clinical Assistant Professor of Pediatrics, effective 1/1/2012
Profile: http://med.stanford.edu/profiles/Catherine_Miller/
- **Kapilkumar Patel** has been appointed to Clinical Assistant Professor of Medicine, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Kapilkumar_Patel/
- **Giles Plant** has been appointed to Associate Professor of Neurosurgery, effective 9/01/2011.
Profile: http://med.stanford.edu/profiles/Giles_Plant/
- **Gail A. Prichard** has been reappointed to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Gail_Prichard/
- **Elizabeth H. Raphael** has been promoted to Clinical Associate Professor of Surgery, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Elizabeth_Raphael/
- **Wendye R. Robbins** has been promoted to Clinical Associate Professor of Anesthesia, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Wendye_Robbins/
- **Joseph L. Ryan** has been promoted to Clinical Associate Professor of Surgery, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Joseph_Ryan/
- **Mary J. Sanders** has been reappointed to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 6/1/2011.
Profile: http://med.stanford.edu/profiles/Mary_Sanders/
- **Jodie A. Trafton** has been promoted to Clinical Associate Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 8/1/2011.
- **Jeffrey Young** has been promoted to Clinical Assistant Professor of Orthopaedic Surgery, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Jeffrey_Young/

Dean's Newsletter

September 26, 2011

Honoring the Life of Dr. Malcolm Bagshaw

Many of you no doubt have seen the sad announcement of the death of Dr. Malcolm Bagshaw, Professor of Radiation Oncology Emeritus
(<http://med.stanford.edu/ism/2011/september/bagshaw-obit.html>). Dr. Bagshaw was a pioneering

leader in Radiology and Radiation Oncology, and he had a major impact on Stanford and on medicine. He was deeply respected and revered by all who knew him and will be missed. A memorial service will be held on October 10th at 4:00 pm at Memorial Church.

A Tale of Two Cities: Gloom or Opportunity

Perceptions of reality can be affected by the coincidental juxtaposition of events. On September 14-15th I participated in a meeting of the Council of Deans and the Board of Directors of the Association of American Medical Colleges (AAMC) in Washington, DC. Not surprisingly, considerable portions of the meeting focused on the gloomy messages coming out of the Congress and Executive Branch about our nation's economic state of affairs and the changes likely to unfold as a consequence of fiscal reality and politics. The forecasts on healthcare financing are of course both promising and disconcerting. There can be no question that changes in our healthcare system and its financing are critical for the economic health of the US. At the same time there was considerable speculation about whether the debt reduction debate would impact Medicare and, more specifically, the support for Graduate Medical Education (GME) -- which would have a nearly immediate impact on academic medical centers and teaching hospitals specifically.

These possibilities came into sharper relief on Monday September 19th when President Obama delivered his debt reduction plan to the nation. While there were many important opportunities outlined in his message, one of the highlighted areas was to *"Reduce graduate medical education payments to better align with patient care costs: Medicare compensates teaching hospitals for the indirect costs stemming from inefficiencies created from residents' learning by doing." The Medicare Payment Advisory Commission (MedPAC) has determined that these Indirect Medical Education (IME) add-on payments are significantly greater than the additional patient care costs that teaching hospitals experience. This proposal would reduce the IME adjustment by 10 percent beginning in FY 2013, and save approximately \$9 billion over 10 years.* I have been concerned about the future funding for GME for a number of years and have written about this previously, so this is not surprising -- but it moves the financial impact on academic medicine from anticipation to reality and could be even more significant as the debt reduction debate continues.

Indeed, if the so-called Bi-partisan Congressional Committee of Twelve (six Democrats and six Republicans) does not meet its target budget reductions by the end of October (since whatever it proposes has to be reviewed by the Congressional Budget Office before the end of November deadline) even more significant cuts are likely. We have long known that the reimbursements for healthcare would decline -- it is just a question of time and the degree to which the major entitlement programs (Medicare and Medicaid) will be impacted. This now seems inevitable, in some manner and magnitude yet to be fully defined.

In tandem with the continuing bad news on the national and global economy, reports about the likely funding for the NIH for FY12 have also been a major area of interest -- and concern. On Tuesday, September 20th, the Labor-HHS-Education Subcommittee presented a possible NIH budget of \$30.5 billion -- which is a 0.6% decrease from FY11. Again, how this will play out is closely linked to whether the debt reduction committee noted above reaches its target cuts -- or whether across the board cuts go into place. If that default (or failure) option comes to pass, the negative impact on NIH funding could be much more significant for FY12.

There is no denying that the combination of the news on the economy, the prospect of declining federal support for research and the uncertain landscape for healthcare financing can easily promote a sense of gloom and foreboding --as was certainly the case in Washington. Having lived in the Greater DC area for more than two decades (while I was at the NIH) I am well versed in the siege mentality that can permeate Washington and have an almost anamnestic reaction to it. Thankfully, after the AAMC meeting I was able to return from Washington to Silicon Valley, the world's center for innovation, and by Saturday morning I was again full of optimism. This spirit of hopefulness and opportunity was strengthened by reflecting on what is so unique about Stanford and reinforced by attending portions of the *Stanford Medicine 2.0* meeting on Saturday morning.

The exciting program for *Stanford 2.0* (see: http://aim.stanford.edu/program_booklet_v3.pdf), organized by Dr. Larry Chu, Assistant Professor in the Department of Anesthesia, brought together thought leaders in innovation, technology, social media, medicine and more. The energy of the attendees conveyed optimism and hopefulness about prospects for creating the future rather than reacting to it. Of course, this is not to imply that the forces looming around us aren't serious and even daunting -- but it is also important to acknowledge that we need to find ways to recreate and redirect our efforts. I have long believed that Stanford Medicine should be a role model for the future -- and this is clearly the time to stay focused on how we can continue to develop and refine the work we have done over the past years to achieve that.

While hardly a guarantee of a successful future, both the School of Medicine and Medical Center are well positioned by virtue of their individual and collective financial resources. Our School of Medicine's consolidated endowment and reserves, as well as our annual operating surpluses, compare well to peer and national benchmarks and institutions. At our affiliated hospitals, the respective operating margins and annual profits, together with consolidated assets, reserves and investments also have a very solid foundation. Taken together -- and certainly compared to a decade ago -- we are in a very strong position. That said, we all recognize that no matter what our current resources, we will be challenged going forward given the economic downturn (now nearly four years old), the projected flat federal research funding and expected changes in our healthcare landscape. While our individual and collective financial resources are important, our human capital -- our faculty, students and staff -- is much more valuable. Over the past decade we have recruited over 600 full-time faculty (UTL, MCL, NTL), along with hundreds of Clinician-Educator faculty. Their talents and capabilities, individually and collectively, are exceptional by virtually any standard. The accomplishments and successes of our investigators top the list in peer-reviewed sponsored research funding per faculty as well as in comparative awards and honors per capita (including membership in the National Academy of Sciences, Institute of Medicine and the Howard Hughes Medical Institute) along with virtually any honor of note. While the stresses on our faculty are and will be notable over the years ahead, their creativity is even more so, which gives me great confidence that they will find and define new pathways to success, even during these days of constraint and even gloom.

Another source of institutional strength comes from a shared vision and from the increasingly closer alignments of our basic and clinical research community, including with colleagues across the university. Coupled with this are numerous interdisciplinary institutes and centers within the School of Medicine, along with some that extend across the university, and others that originate within the university and extend to the medical school. Also of major importance are the integration and partnership between the School of Medicine and our contiguously located teaching hospitals (Stanford Hospital & Clinics [SHC] and the Lucile Packard Children's Hospital [LPCH]) as well as with the Palo Alto Veterans Administration Medical Center and the

Santa Clara Valley Medical Center. These interrelationships have been enriched through multi-year strategic planning that has included shared missions in research, education, patient care and community service. These planning efforts have helped shape our School of Medicine and have continued to facilitate alignments with our hospitals and community.

As one example of patient care alignment, Christopher Dawes, President and CEO of the Lucile Packard Children's Hospital, recently shared three major decisions that were made at the September 7th LPCH Board of Directors meeting and that will impact LPCH and Stanford for many decades to come. The first was the approval by the Board for the \$1.13 billion hospital renewal expansion that will result in additional in-patient beds, diagnostic facilities and ambulatory space. Preparatory construction has begun, initially with infrastructure needs, and the LPCH leadership anticipates that the new facility will open around 2016, providing state-of-the-art facilities for children, parents and families -- and, of course, all who provide for their care and well-being. In tandem with new hospital facilities, the LPCH Board of Directors also approved moving forward with implementation planning for the conversion of hospital-wide information systems to Epic over the next 3-4 years. As you likely know, Stanford Hospital & Clinics, which has one of the most advanced electronic medical record systems in the nation, uses the Epic platform. This decision by LPCH to use Epic will create better alignments within the Stanford University Medical Center and will create additional opportunities for linking physicians within and outside of Stanford.

This decision directly relates to the third major approval by the LPCH Board of Directors, which is to continue to develop an interrelated physician network with the community, at LPCH, and with Stanford faculty and the School of Medicine. This provides a connection between LPCH/Stanford tertiary-quarternary clinical services and the broader linkage of primary and specialty services in the Bay area community and well beyond. These decisions, together with the major strategic planning that LPCH and Stanford have been doing over the past years, will position child health and obstetrics to be optimally configured for the major changes that will be unfolding over the next years. To the theme of this summary, even though many challenges abound, the bold and creative thinking and planning by our LPCH, pediatric and obstetric partners should enable Stanford to seize new opportunities and help create the future.

On September 21st, in further evidence of alignment and opportunity, Amir Rubin, President and CEO of Stanford Hospital and Clinics (SHC), offered an update to the SHC Board of Directors on the strategic planning efforts that have been taking place since his arrival in January of 2011. Equally important is the coordinated and integrated strategic planning between SHC and the School of Medicine that has also been underway. Institutional leaders, faculty and staff have broadly embraced these strategic planning efforts. Some build on programs that have been evolving over the past decade (e.g., our Stanford Institutes of Medicine), whereas others define new opportunities that will be jointly pursued in the years ahead. Taken together, these integrated strategic planning initiatives seek to define what makes the Stanford University Medical Center (SUMC) unique, in the complex medical care environment of the Bay Area and California but also on a national and global level. Because of our size and scope it is imperative that we measure and match our skills to achievable goals and objectives. As Amir Rubin noted during his presentation, this means being at the leading edge of both coordinated complex care and a coordinated network of care. We have particular strength in our ability to deliver leading edge complex care, but we have more work to do in optimizing its coordination.

The ways to achieve coordination in complex care are being explored and optimized in integrated planning efforts by leaders of the Stanford Cardiovascular Institute (the working

results of which were shared with the SHC Board of Directors on September 21st). Similar planning is now underway by the leadership groups of the Stanford Cancer Institute and the Stanford Institute for Neuro-Innovation and Translational Neurosciences Institute. Other integrated complex care planning (e.g., transplantation) will be initiated over the next year. Further, during an evening session with clinical department chairs and members of the SHC Board of Directors, the chairs described wonderful examples of alignment and accomplishment in coordinated complex care and/or in coordinated network of care. In these and related areas we recognize that we must achieve excellence and preeminence in discovery and innovation and in our physicians. We must also achieve leadership in quality, safety and evidence based patient care, in outstanding patient service and in the assessed value and lower costs of our clinical care enterprise. These metrics extend from our inpatient to our ambulatory services -- on the Medical Center campus and in our community.

We also recognize that we have challenges in being preeminent in the delivery of leading edge coordinated network care. We are making progress and are committed to excellence in this important area well. This includes our intent to expand the primary care physician services offered at SUMC and to develop innovative models for the delivery of patient care, such as the Ambulatory ICU developed by Dr. Arnie Milstein, who leads our Clinical Excellence Research Center. We fully anticipate that, over the next several years, strategic recruitments coupled with our burgeoning efforts in population sciences will help us become preeminent in improving the health of our community both locally and globally. Coupled with this are our important extensions to our community through the University Health Alliance (UHA), which is already creating important physician partnerships and which will serve as one of the bases for our network of care. These will be complemented by other creative opportunities -- including educating, training, and developing the physician workforce for the future of SUMC.

Of course, one of the most exciting developments and opportunities for the future of the SUMC will be construction and redevelopment of SHC -- a nearly \$2 billion initiative that is now underway. This will provide new facilities for patients and families along with new technologies and innovations that will extend from the operating room and the intensive care facility to the in-patient and outpatient facilities, where coordinated complex care and exceptional primary care will be delivered.

While the tone of the message from Washington is gloomy, and while challenges certainly abound, the opportunities to shape our destiny remain exceptional. We clearly need to be strategic in everything we do and to utilize resources and investments wisely and thoughtfully. Of course, we also need to make the case for new resources -- which we are doing as we plan for the launch of the Campaign for Stanford Health and Medicine early in 2012. The campaign will seek ways to support our facilities -- and perhaps most importantly our human capital: students, faculty and staff. While this will be a major effort that will take 5-7 years to complete, the campaign will help realize the compelling and exciting vision and goals that have been assembled over the past decade and the ones that will follow.

I do not mean to imply or suggest that we should be Pollyannish by not underscoring that the external pressures that we will surely face in the years ahead will require adaptation, adjustment and even modification of our plans. But I do very much mean to state that focusing on the negatives will mire us in being too reactive and cautious and, in some ways, will create a self-filled prophecy of stagnation. That is why I was glad to return from Washington to California -- and, even more so, why I am pleased to be at Stanford and to continue looking forward for opportunity and transformation.

Preparing For a Career as a Clinical and Translational Investigator

On September 13th I had the opportunity to introduce the Stanford Spectrum Intensive Course in Clinical Research (ICCR). This is a weeklong immersive and hands-on learning opportunity in the fundamental principles and practices that underpin clinical research -- from hypothesis to design, implementation and analysis. ICCR sessions have been held for postdoctoral fellows, junior faculty and staff and have benefited from the wonderful leadership and oversight of Drs. Steve Alexander, Professor of Pediatrics, and Phil Lavori, Professor and Chair of the Department Health Research and Policy. They are sponsored by Spectrum (<http://spectrum.stanford.edu/>) and, in this latest offering by Spectrum Child Health (<http://spectrumchildhealth.stanford.edu/>). The most recent program focused largely on clinical fellows in pediatric medical and surgical specialties. We hope, of course, that many of these trainees will pursue careers in academic medicine. However, regardless of what pathway they pursue, further grounding in science along with analytic and critical reasoning skills will make them better practitioners and more thoughtful users of evidence based medicine.

In reflecting on the ICCR program -- especially within the context of the challenges that impact younger colleagues who seek to transition from fellowship to faculty positions, I found it easy to imagine how daunting the process can seem -- especially with the increasing concerns about funding for research and the demands of the changing healthcare landscape as described above. The road ahead for each is an individual journey, but it is also important to take note of some of the resources and opportunities that exist at Stanford to help bridge the apparent divides and foster continued success. It might be helpful to convey a few of these along with some caveats and observations.

First, I would encourage clinical and postdoctoral fellows who are contemplating academic careers (although these comments and resources are certainly useful for other career pathways) to refine and enhance their knowledge about and skills in clinical research in every way possible. Of course the ICCR course is one way to do that. A weeklong course, however, is really just a table of contents, and it is important to complement or supplement this introduction with additional training and education. This might include an additional degree, which could be a Masters in Epidemiology or in Public Health or Public Policy or in Business. These programs are available at Stanford -- or in the case of the Masters in Public Health, in collaboration with the University of California at Berkeley. Some clinical fellows may wish to have more grounding in science, in which case a PhD might be an important adjunct. Opportunities to pursue the PhD are available through the Advanced Residency Training at Stanford or ARTS program (add <http://med.stanford.edu/gme/programs/arts.html>). Fellowships in Biodesign (see <http://biodesign.stanford.edu/bdn/index.jsp>) and shared experiential learning about drug development and clinical trials through the SPARK program (<http://biodesign.stanford.edu/bdn/index.jsp>) are also available.

One of the most important routes to success for fellows is making sure they have a faculty mentor -- and ideally someone who is helping with their career development in addition to providing guidance on their research. One's division chief and department chair should be able to facilitate mentoring relationships. In addition, the increasingly robust online CAP (Community Academic Profiles) system (<http://med.stanford.edu/profiles/>) allows connection of faculty and students with similar interest areas and is another great tool. Shortly CAP will be further enriched to foster social networking within the Stanford community and will offer novel ways of creating a learning, collaborating and mentoring community.

For the pediatric community, Dr. Christy Sandborg, Chief-of-Staff at LPCH and Professor of Pediatrics, has developed a successful and greatly appreciated Pediatric Mentoring Program (<http://spectrumchildhealth.stanford.edu/>). Mentorship and collaborative research efforts can also be extended from postdoctoral fellows to residents and medical students through the Stanford Society for Physician Scholars (see <http://ssps.stanford.edu/>). In addition, numerous leadership training opportunities are available through LPCH as well as through the School of Medicine's Office of Diversity and Leadership (see <http://med.stanford.edu/diversity/>) led by Dr. Hannah Valantine, Senior Associate Dean and Professor of Medicine.

Another important network exists through our Stanford Institutes of Medicine (<http://med.stanford.edu/institutes/>) and Centers (<http://med.stanford.edu/programs/>), many of which provide learning and research communities across the basic and clinical sciences, nearly always with extensions across the university. Fellows should seek ways to join these communities, virtually all of which offer seed grants designed to bring novel investigative groups or teams together. Importantly, these seed grants (which extend across the university, including BioX [see: <http://biox.stanford.edu/>]) have an enormous leveraging impact and often provide a path to sponsored research funding. Special opportunities for research funding in pediatrics are available through the recently established Child Health Research Institute (CHRI). Under the leadership of Dr. Hugh O'Brodovich, Arlene and Pete Harman Professor and Chair of the Department of Pediatrics, CHRI offers a number of fellowships to physician scientists in training (<http://spectrumchildhealth.stanford.edu/chri-awardsandgrants.html>).

Postdoctoral training and clinical fellowships offer unique opportunities to probe deeply into a clinical discipline or research project. However, they can also be somewhat isolating and can, on occasion, lead fellows to lose sight of the much larger web of opportunities and resources at an institution like Stanford. The ICCR creates a new learning and collaborative community -- but it is important that it be complemented with other supports and services. A faculty member who serves as mentor and career advisor is certainly central to one's personal success-- but there are many other opportunities, some noted in this brief review, that are available at Stanford and that can make a difference in one's career pathway.

Some Great News from the NIH

One of the concerns about constrained funding is that agencies become more conservative in their awards, taking fewer chances on high-risk proposals. This is unfortunate since it stifles the most creative research and runs the risk of fostering narrower thinking. That is why the NIH Pioneer Awards and the Director's Awards for New Innovators and for Transformative Research Projects are so important -- to investigators and to science more broadly.

On September 20th the NIH announced the 79 recipients of the NIH Directors Awards, including 13 Pioneer Awards, 49 New Innovator Awards and 17 Transformative Research Project Awards (see: <http://www.nih.gov/news/health/sep2011/od-20.htm>). Five Stanford University faculty are among this year's recipients, four of whom are in the School of Medicine (including Bioengineering). This year's Stanford recipients include:

NIH Pioneer Award

- **Dr. David Schneider**, Associate Professor, Department of Microbiology & Immunology

New Innovator Award

- **Dr. C. Jason Wang**, Acting Associate Professor, Department of Pediatrics

Transformative Research Project Award

- **Dr. Kwabena Boahen**, Associate Professor, Department of Bioengineering
- **Dr. Jody Puglisi**, Professor and Chair, Department of Structural Biology

Since the inception of these awards in 2004 Stanford faculty have competed extremely for them - and have been awarded quite a disproportionate share of the total. This is further testimony to the creativity and innovative spirit of our faculty -- one of Stanford's greatest treasures.

Berry Postdoctoral Fellowships in Children's Health Selects its 2011 Recipients

I am pleased to announce that the Office of Postdoctoral Affairs has selected three postdoctoral scholars to be the 2011 recipients of the prestigious Berry Postdoctoral Fellowship. This fellowship program has been made possible through the generosity of Walter and Idun Berry. The Berrys' legacy has been continued through the commitment and dedication of their closest friends and the Berry Foundation Board of Trustees, whose support of the program provides \$55,000 in annual stipend and \$5,000 research allowance to three new fellows per year for up to three years of support. Dr. Mark Kay, Dennis Farrey Family Professor in Pediatrics and Professor of Genetics, has served as the chair of the selection committee, and we are indebted to him and his colleagues for their efforts on behalf of the Berry Foundation.

The 2011 Berry Postdoctoral Fellowship winners are

- **Xuecai Ge** (PhD, Harvard Medical School, 2009). Project Title: *"A New Approach to Inhibiting Pediatric Tumor Growth: Control of Hedgehog Signal Transduction by Neuropilins"*. Faculty Mentor: Dr. Matt Scott, Professor, Department of Developmental Biology.
- **Roosbeh Kaini** (PhD, University of Washington School of Medicine, 2009 and MD Shaheed Beheshti University School of Medicine, Iran, 2002). Project Title: *"Choice Certainty as a Window Into Autism"*. Faculty Mentor: William Newsome, Professor, Department of Neurobiology.
- **Nan Yang** (PhD Stanford University School of Medicine, 2011). Project Title: *"Direct Reprogramming of Fibroblasts into Oligodendroglial Cells."* Faculty Mentor: Marius Wernig, Assistant Professor, Department of Pathology.

Congratulations to Drs. Ge, Kaini and Yang.

Awards and Honors

- **Palo Alto University**, with whom our Department of Psychiatry and Behavioral Sciences offers the Psy.D. degree in a consortium arrangement, has been awarded the American Psychological Association's Board of Educational Affairs Award for Innovative Practices in Graduate Education in Psychology. They are receiving this award based on the

revision of their PhD curriculum to include an emphasis on diversity and community mental health. *Congratulations to our Palo Alto University colleagues.*

- **Dr. Michael Fredericson**, *Professor of Orthopaedic Surgery*, will receive the 2011 Physiiatric Association of Spine, Sports, and Occupational Rehabilitation Legacy and Lectureship Award, one of the highest honors of the American Academy of Physical Medicine and Rehabilitation, is given to an individual who has advanced the field of musculoskeletal physiatry through clinical care, education, service and scholarship. *Congratulations to Dr. Fredericson.*
Profile: http://med.stanford.edu/profiles/Michael_Fredericson/
- **Jenna Caldwell**, *a first year graduate student in the Department of Biochemistry*, has been selected as the newest Donald E. and Delia B. Baxter Foundation Graduate Fellow. She joins Tony Tsai, MD, as the two graduate fellows generously supported by the foundation. *Congratulations to Jenna Caldwell.*
- **Dr. James Chang**, *Professor and Chief of Plastic & Reconstructive Surgery*, was recently awarded the 2011 Andrew J. Weiland Medal for Outstanding Research Achievement at the annual American Society for Surgery of the Hand meeting. The award honors a mid-career surgeon-scientist for a body of work that advances the field of hand surgery. *Congratulations to Dr. Chang.*
Profile: http://med.stanford.edu/profiles/James_Chang
- **Dr. Phil Lavori**, *Professor (Biostatistics) in the Department of Health Research and Policy at Stanford University*, is this year's recipient of the Harvard Award in Psychiatric Epidemiology and Biostatistics. The award recognizes Professor Lavori's lifelong career contributions that have significantly advanced the field of Psychiatric Biostatistics. Professor Lavori will present the award lecture at the Harvard School of Public Health on Wednesday, April 11, 2012. *Congratulations to Dr. Lavori.*
Profile: http://med.stanford.edu/profiles/Philip_Lavori/

Appointments and Promotions

- **Meredith Barad** has been promoted to Clinical Assistant Professor of Anesthesia and of Neurology & Neurological Sciences, effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Meredith_Barad
- **Linda K. Barman** has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 6/1/2011.
- **Colleen Caleshu** has been appointed to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 8/1/2011.
- **Howard Chang** has been promoted to Professor of Dermatology, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Howard_Chang
- **Cheryl Cho-Phan** has been reappointed to Clinical Assistant Professor of Medicine, effective 5/1/2011.
Profile: http://med.stanford.edu/profiles/Cheryl_Cho-Phan
- **Nicolette M. Chun** has been appointed to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 8/1/2011.
- **Tara Cornaby** has been promoted to Clinical Associate Professor of Anesthesia, effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Tara_Cornaby

- **Heather T. Cousins** has been appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 7/1/2011.
- **Shirit Einav** has been appointed to Assistant Professor of Medicine and of Microbiology and Immunology, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Shirit_Einav
- **Louise K. Furukawa** has been promoted to Clinical Associate Professor of Anesthesia, effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Louise_Furukawa/
- **Alan Glaseroff** has been appointed to Clinical Professor of Medicine, effective 11/1/2011.
- **Alpana R. Gowda** has been promoted to Clinical Assistant Professor of Anesthesia, effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Alpana_Gowda
- **Jonay N. Hill** has been reappointed to Clinical Assistant Professor of Anesthesia, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Jonay_Hill
- **Anita Honkanen** has been promoted to Clinical Professor of Anesthesia, effective 10/1/2011.
- **Komal Kamra** has been promoted to Clinical Associate Professor of Anesthesia, effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Komal_Kamra
- **Calvin C. Kuan** has been promoted to Clinical Associate Professor of Anesthesia, effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Calvin_Kuan
- **Calvin Kuo** has been promoted to Professor of Medicine, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Calvin_Kuo
- **Diana G. McGregor** has been promoted to Clinical Professor of Anesthesia, effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Diana_McGregor
- **Anh T. Nguyen** has been reappointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2011.
- **Giles Plant** has been appointed to Associate Professor of Neurosurgery, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Giles_Plant
- **Martha E. Rode** has been promoted to Clinical Associate Professor of Obstetrics and Gynecology, effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Martha_Rode
- **Jeanne L. Rosner** has been reappointed to Clinical Assistant Professor of Anesthesia, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Jeanne_Rosner
- **Anjali B. Saxena** has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 2/16/2011.
- **Clifford A. Schmiesing** has been reappointed to Clinical Associate Professor of Anesthesia, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Clifford_Schmiesing

Dean's Newsletter

October 10, 2011

Welcome to the 2011 Bioscience Graduate Students

On Friday evening, September 30th, the Second Annual White Lab Coat Ceremony was held in Berg Hall of the Li Ka Shing Center for Learning and Knowledge (LKSC). This event is sponsored and coordinated by Stanford University Medical Center Alumni Association, and the goal is to promote a spirit of community and connectivity with our incoming PhD and Masters students. Stanford Medical School is unique in having nearly equal numbers of MD and PhD students (with lots of dual degree students), which is something worth celebrating in its own right. We are also fortunate in having outstanding PhD students who play an incredibly important role in contributing to the rich and creative scientific environment that defines Stanford. And while "traditions" do not have deep roots in the Stanford culture, it is great to have the White Lab Coat Ceremony for PhD students joining the Stethoscope Ceremony for MD students as a welcoming tradition in the School of Medicine.

I want to thank Dr. Jessica Linderman, who received her PhD in Immunology in 2010, for her thoughtful comments and recommendations to the incoming students, which were based on her experience as a recent graduate student and leader. Equally I want to thank Jessica for reminding students to wear bike helmets "to protect their most important asset and investment." That message is important and much appreciated.

The 108 incoming bioscience PhD students and 34 new Masters students began official orientation and classes on September 26th with an orientation panel, graduate student poster session and welcome dinner on the Alumni Green in front of the LKSC. Of course, "bonding and community building" began days earlier with a backpacking and hiking trip in Henry Coe State Park. These events were made possible through the hard work and dedication of Louis Fernandes, President of the Stanford Biosciences Student Association (SBSA). Sarah Carden served as this year's orientation chair, and Jillian Lund, Gandhi Pierre-Louis, Lauren Smith, and Gloria Yiu participated in the orientation panel. Sharon Briggs and Justin Smith served as coordinators of the hiking trip. Our special thanks go to each of these student leaders as well as to the many student volunteers who made the orientation and camping trip so successful.

The 2011 incoming class of bioscience students is diverse and has exceptional academic credentials. They were selected from a pool of 1598 applicants submitting a total of 3731 applications (applicants can apply separately to one or more departments or programs). Women comprise 45% of the class, and 16.4% of the incoming PhD students are underrepresented minorities. Reflecting our global community, 13% of the students were born outside the US in twelve different countries. Those born in the US come from 29 different states. Our students come from 63 different undergraduate schools, with four or more coming from each of the following: Arizona State University, Harvard University, Princeton University, Stanford, University of California, Berkeley, University of California, San Diego, University of Pennsylvania, and Washington University. Of note, 18 of these students already have advanced degrees: one MBA, one MFA, one Master of Engineering, 12 MS degrees, one MD, and two Doctors of Veterinary Medicine.

The home programs extend across three schools (Medicine, H&S and Engineering) and include departmental as well as interdisciplinary programs. The number of students in a

program/department ranges from "large" in the case of Biology (with 23 students) to small (with three students each in Chemical & Systems Biology, Molecular and Cellular Physiology, and Structural Biology). The 34 Masters students joining us are matriculating in Bioengineering, Biomedical Informatics, Epidemiology, Genetic Counseling, and Health Services Research.

I also want to extend special appreciation to Dr. Dan Herschlag, Professor of Biochemistry and new Senior Associate Dean for Graduate Education and Postdoctoral Affairs. Dan stepped right in to be a master of ceremonies as well as a committed champion for graduate education. Also special thanks to Zera Murphy, Suzanne Bethard, and all of our wonderful staff who worked so hard to welcome our incoming graduate student class and prepare them for the journey they have now commenced.

More on the Career Paths for PhD Graduates

Over the past year we have had a think tank, follow-up discussions and a strategic planning retreat discussion about the future of graduate education in the biosciences, focusing specifically on the appropriate size of PhD programs and even more importantly, whether we are adequately preparing students for the broad array of careers they might pursue - in academia, industry, education and beyond

(see: http://deansnewsletter.stanford.edu/archive/01_24_11.html#1, http://deansnewsletter.stanford.edu/archive/10_11_10.html#3,

and http://deansnewsletter.stanford.edu/archive/07_05_11.html#2. As we await the conclusions and recommendations of the current NIH Biomedical Workforce Taskforce, which we hope will agree that we are not educating too many PhD students in the biosciences, it is also worth noting a recent report from UCSF entitled *"Improving Graduate Education to Support a Branching Career Pipeline: Recommendations Based on a Survey of Doctoral Students in the Biomedical Sciences"* (see Fuhrmann, CN, Halme, DG, O'Sullivan, PS, and Lindstaedt, B in the on-line journal CBE-Life Science Education - <http://www.lifescied.org/content/10/3/239.full>). In their essay Fuhrmann et al note prior data (albeit sparse) demonstrating that since 2001 less than 20% of PhDs in the biosciences have taken tenure-line academic positions - which may be declining on a national level - whereas 43% of graduates are employed in non-academic settings (23% in industry, 9% in government, 11% in other settings).

These observations comport with a report I commented on in the October 6, 2008 issue of the DNL (see: http://deansnewsletter.stanford.edu/archive/10_06_08.html#2) where I noted *the interesting Science Focus article "And Then There Was One" that appeared in the September 19th issue of Science (see: <http://www.sciencemag.org/cgi/content/full/321/5896/1622>). This article reviewed the individual career pathways of the 30 students who entered the program in molecular biophysics and biochemistry (MB&B) at Yale in 1991. Of the 26 who completed their PhD, the startling conclusion is that only one is a tenured faculty member today, although one other graduate of the program is in a tenure track position, four are in academic research positions, and one each is in academic teaching or administrative positions. Of the 18 students who did not pursue or stay in academia, 11 are in bio-industry and four are in other career paths.*

Understandably, when such data are shared among faculty at the most research-intensive schools - which certainly include places like UCSF and Stanford - it is commonly assumed by faculty at such institutions that these data don't reflect "our reality." But perhaps, rather than attempting to assess the accuracy of that assumption, it is equally important to ask how many graduates pursue

research careers whether in academia or other settings and how do choices and decisions change over the course of graduate school and beyond.

While longitudinal data would be more accurate, Fuhrmann provides cross-sectional data on 469 bioscience PhD students at UCSF who responded to a questionnaire about their career plans in 2008. This represented a 62.3% response rate of all the basic bioscience students at UCSF at that time. Based on this cross-sectional analysis, the authors reported that 81% of year 1 graduate students planned a career in research. This compares to 66.7% of graduate students in year 6 and higher - with the greatest transition taking place between years 2 to 3 in this cross-sectional survey. Whereas 41.7% of year 1 students indicated a plan to be a Principal Investigator at a research-intensive academic institution, this number fell to 25.6% in the year 6 or higher students who were surveyed. Interests in other career paths - including teaching and non-research careers - rose from year 1-6 and beyond. Obviously there are limitations in this type of survey, but they offer observations that are generally consistent with what our students have shared in various settings in recent years. While it is certainly possible that the data at Stanford could be different (and we need those data), chances are likely that similar - or, more importantly, longitudinal - surveys would yield similar observations among our own students. Given the funding challenges for the biosciences in the years ahead, it is reasonable to expect that these trends will continue or even become more significant.

The point of sharing these data with you is not to debate whether our students are more committed to academic careers than those at other institutions. Rather it is to continue refining our dialogue. We all need to be thoughtful and analytic about whether we are providing a broad and sufficient education that matches students' goals - as they evolve over time. It is also important to move beyond the view that pursuing a non-academic research career is the failure mode. Quite to the contrary, it seems important to develop education programs that foster and enhance career opportunities - in the various diverse paths they take. Doing so could enrich our institutional competitiveness for the most talented bioscience graduate students in the future. While there is not an immediate solution or recommendation, these considerations will be part of the curriculum review that Dr. Tom Clandinin, Associate Professor of Neurobiology, and Dr. Dan Herschlag, Professor of Biochemistry and Senior Associate Dean for Graduate Education and Postdoctoral Affairs, are now pursuing. Updates of their progress will be a topic for discussion at the next Strategic Planning Leadership Retreat in January 2012. Hopefully this process will help frame how Stanford proceeds with graduate education in the biosciences for the years ahead.

The National Science Foundation and the White House Promote Work- Family Balance

On September 26th, the White House and the National Science Foundation (NSF) announced a ten-year plan entitled the NSF Career-Life Balance Initiative to "provide greater work-related flexibility to women and men in research careers." The press release notes data that we have discussed previously - namely, that currently 41% of PhDs in science, technology, engineering and mathematics (STEM fields) are women but that women comprise only 28% of tenure track faculty in these fields. This has been a topic of major concern at many institutions, including Stanford, and it prompted the creation nearly seven years ago of the Office of Diversity and Leadership in the School of Medicine (see: <http://med.stanford.edu/diversity/>), which is led by Dr. Hannah Valentine, Senior Associate Dean and Professor of Medicine. Over the years Dr. Valentine and her colleagues have created a number of programs and opportunities to enhance career development and diversity, many of which are already addressing the important issues

now being highlighted by the White House - NSF initiative. In that initiative, the NSF highlighted following issues:

"Allow postponement of grants for child birth/adoption - Grant recipients can defer their awards for up to one year to care for their newborn or newly adopted children.

Allow grant suspension for parental leave - Grant recipients who wish to suspend their grants to take parental leave can extend those grants by a comparable duration at no cost.

Provide supplements to cover research technicians - Principal investigators can apply for stipends to pay research technicians or equivalent staff to maintain labs while PIs are on family leave.

Publicize the availability of family-friendly opportunities - NSF will issue announcements and revise current program solicitations to expressly promote these opportunities to eligible awardees.

Promote family-friendliness for panel reviewers - STEM researchers who review the grant proposals of their peers will have greater opportunities to conduct virtual reviews rather than travel to a central location, increasing flexibility and reducing dependent-care needs.

Support research and evaluation - NSF will continue to encourage the submission of proposals for research that would assess the effectiveness of policies aimed at keeping women in the STEM pipeline.

Leverage and expand partnerships -- NSF will leverage existing relationships with academic institutions to encourage the extension of the tenure clock and allow for dual hiring opportunities."

Hopefully other funding agencies, including the NIH, will adopt similar strategies and initiatives. These changes, if implemented, could have an important impact on the shared goals of improving faculty success, particularly for women in STEM fields. Complementing these initiatives with the programs now in place or being planned by Stanford's Office of Diversity and Leadership should help to improve career opportunities for women in science and medicine. This is one of our most important initiatives in the medical school, and the public-private partnerships that could be formed to facilitate it could be transformational. That would be wonderful for the future of enriching and enhancing diversity at Stanford.

Office Of Academic Affairs To Sponsor Faculty Workshops

One of the most important goals of the School of Medicine and of the Office of Academic Affairs (OAA) is to provide a supportive environment that enables faculty to succeed and flourish in their clinical, teaching and research activities. While this is important for all stages of career development and evolution, it is particularly true for assistant and associate professors facing the pivotal milestone of reappointment or promotion.

To optimize faculty career development, over the past two years the Office of Academic Affairs (OAA) has sponsored a series of workshops aimed at demystifying reappointment and promotion criteria, policies and processes. Over 200 faculty members have attended these sessions, which have covered topics ranging from preparation of the curriculum vitae and candidate's statement to the evaluation of clinical excellence to rank- and line-specific criteria for reappointment and promotion.

During the current academic year, OAA will sponsor eight workshops for faculty in the University Tenure, Medical Center and Clinician Educator Lines. The first session is designed for Clinical Assistant Professors and is entitled *"Preparing for the Promotion Review."* It is

scheduled for November 16 and will be led by Dr. Maurice Druzin and Dr. Nancy Morioka-Douglas, Chair and Vice Chair, respectively, of the Clinician Educator Appointments and Promotions Committee.

The second session is designed for assistant professors in the Medical Center Line, also on November 16, and will focus on *"Building a Regional Reputation: Preparing for Promotion to Associate Professor."* Leaders for this session will include Dr. Druzin, chair of the School's Assistant Professors Review Committee; Dr. Cheryl Gore-Felton, Co-Chair of the Appointments and Promotions Committee in the Department of Psychiatry and Behavioral Sciences; and Dr. Deirdre Lyell, Associate Professor of Obstetrics and Gynecology. Subsequent workshops will be held from January through May.

We hope you will take this opportunity to visit the [OAA website](#) to register and/or learn more about the workshops being offered in the coming months.

Open Access to Medical Literature

Over the past decade there has been a transformation in how we access and use information - and changes in the digital library in science and medicine are among the most notable. The traditional medical library has been transformed, and the LaneConnex and Lane Library stand at the forefront of this technology and service (see: <http://lane.stanford.edu/>). Stanford faculty, students and staff throughout the medical center (and in other ways around the world) can access the scientific and medical literature from anywhere at any time. Equally important are the exceptional services and innovations that Lane Library now provides. Of course these innovations come with a cost. Sadly and of great concern, the costs for subscriptions to journals has been increasing each year at levels far higher than inflation and other bioscience costs. These increases threaten our ability to sustain services unless the publishers of electronic journals become more reasonable in their charges.

This is also one of the reasons why public access is so important and why the seminal work of the **Public Library of Science (PLOS)** (see: <http://www.plos.org/about/>) - an effort led by Dr. Pat Brown, Professor of Biochemistry and Member of the Howard Hughes Medical Institute at Stanford - is so significant. Because of such efforts, open access journals are growing in respect, breadth, prominence, accessibility and relevance. Indeed, since 2000, the number of published Open Access articles has grown by an average rate of 30% per year. Currently there are over 14,000 Stanford-authored Open Access articles that are indexed in **PubMed**. Traditional subscription publishers are also launching Open Access journals as part of their portfolio.



While these important trends are rapidly unfolding, many questions about Open Access still abound. With that in mind, and in honor of national medical libraries month and open access week, [Lane Medical Library & Knowledge Management Center](#) is hosting a panel discussion on Open Access on **Tuesday, October 25th**, in [Li Ka Shing Center for Learning & Knowledge](#), LK120. This should be an important discussion and if you are interested you can register for it at: <http://lane.stanford.edu/help/openaccess/panel.html>.

Stanford Trauma Bike Safety Summit

On November 9th the Stanford Trauma Service, the Stanford University Medical Center and the Silicon Valley Bicycle Coalition will host an important event on bike safety. It will take place in the Li Ka Shing Center for Learning and Knowledge from 6:30 - 8pm. Given the many issues surrounding bicycle safety on the Stanford campus and more generally, this summit is timely and important. It will bring together leaders in policy and planning, law enforcement, healthcare and the cycling community to address biking accidents and potential solutions to their prevention. I commend the Stanford Trauma service and its partners and collaborators for this initiative and look forward to reporting results to you later in the year.

SAVE THE DATE

Wednesday, November 9, 2011
6:30-8:00 pm
Stanford University Medical Center, Li Ka Shing Center, 291 Campus Drive







Stanford Trauma BIKE SAFETY SUMMIT

An average of 5 bicycle crash victims arrive in the Trauma Center at Stanford Hospital and Clinics every week – many with life threatening injuries, resulting in time off the bike and time off of work. In order to reduce these incidents, we need to collectively begin to understand how to make our roads as safe as possible for all users.

The Summit is a forum designed to bring together leaders in the cycling community, high-ranking city and county officials, law enforcement, transportation planners, and emergency response agencies for an important discussion, which will examine the causes of these preventable incidents and plan for solutions to reduce them.

This is a 'by invitation only' event.
A formal invitation will be sent to you soon.



Upcoming Event: Breast Cancer Research Foundation Reception, October 20th

Breast Cancer Research Foundation Reception Honoring Dr. Michael Clarke

Thursday, October 20th | 10:30 AM

Bloomingtondale's, Stanford Shopping Center

As part of a nationwide campaign, the Bloomingtondale's at Stanford Shopping Center will partner with The Breast Cancer Research Foundation to honor breast cancer research grant recipients from Stanford Women's Cancer Center. Bloomingtondale's will host a reception at 10:30 a.m., Thursday, October 20th, for Dr. Michael F. Clarke, MD, Professor of Medical Oncology and Associate Director of the Stanford Institute for Stem Cell and Regenerative Medicine at Stanford. Join us at 10:30am to meet Dr. Clarke, as well as members of the Stanford Health Library, who provide wonderful information to our community.

Awards and Honors

- **Dr. Ralph Greco**, Johnson & Johnson Distinguished Professor, Department of Surgery, will be the recipient of the ACGME (Accreditation Committee on Graduate Medical Education) 2012 John C. Gienapp Award. This prestigious award honors individuals who have dedicated themselves to graduate medical education (GME) and who have made outstanding contributions to the enhancement of residency education and the ACGME accreditation activities. Dr. Greco will formally receive this award at a ceremony in March 2012. Please join me in congratulating Dr. Greco.
Profile: http://med.stanford.edu/profiles/Ralph_Greco/
- **Aimee Grace and Kristen Collins**, Residents in the Department of Pediatrics, have been awarded the American Academy of Pediatrics Anne E. Dyson Child Advocacy Award for their project, done in partnership with the San Jose Police Department, called "The Project to End Human Trafficking." This award "celebrates the outstanding efforts of pediatricians-in-training as they work in their communities to improve the health of children" and is one of the highest national awards for pediatric advocacy.
- **Members of the Robert A. Chase Hand Center and Department of Orthopaedics** have won the Emanuel B. Kaplan Award for the presentation/poster at the 2011 American Society for Surgery of the Hand's annual meeting judged to represent "anatomical excellence in surgery of the hand." The team represents the breadth of the Stanford medicine experience: a hand fellow, an international scholar, a medical student, and junior and senior faculty members. Congratulations to team members: Dr. Andrew Zhang, Dr. Elisabet Hagart, Dr. Jeffrey Yao, Dr. Amy Ladd and Sara Van Nortwick, BA.
Jeffrey Yao: http://med.stanford.edu/profiles/Jeffrey_Yao/
Amy Ladd: http://med.stanford.edu/profiles/Amy_Ladd/
- **Dr. Beverly Mitchell**, George E. Becker Professor in Medicine and Professor, by courtesy, of Chemical and Systems Biology, has been awarded the Albion Walter Hewlett Award. This award was developed by the Department of Medicine to honor an exceptional physician with ties to Stanford.
Profile: http://med.stanford.edu/profiles/Beverly_Mitchell/
- **Dr. Geoffrey C. Gurtner**, Professor of Surgery at the Stanford University Medical Center and, by courtesy, of Materials Science and Engineering, has been selected by the Plastic Surgery Foundation (PSF) to receive the 2011 PSF Outstanding Achievement in Basic

and Translational Research Award at this year's ASPS/PSF Annual Meeting.

Profile: http://med.stanford.edu/profiles/Geoffrey_Gurtner/

- **Dr. Phil Lavori**, Professor (Biostatistics) in the Department of Health Research and Policy at Stanford University, is this year's recipient of the Harvard Award in Psychiatric Epidemiology and Biostatistics. The award recognizes Professor Lavori's lifelong career contributions that have significantly advanced the field of Psychiatric Biostatistics.
Profile: http://med.stanford.edu/profiles/Philip_Lavori/

Appointments and Promotions

- **Fritz R. Bech** has been reappointed to Assistant Professor of Surgery at the Veterans Affairs Palo Alto Health Care System, effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Fritz_Bech/
- **Nikolas H. Blevins** has been promoted to Professor of Otolaryngology - Head and Neck Surgery at the Stanford University Medical Center, effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Nikolas_Blevins/
- **Burton Brent** has been promoted to Adjunct Clinical Professor of Surgery, effective 9/1/2010.
- **William Brose** has been promoted to Adjunct Clinical Professor of Anesthesia, effective 8/1/2011.
- **Jan Carette** has been appointed to Assistant Professor of Microbiology and Immunology, effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Jan_Carette/
- **Lu Chen** has been appointed to Associate Professor of Psychiatry and Behavioral Sciences effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Lu_Chen/
- **John Costouros** has been appointed to Assistant Professor of Orthopaedic Surgery at the Stanford University Medical Center, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/John_Costouros/
- **Stephen A. Felt** has been reappointed to Assistant Professor of Comparative Medicine at the Stanford University Medical Center, effective 12/1/2011.
Profile: http://med.stanford.edu/profiles/Stephen_Felt/
- **Sally Harris** has been promoted to Adjunct Clinical Associate Professor of Pediatrics, effective 9/1/2011.
- **Tina Hernandez-Boussard** has been appointed to Assistant Professor (Research) of Surgery, effective 10/1/2011.
- **Manjula Jeyapalan-Noone** has been promoted to Adjunct Clinical Assistant Professor of Surgery, effective 9/1/2011.
- **Ernest Kaplan** has been promoted to Adjunct Clinical Professor of Surgery, effective 9/1/2010.
- **Holden Maecker** has been appointed to Associate Professor (Research) of Microbiology and Immunology, effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Holden_Maecker/
- **Stephen B. Montgomery** has been appointed to Assistant Professor of Pathology and of Genetics, effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Stephen_Montgomery/

- **Kathryn P. Rodan** has been promoted to Adjunct Clinical Associate Professor of Dermatology, effective 9/1/2011.
- **Sandhya Srinivas** has been reappointed to Associate Professor of Medicine at the Stanford University Medical Center, effective 9/1/2011.
Profile: http://med.stanford.edu/profiles/Sandhya_Srinivas/
- **Juergen K. Willmann** has been promoted to Associate Professor of Radiology , effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Juergen_Willmann/
- **Anton Wyss-Coray** has been appointed to Professor of Neurology, effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Tony_Wyss-Coray/
- **Yunzhi Peter Yang** has been appointed to Associate Professor of Orthopaedic Surgery, effective 10/1/2011.
Profile: http://med.stanford.edu/profiles/Yunzhi%20Peter_Yang/
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Dean's Newsletter

October 24, 2011

Beginning a Discussion about Academic-Industry Collaborations and the School of Medicine

On Saturday morning, October 15th, we held the first of a planned series of think tanks and discussions on the broad topic of Industry-Academic Collaborations. Just over 30 faculty leaders, as well as leaders in industry, attended and participated in a far-ranging and exploratory dialogue. We considered examples of industry collaborations in other disciplines and medical schools, and, most importantly, we discussed what we might do at Stanford that would be unique to our culture and institution and that would foster and enhance productive, beneficial interactions.

Over the past several years much of the focus about industry and academia has been on conflict-of-interest (COI). And while these issues and concerns were and are still very real, we now have clear and transparent policies in place at Stanford. Thus the point of the October 15th Think Tank was not about COI but about how to foster productive interactions with industry partners with the goal of advancing the translation of discoveries into diagnostics, drugs, biologics and devices.

I noted in my introduction to the Think Tank that a number of peer institutions are seeking interactions with industry to create new funding sources to compensate for losses in sponsored research dollars. While we certainly want to explore new funding sources, the goal of the discussion was not about money *per se* – but about creating productive collaborations. We already have some important models at Stanford, including SPARK (<http://sparkmed.stanford.edu/>), Biodesign (<http://biodesign.stanford.edu/bdn/index.jsp>), the Coulter Foundation program (<http://bioengineering.stanford.edu/coulter/>), and BioX corporate partnerships (<http://biox.stanford.edu/forum/index.html>). So the question is: what else should we consider that would be effective as well as unique to our institution and our setting in Silicon Valley, one of the major centers of biotechnology in the world? The goal of this first meeting was to layout ideas and suggestions – ideally “blue sky and green field” ideas - and to then probe

and explore them more fully and deeply in the months ahead. We are also planning to continue the discussion at our Strategic Planning Leadership Retreat in January 2012.

I want to share with you some of the discussion items, comments and recommendations that were presented at the think tank for your reflection. As always I am very interested in any feedback or other offerings you would like to make – since this is very much in a formative process of development.

To frame the discussion we began our think tank with an update from Dr. Lynn Orr, Keleen and Carlton Beal Professor in Petroleum Engineering and Director of the Precourt Institute for Energy, about the Stanford Global Climate and Energy Project (GCEP), which is now in its 8th year. To initiate this project, four companies (Exon Mobil, GE, Toyota and Slumberger), each of which had well established, deep and capable research programs, collectively committed \$225 million over 10 years in a contract grant (not a gift and paying full indirect costs) to focus on reducing greenhouse gas emissions. This collaboration concentrates on research that will likely extend over decades and that is not immediately applicable (the equivalent of biosciences basic fundamental research). The funding has been used to support faculty proposals for what Dr. Orr referred to as “step-out” research – meaning projects on new ideas that generate new collaborations and programs that are outside or separate from a faculty member’s current research. This is designed to foster new innovations in areas that might be considered risky. In the Global Climate and Energy Project, Stanford owns the Intellectual Property (IP) from the research but companies can get royalties. While there are lots of lessons and issues that have been learned from these interactions, a key feature is that these companies are interested in funding the next generation of energy technology – seeking long term as compared to short term results.

The evidence to date is that GCEP funding has stimulated new areas of research and collaboration – and according to Jim Plummer, Dean of the School of Engineering, who also attended the Think Tank, it has transformed the focus of some departments at Stanford. In fact, in the physical and engineering sciences programs at Stanford, collaborations with industry are more the norm than they are in the biosciences – in part because companies are willing to invest in long term, more basic research and in part because when a technology is invented, it is easier to hand it off more cleanly to industry than is the case in the life sciences – where continued development is needed and human subjects become involved in the process of translating discoveries into products. Of interest, according to Dr. Plummer, in the School of Engineering, corporate funding supports around 40% of the research effort – compared to around 5% in the School of Medicine. It should be noted most of the research funding to the School of Medicine comes from sponsored competitive funding. While the collaborations described by Drs. Orr and Plummer with industry partners have been highly successful to date, the question of whether these relationships will endure over time remains to be determined – since priorities change within industry, just as they do in academia. That said, the model of collaboration in global climate and energy research is informative and interesting.

We then moved onto models closer to home that have been used for decades in the biosciences but that are undergoing some evolution and change in recent years. Some of these models are the large “money over the wall” programs that have existed in the past at some of our peer schools (e.g., Washington University, UC Berkeley, UCSF and Harvard among others) where large amounts (many tens of millions of dollars) were given to universities to promote research that

might be relevant to industry. Indeed, there was a comparable experience at Stanford some years ago as well. The common wisdom is that, while this funding spawned some significant new research directions for academia, the payoff to industry in products that could be developed for clinical use has been negligible.

The question is what is happening now. Because there has been considerable press coverage about the successes at peer institutions about large amounts of money received from industry, we had an opportunity to learn more about some of these experiences as well. One clear lesson is that companies seek partnerships with specific faculty or, if there is a larger effort, they want to do so in a more business-imperative way. Unlike the long-term funding cycle that seems to be occurring in the physical sciences, the focus in the life sciences tends to be more short term and more product- specific – and funding is vulnerable if results don't look as though they will lead to a marketable product. Thus, funding is not necessarily sustainable – unless one builds a major clinical research infrastructure as has been done at Duke, which has been highly productive but which operates more autonomously and, in the opinion of some, becomes a distraction to faculty from pursuing more fundamental research. Another important issue in these larger corporate initiatives is the governance as well as the management of the funds. While some of these efforts appear (at least in the press) to be trans-institutional, many are in fact driven by smaller groups of faculty.

In recent years at Stanford, industry interactions have been concentrated in individual faculty or groups of faculty, some of whom have formed collaborations with industry while others have formed companies. There are also novel programs such as SPARK (for diagnostics, drugs and biologics) and Biodesign (for med-tech), which have been quite successful and which have spawned similar programs at a number of institutions seeking to develop similar strategies. I hasten to add that SPARK and Biodesign are “uniquely Stanford” in their entrepreneurial focus, which encompasses bringing different communities together from within and outside of Stanford and fostering new products and devices, including a number of new companies.

Following the discussion of models from the physical and engineering sciences, a large Pharma collaboration with a specific medical school, and the innovative SPARK, Biodesign, Coulter and other programs at Stanford, the remainder of the think tank was taken up with commentaries, perspectives, concerns and recommendations from the participants. Since we are not at the stage of formulating a Stanford plan (assuming we do get to that point) it seems more useful to simply share some of these perspectives – without attribution and commentary. Since I asked for the industry participants to speak first, their comments are provided first below; they are followed by other perspectives:

- A perspective from one industry attendee is that to be successful we should create a unit within the School of Medicine that selects promising ideas and then contracts research to take the idea or invention to the next level of development. This would require an oversight committee (including industry and faculty) and would either have to self-invest in product development or seek partners to create an investment pool.
- Another perspective is to do what we do well – basic discovery, which builds on the strength of Stanford faculty. This would not dismiss the prospect for large corporate funding sources (perhaps analogous to the Global Climate and Energy Project) but would simply foster the best contributions from the most creative faculty.

- It was suggested that a unique contribution for an institution like Stanford would be to create large clinical databases that could be mined for discovery or utilized to develop more novel approaches to clinical trial design.
- One industry participant, having heard about the existing SPARK program, advocated for “moving it to another level.” This would require an investment pool and would need to develop products through phase II if they are to be appealing to potential industry partners.
- A still different industry perspective built on the fact that Pharma (much of which has pulled out of research) is mostly interested in Phase II level interactions. To that end, this individual suggested establishing a structure that would not be run by faculty and that would provide the expertise and resources to move from scientific discovery to product development.
- Needless to say there were varied reactions to one or more of these proposals. While it was noted by several that the clinical trial infrastructure at Stanford needs further development, there was little support to move to a Duke-like model for clinical trials. Rather, the focus was on developing interactions across the university – doing “science without borders,” creating incubators with the engineering and physical sciences, and developing refinements in our clinical trial machinery.
- There were also varying degrees of concern and even admonition about the focus of the think tank discussions. These ranged from worries about whether corporate partners would seek to define the projects in the life sciences (unlike what was described in the engineering and physical sciences) and also whether these relationships would have unintended consequences, changing our culture and negatively impacting the time that faculty can devote to basic discovery. A number of faculty expressed concerns that engaging in Phase II type research is outside our ideal area of focus and would negatively affect our academic enterprise. Needless to say, others felt that without more industry collaboration, we would lose creative faculty or miss unique opportunities. It was also noted that some Pharma could be willing to invest in basic research or seed funding – as has been observed with the BioX program.

I have highlighted issues that were discussed to give you some texture of the dialogue that ensued. It is important to add that as long as we set clear priorities there is no reason to think that industry-academic collaborations are incompatible with our mission in basic discovery at Stanford. The question is: what can we do that is unique that will advance science, discovery and innovation and its translation to patients and the public good? Likely the needs and approaches of some members of our broad and diverse community (e.g., med-tech) will be different than other groups (drugs and biologics). Our unique strengths may lie in areas that build on our expertise in statistics, genomics, new approaches to study design and the emerging field of “regulatory science.” The use of our social networking technology could help identify areas for collaboration or interaction between faculty within Stanford or with potential industry partners. In addition, opportunities for novel exchanges and experiences for our students in industry settings– or for industry scientists in academic settings – are worthy of discussion, especially given the wealth of companies and programs in the Bay Area. Further, the potential for faculty to

engage in the design and evolution of policies impacting drug and device development is yet another area for interaction and development.

In addition to our discussions at Stanford, I have also tried to foster dialogue on this topic in other venues, including the Association of Academic Health Centers and other organizations. The broad issue of academic-industry relations needs critical re-thinking and will likely be approached differently by different universities and industries. Whether we develop some overarching approach at Stanford – or do what we can to foster faculty driven initiatives or programs like SPARK and Biodesign, as well as the interconnections between molecular imaging, genomics and informatics that can lead to early disease detection, will be an important question. We will continue the discussions – and I hope you will feel free to add a perspective as well.

When Cure No Seems Longer Possible

We all recognize that death is the inevitable consequence of birth and life. Understandably, we spend little time thinking about our own death or that of our loved ones – although this can change dramatically with unexpected illness or other catastrophic events. Of course, thinking about death is also influenced by age and by the societal events that impact individuals, communities and nations. Even in the face of adversity, denial of imminent death is more the rule than exception.

As physicians, the denial of the possibility of death can be a breach of our responsibility to care for patients holistically and through the course of illness with honesty, compassion and integrity. Physicians are educated and trained to heal and treat disease and often less equipped and comfortable with palliative and end-of-life care. That is a problem. It is easier for physicians and society to accept death when it comes at the end of a long life. But even here, the denial of death can be strong and deep in different cultures and communities.

The denial of death by physicians, patients and families is sometimes glaringly evident by the presence of patients in our intensive care facilities or acute care hospitals in the US whose prognosis for life is limited or dismal. Even more shocking is that nearly 40% of the hospitalized patients who are predicted by physicians to have less than a six month survival spend at least 10 days in an ICU before death – and more than half experience moderate to severe pain at the end of their life. These and related data formed the basis of an important discussion at the Stanford Hospital & Clinics Medical Staff Quarterly meeting that was led by Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs, who is also a nationally renowned expert in critical care medicine. While all too many physicians are reluctant or fail to have “end-of-life” discussions with patients they are caring for – often for fear that such a discussion would diminish hope – the false expectations of patients and families is equally problematic. Sadly, both patients and doctors can become complicit in not discussing the prospect of death, thus robbing individuals and their families from a more peaceful death, ideally at home and with hospice care.

As a pediatric oncologist who has confronted death in children with cancer all too frequently, especially before more curative therapies were developed, it seems inconceivable to not engage with a family – or the patient in an age-appropriate manner – about the prospect of death when cure seems no longer possible. My view, and this is generally true for the pediatric oncology community more broadly, is that preparing children and their families for death is an essential responsibility – to preserve the dignity of the child. An equally important goal is to help the

parents, family and the community to cope with the loss of a child knowing that they did all that they could to help their child fight disease – and face death when cure is no longer possible. With the availability of palliative care expertise by physicians, nurses and other providers, along with home and with hospice support, anticipatory and honest discussions about death and dying are as essential to the care of patients and families as are the initial discussions about diagnosis and treatment of illness and disease.

Recognizing that the attendees at the staff meeting were predominantly physicians who care for adults, I was struck by the differences between pediatric and adult medicine – and also by the considerable chasm that must be crossed to make palliative care an essential part of the dialogue between doctors and patients.

As a society, our ability to confront death remains shrouded by culture and belief systems. And of course we all must recognize that our individual confrontation with death is hard to anticipate – even if we feel informed and prepared. The different views about death and dying is what made former Stanford faculty member and incredible artist Anna Deveare Smith's recent play "*Let Me Down Easy*" so remarkable and moving (see: <http://med.stanford.edu/121/2009/deveare-smith.html>). Witnessing death through the arts is a help – and further discussion and dialogue on this topic within our community seems important and needed. Hopefully the discussion led by Dr. Rizk is a beginning of more reflective discussions to come – and improvements of our ability to care for individuals when cure no longer seems possible.

Provost Announces the Search Committee for the Dean of the School of Medicine

At the October 13th session of University Academic Senate Provost John Etchemendy announced the names of the search committee for the next dean of the School of Medicine as follows. As I have announced in prior communications, I will be completing my term as dean in the summer of 2013 (see: http://deansnewsletter.stanford.edu/archive/08_29_11.html#3).

Co-Chairs of the Committee:

- **John Etchemendy, PhD**, Provost and Patrick Suppes Family Professor in the School of Humanities and Sciences
- **Dr. Sam Gambhir**, Chair of the Department of Radiology and the Virginia and D.K. Ludwig Professor for Clinical Investigation in Cancer Research and Professor, by courtesy, of Bioengineering and Materials Science & Engineering

Committee Members:

- **John Boothroyd, PhD**, Professor of Microbiology and Immunology
- **Karl Deisseroth, MD/PhD**, Associate Professor of Bioengineering and of Psychiatry and Behavioral Sciences
- **Stephanie Kalfayan, JD** Vice Provost for Academic Affairs
- **Holbrook Kohrt, MD**, Fellow, Department of Medicine (Oncology)
- **John Levin, JD**, Board of Directors, Stanford Hospital & Clinics and Former Trustee, Stanford University
- **Beverly Mitchell, MD**, Director, Stanford Cancer Institute and George E. Becker Professor in Medicine and Professor, by courtesy, of Chemical and Systems Biology
- **Norman Rizk, MD**, Senior Associate Dean for Clinical Affairs and the Berthold and Belle N. Guggenhime Professor
- **Richard Saller, PhD**, Vernon R. and Lysbeth Warren Anderson Dean of the School of H&S and Kleinheinz Family Professor of European Studies

- **Christy Sandborg, MD**, Chief of Staff, Lucile Packard Children's Hospital and Professor Pediatrics
- **Lucy Shapiro, PhD**, Director, Beckman Center and Virginia and D. K. Ludwig Professor and Senior Fellow at the Freeman Spogli Institute for International Studies
- **Gary Steinberg, MD/PhD**, Director of the Stanford Institute for Neuro-Innovation and Translational Neuroscience, Chair, Department of Neurosurgery and Bernard and Ronni Lacroute-William Randolph Hearst Professor in Neurosurgery and Neurosciences and Professor, by courtesy, of Neurology & Neurological Sciences
- **Hannah Valentine, MD**, Senior Associate Dean for Diversity and Leadership and Professor of Medicine

This information is shared with you with the approval of the Provost.

The Annual Open Enrollment for University Benefits has been Announced and Includes Increased Access to Stanford Faculty Physicians

Every year at this time Stanford has its open enrollment period, during which members of the Stanford community sign up for the medical and other benefits offered by the University. For benefits that will become effective January 1, 2012, that period begins today and extends through November 15. This year there are changes to the medical benefits affecting many in our community that I want to make sure you are aware of. I highlight these changes since not infrequently faculty and staff sign up for health benefit programs that do not provide access to Stanford faculty physicians – should they want or need them. Importantly, changes in the plans being offered for 2012 will make it easier to gain access to Stanford faculty physicians.

Of note, a new plan called the Blue Shield Exclusive Provider Organization Plan (EPO) will be available for enrollment for 2012. This plan, like the currently available Blue Shield PPO plans, will provide Stanford faculty, staff and their families' access to Stanford faculty specialists without permission from their provider. This plan also continues access to the physicians at Palo Alto Medical Foundation. In addition, while there is no requirement to pick a primary care physician in either the EPO or the PPO plans, Stanford has primary care physicians with open practices. It should also be noted that Pacificare and Health Net will no longer be offered as a Stanford health option, and I hasten to add that these plans, now being discontinued, did not provide access to Stanford faculty physicians – and not infrequently resulted in concerns and disappointment when unexpected medical needs arose.

I am extremely pleased that, as a result of many months of significant effort on the parts of University and medical center leaders working collaboratively, we have a new way in which our employees can take advantage of the expertise of Stanford physicians. I encourage you to look carefully at the options in the materials that have been provided by the University and make the best choice for you and your family.

I also call to your attention the new program that Dr. Arnie Milstein, Director of the Clinical Research Excellence Center and Professor of Medicine, has established with the Medical Center and the University for the care of employees with chronic medical conditions. This innovative new clinical service will be based on a patient-centered intensive primary care model in which individuals with serious conditions (such as uncontrolled asthma or heart disease) will be able to receive focused care from a team that provides round-the-clock availability, home visits, regular support and coaching in self-management. We are also very pleased to have recruited Dr.

Alan Glaseroff, a nationally recognized leader in health care delivery, to direct this new clinical service along with Dr. Ann Lindsay (see: <http://med.stanford.edu/ism/2011/october/glaseroff.html>). This new service will begin around April of 2012 and is among a number of new healthcare delivery system innovations that will be unfolding in the months and years ahead at Stanford University Medical Center.

Update to the Executive Committee on the VA

On Friday October 7th, Dr. Larry Leung, Chief of Staff at the VA Palo Alto Health Care System (VAPAHCS) and the Maureen Lyles D'Ambrogio Professor of Medicine, gave an update to the Executive Committee on the VAPAHCS. I am pleased to provide Dr. Leung's summary of his presentation for your review.

The mission of the VA is to provide Veterans world-class care that improves their health and well being and to be a leader in education and research. In 1995, the Veterans Health Administration (VHA) underwent a successful transformation, including emphasizing chronic care and preventive medicine, installing an electronic medical record and instituting quality performance metrics. As a result, VHA now delivers high quality and efficient patient care comparable or superior to many private health care delivery systems. Within the VHA system, is recognized as a flagship.

VAPAHCS, under Director Lisa Freeman, provides care to 82,000 enrolled Veterans. There are three inpatient divisions, at Palo Alto, Menlo Park and Livermore, and seven community-based outpatient clinics, extending from Monterey to Sonora. A major thrust of the clinical program is Process Improvement, utilizing the Toyota Lean approach, under the direction of Dr. Paul Helgerson, Associate Chief of Staff (ACOS) for Process Improvement. Dr. Steven Asch was recently recruited to become the Director of Health Services R&D program and the ACOS of Clinical Effectiveness.

We have a strong collaborative partnership with the SOM. There are approximately 90 UTL and MCL faculty based at VAPAHCS, representing almost all the clinical disciplines. Many SOM faculty conduct their research programs primarily at the VA. VHA recently launched a major genomics initiative "Million Veterans Project (MVP)" in which one million patient DNA samples will be collected over the next several years. In collaboration with Drs. Michael Snyder, Chair of the Department of Genetics, and Wing Wong, Chair of Department of Statistics, and with the support of Dean Pizzo, VAPAHCS received funding from VHA to set up a Genomics and Informatics Coordination Center at Palo Alto.

More than \$1.5 billion of construction is undergoing at the Palo Alto and Menlo Park campuses. An 80-bed acute psychiatric hospital will be completed in 2012, and a Polytrauma and Blind Rehabilitation Center will be completed in 2014. These buildings will be followed by a new research building in 2016 and an Ambulatory Care Center in 2017.

We are proud to serve our Veterans and our clinical and research programs will further enhance our patient-centric care and consolidate the partnership between the two institutions.

Dr. Griff Harsh will Succeed Dr. Rob Jackler as the Associate Dean for Continuing Medical Education

Beginning January 2012, Dr. Griff Harsh, Professor of Neurosurgery, will succeed Dr. Rob

Jackler as the Associate Dean for Continuing Medical Education in the School of Medicine. I want to first thank Dr. Jackler along with Terri O'Grady, Executive Director, and the CME team for doing a terrific job over the past several years. When their work began the CME office was in significant disarray and the models for supporting CME were challenged. With diligence and considerable effort, Dr. Jackler, Ms. O'Grady and their colleagues have achieved Accreditation with Commendation from the Accreditation Council for Continuing Medical Education. This is a tribute to their outstanding work on behalf of the School of Medicine, and we owe them our gratitude and appreciation.

Dr. Harsh has a long history of commitment to excellence in education serving as Vice Chair for Education in the department of Neurosurgery since 2006, where he is also a Professor. Dr. Harsh is a summa cum laude and Rhodes Scholar graduate of Harvard College and received his MD from Harvard Medical School. He trained at the National Institutes of Health and UCSF and was on the faculty of UCSF and Harvard before joining Stanford in 1998. Dr. Harsh is a highly respected member of the Stanford community, and I am very pleased he has agreed to take on this important responsibility. As Associate Dean he will report to the Senior Associate Dean for Medical Education, Dr. Charles Prober.

Guidance to Faculty Regarding Participation in Internet Services Offering Medical Consultations

Without question technology is rapidly changing the way we access medical information and how patients seek advice and consultation from physicians. Also without question, potential infractions of patient privacy and confidentiality loom ever larger and should be a constant source of concern and vigilance for each of us. Further, what a faculty physician can do when requested to provide service as a consultant or resource over the Internet is a highly important question. This issue has recently raised concerns when a number of our faculty received invitations to join a new company that provides online video chatting "with top specialists" from around the country. Because this rapidly emerging intersection of technology, entrepreneurship, and the practice of medicine opens a new set of questions about medical care and physician/patient relationships in the 21st century, we sought an opinion from our Office of Academic Affairs and the Office of the General Counsel at Stanford. They have offered the position that I now share with you.

As physicians, we must protect the public as well as our individual and institutional responsibility. The "on-line" chatting being proposed and promulgated raises a number of fundamental issues that include: when does the interaction with a doctor and an individual (in this case electronically connected) constitute the practice of medicine? What are legal requirements for state licensure? What are the rules governing telemedicine? When is malpractice coverage available? If protected health information is shared or exchanged, is there assurance that it is encrypted and knowledge about how it would be stored or exchanged beyond the "chat"? And, do such exchanges conform with or violate contractual regulations within employer practice plans? Of course, these are just some of the questions that are raised. Because this is a new area, the Dean's Office asked a number of our legal, risk management, and Stanford Practice Plan experts for their opinions about such interactions. In doing so it was posited that there are significant potential risks to faculty members if these on-line interactions are determined to be the practice of medicine.

The consensus that emerged from this review is that these types of Internet “chats or consultations” would most likely be treated as the practice of medicine, and are thus governed by the Rules of Practice for the Physicians and Psychologists in the School of Medicine (med.stanford.edu/academicaffairs/documents/rules-of-practice.pdf). **Based on the reviews and the Rules of Practice, the School of Medicine will not support the decision of a faculty member to join this type of business at this time.** Clearly, there is significant interest in the expansion of physician/patient interaction in social media, and the School will continue to explore these opportunities.

Annual Luncheon with Emeritus and Senior Faculty

On October 12th I had the privilege of attending the Annual Lunch for Emeritus and Senior Faculty luncheon. It is always an honor to meet with the faculty and spouses who are able to attend and who have played such a major role in making Stanford a great institution.

Universities and medical schools like Stanford enjoy a rich heritage, which we celebrate too infrequently. The opportunity to share the state-of-the-school with our long-time faculty and to benefit from their special perspective and experience is both humbling and extremely helpful. I want to thank them for taking the time to attend this annual event and for both listening and making valuable comments and recommendations.

Li Ka Shing Among the Recipients of the 2011 Carnegie Medal of Philanthropy

On October the 20th I had the pleasure of attending the Tenth Anniversary of the Carnegie Medal of Philanthropy celebration at the New York Public Library in New York City. The Carnegie Medal of Philanthropy, the most celebrated award in philanthropy, was established in 2001 to mark the centennial of Andrew Carnegie’s retirement from business and the beginning, in earnest, of his efforts to distribute his fortune in a manner that would, in his words, “do real and permanent good in this world.” This year, Mr. Li Ka Shing was one of the 10 recipients to receive this award. What was striking is how many of the recipients (who in addition to Mr. Li included the Crown Family; the Danforth Family; Fiona and Stanley Druckenmiller; Fred Kavli; the Lauder Family: Evelyn and Leonard Lauder, Jo Carole and Ronald Lauder; Pamela and Pierre Omidyar; the Pew Family; and the Pritzker Family) have come from immigrant families or who, like Andrew Carnegie, earned their wealth and then became remarkably philanthropic. Further, their contributions have provided incredible contributions to higher education, science, medicine, peace and social justice. Equally, virtually each of those awarded the 2011 Carnegie Medal of Philanthropy, along with a number of past recipients, have made donations to Stanford University, which makes our connection to the Medal notable and important. What is also striking is that even during times of economic downturn, such as the past several years, philanthropy has been sustained – a tradition that has been deeply rooted in America and that has contributed significantly to our universities and research institutions as well as the arts and humanities.

It was just a year ago that we officially dedicated the Li Ka Shing Center for Learning and Knowledge (see: <http://lksc.stanford.edu/>) and had the opportunity to honor and thank Mr. Li at Stanford (see: <http://lksc.stanford.edu/li-ka-shing.html>). When I was growing up in New York City in a first generation family with limited resources, institutions like the New York Public Library were not only iconic – they were transformational to individuals, and they opened the doors to learning and opportunity that would not have otherwise been possible. It was a moving experience to be back in that magnificent building, which is still accessible to every individual

who seeks entrance, and to witness the impact that it – and the public library system that Andrew Carnegie helped spawn – has had on the life of our citizens and nation.

Li Ka Shing grew up in poverty and became a self-educated entrepreneur and among the world's most successful businessmen. He became philanthropic early in his life – as soon as he began earning money – and that pattern has continued throughout his life. To date, the Li Ka Shing Foundation has granted over US \$1.6 billion to charitable causes throughout the world including our Li Ka Shing Center for Learning and Knowledge, which has become a centerpiece for the School of Medicine. We remain extremely grateful to Mr. Li for his wonderful contribution that made the LKSC become a reality. Also attending this wonderful event in NYC was Dr. Alan Yeung, the Li Ka Shing Professor and Chief of the Division of Cardiology in the Department of Medicine, who has been instrumental over the years in the success of our fundraising efforts. In the spirit of Andrew Carnegie, individuals like Mr. Li, who dedicate their private wealth to the public good, do very much change the world. And we are grateful.

The Launch of CAP NETWORK

Building on the success of the School's Community Academic Profiles (CAP) system, this past weekend a new platform for online collaboration called CAP NETWORK was launched <http://med.stanford.edu/ism/2011/october/cap-1024.html>. Integrated into the CAP system and leveraging the powerful paradigms of social networking, CAP NETWORK incorporates searchable online profiles for all members of the School of Medicine, including staff for the first time, bringing the total number of people in the system to nearly 10,000. Added to these profiles are a new private Stanford-only collaboration environment that includes features commonly found on sites such as Facebook and Twitter. The CAP NETWORK environment will only be available to the Stanford community and we hope it will provide a safe and secure way for the community to interact and work together in new ways. The major features of this system include:

- Rich online profiles for all staff, faculty, postdocs and students in the School of Medicine. (~10,000 people)
- The ability to post updates, share files and photos with interactive commenting and "liking".
- The ability to "follow" others and receive updates about their activities.
- Support for creating groups that can be private with controlled membership or open to anyone in the community.
- Access to the social network features using an app for all common phones and tablets, and a stand alone desktop client.

While the use of social networking tools is increasingly common in our personal lives, their use in professional settings is only just beginning to be explored and the School's deployment of such a platform to a broad academic community is innovative. We expect to learn much in the coming months as CAP NETWORK is put to use across our varied missions. We have formed a CAP Advisory Committee consisting of representatives from a wide spectrum of the School of Medicine community to help guide the project.

The CAP NETWORK project is being developed and operated by the School of Medicine's Office of Information Resources and Technology (IRT).

For more information about CAP Network visit <http://med.stanford.edu/cap/index.html>

Information Security Day

On November 9th, the Information Resources and Technology (IRT) Information Security Services will host the Second Information Security Day: an event to educate the Stanford Medicine community about computer security in a friendly and accessible way. Given the numerous challenges and issues that continue to arise of HIPPA, students, staff, and faculty are invited to attend.

According to Ellen Amsel, Director, Information Security Service, this year's theme is focused on social networking, its security pitfalls, and how to use it safely and responsibly. The event will take place on Wednesday, November 9th, from 10:00am - 2:30pm in Alway M106. To register for this year's ISD, visit: <http://med.stanford.edu/irt/security/isd.html>

Three Faculty are Elected to the Institute of Medicine

On October 17th, three distinguished Stanford School of Medicine faculty members were elected to the Institute of Medicine of the National Academy of Sciences. As noted in the announcement of the 65 new members “election to the IOM is considered one of the highest honors in the fields of health and medicine and recognizes individuals who have demonstrated outstanding professional achievement and commitment to service.” As noted by Dr. Harvey Fineberg, President of the IOM, “each of them stands out as a professional whose research, knowledge, and skills have significantly advanced health and medicine, and their achievements are an inspiration.” This years newly elected Members of the IOM are:

- **Dr. Margaret (Minx) Fuller**, Professor of Developmental Biology and of Genetics
- **Dr. David A. Relman**, Thomas M and Joan C. Merigan Professor of Medicine and of Microbiology and Immunology
- **Dr. Abraham Verghese**, Professor of Medicine and Senior Associate Chair for the Theory and Practice of Medicine, Department of Medicine

Each of these newly elected members has made exceptional contributions in different areas of art and science of medicine (see: <http://med.stanford.edu/ism/2011/october/brief-iom-1017.html>). Please join me in congratulating them.

Awards and Honors

- **Dr. David Stevenson**, Vice Dean and Senior Associate Dean for Academic Affairs and Harold K. Faber Professor of Pediatrics and Professor, by courtesy, of Obstetrics and Gynecology, received the prestigious Jonas Salk Leadership in Prematurity Prevention Award from the March of Dimes on October 20th in an event in Washington, DC. This is a wonderful and well-deserved honor for Dr. Stevenson. Please join me in congratulating him.
- **Dr. Gary Nolan** was honored at an investiture event to celebrate his being named the Rachford and Carlotta Harris Professorship. I had the pleasure of knowing Mr. Harris prior to his death in 2010 at 98 years of age. Mr. Rachford's grandson Tristan Harris, a 2006 graduate of Stanford, represented the family and offered reflections on his

grandparents who contributed the professorship. In addition to his other awards, Dr. Nolan was honored as one of the top 25 inventors at Stanford.

- **William C. Fowkes**, Professor Emeritus of Family Medicine, received the 2011 John W. Gardner Visionary Award from the Pathways Hospice Foundation for his dedication to end of life care. Dr. Fowkes founded Family Medicine at Stanford as well as the Family Medicine Residency now at O'Connor Hospital in San Jose.

Dr. George Caballero, Resident in Anesthesia, and **Dr. Alex Macario**, Professor of Anesthesia, have been awarded the American Society of Anesthesiologists' Professional Diversity Mentorship Award.

Dean's Newsletter

November 15, 2011

Value of Biomedical Research – and Challenges to its Future

The support for biomedical research from the National Institutes of Health (NIH) over the past several decades has made the US the world leader in the life sciences. The NIH budget is approximately \$30 billion, just over half of which funds fundamental basic science research. It is the investment in basic science that has led to every major innovation and discovery in this country since the establishment of the NIH. This is important in its own right. But this new knowledge has also paved the way for new treatments and cures, many of which could not have been envisioned when scientists began their fundamental inquiries. I have frequently written about this topic, which needs no justification at Stanford, where advancing science and innovation are among the highest priorities. When we attempt to evaluate the impact of basic research we appropriately cite examples of how discoveries have changed the way we think about human biology or how knowledge has been translated into new tools and devices to diagnose, treat or prevent human disease. Often we find ourselves looking back to the roots of discovery that extend years or even decades into the past. Investments in science must be viewed over the long term.

It is particularly exciting to observe the ongoing evolution of scientific discovery and ponder where it will go into the future. I had the opportunity to glimpse one such area at the Council of Dean's Symposium on Interdisciplinary Discovery at the recent meeting of the AAMC (Association of American Medical Colleges), where two of our Stanford faculty members led a "thought leader" session on "*Cracking the Neural Code*." I had invited **Dr. Karl Deisseroth**, Associate Professor of Bioengineering and of Psychiatry and Behavioral Science and HHMI Investigator, and **Dr. Mark Schnitzer**, Associate Professor of Biology and Applied Physics and HHMI Investigator, to share some of their incredibly exciting research findings in the newly created fields of optogenetics and optic imaging. Their fundamental research dissects and sheds light (literally!) on neural networks and elucidates brain function and behavior in experimental models. Their innovative research (each are recipients of an NIH Director's Pioneer Awards) will unquestionably impact how we think about the nervous system and potentially how neurological and psychiatric diseases are treated in the future. But those advances are likely to occur many years into the future – making continued investment in this basic research essential.

Of course this applies to countless other examples – at Stanford and at other institutions receiving support from the NIH for other investigators around the US.

Closely juxtaposed with the exciting presentations of Drs. Deisseroth and Schnitzer was a “thought leader” presentation by Dr. Francis Collins, Director of the NIH. He began his presentation by underscoring the importance of basic science research and gave examples of how fundamental discoveries have helped spawn unexpected new medical treatments. He also addressed his plans to enhance and accelerate the translation pipeline and overcome some of its well known impediments. He underscored the importance of supporting new young investigators and of placing special emphasis on overcoming the seeming unintended bias that negatively affects research support for underrepresented minority scientists (see: <http://www.sciencemag.org/site/feature/data/hottopics/race-nihfunding/>)

Of course the elephant in the room during Dr. Collins’ presentation was the uncertainty of the federal budget in FY12 and beyond and how it will impact NIH funding (along with other federal programs like Medicare and Medicaid), potentially in ways that could have major consequences for medical schools and teaching hospitals. In that regard, the so-called 12 member “Super-Committee” will soon make its recommendations to the Congress on the \$1.2 trillion debt reduction. These could result in a relatively flat budget for the NIH – or more significant reductions. In either scenario the purchasing power of NIH dollars today is getting close to 2001 number or worse, an issue we are all understandably concerned about.

While Dr. Collins emphasized his commitment to do everything possible to support innovative biomedical research, he acknowledged that senior leadership at NIH is considering various options that could be pursued. These include limiting the total amount of funding per investigator, limiting the total number of grants per investigator, limiting the size of direct costs of grants and reducing the cap on the amount of faculty compensation that can be charged to an NIH grant(s) (see: [Ways of Managing NIH Resources](#)). While the purported goal of these deliberations is to allow a more limited NIH budget to go further, the reality is that any or all of these options would have a significant impact on investigators and institutions. The net result is cost shifting and potentially a reduction of support to the most successful and competitive investigators.

Dr. Collins was quick to comment that he personally supports NIH funding as a meritocracy, but the fact that these options are being considered – and even posted on NIH websites for discussion – conveys the sense that they and other options are likely being seriously entertained. Without question a reduction in overall NIH funding, especially if coupled with an ever more competitive environment of funding success and lower amounts of funding to investigators and institutions, would have a chilling impact on research intensive institutions – including Stanford. The fact that our faculty has been enormously successful in competing for NIH grants in the past does not ensure that such changes would provide sufficient resources to continue ongoing and productive research programs. Obviously these are issues of profound importance to the future of academic medicine and bioscience in the US.

While we see the economic forces impacting the NIH as having a major impact on the future of innovation and discovery, there is also a significant impact of publicly funded research on jobs and the economic security of cities and states in the US. This is clearly illustrated by a report issued by the AAMC on November 7th in which the consulting group of Tripp Mach measured

the economic impact of medical schools and teaching hospitals on regional and national economic viability. For example in 2008, Tripp Mach reported that the impact of AAMC member organizations was \$512 billion and that these institutions accounted for more than 3.3 million full-time jobs or one in every 43 wage earners. Their more recent analysis shows that federal and state-funded research received by medical schools and teaching hospitals in 2009 added approximately \$45 billion to the economy. (The full report, *The Economic Impact of Publicly Funded Research Conducted by AAMC-Member Medical Schools and Teaching Hospitals*, is available online at www.aamc.org.) Put another way, the analysis shows that for every dollar invested in research at medical schools and teaching hospitals, \$2.60 of economic activity occurs. This is an important multiplier effect – especially during an economic downturn such as the one we are now experiencing.

The downstream effect of biomedical research creates jobs directly related to the sponsored investigation but also helps create jobs in industry and communities. California leads the nation with a total economic impact of \$5,360,125,905 from federal and state research funding and a total direct employment impact of 35,734 jobs. Across the nation, a total of 299,649 jobs in the US in 2009 were directly or indirectly attributable to AAMC-member research from state or federal funding. When informed of these results, Dr. Collins noted that these findings “demonstrate that NIH’s investment in biomedical research continues to have a positive effect on the health and economy of the nation.”

Advocating for the benefits of federal and state support for research is a responsibility we all share. Of course we are all cognizant of the many challenges facing higher education and the viability of our very communities at this time of distress. But research has the potential to improve the delivery of healthcare in the future and lower its costs to society. And it also has the real benefit of improving our economy and job growth right now.

An Invitation to Virtual Town Hall Discussions on CAP Network

We recently announced the launch of CAP Network – what we believe to be the first and only social network in a medical school in the US (see: <http://med.stanford.edu/ism/2011/october/cap-1024.html>). Over the 2-3 weeks since the launch a number of groups have been formed that bring research faculty, clinical faculty, students and staff into closer alignment and connection. This new offering is best viewed as an experiment, and I am looking at ways to utilize this new tool to promote discussion and dialogue within our Stanford Medicine community. It remains to be seen how this will unfold, but here is one idea. In the near future I will offer a comment about an issue affecting our community on CAP Network that will be either informational or designed to provoke some discussion and debate. The goal will be to create the equivalent of a virtual town hall meeting in which issues can be aired and discussed. While I always hope to get comments to this Newsletter, the reality is that it is not a public forum for discussion (although it is publicly available). CAP Network is private to our Stanford community and lends itself to more “controlled reflections and discussions.”

If you are interested in participating in this dialogue, you simply need to login to the CAP Network and "Follow" my profile. You can do this by clicking on the Follow link on my profile: https://med.stanford.edu/profiles/stanford/Philip_Pizzo/ (note, only individuals with activated CAP Network accounts can participate). We’ll see if this new way of connecting helps stimulate discussion that is productive to our Stanford community – in information or in action!

Appointment of New Cross-Institutional Privacy Task Force

The following update comes from Marcia Cohen, Senior Associate Dean for Finance and Administration, who was recently appointed to co-lead a cross-institutional task force on Privacy at the Stanford University Medical Center. Given the importance of HIPAA and the impact of violations on individuals and our institution(s) it seemed timely and prudent to appoint this task force. The new task force has been appointed by Christopher Dawes, President and CEO of the Lucile Packard Children's Hospital, Amir Rubin, President and CEO of Stanford Hospital and Clinics, and myself. I asked Ms. Cohen to prepare an update on this new task force, and her report follows:

Although our three organizations already place the highest priority on data privacy, we know there is more that we can do to be exemplary leaders in this area. Each of our organizations has safeguards in place, but steadily increasing risks from heightened enforcement activities and public scrutiny of institutional practices require a more formal and shared engagement of senior management. Further, our patients depend on all of us to protect their private health information. All physicians, physicians-in-training, health care professionals, and administrators need to maintain the confidentiality of these very personal data. This will require all of us to be acutely aware of risky areas with regards to transmitting confidential patient data and to re-double our commitment to following policies and procedures for safeguarding data.

To further our efforts in this important area, Mr. Amir Rubin, Chief Executive Officer of Stanford Hospital & Clinics (SHC), Mr. Christopher Dawes, Chief Executive Officer of Lucile Packard Children's Hospital (LPCH), and Philip Pizzo, Dean of the School of Medicine (SOM), have jointly appointed a new cross-institutional Task Force to address important enhancements to protect patient and research participant information.

The co-chairs are: Marcia Cohen, Senior Associate Dean, Finance and Administration, Daniel Morissette, Chief Financial Officer, Stanford Hospital and Clinics, and Timothy Carmack, Chief Financial Officer, Lucile Packard Children's Hospital. The following senior leaders appointed to the Task Force will support them in this effort:

- Jill Buathier, Vice President, Revenue Operations, SHC
- Clarence Braddock, Professor of Medicine, (General Internal Medicine), SOM
- Jeff Driver, Chief Risk Officer & Director of Risk Management, SHC/LPCH
- Todd Ferris, Director of Informatics Services for the Stanford Center for Clinical Informatics (SCCI) and Director of Privacy and Security in the Office of Information Resources & Technology (IRT), SOM
- Nick Gaich, Executive Director, Chief Operating Officer, Spectrum, SOM
- Gary Hartman, Clinical Professor, Surgery (Pediatric Surgery), LPCH
- Ann James, Senior University Counsel, Stanford University (SU) Office of General Counsel
- Diane Meyer, Chief Compliance and Privacy Officer, SHC/LPCH
- Mike Mucha, IT Security Officer, LPCH
- Tanya Okon, Director Privacy & Compliance Assurance, SHC/LPCH
- Norman Rizk, Senior Associate Dean, Clinical Affairs in the School of Medicine and the Berthold and Belle N. Guggenhime Professor in Medicine, and Interim Chief Medical Officer, SHC; SHC/SOM
- Connie Sadler, IT Security Officer, LPCH

- Topher Sharp Clinical Associate Professor of Medicine, SHC
- Greg Souza, VP, Human Resources, LPCH
- Susan Stayn, Senior University Counsel, SU OGC
- Susan Weinstein, Assistant Vice President for Business Development and University Privacy Officer, SU

The charge to the Task Force is to enhance protection of patient and research participant information and to establish strong communication lines organization wide. The Task Force will develop joint recommendations for improved short-term and long-term controls in the following key areas:

- Cross-institutional security controls for computers, portable devices, and other technologies that contain protected health information and enhanced controls on removal of protected health information from the workplace.
- Enhanced vendor controls, including for business associates, subcontractors, and agents, and third-party access to electronic medical records and paper records.
- Review of our training programs, including frequency, content, and timing
- Safeguards on data access for research purposes
- Proactive management roles and procedures in the event of a breach or similar incident
- Consequences to employees (faculty and non-faculty), students and trainees in the event of failure to comply with privacy policies and procedures

In each of these areas, the joint Task Force will appoint sub groups incorporating additional individuals who will make recommendations that the Task Force will review. The Task Force will be submitting the first of the recommendations in early January to the hospital CEOs and the Dean.

A Reminder to Residents and Clinical Fellows on Patient Privacy That is Broadly Relevant

Because of some recent problems and confusion, I asked Dr. Clarence Braddock, Professor of Medicine and Associate Dean for Undergraduate and Graduate Education, and Dr. Todd Ferris, Director of Privacy and Security in the Office of Information Resources & Technology (IRT), to prepare a communication highlighting some of the key and essential “do’s” and “don’ts” regarding protected health information (PHI). In reviewing the communication they sent to all of our Residents and Clinical Fellows I felt that it had relevance to our entire community, and I thought it would be helpful to share its content with you as well. It also serves as a reminder of the issues and realities we should all be cognizant of in order to protect our patients, each other, and our institution. Here is the message:

"We in the Stanford University Medical community are working together to re-double our efforts to protect patient health information (PHI). Our patients expect and deserve our compliance with the requirements for protection of PHI, and part of that effort is making sure we are all being careful in the many ways that we communicate with one another in the care of patients. We have prepared a list to "to dos" and "don'ts" as a quick reminder of steps you should take and steps that should be avoided at all costs. When considering access, use, or transmittal of PHI, always:

- **DO** treat all personal information from a patient as always having the potential to harm; protect the information wherever it appears, including but not limited to: email, spreadsheets, sign-outs, electronic records, and paper files

- **DO** use the minimum necessary identifiable patient information when you use or share information.
- **DO** ask questions of the Privacy Office if you are not sure if a use or release of patient information is allowed.
- **DO** make sure that any device you use - computer, laptop, tablet, smartphone - is password protected, encrypted and enabled for remote wipe.
- **DO** verify security yourself and never assume any system is private and secure.

As the media continually reports, there are too many examples of failure to protect PHI to list each one, but here is a reminder of the **most common lapses in information privacy that have been reported**. Also, it can be helpful to have a "rule of thumb" for any particular action you're considering - take a brief moment and first ask yourself whether you should have the information and is access or your planned use necessary? Then, ask yourself to consider what if a "never" privacy breach happens and **DO NOT** do the following:

- **Do NOT** take paper records from the hospital or clinic and leave them unattended.

The risk: The records are stolen, and now you are responsible for unauthorized release of personal health information

- **Do NOT** send information about patients on email that is not secure.

The risk: The email is intercepted or accidentally sent to the wrong recipient, and now you are responsible for unauthorized release of personal health information

- **Do NOT** use social network venues, such as Facebook or Twitter, to communicate about patients.

The risk: The patient or patient's family, or other members of their social network, sees it, and now you are not only responsible for unauthorized release of personal health information but you have also failed in your responsibility for that patient's privacy.

- **Do NOT** receive email or text message on an unsecure smartphone.

The risk: Your phone is lost or stolen, you have no way to lock or wipe the device, and now you are responsible for unauthorized release of personal health information

- **Do NOT** take pictures of patients on your personal camera or smartphone, or any device that is not encrypted and/or password protected.

The risk: Your phone is lost or stolen, and now you are responsible for unauthorized release of personal health information

Always remember that patient care includes protection of patient privacy. Violation of your patient's privacy is a failure of your responsibilities as a physician--and a violation of state and federal regulations, with serious consequences to your career and your profession."

I hope this communication is helpful to you – it is not all we need to do (or not do) but it contains some of the most important reminders.

Tenth Anniversary of Community Health Symposium

On Thursday, October 27th the 10th Annual Community Health Symposium was held in Berg Hall in the Li Ka Shing Center for Learning and Knowledge. The Office of Community Health and the Stanford Center for Clinical and Translational Education and Research supported this important event. Special thanks for this year's event goes to Leanne Almario, SMS II, and Rachel Talley, SMS II, along with faculty and staff of the Office of Community Health, particularly Ann Banchoff, Courtney Burks, Jill Evans, Evelyn Ho, Caroline Morugan, Rhonda McClinton-Brown, Scott Schafer and Marilyn Winkleby. Equally importantly, the 10th Annual Symposium featured oral and poster presentations from undergraduates, medical students, physician assistant students, residents, fellows, staff and faculty – who presented work on communities local and global. This important symposium not only brought together our own Stanford community, it also recognized and celebrated our “Community Partners” and gave voice to the vital importance of “community” in Stanford Medicine. The work we do in research, education and patient care ultimately benefits our communities, but our communities and their leaders also enrich the lives of our students, faculty and staff. This year's keynote speaker, Phuoc Van Le, a graduate of Stanford Medical School, bore witness to this from his own life experiences in global and community health.

Appointment of Dr. Will Talbot as the Next Chair of Developmental Biology

Beginning January 1, 2012, Dr. Will Talbot, Professor of Developmental Biology, will become the next chair of the Department of Developmental Biology, succeeding Dr. Roel Nusse, who has served admirably in this role since 2007. From its founding in 1989 by Dr. Lucy Shapiro, The Ludwig Professor of Cancer Research, Department of Developmental Biology and Director of the Beckman Center for Molecular and Genetic Medicine, and Senior Fellow, by courtesy, at the Freeman Spogli Institute for International Studies, the Department of Developmental Biology at Stanford has had a remarkably stellar reputation thanks to its outstanding faculty and students. I want to thank Dr. Nusse for his outstanding leadership over the past five years – both for the department and the broader Stanford community. I also want to welcome Dr. Talbot to this new and important role. He has served as Associate Chair and has proven himself a thoughtful and highly competent leader. He was the unanimous choice of the Developmental Biology faculty to serve as the next chair of the department, and I am thrilled that he will do so.

Behavioral and Social Science Foundations for Future Physicians

Over the past several years attention has once again focused on seeking ways to enhance, develop – and even select for – humanism and professionalism in students and practitioners of medicine. At medical schools across the country, the behavioral qualities of physicians have assumed increased recognition and importance. At Stanford, ways to value and enhance the compassion and caring by physicians have been incorporated into the curriculum and have been used to assess and evaluate clinical performance. They are among the skills being assessed in the recently introduced MMI (Multi-Mini Interview) methodology used to determine an applicant's suitability for admission to Stanford Medical School (see:

<http://med.stanford.edu/ism/2011/november/5q-prober-1107.html>)

For too many of the past several decades admission to medical school has been largely based on performance in the biological and physical sciences. Major determinants for admission in many medical schools have focused on MCAT scores and GPA results. While these metrics have been

used at Stanford, the criteria and basis for admission have employed much deeper evidence of life accomplishments and “journey traveled.” Even so, a decided shift to broaden the metrics to guide medical school admission is underway nationally. This trend was **not** enhanced by the 2009 publication from the AAMC and Howard Hughes Medical Institute entitled “*Report of Scientific Foundations for Future Physicians Committee*” (http://www.hhmi.org/grants/pdf/08-209_AAMC+HHMI_report.pdf), which, in my opinion (and that of others) focused too narrowly on proficiency in the physical and computational sciences as the basis for medical study. While these skills are important, they are not exclusively so, and a much broader array of knowledge is needed to educate tomorrow’s physicians. With that goal in mind, the AAMC released on November 8, 2011 its report on Behavioral and Social Science Foundations for Future Physicians (see: www.aamc.org/socialsciencesfoundation). The driving theme is that “A complete medical education must include, alongside physical and biological science, the perspectives and findings that flow from the behavioral and social sciences.”

The report delineates the foundations for medical study from the behavioral and social sciences (which parenthetically will be included in the major revision of the MCAT exam that goes live around 2014) and gives evidence of various competencies that should be aspired to or acquired. To give you a flavor of these I copy below the “Performance Expectations for Professional Activities” that are featured on page 27 of the report. I recognize they lack a context but hope they provide some examples.

"Grounded in ‘entrustable professional activities’ concepts and modes of assessment, the descriptive profiles below illustrate performance capacities that, with proper behavioral and social science training, students should display in their intellectual and clinical work. These profiles transcend competency and knowledge domains by arraying the levels of responsibility, micro to macro, actually being entrusted to students by a performance inventory expected of an effective medical student. Behavioral manifestations will vary by setting, but the range in the array signals multiple evaluation sources appropriate for educator assessment.

Offered as aspirational in nature, not all students will be able to attain expertise in all of the activities delineated. Since these performance capacities are integrations of multiple lessons on multiple axes--cognitive, emotional, relational, values based--direct cause- effect is not straightforward. However, faculty can assess performance with emerging metrics and assessment approaches from simulation, reflection, 360-degree assessments, ethnographic field methods, and the students' actual performance.

Patient: (communication, trustworthiness, Supportiveness) Patients cared for by this student report comfort, respect, and trust in their interaction. They understand information communicated by the student, including behavioral counseling. They report that their personal, cultural, and social contexts were taken into account in their care and that their questions fully answered.

Community: (language Proficiency, Strength and needs assessment, culturally Sensitive care) The student can communicate, through interpreters when necessary, with patients in their native language, and is capable of delivering culturally appropriate care. Curious about the cultures served by the institution, the student displays willingness to act on behalf of patients and community members, who in turn find the student to be responsible, humble, and helpful.

Public/global Health: (Health Policy, Health care Justice, advocacy) The student considers health policy and economics forces when making decisions about patients or resource allocation, recognizing the potential conflicts of interest for the individual clinician. The student

understands the cultural influences on health, and contributes to efforts toward health care justice at local, community, or global levels.

Self: (knowledge growth, Self-awareness, Professional development) The student applies knowledge of population sciences, psychological dimensions of patient care, epidemiological disease patterns, and evidence-based practice guidelines. Mindful to maintain systems of self-care, the student reports an increase in self-awareness and intentional reflection, while conscious of developing professional identity.

Peers: (teamwork, collaboration in teaching and learning) The student is recognized by fellow students for peer teaching and evaluation engagement, and is found by peers to be available for peer consultation, shared learning projects, and a willingness to share expertise.

Institution: (Effective teamwork, contributions to institutional climate) Team members note respectful collaboration. The student asks for advice and guidance from non-physician colleagues, and is similarly approachable. The student shows fiscal prudence, is alert to minimize medical errors, ensure patient safety, and improve quality.

Profession: (medical Standards, integrity, altruism) The student is aware of personal boundaries in clinical work, performs clinical duties with honesty, reports clinical data truthfully, and admits personal errors. The student observes professional standards of conduct and does not violate standards such as dress, demeanor, conduct, civility, and punctuality. The student understands the need to put patients' interests ahead of personal interests and the interests of the medical profession.

Changing Face of Medicine and Science

On Saturday, October 29th the SUMC Alumni Association hosted the Changing Face of Medicine & Science. This important event featured an inspiring keynote address by Dr. Susan Blumenthal, Director, Health and Medicine Program, Center for the Study of the Presidency and Congress, and Former Assistant Surgeon General and Deputy Assistant Secretary for Women's Health in the Department of Health and Human Services. Dr. Blumenthal reviewed what has been learned from studying (or not studying) the differences between health issues in women versus men and, sadly, the fact that women's health has been so overlooked as an investment for research, education and care. She also reviewed the workforce issues in women's health and the opportunities to make the future different from the past.

In addition to the keynote presentation and the opportunity to build community among women faculty and trainees at Stanford and as well as alumnae, four breakout sessions were featured to promote discussion and future actions. These included:

- ***Changing Face of Women in Medicine***, led by Dr. Hannah Valantine
- ***Career Life Cycles, Going Beyond Balance***, led by Drs. Linda Hawes Clever and Dana Weintraub
- ***Trends in Biotechnology***, led by Drs. Lila Hope, Sandra Horning and Gail Maderis and Susan Siegel
- ***Exploring Career Options and Marketing Yourself*** led by the School of Medicine Career Center

This is the second annual event on women in medicine and science sponsored by the SUMC Alumni Association. It is great way to bring our diverse community together and to foster dialogue and opportunity. I hope this becomes a constant source for change in the future.

Update to the Executive Committee on the Stanford Institute for Immunity-Transplantation-Infection (ITI)

On Friday, October 21st, Dr. Mark Davis, Burt and Marion Avery Family Professor of Immunology and Director of the Stanford Institute for Immunity-Transplantation-Infection (ITI), led a discussion at the School of Medicine's Executive Committee on the progress that has been made on ITI, which he has so ably led since its inception. Mark provided the following summary of his presentation that I am pleased to share with you.

Established in 2005 as part of the SoM, the Institute for Immunity, Transplantation and Infection (ITI) took on the mission to promote interdisciplinary work between these largely separate disciplines that would be transformative for patient diagnosis and treatment. Since its inception the ITI has experienced significant growth, with over 100 Stanford faculty involved and is now recognized internationally as being at the forefront of translational work in these areas and a model for other institutions.

Under the direction of Dr. Mark Davis, and Associate Director Dr. Carlos Esquivel, and a very active steering committee, the ITI has as its backbone the overriding tenet that the immune system has significant impact on both morbidity and health, and therefore should be monitored and ultimately harnessed to improve the diagnosis, treatment and prevention of disease. One of ITI's principal innovations was the establishment of the Human Immune Monitoring Center (HIMC) which leverages Stanford's longstanding strength in immunology and immune assay technology to provide a way in which the entire Stanford research community can obtain critical data about the immune status of their patients in order to understand and treat the many diseases that have an immune component.

Led by Dr. Holden Maecker, the HIMC has developed a systems immunology approach that is designed for the purpose of more broadly interrogating the immunological mechanisms involved in health and disease. The HIMC consists of a core group of scientists that provide full-service immune monitoring for clinical trials and studies both within and outside the Stanford community, currently with more than 173 active projects, 15 divisions or departments in the medical school and 90 participating investigators. In addition, the HIMC has been integral in the creation and implementation of a novel database for the warehousing, integration and exploration of translational data. This database aims to allow end-user access to large pools of datasets that can be mined for insightful information.

The ITI is also part of two major U19 efforts led by the NIH and which bring together two groups of academic institutions. The first, known as Cooperative Centers for Translational Research on Human Immunology, is focused on characterizing the interaction between pandemic viral pathogens such as Influenza and their human host. The second program group, called the Human Immunology Project Consortium is charged with profiling the human immune response to a variety of currently used vaccines in different populations.

In addition to government funding, the ITI also generates support from non-federal sources, such as the Gates Foundation, private contracts, as well as generous philanthropic donations to support faculty in its core areas. The ITI has also been working to promote translational research

and training through 19 seed grants that have been awarded since 2009 across a variety of disciplines, including infectious disease, autoimmunity, allergy, transplantation, primary immunodeficiency, neurology and inflammatory pain. As a direct result of these funding endeavors, aspects of patient care have already benefited, for example in the ability to maintain tolerance in transplant patients without the use of immunosuppressive drugs, and in the validation and implementation of novel approaches for achieving oral tolerance in individuals with severe food allergies.

Through a special seed grant program for younger investigators, ITI also has been able to recognize 7 later stage research and clinical fellows, providing support and encouragement to the next generation of leaders. ITI member-PIs have formed 12 working groups representing a wide range of medical and research expertise in order to facilitate cross-fertilization of ideas and techniques. Additionally, ITI sponsors a number of symposiums offered at the SoM, which this year included the 45th annual US-Japan meetings on Virology and Immunology, Nanotechnology in Medicine and the 3rd Human Immunology Project Consortium meeting.

A Summit on Bicycle Safety

On Wednesday, November 9th the First Stanford Trauma Bike Safety Summit was held in the Li Ka Shing Center for Learning and Knowledge. The Summit brought together Stanford faculty leaders with representatives from law enforcement and the fire department, the transit commission and the motor vehicle department along with leaders and advocates from the biking community for an engaging discussion. The goal was to improve bike safety in the broader community – focusing especially on off campus areas, where the cycling community not infrequently encounters serious accidents, injuries and even fatalities. As stated, the goal of the Summit was to *“identify and address the causes of preventable bicycle crashes and plan for solutions to reduce them through focused efforts in education, enforcement, engineering and evaluation.”* In doing so the participants hoped that *“we can take steps needed to change local road culture and improve safety for all.”* I had the opportunity to attend nearly the entire Summit, and I was pleased by the candor and commitment of those in attendance to achieve greater safety for the biking community.

The Summit was really focused outward on the surrounding communities and not on the culture of bicycle safety on the Stanford campus. I called attention to this problem as well – which despite the considerable efforts of many committed individuals still remains a serious problem. As I have noted on numerous occasions, my own (nearly daily) survey still shows less than one in ten bikers wearing helmets, relatively few with visible lights during night driving and many still ignoring road or traffic signs. Every day is another opportunity for a serious – and in most cases – preventable accident.

I have recounted efforts by our students to elevate the culture of bike safety at the medical school – but I am still shocked and appalled by the number of individuals I observe every day who still ignore bike safety themselves – or for others. While I certainly agree that we can never offer enough education about bike safety, it seems clear that more is necessary to ensure a cultural transformation. While I don't know where it will go, I was pleased that the attendees of the University Cabinet listed bike safety as a topic needing broader discussion at the university level. I am very eager to participate in that discussion since the current situation on campus remains woefully unsafe.

President Hennessy Honors Dr. Paul Berg

On Thursday, November 3rd President John Hennessy and Andrea Hennessy hosted a small dinner event to thank **Dr. Paul Berg**, Vivian K. and Robert W. Cahill Professor in Cancer Research, Emeritus, for his extraordinary contributions to Stanford and our communities locally and globally. Dr. Berg's contributions to science, medicine and education remain nonpareil. But what makes Paul Berg truly unique is his humanism, compassion and commitment to others and to our community. For all of his many accomplishments, Paul Berg remains one of the most humble and accessible leaders of our community. His lack of arrogance is inversely related to his extraordinary intellect and scientific achievements. His generosity to the medical school includes his and his wife Millie's philanthropic contributions along with the enduring support he has provided through his teaching, mentoring, advocacy and support. On a personal note I am deeply grateful to Paul Berg for all the incredible support and thoughtful counsel he has provided to me since I joined Stanford over a decade ago. I was deeply honored to share in the wonderful celebration and recognition that President Hennessy offered to Paul Berg – clearly so well deserved in every way.

The Department of Pathology Celebrates the David Korn Professorship

On Wednesday evening, November 2nd we had the pleasure of celebrating the David Korn Professorship in Pathology and its first incumbent, Dr. Gerry Crabtree. This new professorship was made possible through the Department of Pathology and honors Dr. Korn, who joined Stanford as the Chair of Pathology in 1969, a position he held until 1984, when he became dean of the School of Medicine. **Dr. Korn** is credited for building *“a premier department, notable for its outstanding training programs in anatomic pathology and its focus on cutting-edge experimental pathology research. In addition to his substantial administrative duties, he also directed a productive research lab.”* Following his years of distinguished leadership in pathology, Dr. Korn served as the Dean of the School of Medicine and then Vice President for Medical Affairs. He has left an enduring mark on Stanford that stands to this day – and will continue well into the future.

It is also wonderful to celebrate **Dr. Gerry Crabtree** as the first incumbent of the David Korn chair. Dr. Crabtree, an Investigator in the Howard Hughes Medical Institute and a leading investigator on the origin of biologically specific patterns of transcription and information transfer from the cell membrane to the nucleus, epitomizes the excellence and esteem that is consonant with the David Korn professorship.

Please join me in congratulating both Drs. Korn and Crabtree.

Honoring Drs. Laura Roberts and Ronald Dalman with Endowed Professorships

On Tuesday, November 1st we celebrated the investiture of **Dr. Laura Roberts** to the Katherine Dexter McCormick and Stanley McCormick Memorial Professorship and **Dr. Ron Dalman** to the Walter Clifford Chidester and Elsa Rooney Chidester Professorship.

The Katherine Dexter McCormick and Stanley McCormick Memorial Professorship was established by a bequest made to Stanford in 1969 by Mrs. Katherine Dexter McCormick. The gift was made in memory of her husband, Stanley McCormick, whose father's company later became the International Harvester Company. Ms. McCormick was a lifelong champion of

women's suffrage and women's reproductive rights and welfare, and a co-founder of the League of Women voters. In bequeathing the funds to Stanford, she expressed the hope that they could be used "for the encouragement and assistance of women in pursuing the study of medicine, and in engaging in medical research." **Dr. Laura Roberts** became the Chair of the Department of Psychiatry and Behavioral Medicine in 2010. She is an internationally recognized scholar in bioethics, medicine, and medical education and one of the foremost psychiatric ethicists in the field. Her work has led to advances in understanding the ethical aspects of physical and medical illness research, societal implications for genetic innovation the role of stigma in health disparities, the impact of medical student and physician health issues, and optimal approaches to fostering professionalism in medicine.

The Dr. Walter C. Chidester Professorship was established by a bequest from the estate of Elsa R. Chidester in honor of her deceased husband. Walter Chidester, MD supervised the construction and activation of Mills Memorial Hospital in San Mateo and, until the time of his death in 1968, was chief of staff. **Dr. Ron Dalman** joined the Stanford faculty in 1989 and became Chief of Vascular Surgery in 2005. His research has focused on the influence of variable aortic hemodynamic conditions on abdominal aortic aneurysm pathophysiology. He is an expert in this field as a clinician, investigator and mentor.

Please join me in congratulating Drs. Laura Roberts and Ron Dalman.

Upcoming Event: A Memorial Service for Dr. Gary Glazer Will be Held On December 3rd at 4 pm.

On Saturday, December 3rd a Memorial Service will be held to commemorate the life of Dr. Gary Glazer who served as Professor and Chair of the Department of Radiology from 1989 until his death on October 16, 2011. A summary of Dr. Glazer's remarkable career was recently summarized at <http://med.stanford.edu/ism/2011/october/obit-glazer.html><http://med.stanford.edu/ism/2011/october/obit-glazer.html>. The service will be held at the Knight Management Center, 655 Knight Way, in the **Cemex Auditorium**. A reception will immediately follow at Oberndorf Event Center, 3rd floor located above the Cemex Auditorium. Underground parking is available. Enter from Campus Drive East, across from the parking lot adjacent to Maples Pavillion.

If you are planning to attend please RSVP to Michelle Christerson at m.christerson@stanford.edu or at (650) 723-7863.

Holiday Food and Toy Drives

The Dean's Office is once again having a food drive to benefit Second Harvest Food Bank of Santa Clara and San Mateo Counties. By participating we have the opportunity to assist those in our community who are struggling to make ends meet and ensure that no child, family or senior goes hungry.

Please join us in this effort to feed our neighbors who, each month, have to decide between paying for rent, utilities, or medicine and providing food for their loved ones. Through your generosity we can help feed the nearly one quarter of a million people that Second Harvest Food Bank of Santa Clara and San Mateo Counties assists each month.

Drop off food donations in the barrels located at LKSC, 1st floor and the Dean's Office, LKSC, 3rd floor.

Please note the most needed food items:

- Meals in a can (stew, chili, and soup)
- Peanut butter
- Cans with pop top lids
- 100% fruit juices
- Canned fruit
- Canned vegetables
- Tuna/canned meat
- Low-sugar cereal

The Dean's Office will also be collecting donations for children who will be inpatients at the Lucile Packard Children's Hospital during the holidays. We are sensitive to the many celebrations at this time of year, and will work with the Office of Child and Family Life Services and the various chaplains to ensure that all children are recognized. Your gift of a new toy, clothing item, or craft supplies will go a long way towards brightening a child's hospital stay.

The gifts have to be brand new and unwrapped. The greatest need is donations for preemies, infants, and adolescents. Donations will be collected in the Dean's Office and the main lobby of the LKSC by the receptionist's desk from November 28th through December 9th. Donation "Wish List" will be available at the collection sites.

Thank you in advance for your participation!

Awards and Honors

- **Dr. Anne Brunet**, Associate Professor of Genetics, has been selected as the 2012 recipient of the AFAR (American Federation for Aging Research) Cristofalo "Rising Star" Award. Dr. Brunet is an expert in the science of aging and her recent work (<http://med.stanford.edu/ism/2011/october/brunet.html>) has received considerable acclaim and attention.
- **Dr. Lisa Pate, MD, JD**, of the Department of Pathology has been chosen as one of the KQED Local Heroes for 2011. According to the press release, "Lisa was chosen for her years of leadership and dedicated work on behalf of the Santa Clara Valley Indian community." Dr. Pate received her MD degree from Stanford School of Medicine in 2006. She will receive her award at a ceremony on November 17th.
- **Dr. Julie Parsonnet**, George DeForest Barnett Professor in Medicine and Professor of Health Research and Policy (Epidemiology), was selected to give the Maxwell Finland Lecture at the 49th Annual Infectious Disease Society of America Meeting. Being invited to give this lecture is in recognition of Dr Parsonnet's seminal contributions to Infectious Diseases, epidemiology, and her work linking infections to chronic diseases.
- **Dr. Michael F Marmor**, Professor of Ophthalmology, was awarded the 2011 Award of Merit in Retina Research, in conjunction with the Charles L. Schepens lecture at the annual meeting of the Retina Society in September. This award was established to

recognize outstanding vision scientists whose work contributes to knowledge about the retina and retinal diseases.

Appointments and Promotions

Ranjana H. Advani has been promoted to Professor of Medicine at the Stanford University Medical Center, effective 11/1/2011

Manuel Amieva has been promoted to Associate Professor of Pediatrics and of Microbiology and Immunology, effective 11/1/2011

Matthew W. Anderson has been appointed to Assistant Professor of Pathology at the Stanford University Medical Center, effective 11/1/2011

Tandy Aye has been reappointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 12/1/2011

Joanna C. Badger has been promoted to Clinical Associate Professor of Dermatology, effective 10/1/2011

Renna Bhargava has been reinstated and reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2010

Nidhi Bhutani has been appointed to Assistant Professor of Orthopaedic Surgery, effective 11/1/2011

Matias Bruzoni has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 11/1/2011

Ching-Pin Chang has been promoted to Associate Professor of Medicine, effective 11/1/2011

Clara Y. Choi has been reappointed as Clinical Assistant Professor of Neurosurgery, effective 5/1/2011

Justin Choi has been reappointed as Clinical Assistant Professor (Affiliated) of Surgery, effective 9/1/2011

Catherine M. Curtin has been reappointed to Assistant Professor of Surgery at the Stanford University Medical Center effective 1/01/2012

Vinicio de Jesus Perez has been appointed to Assistant Professor of Medicine, effective 11/1/2011

Sumbul Desai has been promoted to Clinical Assistant Professor of Medicine, effective 11/1/2011

Dan Eisenberg has been reappointed to Assistant Professor of Surgery at the Veterans Affairs Palo Alto Health Care System effective 12/1/2011

Gregory M. Enns has been reappointed to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 11/1/2011

Joseph Garner has been appointed to Associate Professor of Comparative Medicine at the Stanford University Medical Center, effective 10/1/2011

Pejman Ghanouni has been appointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective 1/01/2012

Jason R. Gotlib has been promoted to Associate Professor of Medicine at the Stanford University Medical Center, effective 10/1/2011

William Greenleaf has been appointed to Assistant Professor of Genetics, effective 11/1/2011

Arun Gupta has been reappointed as Clinical Assistant Professor of Pediatrics, effective 9/1/2011

Ciara D. Harraher has been promoted to Clinical Assistant Professor of Neurosurgery, effective 10/1/2011

Kathleen Horst has been reappointed to Assistant Professor of Radiation Oncology at the Stanford University Medical Center, effective 12/01/2011

Dimitre H. Hristov has been reappointed to Assistant Professor of Radiation Oncology at the Stanford University Medical Center, effective 11/01/2011

Michele Hugin has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2011

Jemmy Hwang has been reappointed as Clinical Assistant Professor (Affiliated) of Surgery, effective 9/1/2011

Shelli Kesler has been reappointed to Assistant Professor (Research) of Psychiatry and Behavioral Sciences effective 12/1/2011

Elizabeth Kidd has been appointed to Assistant Professor of Radiation Oncology at the Stanford University Medical Center, effective 11/1/2011

Lucy Kim has been reappointed as Clinical Assistant Professor (Affiliated) of Surgery, effective 9/1/2011

Lisa Lee has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 7/1/2011

Yiming Lit has been reinstated and reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 7/1/2010

Paul M. Maggio has been reappointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 12/01/2011

Laura McClellan has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2011

Michelle Monje-Deisseroth has been appointed to Assistant Professor of Neurology, effective 11/1/2011

Yasodha Natkunam has been promoted to Professor of Pathology at the Stanford University Medical Center, effective 11/1/2011

Anthony E. Oro has been promoted to Professor of Dermatology, effective 10/1/2011

Oxana G. Palesh has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 11/1/2011

Hemal Parekh has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2011

Sonia Partap has been promoted to Clinical Assistant Professor of Neurology and Neurological Sciences, effective 1/1/2012

Nilima Ragavan has been reappointed as Clinical Assistant Professor of Pediatrics, effective 9/1/2011

Jeffery H. Reese has been reappointed as Clinical Professor (Affiliated) of Urology, effective 9/1/2011

David Rehkopf has been appointed to Assistant Professor of Medicine, effective 11/1/2011

Olaf Reinhartz has been promoted to Associate Professor of Cardiothoracic Surgery at the Stanford University Medical Center and at the Lucile Salter Packard Children's Hospital, effective 10/1/2011

Susan Schelley has been appointed to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 8/1/2011

Weiva Y. Sieh has been reappointed to Assistant Professor of Health Research and Policy, effective 11/1/2011

Bindya S. Singh has been promoted to Clinical Associate Professor (Affiliated) of Pediatrics, effective 11/1/2011

D. Scott Smith has been promoted to Adjunct Clinical Associate Professor of Microbiology and Immunology, effective 01/01/2012.

Matthew W. Smuck has been promoted to Associate Professor of Orthopaedic Surgery at the Stanford University Medical Center, effective 10/1/2011

Randall Stafford has been promoted to Professor of Medicine effective 11/1/2011

Mary Teruel has been appointed to Assistant Professor of Chemical and Systems Biology, effective 11/1/2011

Monte Winslow has been appointed to Assistant Professor of Genetics, effective 11/1/2011

Dana M. Weisshaar has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2011

Carl F. Yaeger has been promoted to Clinical Assistant Professor of Pediatrics, effective 1/1/2012

Andrew R. Zolopa has been promoted to Professor of Medicine at the Stanford University Medical Center, effective 11/1/2011

Dean's Newsletter

December 12, 2011

Thank You

At this time of the year one often hears comments about how quickly the year has gone by – and also how time seems to go by faster as one ages. While I can relate to both of these statements, there is something more timeless that I want to comment on at the year's end, and that is my deep gratitude and appreciation for the quality and performance of our extraordinary Stanford Medicine community. For nearly eleven years I have had the honor and privilege to work with you and to witness, not infrequently first hand, the extraordinary accomplishments and achievements that are made every day in so many different ways, small and large, but that come together to make our institution unique. We are all too cognizant of the vast challenges facing the United States and the world today, and we certainly can anticipate the coming changes that will almost certainly impact academic medicine as we have known it. I am confident that we will weather whatever storms arrive and that new innovations and discoveries at Stanford will see the light of day and advance the health and wellbeing of people in our community and beyond.

I am appreciative of the guiding leadership of our department chairs, institute and center directors, decanal leaders, faculty, students and trainees and for their dedicated and committed efforts to all facets of the medical school, medical center, university and community. I especially want to thank our exceptional cadre of staff, who labor tirelessly to weave our individual and collective contributions into the integrated whole that defines Stanford Medicine. While our staff are frequently less visible, none of what we do would be seen without their hard work, dedication and commitment. So, at year's end I want to say thank you to each of you for your personal and

shared efforts to make the Stanford School of Medicine the shining beacon of hope and promise it has become. I also wish you a Happy Holiday and look forward to sharing the New Year with you.

Some Things to Consider During Winter Break

On December 5th we had the pleasure of hosting a holiday celebration in Berg Hall at the Li Ka Shing Center for Learning and Knowledge. This was the first such holiday event we held since 2008, when the economic downturn compelled us to cut back on events not directly linked to our core missions in education, research and patient care. Of course it was correct to cut out social events when resources were extremely strained, but that also meant that we missed the opportunity to bring our community together in settings that offered thanks and appreciation. So it was meaningful that we were able to have a modest holiday celebration at the close of 2011. I want to thank Mira Engel, Executive Assistant to the Dean, and other members of the dean's administrative and office staff for the lovely organization and preparations they put together for the holiday party. It was very special.

The Holiday Party did provide an opportunity to offer some suggestions for the University-wide Winter Break, which will run from December 19th through January 2nd. Because of the broad scope of our work, I know that many of us will be working on research, patient care or other activities. But I also recognize that Winter Break has become one of the traditions at Stanford when we can give each other the gift of time and space. This means completing all tasks, including grant and related submissions, well before December 16th so that staff do not face unnecessary work pressures during what is meant to be a relaxed (although still stressful) time for families. One particular tradition that we should honor is taking a break from email or other electronic communications that are not prompted by emergencies. And if an email is needed think carefully about who is copied. We can help each other by not triggering the chain of email communication, response, etc. by simply limiting the communications we take for granted in our daily work life. Indeed, as electronic communications have become so easy and accessible, their intrusion is constant and sometimes unwelcome. ***So, starting on the evening of December 16th I would recommend that each of us refrain from sending emails to members of our Stanford community unless there is an emergency or crisis.*** That would be a welcome gift for many of us.

In addition, there are some important facts you should be aware of about medical school facilities during winter break prepared by our Facilities Planning Office. They are included here:

Some Things to Know About Facilities During Winter Break

December 19, 2011 -January 2, 2012

During the winter closure all buildings will be locked and only accessible through badge access. The following is an overview of School of Medicine operations during Winter Closure and some important announcements.

All campus services will be closed during the following days: Friday December 23 through Monday, December 26th and Monday January 2nd. For life threatening emergencies, if on-campus, please dial 286 from Stanford phones or 650-723-7222 from cell phones. From off-campus buildings, dial 911 from Stanford phones or cell phones. Then dial 650-723-7222 to report the incident to Security.

For non-life threatening and other immediate needs, please call the security desk at 650-723-7222

If you are on campus during Winter Break, please be careful. Statistics consistently show a higher frequency of workplace accidents during the holiday season. Plan your work carefully and avoid attempting tasks requiring additional resources that are not available. Please be diligent regarding security in all you do.

During other days of winter closure between December 19th and January 2nd, some campus services will be available as listed below.

Security: Dial (650) 723-7222 for any emergency from on campus phones

Operations and Maintenance: Request assistance by accessing medfacilities.stanford.edu (select links on left menu and then eAM work request form) or call (650) 721 2146. For immediate assistance on weekends, holidays and after hours (7:30 PM to 6:00 AM) call Security at 723 7222.

Health and Safety: Dial (650) 723-0110 for Health and Safety issues and other non-emergencies

Shipping and Receiving: The loading dock will be closed for the duration of the winter break. The dock will reopen on January 3rd.

UPS and Fed-X will be holding all packages at their hub and will deliver the packages when we reopen on January 3rd. Other vendors like Fisher and VWR will also deliver all packages after the winter closure. Praxair and Airgas will still make deliveries as normal.

Please make prior arrangements with the carrier and/or delivery service for accepting packages during the winter closure period if the delivery is deemed urgent. If you are expecting a large shipment that requires delivery to the dock, please make arrangements in advance by contacting the loading dock at (650) 721-2726 before December 15th.

SAVE ENERGY: You can do your part in helping make Stanford University more sustainable by saving energy. Simply:

1. Turn off as many lights as safely possible
2. Close doors and windows (if applicable)
3. Turn off - or better yet, unplug any devices or equipment including computer and monitor: The “sleep” mode saves some energy but a complete shutdown and power off saves much more
4. Same with printers, scanners, and other peripherals
5. Anything with a “brick” on the power cord. They use power even when the devices are turned off.
6. Turn off/unplug shared copiers, printers and FAX machines
7. Unplug any scientific equipment that will not be used
8. Close the sash on all fume hoods. The unnecessary exhaust to the outside consumes an enormous amount of energy.

A Few Brief Reflections on 2011

Our faculty, students and trainees, and staff have had another extraordinarily successful year of notable contributions to our interconnected missions in education, research and patient care, both locally and globally.

Despite the impact of the economic downturn on sponsored federal research, Stanford faculty achieved 9% more funding this year than last year. Our faculty continues to achieve recognition as recipients of major national and international awards and through election to the National Academy of Sciences and Institute of Medicine. Without question we have one of the most outstanding bioscience research faculty in the world, and the contributions being made by faculty and their students and postdoctoral fellows at virtually every stage of career development are remarkable.

Our faculty have also continued to excel in translating novel discoveries to improve the lives of adults and children and in creating novel ways to improve the delivery of patient care. During this past year the School of Medicine (SoM) has worked closely with the leaders at Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH) to develop integrated strategic plans that engage the School's missions in discovery and innovation with the hospitals' mission of delivery of complex care and a network of care. Significant progress has been made in the planning of our integrated Stanford Cardiovascular Institute and its Cardinal Health led by Drs. Alan Yeung, Bobby Robbins and Ron Dalman in collaboration with Dr. Sri Seshadri. Progress is also being made in the integrated planning for the Stanford Cancer Institute led by Drs. Bev Mitchell, Doug Blayney and Sri Seshadri. Work is also beginning for the Stanford Neuroscience Institute initiative led by Drs. Gary Steinberg and Frank Longo along with Alison Kerr. These and related areas will help forge our efforts in adult complex care. Similar efforts are underway in pediatrics.

Our faculty have also made progress in setting up novel delivery systems for health care, including the Ambulatory ICU model that was conceptualized by Dr. Arnie Milstein and that is now being established in a collaboration between SHC and SoM. In addition, progress has been made expanding the network of care through the University Health Alliance. In these and many other efforts we have benefited from the energetic and exceptionally collaborative leadership of Amir Rubin, who joined SHC as its new President and CEO in January of 2011. In addition to his leadership in strategic planning and focus on coordinated complex care and a coordinated network of care, Amir has been an incredible leader and advocate for improving the patient experience through CI-CARE, a comprehensive program he helped develop and lead at UCLA before joining Stanford. We have continued to make progress, albeit with challenges, in improving our overall quality of care and have benefited from the leadership of Dr. Norm Rizk (who has been functioning as Interim Chief Medical Officer in addition to his long-standing role as Senior Associated Dean for Adult Clinical Affairs) and Dr. Ann Weinacker, who currently serves as the elected Chief of Staff at SHC.

A complementary strategy in complex care and a network of care is underway with LPCH in collaboration with Christopher Dawes, President and CEO, along with Dr. Christy Sandborg, Chief of Staff, and Dr. Ken Cox, Senior Associate Dean for Clinical Affairs/Pediatric and Obstetrics. Mr. Dawes presented the vision and goals of the LPCH-Stanford strategic vision to the Medical Center Committee of the Stanford University Board of Trustees on December 12th.

Given tremendous opportunities as well as challenges unfolding in health care – along with the uncertainties of how health care reform will actually unfold over the next several years—the integrated partnership between the School of Medicine, SHC and LPCH is essential and affords us an opportunity to be leaders in unique and important ways. By capitalizing on our unique capabilities in innovation and discovery, our expanding and ever more outstanding physician

leaders and clinical faculty, and our shared efforts in improving the quality of care, the patient experience and the value benefit, we are positioned to create a better vision for the future than the fragmented care system that exists now in our country. The current system, fueled as it is by the “fee-for-service” payment system, is really no system at all – although the Affordable Care Act of 2010, with all its imperfections, was at least a start.

It is clear that over the next several years we will need new tools and insights in the broad field of population sciences. Over the past several years a number of important recruitments have added excellence to a superb faculty in this area that expands across the university. However, until now, these faculty have operated in individual or small spheres of excellence without integrating principles or coordination. Thanks to the work of our Stanford Clinical and Translational Science program, led by Dr. Harry Greenberg, Senior Associate Dean for Research, which coordinates activities across the University, our efforts in population health science are becoming better defined. This is timely indeed – given the increased emphasis funding agencies are placing on innovations in population health sciences. With that in mind, the planning activities in Population Health Sciences over the past year, which have been coordinated by our Office of Institutional Planning led by David O’Brien, have the potential for significant and important outcomes. This will be an important topic at our Strategic Planning Leadership Retreat on January 20-21, 2012.

The field of population health sciences embraces a number of fields (from statistics and epidemiology to informatics, health outcomes, disparities, policy, and healthcare delivery– and more). Stanford is also unique in being able to bring into this equation the enormous technical and basic science advances in genomics and genetics that are being articulated in the Center for Genomics and Personalized Medicine led by Drs. Mike Snyder and Steve Galli. Complementing this are the major advances in early diagnosis led by Dr. Sam Gambhir and his colleagues in molecular imaging – along with the remarkable skills and talents that exist at Stanford in computational biology and informatics.

Given the incredible strengths at Stanford in basic science (which is very much our defining excellence) along with the cross-cutting interdisciplinary research led by our Institutes of Medicine and Centers (each of which have made remarkable contributions this past year), Stanford continues to shed light on basic human biology. Importantly, the growing number of connections among basic research, clinical and translational research and now, increasingly, population health science research, fosters incredibly rich areas of interaction and insight. Indeed 2011 has continued to foster these connections both broadly and deeply.

Just as technology, innovation and discovery are transforming our research agenda and our delivery of patient care, major changes are also taking place in how we think about the education of medical and graduate students – separately and together. Major initiatives are underway by Dr. Charles Prober, Senior Associate Dean for Medical Education, and his colleagues, and this past year has witnessed some intriguing innovations that have caught the attention of medical schools and educators across the US and around the world. This too will be a topic at our January leadership retreat as well as a summit we will host in March with selected medical school peers.

Over the past year we have had a lot of discussion and debate about graduate student and postdoctoral fellow education and training, and a number of initiatives are underway led by Dr. Dan Herschlag, Senior Associate Dean for Graduate Education and Postdoctoral Affairs, and Dr.

Tom Clandinin, Director of CGAP (Committee on Graduate Admissions and Policy). Progress has been made in formulating new approaches for curriculum development in the biosciences – again a topic for further dialogue in early 2012.

In addition to progress in research, education and patient care, we have continued to benefit from inspired leadership and commitment throughout the School of Medicine. In 2011 we welcomed four new department chairs: Dr. Sam Gambhir as Chair of Radiology, Dr. Quynh Le as Chair of Radiation Oncology, Dr. Tobias Meyer as Chair of Chemical and Systems Biology and Dr. Peter Sarnow as Chair of Microbiology and Immunology. At the beginning of 2012 Dr. Will Talbot will become Chair of Developmental Biology, and we are anticipating naming new Chairs of Bioengineering, Urology and Medicine early in the new year. We benefit tremendously from great leadership and even more so from the individual and collective contributions and leadership throughout our Stanford Medicine community.

In 2011 we also became leaders in academic social networking with the launch of CAP-Network, thanks to the efforts of Michael Halaas, Dr. Henry Lowe and the office of Information Resources and Technology. In addition to all that is happening in our community at Stanford, our Offices of Community Health (led by Rhonda McClinton-Brown and Dr. Marilyn Winkleby) and of Global Health (led by Dr. Michele Barry) have created numerous new programs and connections – regionally and worldwide. Importantly, without offering a specific opinion, I am grateful for the contributions of our faculty and students for their dedication and contributions to the discourse that was initiated on December 9th in ***Occupy the Future*** (<http://studentaffairs.stanford.edu/haas/occupythefuture>). Stanford is an incredible community of scholars and their contributions to improving social justice and equity in the US and the world are incredibly important and critically needed.

These brief reflections are just that - some loosely connected remembrances of how our faculty, students and staff are working to make the world a better place. I am awed by their contributions and honored to be part of their community.

Coming January 13th at 9 pm on PBS: Anna Deveare Smith's "Let Me Down Easy"

On Friday, January 13th at 9 pm (check local listing) Anna Deveare Smith's acclaimed ***"Let Me Down Easy,"*** which examines the body and body politic will be shown on Great Performances. A former Stanford faculty member, Anna Deveare Smith is recognized as one of America's most gifted and talent artists and visionaries. The Great Performances production of *Let Me Down Easy* was recorded in February 2011 in the Kreeger Theater at Arena Stage in Washington DC. This performance launched a national tour that included California, during which she visited Stanford and was interviewed by Paul Costello, Executive Director of Communications and Public Affairs (see: http://med.stanford.edu/news_releases/2006/october/deavere.html). I am taking the liberty of including some background information from the recent announcement of this forthcoming presentation.

*"Having been credited with creating a new form of theater, to create **Let Me Down Easy** Smith interviewed an eclectic group of people (300 on three continents) and performs several in an evening that is funny, moving and engaging.*

The title resonates on several levels reverberating with meanings of lost love, the faith that sustains people in times of difficulty, and ultimately, the end of life.

Smith, through her chameleon-like virtuosity, creates an indelible gallery of portraits, from a rodeo bull rider to a prize fighter to a New Orleans doctor during Hurricane Katrina, as well as boldface names like former Texas Governor Ann Richards, legendary cyclist Lance Armstrong, network film critic Joel Siegel, and supermodel Lauren Hutton. She performs 19 characters in the course of an hour and thirty-five minutes. Their stories are alternately humorous and heart-wrenching, and often a blend of both. Building upon each other with hypnotic force, her subjects recount personal encounters with the frailty of the human body, ranging from a mere brush with mortality, coping with an uncertain future in today's medical establishment, to confronting an end of life transition. The testimony of health care professionals adds further texture to a vivid portrayal of the cultural and societal attitudes to matters of health.

With keen observation and understated compassion, Smith – without judgment and maintaining the dignity of her subjects at all times — effortlessly submerges her own persona, and assumes her characters' vocal and physical mannerisms with unerring accuracy.

Despite the profound poignancy of the issues at hand, Smith leavens the evening with many lighter anecdotes, some outright hilarious: choreographer Elizabeth Streb recounts how she accidentally set herself on fire as part of an elaborate birthday celebration; Smith's own Aunt (Lorraine Colman) recalls the last (and distinctly unsentimental) words uttered by her elder sister; and when a Yale School of Medicine oncology fellow informs cancer patient Ruth Katz that the hospital has lost her records — he is dumbfounded to discover she is actually the associate dean of the medical school there. Other characters address the intensity of the will to live even in the face of dire sickness: University of Notre Dame musicologist Susan Youens rhapsodizes on the Adagio from Schubert's String Quintet in C Major, one of over a thousand works Schubert composed before his untimely death at age 31; and while undergoing chemotherapy, Ann Richards defiantly tells of learning how to hang up the phone to preserve her precious "Chi."

Called "the most exciting individual in American theater" by Newsweek magazine, Smith (Fires in the Mirror, Twilight: Los Angeles) turns on this occasion to tell a powerful story which points to the financial and psychological cost of care, the preciousness of life and the inevitability of our mortality.

"Even in the darkest hour, even where the crisis is the greatest, you'll often find people who have the gift of grace, the gift of kindness, the gift of healing," Smith observed. "Ultimately, through this play I am trying to spark a conversation that is easier, and maybe more enjoyable to have through art and entertainment than through politics."

***Let Me Down Easy** was inspired by work she did at Yale School of Medicine, where she was invited as a visiting professor. Bill Moyers dedicated a full hour segment to profiling Ms. Smith and **Let Me Down Easy**, noting with amazement how her play transformed "a houseful of strangers" into "an intimate community."*

Facilities and Master Planning 2011 and Beyond

While the dramatic changes to our medical school facilities that concluded 2010 are not as evident in 2011, an amazing amount of large and small facilities projects and capital planning is underway – with a lot more to come in the years ahead. At the Executive Committee on December 2nd, Niraj Dangoria, Associate Dean for Facilities Planning, and Marcia Cohen, Senior Associate Dean for Finance and Administration, provided an excellent and comprehensive

update on space and facilities projects and planning now underway or coming in the next year(s). In many ways we are at the beginning of the most significant construction projects in the history of the Medical Center and University. Indeed over the next 5-10 years the Medical School and Medical Center, along with the surrounding university, will be further changed and in spite of inevitable challenges and disruptions along the way, will prepare the way for future students, faculty, staff – and of course the patients we care for and serve.

As we get ready to begin 2012, it is important to recognize that over the next 5-6 years the Stanford University Medical Center (SUMC) will be literally and figuratively transformed. In June 2011, following six years of planning, the City of Palo Alto approved the “entitlements” for SUMC including Stanford Hospital & Clinics, the Lucile Packard Children’s Hospital and the School of Medicine projects located in Palo Alto (<http://stanfordhospital.org/newsEvents/newsReleases/2011/city-council-approves-renewal.html>). With this approval in place, projects could now move ahead. Following is a summary of some of the ongoing and planned facilities projects around the School of Medicine, within the Medical Center and just outside our perimeters. Within the Medical Center alone (of course including both SHC and LPCH along with the School) we are looking at well over \$4 Billion in capital expenditures. Clearly this seems staggering – but a number of the most significant of these projects are already underway. Here is some of what is happening:

Immediately Around Us

Just as the Medical School has undergone a major physical transformation during the past several years, so too has virtually the entire University – with more changes still to come. Among the highlights have been a new campus for the Graduate School of Business at the Knight Management Center, a new Law School complex, the new Munger Graduate Housing facilities, the John A. and Cynthia Fry Gunn Building, and the new Science and Engineering Quad, which virtually adjoins the School of Medicine and where the new Bioengineering/Chemical Engineering Building is now under construction – a project shared with the School of Medicine. In addition to new athletic facilities – including a new center now under construction in the Panama corridor and Santa Theresa, work is rapidly advancing on the Performing Arts Center on Campus Drive between Palm Drive and Galvez and the new Arts District just east of the School of Medicine along Porter Avenue.

Over the next couple of years, construction will begin on a new Biology Building just east of the Clark Center. This building will create important east-west axes joining the Medical School with the life and physical sciences and the north-south corridors that join medicine to engineering and environmental sciences. These are extraordinary physical alignments that when complete will further achieve the integration of Stanford University. Over the not too distant horizon (within 5 years) the Cogen plant (energy facility) that is just south of the Li Ka Shing Center for Learning and Knowledge will be relocated to a new site – opening the way for new academic facilities that will further connect other schools to the Medical School. That should open the way to the elimination of Campus Drive to the south of the Medical School, which will create new connections and corridors to the “main campus” – removing the “other side of the campus” mindset that demarcated the “west campus” for decades. This will be made feasible as new traffic patterns emerge around the medical center.

In, Under and Around Us

Of course the big news in our midst is the beginning of the major hospital construction projects at SHC and LPCH. Already the landscapes have changed dramatically as the Welch Road infrastructure projects get underway and with the site preparations for the LPCH expansion (already marked by the demolition of the 701 and 703 Welch Road buildings that once housed a number of medical school faculty and staff). The traffic congestion is significant and regular alerts are being circulated as Hospital Renewal reminders (add <http://stanfordhospital.org/rebuild/>). Work on the construction of a new parking facility at the Hoover Pavilion site on Quarry Road is getting underway and the Day Care Center previously housed at the Hoover site is being relocated to a site near Stock Farm Road.

Several important new medical school facilities on Welch Road are underway or will be during the next year or so. The Jill and John Freidenrich Center for Translational Research (FCTR), located at 800 Welch Road, is the closest to completion; it is slated for occupancy in June 2012. Thanks to the excellence of our facilities staff, this major project is proceeding on schedule and budget. When it opens it will house over 150 research nurses and coordinators and 36 infusion centers to support the Stanford Cancer Institute and the Stanford Center for Clinical and Translational Science. The proximity of the FCTR to the Stanford Cancer Institute and the hospitals is notable and important for facilitating our growing efforts in clinical and translational research. These programs will be further enhanced by our ongoing planning in population health sciences, as described above.

In addition, thanks to a major gift from Dr. CJ Huang, the School of Medicine is now in active planning at an adjoining and companion site, 780 Welch Road, where we will build a 32,000 gross square foot (gsf) building (about the same size as the FCTR). An anchor tenant will be the Asian Liver Center led by Dr. Sam So, Lui Hac Minh Professor of Surgery. The design and planning of the Huang Building will begin in January 2012, with construction planned to begin in early 2013 and occupancy in the spring of 2014. Taken together, the Freidenrich Center and the Huang Building will establish a strong footprint for the medical school's clinical and translational research programs within the medical center. These are all very exciting developments.

Less visible on the surface have been the major strategic planning efforts for animal research facilities. Led by Dr. Sherril Green, Professor and Chair of the Department of Comparative Medicine, along with our Facilities Group, these efforts are defining the Medical School's research animal needs and plans over the next 2-3 decades. A critical component of the resulting plan (which will be presented shortly to the Executive Committee) will be construction of a 21,000 gsf Satellite Research Animal Facility (SRAF). This temporary SRAF (which has a projected life of 10-15 years) will house approximately 21,000 mouse cages and support facilities. Construction of the SRAF will commence in the spring of 2012 and will be completed in December 2012. The SRAF is critically important and in fact is essential for permitting the renovations that must be done in the current Research Animal Facility (RAF) 1 and 2. The Animal Master Plan also addresses the further utilization of other vivaria on campus that house large and small research animals. The Master Plan also addresses the need for future vivaria in the planning of future research buildings.

As a result of the City of Palo Alto "entitlements" approval, design planning will begin in early 2012 for the Foundations in Medicine 1 (FIM1) building, which will be located on the lawn just north of the CCSR (Center for Clinical Sciences Research). This 200,000 gsf research building

will face the new Stanford Hospital across Pasteur Drive and will provide a gateway and connection to the north/south and east/west connections that align the medical center and connect to the rest of the university. When completed FIM 1 will provide 640 wet bench equivalents along with faculty offices and other research support facilities. At this point the plan is to design FIM1 generically with the recognition that, given the incredible amount of hospital construction about to begin in close proximity and several other considerations, it will not be completed until 2017. However, planning is important since, in tandem with the FIMs and SIMs, continued assessment of the Edwards, Lane, Alway, and Grant complex is imperative as part of our overall facilities planning. Indeed, we are awaiting the results of a new seismic study that could impact how we handle some of these original 1959 Medical School buildings (especially the Edwards building) in the short run of the next 3-6 years. Differential plans are being put into place for the other buildings – with the expectation that the Grant Building (which faces Campus Drive to the east) is likely to remain in operation for at least another 10-15 years. Indeed, today major projects are being completed in the Alway and Lane Buildings that will house administrative offices for the Departments of Medicine and Pediatrics beginning in the spring of 2012.

Also less visible from the ground level is the completion of the Lucas Building Magnet Renovation project that offers newly improved technology for advanced imaging through the Department of Radiology. Further planning is underway for the Fairchild Science Building, which will ultimately need to be converted from a science to an administrative facility, because of its irremediable infrastructure limitations. In the interim, a number of projects to refresh or update needed improvements (some cosmetic) in the Fairchild Building are underway.

In addition to major facilities planning and capital projects, dozens of construction projects and renovation projects are underway or have been completed in virtually every medical school building. Some of these are deferred maintenance but many represent new programmatic needs and revisions – all taking time, effort and coordination. Needless to say, each year (and sometimes it seems like each day) brings new requests and needs that require attention and planning. Space is a commodity we have in short supply – and while this is a constant challenge, at least we don't suffer from the challenges many of our peers are now facing with unfilled and unfunded space at a time when research funding will be more limited and challenged. However, that is not to say that continued development of space – both renovation and construction – is not among our highest priorities and needs if we are to remain a competitive world-class institution for innovation and discovery. And, without new hospital facilities we simply could not offer the services our patients need – and deserve.

Just Outside Our Immediate Perimeter But Closely Connected

As you know from prior communications, the School of Medicine currently leases over 500,000 sq ft of space “off-campus” – from Sand Hill Road to Menlo Park to California Avenue to Arastradero. These facilities house administrative services, medical development and large and small research programs and laboratories for wet and dry research. Over the past several the School of Medicine has explored the possibility of developing a campus for technology and innovation that might consolidate a number of its programs and bring them into close proximity. We considered doing this at the Redwood City site or at the so-called Roche site, but for a variety of reasons these opportunities did not materialize.

As is often the case, sometimes failed efforts breed better opportunities, and that now appears to be unfolding at the Technology and Innovation Center being developed on Porter Drive, just

across Page Mill Road – within an easy bike commute (of course with helmets and lights) from the main campus. This evolving site will enable us to bring together “big science” programs that require more space than can be provided on campus and that can function in more of a delivery mode with less reliance on the interdisciplinary work that best takes place on campus. Of considerable importance, the Porter Avenue site abuts the VA hospital, where we have important and major research collaborations, where nearly 100 School of Medicine faculty are located and where major research developments are underway that are aligned to our shared overarching goals and programs. Porter Avenue is also near our Arastradero sites, which have also matured over the years and which are now providing a home for important neuroscience programs – just as they did for stem cell biology and regenerative medicine prior to the construction of the Lorry Lokey Building.

It is presently anticipated that Stanford will occupy seven buildings on Porter Drive – three by business units from the University and the rest by research groups and administrative units of the School of Medicine. Currently envisioned anchor programs include the Center for Genomics and Personalized Medicine, the Genome Technology Center, the Center for Early Cancer Detection, and the Stanford Center for Sleep Sciences and Medicine. Over time between 1200-1500 researchers and staff will occupy this site, thus creating a sense of community. The School of Medicine is currently in the midst of renovating several buildings:

- *3165 Porter Drive* provides 91,000 gasf; construction will commence in the summer of 2012, and occupancy is planned for the spring of 2013.
- *3155 Porter Drive* offers approximately 63,000 gasf and, in addition to research laboratories, will provide vivarium space.
- *3172 Porter Drive* will be used for administrative functions and will help consolidate programs including the Research Management Group, Human Resources, Finance, the Office of Institutional Planning, the Office of Communications and Public Affairs, Information Resources and Technology, Office of Facilities Planning and the Office of Hospital and Medical Development. The construction of this facility will begin in early 2012 and planned move-in will be in the summer of 2012.

What About Sustainability

In both new construction and renovation the School of Medicine remains committed to being a leader in sustainability and to reducing energy resources and saving money. To accomplish this we are completing a number of energy-based renovations including the Beckman Building, MSLS (Medical School Lab Surge at the Lucas Center), the MSOB (Medical School Office Building), the Hagey Pediatric Research Building, Psychiatry and others. In addition to being environmentally responsible, these facilities save water and electricity consumption and are already resulting in an annual saving of nearly \$850,000 per year.

We have had mixed results with some of our major new construction sites. For example, the Lorry Lokey Building is consuming even less energy than its design called for – which is great news. And the recycled cage project in the SIM1 vivarium saves over 9 million gallons of water annually. Unfortunately the Li Ka Shing Center for Learning and Knowledge has not fulfilled its energy model and adjustments will be necessary over the next year.

We plan to carry successful energy saving innovations to future construction and renovation projects.

What are the Operational and Capital Projects You Can Anticipate Over the Next 12 Months and Beyond?

Facilities construction and renovation are constant projects and new challenges emerge daily. Over the next year we plan to address some of the audiovisual problems in the LKSC as well its energy and HVAC problems. We will also be renewing contracts for food services and working diligently to better integrate health and safety into facilities operations. As of this report there are over 15 significant construction and facilities projects we expect to complete over the next year – and it seems safe to anticipate that others will be added to this list. Each provokes the important questions about the adequacy of current and future space, how effectively we are using what we have and planning what we need. Throughout, our planning of ongoing and future efforts will require close collaboration with our hospital partners at SHC and LPCH since the simple coordination of facilities projects will be an amazing challenge in its own right.

We also need to better plan facilities to house clinical faculty – which is rapidly becoming a rate-limiting step in our ability to recruit additional faculty. Clearly this will need to be a very high priority, and we have concurrence that joint planning on this issue will begin in earnest in the early part of 2012. In addition to space for clinical programs and faculty, we constantly need to refresh our views about the right balance of research space and how changes in science alter the mix of wet and dry space along with space for computers and technology. Of course, doing our best to match capital needs with affordable space will be critical during the next decade, when the funding for research will be more challenging and the pressures on clinical programs – including the balance between inpatient and ambulatory programs – ever more significant.

We have made a lot of progress over the past decade. Some of our accomplishments can be viewed as transformative. But as you will hopefully conclude from this report, transformation is a constant work in progress – and much remains to be done!

The Office of Communication & Public Affairs Has a New Website

The Office of Communication & Public Affairs (OCPA) released a new version of its website earlier this month to make itself even more available to the media and members of the Stanford community. To see it, please visit: <http://mednews.stanford.edu/>.

The new site highlights the services that OCPA provides to faculty, students and staff; makes it easier for members of the media to connect with OCPA staff and medical school experts, and showcases the diverse content the group produces. The new site also features biographies and contact details for OCPA employees, as well as contact lists that can be shared and customized. The site was developed in partnership with the Office of Information Resources & Technology.

The Fall Issue of Stanford Medicine Focuses on Cancer

The Fall 2011 issue of *Stanford Magazine*, a special report on cancer, paints a very mixed picture of where we are in the so-called “war on cancer.” The lead story goes so far as to say that America stands on the verge of squandering its hard-won ammunition in this “war.” While data and insights pour in as never before, the efforts to prevent, treat and cure cancer face daunting obstacles. Prime among them: a dysfunctional cancer clinical-trial system, disastrous drug shortages and a health-care system unable to deliver cancer care at an affordable price.

Decades of investment and innovation have pushed the understanding of cancer far beyond what was known when President Nixon declared the “war” in 1971. Huge investments of time, intellect and dollars have worked miracles for some types of cancer, but obviously, not all. And while leaps in understanding of cancer biology have become nearly commonplace over the past few decades, resulting in a strong base of science to build on, this pace of discovery can’t be taken for granted. Given the economic downturn and national debt burden, prolific spending on research is unlikely, no matter how fruitful its promise.

The issue includes an article entitled “Cancer’s next stage,” which describes challenges and solutions in cancer research and care at this precarious time. It’s time to shake things up, said many cancer experts. In fact, Pulitzer-winning author and oncologist Siddhartha Mukherjee, MD, (*The Emperor of All Maladies*) suggested we would be wise to do away with the cancer war imagery altogether. As he said in this issue’s Q&A: “I think we need to re-create narratives to understand what is happening. Harold Varmus [director of the National Cancer Institute] said to me, ‘Wars are things we win and lose, but solving cancer is like solving a jigsaw puzzle. And you don’t win or lose a jigsaw puzzle; you solve it or you don’t solve it.’”

The magazine, including web-only features, is available online at <http://stanmed.stanford.edu>. Print copies are being sent to subscribers. Others can request a copy at (650) 736-0297 or medmag@stanford.edu. I highly recommend it to you. And congratulations to the Office of Communication & Public Affairs for another outstanding issue of *Stanford Medicine*.

Memorial Service Celebrates the Remarkable Accomplishments of Dr. Gary M. Glazer

On Saturday, December 3rd, the Department of Radiology and the Glazer family hosted a Memorial Service to honor and celebrate the life and accomplishments of Dr. Gary Glazer, who served as Chair of the Department of Radiology from 1989-2011 and who served as the Emma Pfeffer Merner Professor in the Medical Sciences. Dr. Glazer died on October 17, 2011 following an eleven-year battle with cancer. Dr. Norbert Pelc served as the Master of Ceremonies for the service at the CEMEX Auditorium. Dr. Glazer’s exceptional contributions, from medical student to trainee, faculty member, department chair and internationally renowned physician-scientist and leader, were recounted with respect and deep caring by longstanding colleagues and trainees. Dr. Glazer’s impact on the field of radiology, his transformation of Stanford’s Department of Radiology and the community of excellence he created will endure for many decades to come. While his memory will be carried by family, friends and colleagues throughout the world, his impact on education and teaching will be memorialized at Stanford by the naming of the Gary M. Glazer MD Radiology Learning Center.

Upcoming Events

2012 Katharine D. McCormick Distinguished Lecture: Dr. Christiane Nüsslein-Volhard,
Nobel Laureate

Tuesday, January 24

4-5 pm followed by reception

Li Ka Shing Center for Learning and Knowledge (LKSC Bldg.-Berg Hall)

On behalf of the McCormick Lectureship Committee, we are delighted to announce that Dr. Christiane Nüsslein-Volhard, Nobel laureate and Director of the Max Planck Institute for Developmental Biology in Tübingen, Germany will present the 2012 McCormick Lecture. The title of her presentation will be, "The Development of Color Patterns in Fishes: Towards an Understanding of the Evolution of Beauty."

Please plan to join us for this distinguished lecture on January 24, 2012 and a reception afterwards. To register for the lecture, please click on this link: <https://www.onlineregistrationcenter.com/register.asp?m=275&c=14> If you have any questions, contact Lydia Espinosa at lydiae@stanford.edu or 650-724-0239.

The McCormick Lectureship:

Katharine Dexter McCormick, an early feminist, devoted much of her long life to the welfare of women. On her death at age 92, she left a large bequest to the Stanford University School of Medicine with the hope that it would be used "in aid of women students attending the School of Medicine and more generally for the encouragement and assistance of women in pursuing the study of medicine, in teaching medicine and engaging in medical research." The McCormick Lectureship is one of the ways of fulfilling the wishes of Dr. McCormick.

Cultural Considerations in Population Health Research and Clinical Practice Series
Interactive Workshop Series over Dinner for Stanford School of Medicine Faculty

Session 1: "Health Disparities and Implications for Patient Care and Research"
Thursday, January 5
5:30 pm – 8:00 pm
Always Building, Room M112

Dr. Clarence Braddock will kick off the Cultural Considerations in Population Health Research and Clinical Practice Series by providing an introduction to health disparities and discussing its implications for patient care and research through this interactive workshop.

Junior faculty are strongly encouraged to attend. Dinner will be provided. Due to limited seating, please kindly RSVP for the January 5 session by **Thursday, December 15, 2011** at:
<https://www.onlineregistrationcenter.com/register.asp?m=275&c=13>

Upcoming Sessions: Cultural Considerations in Population Health Research and Clinical Practice Series

Session 2: "Cultural Humility and the Space Between Us: The Case of the Police Officer and the Professor"
Jan Murray-Garcia, MD, MPH
Assistant Adjunct Professor, UC Davis School of Nursing
Thursday, February 2, 2012 | 5:30 - 8 PM | Always, Room M112

Session 3: "It Is Not What You Say, It Is What They Hear: Cross Cultural Communication and Building Trusting Relationships"

VJ Periyakoil, MD

Clinical Associate Professor of Medicine, Stanford University; and Director, Palliative Care Education and Training

Thursday, March 1, 2012 | 5:30 - 8 PM | Alway, Room M112

Session 4: "Cultural Considerations in Minority and Low Income Recruitment into Clinical Trials"

LaVera Crawley, MD, MPH

Assistant Professor of Pediatrics, Stanford University

Thursday, April 5, 2012 | 5:30 - 8 PM | Room TBD

For more information, please contact Rhonda McClinton-Brown (rhondam@stanford.edu) or Diana Austria (daustria@stanford.edu).

The Cultural Considerations in Population Health Research and Clinical Practice Series *is* sponsored by the Office of Community Health and the Office of Diversity and Leadership and funded by the Stanford Clinical & Translational Science Award (CTSA).

Awards and Honors

- **Dr. Ken Cox**, Senior Associate Dean for Clinical Affairs/Pediatric and Obstetrics, Professor of Pediatrics, Director of the Center for Transplantation, and Chief of Pediatric Gastroenterology and Nutrition at Lucile Packard Children's Hospital, will be the recipient of the American Liver Foundation's "Salute to Excellence" Award.
- **Dr. Stuart Goodman**, the Robert L. and Mary Ellenburg Professor, has been elected to the College of Fellows of the American Institute for Medical and Biological Engineering (AIMBE).
- **The VA Palo Alto Health Care System** is the recipient of the Carey Award for its excellent performance in patient care, patient satisfaction, quality, safety and business practices.

The Stanford Medical Youth Science Program (SMYSP) was named as a 2011 recipient of the Presidential Award for Excellence in Science, Mathematics and Engineering Mentoring. The award, the highest honor bestowed by the U.S. government for mentoring in these fields, carries a \$25,000 prize from the National Science Foundation to help further SMYSP's efforts. **Marilyn Winkleby, PhD**, Professor of Medicine at the Stanford Prevention Research Center, founded SMYSP in 1988 with two pre-med students, and has since served as its faculty director. Each year, 10 Stanford undergraduates oversee the summer residential program, which focuses on low income and under represented minority high school students from Northern and Central California.

Appointments and Promotions

Catherine Blish has been appointed to Clinical Associate Professor of Medicine, effective 12/1/2011

Paul R. David has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 10/1/2011

Luis De Lecea has been promoted to Professor of Psychiatry and Behavioral Sciences, effective 12/1/2011

Balaji Govindaswami has been appointed to Clinical Professor (Affiliated) of Pediatrics, 12/1/2011

Liliana K. Hamlett has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2011

Michael Hirschklau has been reappointed as Clinical Associate Professor (Affiliated) of Pediatrics, effective 9/1/2009

Aaron Ilano has been promoted to Clinical Associate Professor (Affiliated) of Surgery, effective 9/1/2011

Priya Jegatheesan has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 12/1/2011

Susy Shu-Hsin Jeng has been appointed to Clinical Assistant Professor of Neurology and Neurological Sciences, effective 1/1/2012

Yeuen Kim has been appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 11/1/2011

Andrea Kwan has been appointed to Clinical Associate Professor of Genetics and of Pediatrics, effective 10/1/2011

Haydn H. Leung has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 10/1/2011

Cathleen M. Ligman has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 9/1/2011

Ann Lindsay has been appointed to Clinical Professor of Medicine, effective 1/1/2012

William Davidson Ogden has been reappointed as Clinical Assistant Professor of Cardiothoracic Surgery, effective 12/1/2011

Kendra Peterson has been appointed to Clinical Associate Professor (Affiliated) of Neurology and Neurological Sciences, effective 11/1/2011

Marlyanne M. Pol-Rodriguez has been appointed to Clinical Assistant Professor of Dermatology, effective 12/1/2011

Peter Pompei has been appointed to Clinical Professor of Medicine, effective 12/1/2011

Edward Rustamzadeh has been promoted to Clinical Associate Professor of Neurosurgery, effective 1/1/2012

Kenneth Sakamoto has been appointed to Clinical Associate Professor of Medicine, effective 12/1/2011

Allison T. Siebern has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 12/1/2011

Mark Thanassi has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 10/1/2011

Philip S. Tsao has been reappointed to Professor (Research) of Medicine, effective 12/1/2011

Eva Weinlander has been reappointed as Clinical Associate Professor of Medicine, effective 9/1/2011

Dean's Newsletter

January 9, 2012

2012: What Comes Next

Even before joining the Stanford community on April 2, 2001, I was mindful of the reality that the future success of an academic medical center like Stanford could be dramatically altered by a varying constellation of internal and external forces and events. I knew that some of these were controllable, while others were less amenable to modulation or alteration. This reality was all too evident in the consequences of the merger and de-merger with UCSF that antedated my arrival and was reflected in the outlines of my strategic thinking at the time, which I shared in my first Dean's Newsletter (see: http://deansnewsletter.stanford.edu/archive/04_02_01.html). It also helped define the foundations of our Strategic Plan, "*Translating Discoveries*," which was first formulated during our first Strategic Planning Leadership Retreat on February 8-10, 2002 (see: http://deansnewsletter.stanford.edu/archive/02_04_02.html and http://deansnewsletter.stanford.edu/archive/02_18_02.html#3) and which has been continuously refined over the now nearly past 11 years. It has also helped define many of the initiatives we have undertaken during this time.

Throughout this time I have tried to keep in mind that whatever changes we made should have a view and purpose toward shaping the future and that, ideally, they should stand the test of time. Of course universities – and perhaps especially academic medical centers – must be prepared to change and adapt, but it is important that those changes stay true to fundamental underlying principles and that the directional compass optimize continued success over time. Institutions like Stanford become great because of the quality, depth and excellence of the human capital that

resides in our students, faculty and staff. And while the independent pursuits of uniquely talented individuals create unforeseen opportunities, it is also vital to create alignments and interactions around shared goals and objectives so that, over time, the whole constantly grows to become greater than the sum of its parts. In many ways, “what come next” is ideally informed by what currently exists and whether it is matched to immediate and future challenges and opportunities. Change is always important to bring vibrancy and renewal to organizations (and individuals), but it is also best framed in the context of the history and fundamental values that have defined an institution. Of course these can be changed – but such fundamental change should be done with deliberation and not inadvertently or reactively.

In my initial encounters with Stanford Medicine in 2000, when I was asked to consider becoming dean, the uniqueness of this institution was immediately apparent. In many ways, appreciation of that uniqueness has grown with each passing day and year since it adds to our great strengths as well as not insignificant challenges. For example, it is common wisdom that compared to peer institutions we are among the smallest – in the number of faculty in our ranks, the number of students and trainees we educate and train, and the size and scope of our clinical programs and related resources. “Small” is not a term that many individuals would apply to Stanford – largely because the magnitude of our impact is often so great. But “being small” is very much part of the Stanford culture, not only at the School of Medicine, but also at all of the seven schools that comprise our University.

Equally if not even more important at Stanford is a culture that values innovation, discovery, research, entrepreneurship and exploring the intersections and boundaries of interdisciplinary and transdisciplinary research and education. Indeed, becoming increasingly integrated into the university – with interactive educational and research programs with colleagues in engineering, arts and humanities, environmental and social and physical sciences, as well as business, law and education – makes Stanford Medicine stand out from virtually every other academic medical center. More often, medical schools and teaching hospitals are physically separated from each other and nearly always remote from their parent universities. That is not the case at Stanford, where physical proximity and interaction afford easily accessible opportunities for collaboration and the sharing of ideas and programs. While much of this is fostered by the “Brownian movement” that occurs when students, postdocs, faculty and staff “run into” each other, it has also been facilitated by the interdisciplinary programs that have evolved over the past decade across the university to forge new opportunities for interaction. Some of these emerged through the University’s Stanford Challenge campaign, while others were created and developed through our strategic plan.

Interdisciplinary Education and Research

Among the most notable university-wide interdisciplinary initiatives over the past decade have been Bio-X (<http://biox.stanford.edu/index.html>), the joint School of Medicine and School of Engineering Department of Bioengineering (<http://bioengineering.stanford.edu/>), the Initiative on Human Health (<http://giving.stanford.edu/get/layout/tsc/HumanHealth>), the Woods Institute for the Environment (<http://woods.stanford.edu/>), and the Freeman-Spogli Institute for International Affairs (<http://fsi.stanford.edu/>). Each has created new bridges between schools and people. These efforts build on the unique partnerships forged by faculty and students and add to numerous other examples of joint and shared programs for research and education.

Stanford Institutes of Medicine and Strategic Centers

In tandem with these efforts the School of Medicine has evolved its strategic plan (see: <http://medstrategicplan.stanford.edu/>) to develop five interdisciplinary Stanford Institutes of Medicine along with three Strategic Centers to foster collaboration, interaction and innovation education, research and patient care. The Stanford Institutes of Medicine include the Stanford Cancer Institute (<http://giving.stanford.edu/get/layout/tsc/HumanHealth>), the Stanford Institute for Stem Cell Biology and Regenerative Medicine (<http://stemcell.stanford.edu/>), the Stanford Cardiovascular Institute (<http://cvi.stanford.edu/>), the Stanford Institute for Neuro-Innovation and Translational Neurosciences (<http://neuroscience.stanford.edu/>), and the Stanford Institute for Immunity, Transplantation and Infection (<http://iti.stanford.edu/>). Faculty in the Stanford Institutes of Medicine come from basic and clinical science departments in the medical school as well as across the university and create new communities of faculty and trainees to promote innovation and discovery – as well as new models for education and training. The operating principles governing the Stanford Institutes of Medicine were codified in a “white paper” in December 2006 (<http://med.stanford.edu/institutes/guidelines.pdf>) that provides an important foundation for organization. Over the past two years the clinical cancer, cardiovascular and neuroscience programs have been integrated into the Institutes of Medicine as part of an integrated strategic planning effort between Stanford Hospital & Clinics and the School of Medicine.

In tandem with the Stanford Institutes of Medicine, several crosscutting “strategic” centers have been established to foster interaction among departments, institutes and others across the medical school and medical center. These include the Stanford Center for Clinical Informatics (<https://clinicalinformatics.stanford.edu/>) the Center for Biomedical Imaging (<http://cbis.stanford.edu/>) and the Center for Genomics and Personalized Medicine (<http://stanfordhospital.org/newsEvents/newsReleases/2011/personalized-medicine.html>). Importantly, the medical school and its departments host numerous other centers that foster, promote and support both broad and more defined missions and programs in research, education and patient care and that share in common the goal of enhancing our unique academic environment.

Clinical and Translational Research and Medicine

While excellence in basic science remains the foundation and a unique strength of Stanford Medicine, considerable effort and investment have been made in enhancing programs in clinical and translational science. Of note has been the success of the Stanford Center for Clinical and Translational Education and Research under the banner of Spectrum (<http://spectrum.stanford.edu/>). In addition to its broad range of programs to support and educate students and faculty in clinical research, Spectrum also helps align innovative programs like SPARK (<http://sparkmed.stanford.edu/>) and BioDesign (<http://biodesign.stanford.edu/bdn/index.jsp>). These programs are rapidly becoming models of excellence in clinical and translational innovation, discovery and development for new drugs, biologics and devices – and are extending Stanford’s collaboration locally and globally. A burgeoning program to foster innovation in global health is also rapidly evolving through the Center for Innovation in Global Health (<http://globalhealth.stanford.edu/>).

In addition, our focus on population health sciences – ranging from biostatistics and epidemiology to health policy and innovations in healthcare delivery – has been undergoing significant development and has been receiving increased discussion among faculty leaders (http://deansnewsletter.stanford.edu/archive/05_23_11.html#1). This initiative will be further

discussed at the Annual Strategic Planning Leadership Retreat that will take place on January 20-21, 2012.

Education

The spirit of interdisciplinary interaction has been a tradition in education at Stanford and has been very much “center stage” in our strategic planning. Since the major curriculum changes that were introduced in 2003, continued evolution has occurred. For example, medical students now have the ability to pursue joint degree programs in every school at Stanford. Training outstanding physicians and leaders who become excellent clinicians as well as physician scholars and physician scientists is becoming a strong tradition at Stanford Medicine. Research, including a “Scholarly Concentration,” is a centerpiece of our MD curriculum (<http://med.stanford.edu/md/>) and is coupled with other major innovations that are currently being developed (http://deansnewsletter.stanford.edu/archive/09_13_10.html#1). As we train leaders we are also mindful of educating medical students about excellence in clinical medicine and humanism, and we have recently introduced unique programs such as Educators For Care (<http://med.stanford.edu/e4c/>).

We also have a long tradition of excellence in MD/PhD education through the Medical Science Training Program, which has recently been extremely favorably reviewed and which will help us further expand the number of MD/PhD students we will admit to Stanford (http://med.stanford.edu/combined_degree/). Although the PhD curriculum has not undergone major revision for some time, considerable work on a proposed new program for graduate education has been underway since our 2010 Think Tank on Thinking About Graduate Education and our 2011 Leadership Retreat (http://deansnewsletter.stanford.edu/archive/09_13_10.html#1) and will be among the topics for discussion at the Annual Strategic Planning Leadership Retreat this year.

Patient Care

In addition to our missions in research and education, patient care has been the focus of considerable attention over the past many years and is clearly the beneficiary of our missions in education and research. Without doubt we have witnessed considerable uncertainty and concern in recent years about major changes likely to unfold through healthcare reform and specifically the Affordable Care Act (ACA) of 2010. I have written frequently about this topic in prior Newsletters (http://deansnewsletter.stanford.edu/archive/03_07_11.html). The debate about healthcare has been dominated by political agendas and often loses its focus and moral compass. And we are all witnessing the political – and soon the judicial – debates about the future of the ACA. There is no question that the current healthcare system is not financially sustainable or even really functional, and the need for change is essential and urgent. While many approach this issue with dread and even despair, I think we have the opportunity to emerge as national leaders by developing novel and innovative approaches to healthcare delivery with a heightened emphasis on sustaining the health and wellbeing of the communities we serve, regionally and beyond.

With that in mind we have been working diligently with our colleagues at Stanford Hospital & Clinics (SHC) and at the Lucile Packard Children’s Hospital (LPCH) to plan strategically for a future that envisions major changes in how and where clinical care is delivered (http://deansnewsletter.stanford.edu/archive/04_05_11.html#1). While the models for adult and pediatric care differ somewhat, both are grounded in the fundamental question of how we can

transform Stanford University Medical Center to be the national model for leading edge innovation and coordinated complex care as well as outstanding primary and secondary care. We need to transform how, where and when care is delivered and how disease management can be complemented with disease prevention and health improvement.

Integrated planning involving the School of Medicine and SHC is actively underway to achieve these goals in cardiovascular health, cancer and neuroscience. Each of these is currently an area of strength, but the planning focus is on developing new models of innovation and clinical care delivery that can further differentiate SUMC as a true model of excellence. One advantage we have in our integrated clinical planning is the alignment between the faculty and the hospital resulting from the “Funds Flow Model” that was developed between the School of Medicine and SHC in 2005 (http://deansnewsletter.stanford.edu/archive/02_22_05.html#1) and that has been complemented by a new Funds Flow Model between SoM and LPCH over the past year.

But simply providing excellent care is insufficient. Care must also be delivered with great patient satisfaction and be valued by consumers and payers, whether provided in in-patient or ambulatory settings. Major initiatives are underway at SHC and LPCH to improve the patient experience, enhance quality performance, increase efficiency and reduce expenses. Major investments continue to be made in information technology, and the electronic medical record (EMR) at SHC is among the most technologically comprehensive in the nation. Major investments are now being made for the construction of major new hospital facilities at both SHC and LPCH – indeed, this is the largest and most comprehensive facilities project in the history of the medical center, university and City of Palo Alto (<http://stanfordhospital.org/rebuild/>).

Major initiatives are also underway to develop a program in primary care through the Department of Medicine and a regional network of care through our faculty practice and the University Healthcare Alliance and the Packard Health Group. While primary care has not been a major area of focus in the past, that priority is now changed, with efforts underway to develop a significant program that will offer a range of clinical services both within the Medical Center and distributed regionally. New models of clinical care delivery for patients with chronic medical conditions are being developed – including the novel Ambulatory-ICU model (http://deansnewsletter.stanford.edu/archive/03_07_11.html#2) that will become operational in the spring of 2012. Other novel initiatives in healthcare delivery are being developed through the newly established Clinical Excellence Research Center (<http://med.stanford.edu/ism/2010/may/milstein.html>).

Faculty and Students

Without question the most important resource we have is the excellence of our faculty, students and staff. It is their uniqueness and creativity that makes Stanford the institution it is today and what it will be in the years and decades ahead. I noted above that compared to peers Stanford is small in numbers but outstanding in quality. In a number of important ways, limiting growth compels us to optimize quality and excellence in every decision we make – about students, faculty and staff. While we have a total of approximately 470 medical students (including those pursuing MD/PhD degrees) we have limited the size of each entering class to 86. A majority of medical students stay for five or more years in order to pursue research and scholarship and/or a joint degree. We also have the lowest amount of student indebtedness at graduation for MD students of any school in the country – an asset that helps students with their short and long-term

career planning. Our students all engage in some research activity and author more scientific or other publications per number of students than any school in the nation. We also have approximately 520 students pursuing PhD degrees, many in interdisciplinary programs, and a selected number in a unique Masters in Medicine Program (<http://msm.stanford.edu/>).

In addition, we have approximately 800 residents and clinical fellows at SHC and LPCH (with affiliated programs at the Palo Alto VA, Santa Clara Valley Medical Center and Kaiser) and over 1100 postdoctoral fellows in our research programs. Increasingly we are exploring ways to align education across the continuum from undergraduate education through advanced fellowship training— such as through the recently launched Stanford Society of Physician Scholars (<http://ssps.stanford.edu/>).

Currently the faculty numbers at Stanford average less than half of those at peer schools but, once again, quality per faculty is outstanding. The aggregate numbers of faculty can be illusory. Presently there are about 870 full time faculty and just over 400 clinical educator faculty. Because our size is small, we understandably fall short on metrics based on aggregate numbers (such as total NIH funding). Looked at on a per faculty basis or as a percent of faculty, the picture looks quite different. For example, Stanford Medicine ranks #1 in the nation in the amount of NIH funding per faculty member. We have more winners of NIH Pioneer Awards (a reflection of innovation) than any other school. On a percentage basis, we have more faculty who are Members of the Howard Hughes Medical Institute and a higher percentage of our faculty who have been elected to the Institute of Medicine and the National Academy of Sciences than any other school. There is no question that the impact of our faculty well exceeds sheer numbers. And many of our faculty are reasonably new to the medical school: over the past 10-11 years we have recruited over 550 of the full-time faculty and a very high proportion of our clinician-educator faculty.

In addition to their success as scholars, clinicians and educators, many of our faculty have developed as leaders in science and medicine. This has been aided by the work of our Office of Diversity and Leadership (<http://med.stanford.edu/diversity/>), which has instituted a number of important development and training programs – some of which have been done in partnership with our teaching hospital colleagues and university partners. In addition to developing leaders, considerable effort and some success has been achieved in the diversity of faculty, one of our highest continuing priorities.

Financial Resources, Planning and Challenges

The financial underpinnings of academic medical centers are complicated since they rely on multiple sources: sponsored research, clinical income, endowment, gifts, royalties (and for public institutions, state or federal funds). Most academic medical centers are highly leveraged on clinical income that is transferred from teaching hospitals to subsidize missions in education and research, both of which require institutional support. Even for “research intensive” medical schools, clinical income usually exceeds all other sources. When looked at as a single entity, many medical schools have very narrow margins, and many run deficits that are offset from clinical income. This has been the history of academic medicine for much of the second part of the 20th century through now – largely reflecting the clinical revenues and margins of most hospitals. But this is a pattern likely to change as clinical revenues become more limited and challenged and opportunities for cross-subsidization become more constrained. This is where size, balance and expectation become important – and where “right-sizing” is critical (this

activity is currently being pursued by a number of peer institutions who have, in some ways, grown beyond their supply lines).

The financial picture at Stanford reflects the mission and character of our institution – and it is one that has changed quite dramatically over the past decade. Indeed, early in the decade, our teaching hospitals had negative financial margins, and the unrestricted resources in the medical school were limited in amount and sustainability. That picture has changed considerably for the better. In the aggregate, Stanford University Medical Center in 2011-2012 is quite healthy. Both teaching hospitals are profitable. And since 2003, the School of Medicine has had an average positive contribution to its consolidated budget of \$29 million per year, with \$49 million in FY11. This is based on an annual revenue base that has increased to nearly \$1.4 billion. Unlike the situation at our peer institutions, sponsored research grants and contracts comprise our largest single source of revenue (38%), while clinical income is 32% (up from 31% in FY10). Importantly, research activity as well as clinical activity has continued to increase – despite the changes in federal funding for research and the pressures of healthcare expenditures. In fact total research expenditure activity increased by 13.8% (compared to 18.1% in FY10) and non-ARRA research expenditures increased by 9.7% in FY11 (compared to 7.7% in FY10). While there are a number of factors contributing to these exceptional increases (compared to most peers) the most important is the quality of grant submissions – which is a reflection of the talent, creativity and innovation of our faculty and their colleagues.

Equally important, our clinical programs have continued to grow and excel over the years – again reflecting the quality of faculty and trainees, many of whom have been recruited during the past decade. Our success also reflects our integration and alignment with SHC and LPCH, including, as noted above, the “funds flow” agreements with each teaching hospital. Based on these and other factors, including overall clinical productivity, our six year CAGR (compound annual growth rate) in net clinical operating surplus has increased by 16% from 2005 to 2011. Significantly, the clinical departments “clinical surpluses” increased from FY10 to FY11 by an average of 130%, and all of the departments had clinical surpluses.

Although endowment constituted only 8% of the medical schools consolidated revenues in FY11, it is important to note that as of August 31, 2011 the market value of the School of Medicine endowment was \$2.156 billion. This is still slightly less than the \$2.2 billion level in August 2008 prior to the financial meltdown, but it is evidence of significant recovery – which will exceed the projected date (2015-6) of recovery that we had forecast. This result reflects both excellent investment returns as well as significant addition to principle. While the level of endowment and the amount of expendable reserves (\$572.8 million as of August 31, 2011) are notable, it is also important to underscore that the vast majority – in some cases over 85% - of these funds are restricted to specific uses that cannot be changed by faculty, department chairs or the dean’s office. Nonetheless, the endowment plus reserves provides a cushion of security against uncertain times – especially when coupled with increased revenue from sponsored research and clinical income.

In the aggregate these financial data demonstrate considerable financial success for the School of Medicine – especially when compared to the situation a decade ago. But they need to be viewed in the context of what is coming next – specifically, a reduction in federal (and possibly state [aka CIRM, the California Institute for Regenerative Medicine]) support for research and the likely decreases in healthcare revenues as a consequence of reform and the ACA. While these

changes reflect national agendas – and continued economic pressure – it is still uncertain how they will impact SUMC. Of course we must plan for negative impacts – but we must also plan for programs and initiatives that will foster future success.

Physical Resources and Planning

The past decade has seen major changes on our physical landscape and capital resources, and this coming decade will continue this trend. In the December 12, 2011 Newsletter I summarized the major facilities activities that will impact SUMC – both on and immediately off-campus (http://deansnewsletter.stanford.edu/archive/12_12_11.html#5). Among these, the size, scope and complexity of the hospital renewal projects at SHC, LPH and the Hoover site are daunting by any measure and are already having an impact. The next 5 years will witness incredible construction accomplishments and challenges that will affect all of us. But by the end of this decade, SUMC will be truly transformed (even though further medical school construction projects will continue for at least another 10-15 years after that before the master plan is complete). While there is no question that our human capital is and will remain our most important asset, it is also clear that the facilities transformation will harmonize our physical and intellectual resources and provide opportunities that in some cases remains untold – but very exciting.

What's Happening Around Us

As noted at the outset of this “essay,” external events can absolutely impact whatever plans we put in place – and we need to anticipate as many of them as we can. Some of these are known now but were unforeseen five years ago (by most people). The most important of these was the 2008 economic downturn that has affected the US, local regions (including California) and the global economy. While we are fortunate to have a strong financial portfolio today, we need to continue to plan conservatively and creatively to sustain and enhance the resources to support our students, faculty, programs and initiatives so we can continue to serve them and the patients who come to SUMC to manage health and disease. To that regard, it is appropriate to anticipate that funding for research from the NIH and other federal agencies will be flat (or reduced) for at least the next several years. While we have been successful in winning grants today, much can change if the NIH alters policies or procedures (such as capping the number of grants per investigator, the size of grants or total allocation to an investigator). The recent announcement that the NIH salary cap will be reduced to Executive Level II for all new grants after December 24, 2011 will certainly have an impact on faculty. Changes that NIH could make on support for graduate students could also affect our programs.

Beyond federal support for research, we need to be cognizant that funding from the California Institute for Regenerative Medicine (CIRM) has had a major favorable impact on Stanford faculty (and facilities). Proposition 71, which launched CIRM, will expire in a few years, and if it is not renewed by the citizens of California, the state's investment in stem cell research and regenerative medicine will be greatly diminished – as will research opportunities for our faculty in these and related fields.

We have been fortunate to benefit from patent royalty income, but one of the largest of those patents will end in 2016. And while Stanford faculty remain incredibly successful in generating new intellectual property, the reality is that most patents pay small amounts and it is unpredictable as to when a discovery or invention will have a major financial impact (most often these are platform technologies).

Also predictable is the almost certain downward revenues for patient care – to both hospitals and physicians. We all know that this is important for the health of our nation, since the current national expenditures on healthcare in the US are unsustainable for a system that is at its core misaligned and often dysfunctional. The Affordable Care Act (ACA) is the first federal legislation to address healthcare reform, but it is far from perfect and its very outcome is now subject to political forces and judicial reviews. This next year will determine whether challenges to the legality of certain elements of the ACA will be accepted or rejected by appeals to the US Supreme Court. And the results of the 2012 US Presidential elections, now underway, will have further positive or negative impact. No matter what, changes are necessary and revenues will almost certainly decline. An impact on Medicare (and to Graduate Medical Education support) seemed highly likely just a couple of months ago and will certainly be a major issue in the next year as the debate about sequestration and deficit reduction heat up again. The bottom line is that the current fee-for-service model of healthcare payments seems destined to change (which is a good thing), but what will replace it is still uncertain. Even programs that seemed likely in 2010-11 (such as “Accountable Care Organizations”) have had stormy courses to acceptance and will like morph into other forms for bundled payments.

While these are among the “known” forces that will affect us, we need to think about (and if possible anticipate) the “unknown” ones at this time – since it is evident that what seemed unlikely just years ago (the global economic financial crisis) can indeed happen – and immediately disrupt plans and resources that seemed evident or expected.

What Comes Next

A predictable change in 2013 will be my transition as dean. I fully expect leadership by a new dean that will bring Stanford Medicine to even greater success and heights. I won’t forecast the agenda for a future leader and governance but will posit that at least some issues are likely to continue to command attention, energy, creativity and leadership. Here are just a few:

- The need for continued vision and leadership to define, steward and oversee the success and integrity of the medical school and medical center. Foremost will be efforts to evolve plans to protect, secure – and enhance – the research mission of Stanford Medicine. Of course a significant part of this will depend on the creativity and success of faculty in achieving competitive grants, and finding ways to bolster their support with endowed faculty scholar awards and endowed professorships will continue to be important and even essential.

In the healthcare arena, regardless of the national debate, SUMC must evolve as a model of excellence. This will require continued and rigorous efforts to balance state-of-the art and innovative approaches with the care of patients with complex medical conditions. It also will require development of a broader delivery system along with novel approaches to healthcare delivery. Sustaining outstanding metrics in quality, safety and the patient experience in a cost-effective manner will be critical. Achieving these goals will require exceptional interaction with hospital leaders.

- Continued focus on our unique mission in the education of medical and graduate students is essential to our core mission. A key challenge will be to successfully capture the

incredible opportunities now emerging in technology and simulation to supplement and complement our teaching. Another will be to extend the educational continuum across the lifespan (from undergraduate to continuing education), with continued refinement on educating and training the future leaders and transformers of science and medicine even more effectively. This is equally important in graduate education, where creative planning for programs that prepare graduates for a range of career paths and opportunities is increasingly important.

- As noted abundantly above, finding new and better ways to support and enhance the career paths of faculty and students remains our most important investment. In tandem with this objective is continuing to diversify our community and create career paths that are more balanced, flexible, attractive and fulfilling than heretofore. Stanford Medicine should be the leader in such efforts and programs.
- The continued challenges for making our physical environment and facilities as outstanding as our “human capital” will continue to be a major opportunity over the next decade. There are many hurdles to be overcome in achieving our aims in these efforts, but if they have the outcome we hope and expect, they will further Stanford transformation beyond even our current imagination.
- To enable our dreams and visions to become reality, a major goal must be the realization of the campaign for SUMC that raises the resources to support our missions, people and facilities. Fundamental to success will be the crafting of big visions that shape the opportunities that will engage our community at Stanford – along with those who will help to support it.

I wish you all a Happy New Year – since without question this is what I hope does come next.

Awards and Honors

- **Dr. Nick Blevins** was appointed the inaugural chair holder of the Larry and Sharon Malcolmson Professorship at a lovely investiture event on Monday evening December 12th. Dr. Blevins’ family, along with colleagues and friends of the Malcolmsons and faculty and friends of the Department of Otolaryngology: Head & Neck Surgery joined together in a celebratory evening. The generosity of Larry and Sharon Malcolmson in establishing this new professorship is deeply appreciated.
- **Dr. Ken Cox** will be honored by the American Liver Foundation at a Salute to Excellence Awards Gala in San Francisco in March. The dinner and reception honors those who have made an outstanding contribution to biotechnology and medical innovation.
- **Dr. PJ Utz** is one of nine recipients to receive a 2011 Clinical Research Experiences for High School Students (CREHSS) grant from the Doris Duke Charitable Foundation for his Stanford Institute of Medical Research Program (SIMR).

Congratulations to all!

Appointments and Promotions

Ingrid Aalami has been reappointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2011

Rodney Altman has been reappointed to Clinical Assistant Professor of Surgery, effective 9/1/2011

Marion Buckwalter has been reappointed to Assistant Professor of Neurology and Neurological Sciences and of Neurosurgery at the Stanford University Medical Center, effective 2/1/2012

Andrea Cervenka has been reinstated and reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 11/1/2010

Bertha Chen has been promoted to Professor of Obstetrics and Gynecology and, by courtesy, of Urology, at the Stanford University Medical Center, effective 1/1/2012

Edison Chiu has been appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2011

Diane E. Craig has been reappointed to Clinical Associate Professor (Affiliated) of Medicine, effective 9/1/2011

Jenny Chin-Lin Dai Biller has been promoted to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 1/1/2012

Thomas M. Dailey has been reappointed to Clinical Associate Professor (Affiliated) of Medicine, effective 3/23/2011

Subashini Daniel has been promoted to Clinical Assistant Professor of Cardiothoracic Surgery, effective 1/1/2012

Jennifer Derenne has been appointed to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 1/3/2012

Anthony Doufas has been reappointed to Associate Professor of Anesthesia at the Stanford University Medical Center, effective 12/1/2011

Michael Edwards has been reappointed to Professor of Neurosurgery at the Stanford University Medical Center and, by courtesy, of Pediatrics, effective 12/1/2011

Barbara T. Egan has been appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 12/1/2011

Nancy Fischbein has been promoted to Professor of Radiology and, by courtesy, of Otolaryngology – Head and Neck Surgery, Neurology, and Neurosurgery, at the Stanford University Medical Center, effective 12/1/2011

Rosario Garcia has been promoted to Clinical Assistant Professor of Anesthesia, effective 1/1/2012

Louis P. Halamek has been promoted to Professor of Pediatrics at the Lucile Salter Packard Children's Hospital and, by courtesy, of Obstetrics and Gynecology, effective 12/1/2011

Howard J. Harvin has been promoted to Clinical Assistant Professor of Radiology, effective 11/1/2011

Samina Iqbal has been promoted to Clinical Associate Professor (Affiliated) of Medicine, effective 1/1/2012

Ethan Jackson has been promoted to Clinical Associate Professor of Anesthesia, effective 2/1/2012

Safwan Jaradeh has been appointed to Professor of Neurology at the Stanford University Medical Center, effective 12/1/2011

Kiran Khush has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 12/1/2011

Audrey Kuang has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 12/1/2011

Craig Levin has been reappointed to Professor (Research) of Radiology, effective 1/1/2012

Glen Lutchman has been reappointed to Clinical Assistant Professor of Medicine, effective 9/1/2011

David M. Lyons has been promoted to Professor (Research) of Psychiatry and Behavioral Sciences, effective 1/1/2012

Daryl A. Oakes has been reappointed to Clinical Assistant Professor of Anesthesia, effective 11/1/2011

Cholawat Pacharinsak has been appointed to Assistant Professor of Comparative Medicine at the Stanford University Medical Center, effective 12/1/2011

Susan C. Price has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 12/1/2011

Eugene Yousik Roh has been promoted to Clinical Assistant Professor of Orthopaedic Surgery, effective 1/1/2012

Alan Schroeder has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 1/1/2012

Robert Shafer has been promoted to Professor (Research) of Medicine, effective 1/1/2012

Shamita Shah has been reappointed to Clinical Assistant Professor of Medicine, effective 9/1/2011

Veronika Sharp has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 1/1/2012

Dongli Song has been appointed to Clinical Associate Professor (Affiliated) of Pediatrics, effective 12/1/2011

Barbara Sourkes has been promoted to Professor of Pediatrics at the Lucile Salter Packard Children's Hospital and, by courtesy, of Psychiatry and Behavioral Sciences, effective 12/1/2011

Brent Tan has been reappointed to Clinical Assistant Professor of Pathology, effective 12/1/2011

Jennifer A. Tremmel has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 12/1/2011

Jeffrey Tseng has been appointed to Clinical Assistant Professor (Affiliated) of Radiology, effective 10/1/2011

Lindsey G.C. Vokach-Brodsky has been reappointed to Clinical Associate Professor of Anesthesia, effective 10/16/2011

Jennifer W. Wagner has been promoted to Clinical Assistant Professor of Anesthesia, effective 1/1/2012

Derrick Wan has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 12/1/2011

Michelle Young has been reappointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2011

The Dean's Newsletter: January 30, 2012

Appointment of Dr. Robert A. Harrington as the Chair of the Department of Medicine

I am extremely pleased to announce that Dr. Robert A. Harrington will join Stanford in July 2012 as the new Chair of the Department of Medicine. Dr. Harrington is currently Director of the Duke Clinical Research Institute (DCRI), a position he has held since 2006. He is also the Richard S. Stack MD Distinguished Professor at Duke University School of Medicine, where he

is also a practicing cardiologist. Accompanying Dr. Harrington to Stanford will be his spouse Rhonda Larsen, who holds BS, PA and MHS degrees from Duke and who is Consultant for Clinical Research and Training at DCRI as well as Founder of Site Research Solutions.

The selection of Dr. Harrington as Stanford Chair of Medicine is the result of a search committee led by Dr. Steve Galli, Mary Hewitt Lovelace Professor and Chair of the Department of Pathology. The Committee began its work in the fall of 2010 and spent hundreds of hours of efforts reviewing the status and needs of the Department of Medicine as well as the ideal characteristics of the future chair. Potential candidates were determined from consultation with leaders at Stanford and across the nation. The work of the Search Committee was wonderfully facilitated and enabled by the dedicated efforts of Ms. Kendra Baldwin along with her colleagues from the Office of Institutional Planning.

I want to thank each of the members of the Search Committee for their personal and collective contributions. They are:

- Douglas Blaney, MD, Professor, Department of Medicine and Medical Director, Stanford Cancer Center
- Thomas Burdon, MD, Professor, Department of Cardiothoracic Surgery
- Mark Davis, PhD, Professor, Department of Microbiology and Immunology and Director, Institute for Immunity, Transplantation and Infection
- Nancy Fischbein, MD, Professor, Department of Radiology
- Sabine Girod, MD, PhD, Associate Professor, Department of Surgery
- Richard Hoppe, MD, Professor, Department of Radiation Oncology
- Mark Krasnow, MD, PhD, Professor and Chair, Department of Biochemistry
- Lawrence Leung, MD, Professor, Department of Medicine and Chief-of-Staff, Palo Alto VA
- Michael Longaker, MD, Professor, Department of Surgery and Co-Director, Stanford Institute for Stem Cell Biology and Regenerative Medicine
- Frank Longo, MD, PhD, Professor and Chair, Department of Neurology & Neurological Sciences
- Bonnie Maldonado, MD, Professor, and Chief of Infectious Diseases, Department of Pediatrics
- William Maloney, MD, Professor and Chair, Department of Orthopaedic Surgery
- Daria Mochly-Rosen, PhD, Professor, Department of Chemical and Systems Biology and Senior Associate Dean for Research
- Hugh O'Brodovich, MD, Professor and Chair, Department of Pediatrics
- Renee Reijo-Pera, PhD, Professor, Department of Obstetrics and Gynecology
- Kathy Renschler, MD, Community Physician
- Laura Roberts, MD, Professor and Chair, Department of Psychiatry and Behavioral Sciences
- Kevin Tabb, MD, Chief Medical Officer, Stanford Hospital and Clinics (and now President and CEO of the Beth Israel-Deaconess Medical Center in Boston);
- Alice Whittemore, PhD, Professor, Department of Health Research and Policy

On August 31, 2011 the Search Committee provided me with a list of finalists from a short list of eight candidates who visited Stanford from June - August 2011. I then further consulted with numerous national leaders as well as faculty and leaders in the Department of Medicine and at Stanford Medical Center and University, including the Provost, President, Trustees, Hospital

CEOs, and Board of Directors among others. I also visited the home institution of finalists and discussed the candidates with institutional and national leaders. Based on a complex register of assessments, recommendations and opinions along with a convergence of skills and opportunities, I am very pleased we have been successful in convincing Dr. Harrington that he and his family will flourish at Stanford.

Dr. Harrington's breadth of knowledge, his area of research, commitment to patient care and clinical excellence, and his leadership roles at Duke and nationally make him an ideal choice for this position. The DCRI is the largest such clinical research enterprise in the world - hosting over 200 faculty and over 1100 staff and encompassing nearly every medical discipline. The annual operating budget of the DCRI is over \$150 million, 40% coming from grants and contracts. The spectrum of clinical research in the DCRI extends from Phase 1-4 clinical trials - including programs in health services research. The DCRI also hosts research fellowship training programs for both MD and PhD students and fellows. There is no question that DCRI is a unique entity and, while we have no intention or expectation of replicating such a program at Stanford, the underlying knowledge and skills are important to our unique version of "Translating Discoveries." Further, Dr. Harrington's knowledge and prominence in population science and quantitative medicine converge remarkably with Stanford's burgeoning efforts in this evolving area of medicine, science and healthcare (see http://deansnewsletter.stanford.edu/archive/05_23_11.html#1 and below)

Dr. Harrington was born in Massachusetts and received a BA, *magna cum laude*, in English from the College of the Holy Cross. He then attended Dartmouth Medical School and received his MD from Tufts University School of Medicine in 1986. After training in Internal Medicine at the University of Massachusetts, where he was Chief Resident, he did a fellowship in Interventional Cardiology at Duke University Medical Center. He joined the Duke faculty as an Assistant Professor in 1995 and was promoted to Professor in 2003. He is Board Certified in Internal Medicine, Cardiovascular Disease and Interventional Cardiology and has been elected Fellow and held numerous leadership positions in the American College of Cardiology, American Heart Association and other national and international organizations. He has also served as an advisor and consultant to the NIH and FDA. Dr. Harrington was elected to the Association of American Physicians in 2011. His own research interests have focused on antithrombotic therapy for acute ischemic heart disease, the disease mechanism of acute coronary syndromes, clinical trial design and numerous other topics. Dr. Harrington is the author or co-author of over 350 scientific publications and reviews, and has served on numerous editorial boards and scientific advisory boards.

Of importance, Dr. Harrington is frequently described as a natural and energetic leader who is able to bring diverse groups of individuals together to achieve shared goals and objectives. He has been invited to lead important initiatives at Duke and nationally and is deeply committed to the future of academic medicine. Training future leaders and excellence in clinical care remain at the core of his mission, and he devotes part of every week to the practice of clinical cardiology - something he also intends to do at Stanford.

Bob Harrington and Rhonda Larsen have four daughters, and they have deep roots in North Carolina. While moving west to California is a major undertaking, both Rhonda and Bob are excited about the possibilities that stand before them - and we share that excitement and enthusiasm as well.

With Appreciation and Gratitude to Dr. Linda Boxer for Her Many Contributions as Interim Chair of the Department of Medicine

I want to thank Dr. Linda Boxer, Professor of Medicine - Hematology, for her truly excellent job in serving as Interim Chair of the Department of Medicine since August of 2010. I specifically asked Dr. Boxer to take on this role because of my great admiration for her work as a physician-scientist, leader and role model. To say that this was not an assignment that she was expecting or seeking would be a gross understatement. But Dr. Boxer took on her responsibilities with incredible commitment and leadership. She quickly put into place initiatives that improved the morale of the department and education opportunities for residents and students. She dramatically improved communication and interaction among faculty, trainees and staff. She appointed the chief of the Divisions of Infectious Diseases (Dr. Upinder Singh, Associate Professor of Medicine) and Pulmonary Medicine (Dr. Mark Nicolls, Associate Professor of Medicine) along with launching a number of important faculty and leadership searches.

Dr. Boxer also created important alliances with Stanford Hospital and Clinics and played an important role in conceptualizing the planning for the addition of a primary care initiative in the Department of Medicine's portfolio. While Dr. Boxer has long been respected for her contributions as Chief of the Division of Hematology, she has won the admiration and respect of countless individuals across the medical center for her role as Interim Chair. Without question I am and will always be one of those admirers - not only for what she has accomplished but because Dr. Boxer always puts the wellbeing of trainees, faculty and staff first and foremost in her decision making. And her decisions have focused on how to make the Department of Medicine stronger and better - something she has accomplished.

I am well aware that there are many views about how searches are conducted and concluded and what the necessary and even ideal characteristics of a department chair should be - which certainly undergo change and evolution over time. But in my discussions with countless individuals during the search for a new department chair, there is no doubt that respect and admiration for Dr. Boxer and the role she has played as Interim Chair were constant and deeply valued. Transitions are always a challenge for institutions and for individuals - but here too Dr. Boxer has put the future of the Department first and foremost and has pledged support and assistance to Dr. Harrington as the incoming Chair. For these and so many other reasons, I want to express heartfelt appreciation and ongoing respect for Dr. Linda Boxer - she is a wonderful individual and a terrific leader.

Appointment of Dr. Eila Skinner as the Chair of the Department of Urology

I am very pleased to announce the appointment of Dr. Eila Skinner as the next Chair of the Department of Urology beginning May 1, 2012. Dr. Skinner is currently Professor of Clinical Urology at the Keck University of Southern California School of Medicine, where she has served as Vice-Chair of Urology since 2009.

A Search Committee led by Dr. Sherry Wren, Professor Surgery, recommended Dr. Skinner as a finalist for the Chair of Urology. This Committee began its work in the summer of 2010 and included:

- Craig Albanese, MD, Professor, Department of Surgery - Pediatric Surgery
- Steve Alexander, MD, Professor, Department of Pediatrics - Nephrology
- Richard Barth, MD, Professor, Department of Radiology and Radiologist-In-Chief, Lucile Packard Children's Hospital

- Helen Bronte-Stewart, MD, Associate Professor, Department of Neurology & Neurological Sciences
- Stephan Busque, MD, Associate Professor, Department of Surgery - Transplantation
- Bertha Chen, MD, Professor, Department of Obstetrics and Gynecology; Glenn Chertow, MD, Professor, Department of Medicine - Nephrology
- Paula Hillard, MD, Professor, Department of Obstetrics and Gynecology
- Neeraja Kambham, MD, Associate Professor, Department of Pathology
- Jerry Maki, Vice President, Clinical Services, Stanford Hospital and Clinics
- Jim McCaughey, Chief Strategy Officer, Lucile Packard Children's Hospital.

I also want to thank Ms. Kendra Baldwin and the Office of Institutional Planning for their important contributions to the staffing and effective work of the Committee. The Committee invited 10 individuals to campus for comprehensive interviews and ultimately included Dr. Skinner in their list of three finalists. I am very pleased that Dr. Skinner has agreed to accept this important role at Stanford University Medical Center.

Dr. Skinner has roots on the Farm, having received her BA from Stanford in Human Biology, with Distinction and election to Phi Beta Kappa, in 1976. In 1983 she received her MD from the USC School of Medicine, where she graduated Alpha Omega Alpha and where she was also the recipient of the American Medical Women's Association Janet M Glasgow Award for Academic Excellence. She has achieved distinction as a teacher and educator. Among others acknowledgements for her teaching and mentorship, she received the Faculty teacher of the Year in Urology four times and the Outstanding Teacher Award at USC six times,

Dr. Skinner is an active surgeon with a national reputation for her expertise in urology and bladder cancer. Indeed, in my discussions with leaders around the country about her candidacy I heard over and over again that she was one of the very best and most highly respected urologic surgeons in the nation. She has been equally committed to the education and training of future surgeons and leaders at USC and nationally. She has served as Program Director for the Residency in Urology since 2000 and as Program Director of the USC Norris Cancer Fellowship in urologic oncology since 2009.

In addition to her role as Vice Chair of the Department of Urology, Dr. Skinner has served as the Chief of Staff of the combined medical staff of the USC University Hospital and the Norris Cancer Center. She has also served in numerous roles and committees at USC and the Norris Cancer Center.

Dr. Skinner made the decision to focus her efforts on clinical and teaching excellence during the first phase of her career. In a number of ways, she has taken the longitudinal career path now being explored by Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership, and her colleagues to support career development of women in academic medicine. Dr. Skinner's interests in research are clinical and collaborative and are highly valued; they have focused on surgical interventions and quality of life for individuals with urologic cancer. She is the author and co-author of over sixty original articles and reviews and is a valued colleague to the scientific and medical communities at the Norris Cancer Center and USC.

Please join me in welcoming Dr. Eila Skinner to Stanford as our next Chair of the Department of Urology.

A Few Highlights from the 2012 Strategic Planning Leadership Retreat

On January 20-21st over 110 leaders from the School of Medicine, Medical Center and University gathered for the 11th Annual Strategic Planning Leadership Retreat since I became Dean in April 2001. In the January 9, 2012 Dean's Newsletter (http://deansnewsletter.stanford.edu/archive/01_09_12.html) I recounted some of the issues, challenges and accomplishments of the past decade as a prelude to the remarkable opportunities that lie ahead.

In addition to sharing updates, setting new agendas and continuing to enhance and refine our ongoing strategic planning, one of the most valuable aspects of the annual retreat is the opportunity for our diverse leadership to share and better understand the complexity of our multifaceted goals and missions and how we (and they) can "connect some of the dots" (the theme of this year's retreat). In my opening and closing comments I reflected that each member of our community comes with her or his unique set of expertise, skills, knowledge and understanding. We each see Stanford Medicine through our own lens and not infrequently are unaware - or even unconcerned - about other features and aspects of our community. We come with some bias about what makes Stanford great - or where its challenges might lie - and often discover that some of our inherent biases benefit from broader sharing of ideas and points of view.

Whether we are students, trainees, faculty or staff members of the medical school and university, members of the medical center and hospital leadership, trustees or volunteers, we often assume that what is most important is what we, as individuals, care most deeply about. But what make us greater is when we join together in ways that make the whole greater than the sum of our parts. Of course that is a constant goal, always somewhat elusive, and, like Sisyphus, nearly always requiring renewed effort. While we have certainly made progress on a number of fronts during the past decade, new challenges constantly abound and things once accomplished need repair or replacement. Of course that is always true of institutions - and, dare I say, also of individuals. We are, after all, each stewards of the moment and our annual Strategic Leadership Retreat allows us to see where we are at the moment - and to reflect on the many tasks still to be undertaken and achieved in the future.

At the 2012 Leadership Retreat we heard updates on the planning activities we have launched in medical and graduate school education over the past 1-2 years. We also heard an update on the planning efforts underway in developing a broad initiative in population health sciences - which will clearly be a topic for future gatherings and discussions. We had the opportunity to examine our essential mission in basic research and to develop strategies with how to deal with the bioscience funding pressures that will abound in the years ahead. We critically examined how to better value the role of clinicians in our medical center community and how to preserve and enhance the future success of physician scientists. We also explored how to relate to some of our external communities - especially industry in the form of small and large biotech and big "pharma." Each of these has its champions and advocates and nearly all could define our institution or dominate our agenda. And some fully believe that one is more important than the others in defining what makes Stanford excellent. But it is really their balance and connection that makes us who we are today - and will make us even more outstanding in the future as we better share, understand and "connect the dots."

Rather than recounting all of the presentations I will simply highlight some of the major tasks and needs that emerged from our discussions and dialogue at the 2012 Leadership Retreat. For as much as we think we have done, there always seems so much more to do - of course that is a good thing!

- **Transforming Medical Education - led by Drs. Charles Prober, Clarence Braddock, Henry Lowe, Laura Roberts and Abraham Verghese**
 - Continue to enhance Stanford's commitment to the education and training of future physician scientists, scholars and leaders with refinement of the programs in Scholarly Concentrations, Med Scholars, MD-PhD and other joint degree programs. This remains a cornerstone of Stanford's medical education. To complement and expand the curriculum to address dominant issues in modern healthcare and new learning technologies Dr. Prober's team will undertake initiatives focusing on, among other issues:
 - Competency based, patient-centered learning strategies as well as other new learning strategies and pathways
 - Knowledge access, collaboration and learning technologies
 - Leadership, professionalism, and humanism, with attention to self-care and mental health
 - The need to collaborate more closely with PhD education programs on multiple different levels
 - The need to better address medical education across the continuum - from high school to medical and graduate school, residency and graduate medical education, fellowship and continuing medical education
 - Over the next year, exploring a reshaping of the basic science curriculum to be less lecture-based and more discussion and problem-oriented through the use of technology and new learning and teaching tools. Efforts to transform the conventional specialty based clinical clerkship rotations to longitudinal clinical learning experiences in diverse settings throughout undergraduate medical education.

- **Transforming Graduate Education - led by Dr. Dan Herschlag**
 - An update on a proposed major transformation in graduate education was presented by Dr. Dan Herschlag based on the work of a number of faculty groups. The proposed reforms would impact significantly Year 1 of PhD education, with significant changes in subsequent years as well. The overarching goals are to educate graduate students to think like scientists and train them to become leaders and innovators as well as to assure that all students pursue their "career of choice" and that "no graduate student is left behind." Among the proposed innovations are:
 - The expansion of "boot camps" for entering PhD students prior to the actual commencement of the first quarter
 - A comprehensive orientation for entering graduate students co-led by faculty and students
 - Development of both core courses in home departments as well as a common interdisciplinary program called the "biosciences kernel."
 - The core and kernel programs would be complemented by mini-course electives as well as career development and opportunity roundtables with faculty and alumni
 - A goal is to have all students start her or his thesis research by April of the first year and complete their qualifying exam by the end of the first year.
 - An additional goal is to shorten the time to degree to 5 years. This would be aided by annual goal setting discussions, organized programs and a

progression of skills and career workshops, and the addition of a second mentor for each student who would be focused on career development *per se*. Students would have opportunities to learn about career options from alumni helping each student to pursue her or his "career of choice."

- It is understood that graduate education is expensive and that changes in the curriculum along the lines being explored are costly. This will require institutional investments as well as major efforts to raise philanthropic support for graduate student fellowships.
 - The need to better integrate postdoctoral training into the overall education experience - as teachers and learners - was also underscored.
- **Sustaining and Enhancing Excellence in the Basic Sciences - panel with Drs. Jim Spudich, Jennifer Raymond, Denise Monach, Merritt Maduck, Ricardo Dolmetsch, Jim Ferrell**
- It is widely recognized that Stanford's basic science faculty and research programs are among the very best in the nation. By virtually every metric and measure of success (scientific impact, innovation, major awards and honors) Stanford faculty are at the very top. At the same time, every medical school and university is bracing for the reductions in federal support for research that seem inevitable and the impact they will have on research opportunities and creativity as well as on the level of stress experienced by faculty.
 - The common theme throughout the discussions on basic science research was the need to raise funds to help support both junior and senior faculty in the form of faculty scholar awards and professorships. A key feature of this funding would be to help supplement salary support in order to further optimize the use of grants and, even more importantly, to have a source of unrestricted funds that could be used for innovation and pilot projects.
 - Importantly, there was considerable discussion about ways that funds for research might be creatively developed and even shared among basic and clinical research faculty - ranging from micro-loans to seed and innovation funds.
- **Population Health Sciences at Stanford - panel discussion members included Drs. Julie Parsonnet, Atul Butte, Mark Cullen, Arnie Milstein, Marilyn Winkleby, Doug Owens and Steve Goodman**
- As noted in other communications, the last several years have witnessed several important convergences. One is the range of existing and new talent in the broad discipline of population health science (PHS) at Stanford, ranging from epidemiology to clinical and bioinformatics to outcomes based and health delivery research at the local, community and global levels. Another is the broad and deep set of opportunities and intersections in PHS that exist across the medical school, medical center and university.

The further convergence of PHS with early disease detection and diagnostic tools arising from genomics and proteomics as part of "prediction medicine," coupled with imaging and detection devices as well as informatics and statistics, offer the prospect of major transformations in health preservation and disease management. That there is now the likelihood for new funding in these areas from the federal government as well as from foundations, gifts and other sources makes this area

of research very exciting. Importantly, there was considerable enthusiasm at the Retreat about how Stanford can further develop a university and medical center - wide PHS initiative that would partner with our local and even global communities to create new models for promoting health, predicting risk for disease, detecting it early and delivering care in novel and new ways and settings.

The consensus at the Retreat was that we are well positioned to take a lead in this important area of science and medicine - and the question is how we need to organize ourselves to make Stanford uniquely successful. Given the level of support for this initiative that we heard expressed, we will now move forward to operationalize the recommendations that were made by the task force on PHS that has been moving this agenda forward over the past year. It is a very exciting initiative - which can be truly transformative.

- **Physician Career Development and Opportunities - Panel discussion led by Drs. Christy Sandborg, Ann Weinacker, Nancy Morioka-Douglas, Jeff Dunn and Andy Shelton.**
 - On the surface it seems strange to have a focused discussion on how to better support and value clinical medicine and clinical practitioners at Stanford. But that in fact is the case. In part this stems from Stanford Medical School's history - but it is also very much part of an institutional culture that places an understandable premium on research excellence but which has had a seeming lesser value for outstanding clinical medicine as a discipline. Certainly that is untenable - and unless changed would compromise Stanford's ultimate success as an academic medical center. While it is acknowledged that progress has been made in the past several years in valuing physicians as doctors (and clinician-educators) it is also true that much work remains to be done to achieve the needed balance of perceived excellence.
 - Part of the challenge is organizational (e.g., the fact that Clinician Educators are recognized as faculty in the medical school but not by the university) but attitude and culture are even bigger issues. Some panel presenters pointed out how some divisions and departments have set a tone that values clinical medicine and clinician educators by the department chair and senior faculty whereas others are less supportive or even dismissive. The culture of the department has a major impact on satisfaction and the sense of value and respect that is experienced by those practicing clinical medicine as their primary responsibility.
 - Over the past several years we have made major strides in enhancing the value and support for clinician educators - by competitive compensation, benefits (including housing benefits) and career development. But still many clinician educators express the feeling that they are less valued and respected than those in other faculty lines. That is clearly not acceptable.
 - While we have had task forces addressing the role of clinicians in the past -we clearly still have work to do to overcome barriers, whether cultural or organizational. Addressing this will be a major priority over the next year. This will require both a top down set of expectations as well as bottoms up shift in culture and value.

- **Physician-Scientist Career Development and Opportunities - Panel discussion led by Drs. Upinder Singh, Calvin Kuo, Joyce Liao, Ron Dalman and Melinda Telli**

Despite the stresses and challenges of funding and support, the general consensus of the panel was that the value and success of physician-scientists are alive and well at Stanford. There are excellent role models in medical and surgical specialties of faculty conducting basic research, clinical and translational research, and population health sciences research.

At the same time it was widely acknowledged that sustaining a career as a successful physician-scientist requires institutional support, mentoring, career flexibility and team participation. Collaboration between faculty in departments with those in institutes and centers provides unique opportunities. As with basic research, discretionary funding for innovation and faculty support are enormously important and are high priorities for the future.

Ironically, many physician scientists feel that they are less valued and appreciated for the clinical work (as compared to their research) but for a different reason than clinician educators. The assumption is that those doing part-time clinical care are simply less knowledgeable and effective in clinical medicine. Obviously this is a generalization, but it does underscore the importance of how assumptions and even stereotyping can impact perceive value. Clearly this too needs to be addressed.

Physician-scientists have many different career configurations and pathways, and flexibility and balance - for the long run - are important. Career paths and balance are highly variegated among surgical and medical disciplines and by the type of research or clinical care that is being conducted. But as with each of the other faculty roles, support from institutional leaders and financial and programmatic support are critical. Figuring out how to develop these resources going forward is the major unmet challenge - especially since it is clear that physician-scientists (along with the success of basic scientists and clinician-educators) are essential to our future - individually and collectively.

- **Innovation in Academia and Industry - Panel discussion led by Drs. Tom Okarma, Mark Tessier-Lavigne and Mike Rosenblatt.**

This panel differed from the others in that the members were all invited guests. They each have had exceptional careers in both industry and academia, and they each had different perspective based on their experiences, which ranged from small to large biotech to big pharma. Each of the presentations offered an important viewpoint, and each underscored the opportunities that come from effective academic-industry partnership. It was also clear that there is no ideal model of interaction and that the unique features of each institution have a major impact on the nature of the interaction. To be effective such interactions need to be true and respected partnerships - not one-way relationships. It was also clear that a number of the programs being developed at Stanford - most notably SPARK and Biodesign - are unique and that enhancing them could provide even more effective academic industry collaborations for the future.

Art Exhibition at the Li Ka Shing Center for Learning and Knowledge

On Tuesday January 24th the Stanford School of Medicine's Art Committee sponsored the Inauguration of the Art Exhibit for the Li Ka Shing Center for Learning and Knowledge. Dr. Paul Berg, Robert W. and Vivian K. Cahill Professor of Cancer Research, Emeritus, hosted a lovely event introducing the three artists, whose work will be displayed over the next six months. In doing so Dr. Berg also expressed thanks and appreciation to Mrs. Helen Bing, who donated much of the framed artwork and posters that currently adorn the LKSC. Working with Maggie Saunders, Niraj Dangoria and Mahmut Keskekci, the LKSC now has a more "lived in" feel - which is wonderful. But moving forward, the Art Committee has organized this exhibition of original works, which will personalize the LKSC even further and begin a journey in which the contributions of faculty, students, staff and friends will add depth and breadth to our wonderful Li Ka Shing Center for Learning and Knowledge. The Art Committee is also hoping to find support for a major installation by the New York artist Ms. Alyson Shotz, which would bring the LKSC Conference Center to a level of exceptional distinction.

Dr. Berg introduced the three artists whose work can now be seen on the first and second floors of the LKSC as part of the Inaugural Art Exhibition. They include:

- **Dr. Tom Merigan**, the George and Lucy Becker Professor of Medicine, Emeritus. Dr. Merigan began his interest in wildlife photography in earnest when he retired from his numerous leadership positions in infectious disease, diagnostic virology and AIDS research. He has put the same energy and creativity into his artistic pursuits as he did in science and medicine and has traveled to many parts of the world to "capture the essence of things living in the wild." Some of his extraordinary photography is on display on the first floor of the LKSC. An extension of his work can also be found at <http://www.pbase.com/merigan/profile>.
- **Dr. Ralph Greco** is currently the Johnson and Johnson Distinguished Professor of Surgery. He became interested in sculpture in the 1980s while living in Princeton, New Jersey, where he learned the techniques of stone carving. He has since created a wide array of abstract and occasional figurative sculptures, six of which are on exhibition on the second floor of the LKSC.
- **Dr. Joseph P. Kriss** was professor of medicine and radiology at Stanford School of Medicine beginning in 1948, and he served as the chief of the Division of Nuclear Medicine from 1958-1989. His distinguished career in medicine was complemented by his equally remarkable accomplishments as an artist - with works ranging from sculpture, oil paintings, miniatures and pioneering experimentation with digital art. Although Dr. Kriss died in 1989 his work lives on in many collections and galleries in the Bay Area and well beyond. His son Mark and daughter-in-law Jane attended the event, and some of Dr. Kriss' oil paintings are shown on the second floor of the LKSC.

We are indebted to the Art Committee for their work in planning for art and exhibits throughout the medical school. *Dr. Greco*, noted above as one of the artists, is also the chair of the Committee - which includes School of Medicine faculty and students, including Drs. Paul Berg, Audrey Shafer, Peter Koltai, Daria Mochly-Rosen; Lauren Chircus (Graduate Student), Atalie Carina Thompson (SMS 4), Sabrina Buell (Stanford Alumna), Jon Pierucci and Niraj Dangoria. Hilarie Faberman from the Cantor Center is also a committee member and Traudi Sedelmeyr, Maggie Saunders and Chris Shay provide staff support as needed.

I hope you enjoy these wonderful exhibits. Thanks to all!

2011 Faculty Fellows Graduation

On January 12, 2012, the Office of Diversity and Leadership hosted a graduation ceremony for the 2011 Faculty Fellows (see: <http://med.stanford.edu/diversity/leaders/fellows.html>). Dr. Hannah Valentine, Senior Associate Dean for Diversity and Leadership, presided over the ceremony, which recognized the accomplishments of the thirteen mid-career faculty who participated in the program over the past year. The success of this program, now in its seventh year, is a tribute to the vision and dedication of Dr. Valentine along with important contributions from: Dr. Julie Moseley, Director of Organizational Effectiveness; Ms. Jennifer Scanlin, Program Manager; and Lydia Espinosa, Program Coordinator. Special thanks must also go to the 2011 Faculty Mentors: Dr. Phil Lavori, Professor and Chair of the Department of Health Research and Policy; Dr. Christy Sandborg, Professor of Pediatrics and Chief of Staff at the Lucile Packard Children's Hospital; and Dr. David Stevenson, Professor of Pediatrics, Vice Dean and Senior Associate Dean for Academic Affairs.

The 2011 Faculty Fellows are:

- **Annelise Baron**, Associate Professor of Bioengineering
- **Mathew Bogyo**, Associate Professor of Pathology
- **James Brooks**, Associate Professor of Urology
- **A. Dimitri Colevas**, Associate Professor of Medicine
- **Tina Cowan**, Associate Professor of Pathology
- **David Fiorentino**, Associate Professor of Dermatology
- **Miriam Goodman**, Associate Professor of Molecular and Cellular Physiology
- **Steven Lindley**, Assistant Professor of Psychiatry and Behavioral Sciences
- **William Robinson**, Associate Professor of Medicine (Rheumatology)
- **Jane Tan**, Associate Professor of Medicine (Nephrology)
- **Ewen Wang**, Assistant Professor of Surgery (Emergency Medicine)
- **David Weill**, Professor of Medicine (Pulmonary and Critical Care Medicine)
- **Wei Zhou**, Associate Professor of Surgery (Vascular Surgery)

Please join me in congratulating the 2011 Faculty Fellow graduates. If you are interested in more information about this program or to apply to be a Fellow, please contact Jennifer Scanlin at jscanlin@stanford.edu.

Announcement: The Rathmann Family Foundation E4C Medical Education Fellowship in Patient-Centered Care

The Stanford School of Medicine Office of Medical Education is pleased to issue a call for applications to the ***Rathmann Family Foundation Educators-4-CARE (E4C) Medical Education Fellowship in Patient-Centered Care***. This program will provide the part-time salary support for a Stanford faculty, fellow, or chief resident to pursue further study and activities focused on the promotion of patient-centered care in medical education. Areas of focus may include instructional design, curriculum development, or evaluation. Alternatively individuals may have topical areas of focus, such as clinical skills, compassion and humanism, or professionalism.

The program will provide funding for protected time for one year to participate in a core curriculum in medical education theory, methods and research, to participate in ongoing curriculum development in undergraduate or graduate medical education in the area of patient-centered care, and development and to conduct a scholarly project in medical education related to patient-centered care. The fellow will participate in the Educators-4-C.A.R.E. (E4C) program,

serving as a mentored preceptor with selected E4C faculty in educational activities that are part of the E4C program.

The program will provide \$50,000 in salary support for one year, plus up to \$5,000 in project support for the fellow's project.

Interested individuals should submit the application (which may be found at the E4C website, <http://med.stanford.edu/e4c/rathmann.html>, at the bottom of the page), CV, and cover letter **by Wednesday, February 15th** to:

Clarence H. Braddock III, MD, MPH, FACP
Professor of Medicine and Associate Dean, Undergraduate and Graduate Medical Education
Director, Stanford Center for Medical Education Research and Innovation
Office of Medical Education
Stanford School of Medicine
251 Campus Dr., MC 5404
Stanford, CA 94305-5404
E-mail: cbrad@stanford.edu

About Educators-4-C.A.R.E

The Educators-4-C.A.R.E. program, launched in 2008, formally recognizes the critical importance of mentors and clinical teachers by providing tangible support to a cadre of skilled and dedicated teachers of the practice of medicine. As the name implies, the Educators-4-CARE program prepares students to internalize core values of the profession - Compassion, Advocacy, Responsibility, and Empathy - from the beginning and throughout medical school. Fifteen program faculty are supported for time to serve as teachers and mentors for a small number of students (~6) from each medical school class. After intense faculty development in principles and practice of patient-centered care, the E4C faculty formally teach bedside clinical skills to preclinical students as part of the Practice of Medicine course. In addition to these regular sessions, E4C faculty meet with their students from all years on a bimonthly basis, in the Doctoring with C.A.R.E. sessions. These interludes allow for important near-peer interactions, mentoring, and revisiting important and cross-cutting issues in medical practice, with a major focus on patient-centered care.

2012 School of Medicine Faculty Fellows Program

The Office of Diversity and Leadership received a large number of nominations for outstanding candidates for the 2012 Faculty Fellows program. Continuing with the original goals of the program, the review committee selected a class of junior faculty who will participate in this year long program. This year's program began with a welcome reception on January 24th. We are delighted to announce the selection of the 2012 Faculty Fellows: Drs. Valerie Baker (Obstetrics & Gynecology), Lorinda Chung (Medicine), Michael Haberecht (Psychiatry & Behavioral Sciences), Brian Hargreaves (Radiology), Charles Hill (Anesthesia), Jinah Kim (Pathology), Nishita Kothary (Radiology), Marco Lee (Neurosurgery), Marc Melcher (Surgery), Kari Nadeau (Pediatrics), John Oghalai (Otolaryngology), Suma Ramzan (Anesthesia), Kim Rhoads (Surgery), Juergen Willmann (Radiology), Cynthia Wong (Pediatrics) and Paul Zei (Medicine).

The Faculty Fellows program brings faculty members together for monthly meetings featuring invited leaders who serve as role models by sharing their leadership journeys, describing their leadership styles and addressing specific challenges they have faced in their careers. In addition,

small mentoring groups led by senior faculty mentors Drs. David Stevenson, Phil Lavori and Krisa Van Meurs meet monthly to reflect on the presentations. Fellows also engage in a structured development planning process aimed at identifying opportunities for growth and development. Candidates are nominated by their department chairs and other supervisors and are selected on the basis of their leadership potential and demonstrated commitment to diversity. A review committee consisting of Drs. Hannah Valentine, Julie Moseley, Garry Gold, Preetha Basaviah, and Robert Dodd selected this year's participants.

ACE/Sloan Foundation Medical School Faculty Flexibility Survey

Stanford is participating in a national awards competition sponsored by The Alfred P. Sloan Foundation--*The Sloan Awards for Faculty Career Flexibility*. Five medical colleges will each receive \$250,000 to enhance faculty career flexibility at their institutions, while two will receive \$25,000 awards recognizing their achievements for unique, innovative, and promising practices in career flexibility for their full-time faculty. **I am writing to ask for your support in completing the survey on which we will be evaluated for this award; a response rate of at least 50% is needed for an institution to be considered.**

If we achieve a response rate of 50%, the judges will consider YOUR responses on the Faculty Questionnaire regarding YOUR own experiences about the policies that exist at Stanford for faculty career flexibility. These policies are summarized in the document sent you in 2009, and again (updated) just before the holiday break, and a laminated copy via ID mail this week. This one-page summary contains information on tenure clock extension; parental and childcare leave; family and medical leave; childcare/eldercare assistance including our emergency backup program; consulting days; paid sabbaticals; family travel grants for conferences; part time options; and reduced teaching and clinical responsibilities. **All of these are available to you as a member of the Stanford faculty.**

On January 23rd, 2012 you received an email from ACE | Division of Leadership and Lifelong Learning asking you to take "The Faculty Questionnaire for Stanford Medical Faculty" which is available online, and should take approximately 20 minutes to complete. *Once completing this survey, you will be eligible to receive an Amazon gift card, and the opportunity to enter a raffle for zip car usage.*

PLEASE HELP US BE COMPETITIVE FOR THIS AWARD WHICH WILL PROVIDE MORE RESOURCES TO INCREASE OUR EFFORTS TO ENHANCE WORK-LIFE INTEGRATION FOR FACULTY.

Thank you for your assistance in this important effort.

Awards and Honors

- **Dr. Beverly Mitchell**, the George E. Becker Professor of Medicine and Director of the Stanford Cancer Institute, is the 2011 Albion Walter Hewlett Award winner. Dr. Mitchell has had an incredibly distinguished career in academic medicine and has had major impact on Stanford since she joined the University in 2005. She was selected for this enormously distinguished award by a panel of renowned prior Hewlett Award recipients. This prestigious award is presented by the Department of Medicine, and Dr. Mitchell is its 23rd recipient since it was initiated in 1983. Please join me in congratulating Dr. Bev Mitchell.

Appointments and Promotions

- **Daniel Becker** has been promoted to Adjunct Clinical Professor of Psychiatry and Behavioral Sciences, effective 12/01/2011
- **Paul D. Blumenthal** has been reappointed to Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective 1/01/2012
Profile: http://med.stanford.edu/profiles/Paul_Blumenthal/
- **Bryan D. Bohman** has been promoted to Clinical Associate Professor of Anesthesia, effective 2/1/2012
Profile: http://med.stanford.edu/profiles/Bryan_Bohman/
- **Julie A. Collier** has been promoted to Clinical Assistant Professor of Anesthesia, and by courtesy of Pediatrics, effective 2/1/2012
Profile: http://med.stanford.edu/profiles/Julie_Collier/
- **Elizabeth A. Desmond** has been promoted to Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 3/1/2012
- **Barbara M. Egbert** has been reappointed to Clinical Professor (Affiliated) of Pathology, effective 9/1/2011
- **Ruth M. Fanning** has been reappointed to Clinical Assistant Professor of Anesthesia, effective 12/1/2011
Profile: http://med.stanford.edu/profiles/Ruth_Fanning/
- **Nathan D. Hart** has been promoted to Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 3/1/2012
- **Peter C. Heublein** has been appointed to Clinical Associate Professor (Affiliated) of Neurology and Neurological Sciences, effective 3/1/2012
- **Michael Jeng** has been reappointed to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 1/01/2012
Profile: http://med.stanford.edu/profiles/Michael_Jeng/
- **Peter E. Kane** has been reappointed to Clinical Professor of Radiology, effective 1/1/2012
Profile: http://med.stanford.edu/profiles/Peter_Kane/
- **Syed Aftab Karim** has been promoted to Clinical Assistant Professor of Neurosurgery, effective 2/1/2012
Profile: http://stanfordhospital.org/profiles/Syed_Karim
- **Joseph J. Kim** has been reappointed to Clinical Assistant Professor of Pediatrics, effective 11/1/2011
Profile: http://med.stanford.edu/profiles/Joseph_Kim/
- **Jeffrey E. Krygier** has been promoted to Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 5/1/2012
- **Leland E. Lim** has been appointed to Clinical Assistant Professor (Affiliated) of Neurology and Neurological Sciences, effective 2/1/2012
- **Margaret Neff** has been appointed to Clinical Associate Professor of Medicine, effective 1/23/2012
Profile: http://med.stanford.edu/profiles/Margaret_Neff/
- **Lily Nguyen** has been reappointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2011
- **Linda B. Nguyen** has been reappointed to Clinical Assistant Professor of Medicine, effective 9/1/2011
Profile: http://med.stanford.edu/profiles/Linda_Nguyen

- **Ming-Gui Pan** appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2011
- **Nhat Minh Pham** has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 11/1/2011
- **Miguel A. Sanchez** reappointed to Clinical Associate Professor (Affiliated) of Medicine, effective 9/1/2010
- **Minal Vasanawala** has been promoted to Clinical Assistant Professor (Affiliated) of Radiology, effective 4/1/2012
- **Dana L. Weintraub** has been reappointed to Clinical Assistant Professor of Pediatrics, effective 11/1/2011
Profile: http://med.stanford.edu/profiles/Dana_Weintraub/
- **Jennifer Reikes Willert** has been appointed to Clinical Associate Professor of Pediatrics, effective 4/1/2012
- **Denise Rettenmaier** has been promoted to Adjunct Clinical Assistant Professor of Medicine, effective 3/01/2012
- **Ann Weinacker** has been promoted to Professor of Medicine at the Stanford University Medical Center, effective 1/01/2012
Profile: https://med.stanford.edu/profiles/Ann_Weinacker/
- **Richard Wittman** has been promoted to Clinical Assistant Professor of Medicine, effective 4/1/2012
Profile: https://med.stanford.edu/profiles/Richard_Wittman/

Dean's Newsletter

February 21, 2012

The Stanford Challenge and Stanford Medicine

On December 31, 2011, Stanford University concluded its five-year Stanford Challenge Campaign, which began in October 2006 with the goal of raising \$4.3 billion. On February 7, 2012 President John Hennessy announced at a Gala Celebration at Maples Pavilion attended by donors, university faculty and staff and members of the community that the ***Stanford Challenge*** closed with \$6.2 billion “to seek solutions to global problems and educate leaders for a more complex world” (see: <http://thestanfordchallenge.stanford.edu/>). By every measure this is an extraordinary accomplishment as well as a tribute to the countless individuals who made gifts and donations, many of them quite exceptional. The School of Medicine participated in the University-wide Stanford Challenge and also exceeded its fundraising goal of \$991 million with a total of \$1.04 billion in cash received and \$1.22 billion in pledges and new activities at the end of December 2011.

The ***Stanford Challenge*** enabled transformations in people, programs and facilities across the University. At the School of Medicine, thanks to a number of principal gifts ranging from \$10 million to \$75 million, it made possible the initial phase of our medical school transformation in the form of the Li Ka Shing Center for Learning and Knowledge (LKSC) and the Lorry Lokey Stem Cell Research Building (Stanford Institutes of Medicine I). Also of major importance were the creation of two dozen new professorships (each at \$4 million) and exceptional contributions to major initiatives in Cancer (\$284 million), Cardiovascular Medicine, (\$54.7 million),

Immunity, Transplantation, and Infection (\$82.4 million), Neurosciences (\$130.1 million), Stem Cell Biology and Regenerative Medicine, including the Lokey Building (182.2 million), and education, including the LKSC (\$83.4 million).

These are highly significant accomplishments, for which I thank our incredibly generous and grateful donors and community members as well as our talented faculty and students – who were either the reason for the donations or who contributed to bringing them to fruition. I also thank the wonderful work of our Office of Medical Development. These gifts have been transformative – but they are also just a starting place for our future.

Over the past year we have also been transforming our Office of Development by better aligning it with Stanford Hospital and Clinics (SHC) as well as the University's Development Office, and with that we hope and envision that there will be a further transformation of Stanford University Medical Center over the next decade. Together with the leadership at SHC we are anticipating a Campaign for SUMC (whose official name is still being formulated) that will occur in two phases. The first phase will begin this year and extend over the next 2-3 years. A very significant portion of Phase I will focus on funding for the new Stanford Hospital, a \$2 billion construction project that is currently getting started. During Phase I, I am also asking our Development Office to give particular priority to raising funds for graduate education and for innovation funds for basic research, including faculty scholars and professorships for research faculty.

During Phase I, fundraising efforts for core programs in Cancer, Stem Cell Biology & Regenerative Medicine, Cardiovascular Medicine, Immunity-Transplantation-Infection and Neuroscience (focusing on clinical programs) will continue. We will also include in Phase I our programs in predictive medicine (including genomics, imaging and early diagnosis) coupled with our burgeoning efforts in global and population health sciences, including the transformation of health and healthcare delivery along with clinical and translational research (e.g., SPARK [<http://sparkmed.stanford.edu/>]). Highlighting these areas does not mean that other programmatic initiatives will not be pursued but that they will be guided by opportunity assessments. A broad opportunity and initiative assessment will be undertaken when a new dean arrives, and, following that, Phase II of the Campaign for Stanford Medicine will commence and likely continue for the subsequent 5-7 years. As it has in the past, the greatest fundraising successes will come from articulating a bold vision for how Stanford Medicine will transform the future. By doing so, we can build on our past accomplishments and use them to envision and then create the future.

Success in philanthropy is critical to the future success of Stanford Medicine. With the dramatic changes occurring in the support for research, the rising costs for education and the almost certain future declines in healthcare revenues, it is imperative that we protect our faculty as much as possible from the uncertainties of support from the public and private sectors, that we decrease the burden of debt for our students and the school, and support the most innovative and groundbreaking ideas possible. If the past helps predict the future, we have every reason to be optimistic.

“Occupy Medicine” is the Theme for the 21st Annual SUMMA Event

With the Occupy Wall Street Movement that began in Zuccotti Park on September 17, 2011, the word “occupy” has taken on new meaning, including an association with the “we are the 99%

slogan.” In less than six months there have been nearly 3000 “Occupy” communities formed – mostly focused on social and economic inequities around the world. Disparities and inequities have been areas of great concern in medicine as well, and so it is significant that the 21st Annual Premedical Conference sponsored by the Stanford University Minority Medical Alliance (SUMMA) chose “Occupy Medicine” as its banner and theme. It has an important resonance.

SUMMA has become a pillar of excellence in education, advocacy and support at Stanford, and in its annual conference it has brought several hundred high school and college students to campus to become enlightened and better informed and prepared for careers in medicine. Classes and demonstrations provide practical tips to prospective students about applying to medical school, including the value of academic performance, the MCATs and application and interviewing skills. Perhaps even more importantly, I am sure that prospective students are inspired by the intelligence, energy, commitment and dedication of our Stanford University medical students, who spend countless hours and days preparing for the annual SUMMA event.

Special thanks and appreciation goes to Miquell Miller, SMS III, who served as the 2012 SUMMA Coordinator and whose energy and passion are infectious. I am always very appreciative of the incredible effort our students, faculty and staff put into the SUMMA Conference. I am also deeply moved each year by the life journeys of some of our students as they describe the many forces and challenges that have shaped them to date. This year we witnessed the moving personal commentaries of Zachary Hernandez, SMS II, Andre Jamaal Pinesett, SMS I, and Allison Kim Truong, SMS I. I can’t help but imagine that every student in attendance has his or her own personal story – and that we are each also inspired by those told by the “Faces” speakers.

Over the past decades Stanford has made a strong commitment to enhancing the diversity of its students and faculty – and significant progress has been made. We are grateful for the broad diversity of our current students, which enriches our learning environment – and we recognize that much still remains to be accomplished. “Occupy Medicine” is certainly about increasing diversity in medicine but, on another level, it can also symbolize the need to take medicine back from the market-based forces that have so damaged its values and its very moral compass over the past decades. Both are goals we aspire to as we work toward the day when Stanford serves as the model for health and health care locally, nationally and globally. That too is something that will require our commitment and shared efforts as a community of students, faculty and staff.

A Respectful Learning Environment for Our Students

I have written in the past about our commitment to a Respectful Workplace, that is, “a work environment that is conducive to teaching and learning, research, the practice of medicine and patient care” (http://deansnewsletter.stanford.edu/archive/04_05_10.html#4). But, in addition, a respectful learning environment must be one of our highest priorities. Our commitment in this area for medical students is codified in our Standards of Conduct for the Teacher-Learner Relationship, which is published in the MD Program Handbook and Policy Manual (see: http://med.stanford.edu/md/policies/MD%20Program%20Handbook%202010_11.pdf).

I bring these Standards to your attention because of the 2011 results of a survey administered annually by the AAMC to graduating medical students from all US medical schools. Nationally, there are some disturbing trends in the percentage of students who have experienced

mistreatment during their training. “Mistreatment” in the survey includes verbal abuse or belittlement, inappropriate requests to perform personal services, and sexually inappropriate comments. Unfortunately, we are not free from some of these behaviors at Stanford. Among other questions, the survey asks about the learning environment, and students are asked whether they are aware of their schools’ policies regarding mistreatment. It turns out that in 2011 survey less than 70% of our students said they were aware of our policy, cited above. Of greater concern, some students reported mistreatment, particularly during clinical rotations and experiences. These results are cause for concern.

Every medical student and member of the instructional staff in the School of Medicine is expected to follow our policy, which lays out the School’s expectations for the proper treatment of students and the process for raising a concern if a student feels treated in a way inconsistent with our Standards. It is imperative that we have an environment that respects each individual and that promotes learning without fear of mistreatment or retaliation. This must be a priority for each of us, and I ask every member of our community to reflect on his or her behavior with a commitment to respect human dignity in educational and clinical interactions.

Under the leadership of Drs. Charles Prober, Senior Associate Dean for Medical Education, and Clarence Braddock, Associate Dean for Undergraduate and Graduate Medical Education, and Director, Stanford Center for Medical Education Research and Innovation, we are currently conducting an in-depth review of the full results of the 2011 survey, as well as similar surveys conducted of our residents and fellows by the ACGME. We will be communicating the outcome of this review in the months ahead and beginning a larger conversation across our entire medical center about how we can better meet our commitments to a Respectful Workplace and Learning Environment for all.

Because of the importance of this issue, I am copying below our Stanford Policy for your review:

Standards of Conduct for the Teacher-Learner Relationship Stanford School of Medicine

1. STANDARDS

- A. Stanford School of Medicine (SoM) is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the SoM community to respect each person's worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel. *Given their roles in the educational process and their inherently unequal positions vis a vis students, all instructional personnel (including faculty, residents, and other members of the healthcare team) are to treat students with courtesy, civility and respect and with an awareness of the potential impact of their behavior on such students' professional futures.*
- B. Conduct inconsistent with this policy can occur in a variety of forms and may seriously impair learning. In particular, instructional personnel are expected to create an environment in which feedback regarding their performance can be given openly by students without concern for reprisal, and which is free of exploitation, harassment, impermissible discriminatory treatment, humiliation, or

other mistreatment or abuse of medical students. Examples of conduct inconsistent with these standards might include:

- i. Sexual harassment
- ii. Physical or verbal abuse
- iii. Assigning duties as punishment rather than education
- iv. Requiring a student to perform personal services (such as shopping or babysitting)
- v. Unwarranted exclusion from reasonable learning or professional opportunities
- vi. Evaluating or grading on inappropriate criteria (or threatening to do so)
- vii. Harassment or discrimination on the basis of sex, race, age, color, disability, religion, sexual orientation, gender identity, national or ethnic origin, or any other characteristic protected by applicable law.

C. Note: The expectations stated in this policy primarily relate to the standards of conduct for instructional personnel. For their part, medical students are expected to adhere to similar standards of respectful and professional behavior, including (but not limited to) the standards of conduct for students set forth in the MD Program Handbook: Procedures, Policies and Essential Information such as sections 2.9 (School of Medicine Statement of Professionalism), 2.10 (School of Medicine Technical Non-Academic Standards) and 6.2 (Evaluation of Performance in Clinical Clerkships).

2. GUIDELINES FOR APPLICATION

- A. These standards of conduct are applicable to all SoM instructional personnel (including faculty, residents and other members of the healthcare team) in their interactions with Stanford medical students—whether on or off campus and whether in formal educational (such as clinical or classroom) or in social settings.
 - B. In general, a determination of whether specific conduct is inconsistent with this policy will depend on a case-by-case analysis of the particular facts and circumstances, and the use of a "reasonable medical student" standard.
 - C. Students subjected to abuse, discrimination, mistreatment or harassment have a right to seek timely and effective remediation with the full support of the SoM and Stanford University. In addition, retaliation and/or reprisals against an individual who in good faith reports or provides information in an investigation about conduct that may violate this policy is prohibited.
 - D. Conduct inconsistent with this policy may consist of repeated actions or may even arise from a single incident if sufficiently egregious.
 - E. In the review of conduct under this policy, other Stanford University and SoM policies and procedures (such as Stanford's Sexual Harassment and Consensual Sexual or Romantic Relationships Policy) may become relevant.
3. **THE RESPECTFUL EDUCATOR CONDUCT COMMITTEE (RECC)** The Respectful Educator Conduct Committee (RECC) is a standing committee to carry out the purposes and procedures set forth in this policy.

- A. The committee meets quarterly, and on an ad hoc basis if it is deemed necessary by the Chair.
- B. The committee is chaired by the Associate Dean for Medical Student Life Advising, who is hereafter referred to as the Chair.
- C. The composition of the committee includes the following as members:
 - i. The Chair
 - ii. One or more clinical students
 - iii. An Academic Advising Dean
 - iv. The Director of Graduate Medical Education (or designee)
 - v. The Director of Clerkships
 - vi. The Director of Educators for Care
 - vii. A Residency Training Program Director
 - viii. A Resident
 - ix. The Chair of the Physician Wellbeing Committee
- D. The RECC will keep such confidential records of its proceedings as are appropriate to support its purposes of education and concern resolution.

4. PROCEDURES

The following procedures for handling incidents of potential violations of the Standards of Conduct for the Teacher-Learner Relationship place a strong emphasis on resolving complaints informally. The procedures include advising and mediation. It is important to note that the procedures do not preempt other formal or informal channels available within the University. ***It is recommended that students should -- as a first step-- contact the Chair of the RECC to review the various options that are available (on a confidential basis as that status is granted to the Associate Dean for Medical Student Life Advising -- <http://med.stanford.edu/md/student-development/confidentiality.html>). The Chair of the RECC is empowered to explore with the student a plan of action that may include some or all of the steps described below.***

- A. **Informal** - Concern about potential violations may be handled by communication with various individuals, including but not limited to the following:
 - i. Direct discussion (by the student or others) with the alleged offender.
 - ii. Conversation (by the student or others) with individuals such as the chief resident, attending physician, clerkship director, and/or Educator For Care (E4C) faculty.
 - iii. The Chair of the RECC may present the concern to all or a portion of the RECC, and to such third parties that the Chair of the RECC deems appropriate for seeking an informal resolution.
 - iv. The Chair of the RECC also may in his/her discretion refer the matter to an alternate available University process or office, such as an existing

grievance process or the Sexual Harassment Policy Office or the Director of the Diversity and Access Office.

- v. Direct conversation by the student with confidential resources including but not limited to the Ombuds, Counseling and Psychological Services, and the Deans of Religious Life.

Informal solutions to address the problem may be recommended and/or pursued such as (but not limited to) systems changes or educational interventions. The Chair of the RECC will be available throughout the process to discuss with the student the status of the matter, including any potential resolution.

B. Formal -- If no resolution is reached and the student wishes to proceed with a more formal grievance or complaint process, the Chair of the RECC may refer the student to other existing processes or may (in an appropriate case) accept from the student a written grievance or complaint to use the procedure described below.

- i. The student should set forth in writing the substance of the grievance or complaint, the grounds for it and the evidence on which it is based, and the efforts taken to date to resolve the matter. It is at this stage that the matter becomes a formal grievance or complaint.
- ii. The grievance or complaint document should be submitted to the Chair of the RECC. A grievance should be filed in a timely fashion, i.e., normally within thirty days of the end of the academic quarter in which the action that is the subject of the grievance or complaint occurred. A delay in filing may be grounds for rejection of that grievance or complaint.
- iii. The Chair of the RECC will review the grievance or complaint and (if it reflects an appropriate use of the process) will then promptly (within 7 days) transmit the grievance or complaint to the Senior Associate Dean for Medical Education (SADME) for handling.
- iv. The SADME shall promptly initiate a review, which should normally be completed within sixty days. The SADME may attempt to resolve the matter informally, and may refer the matter (or any part of it) to a grievance officer or other designee, who will evaluate and/or address the matter as the SADME directs. The SADME may also, in appropriate cases, remand the matter to the appropriate administrator (including to the administrative level at which the grievance or complaint arose) for further consideration.
- v. In undertaking this review, the SADME (or his or her designee) may request a response to the issues raised in the grievance or complaint from any individuals believed to have information the reviewer considers relevant, including faculty, staff and students.
- vi. The SADME (or his or her designee) shall issue his or her decision in writing, and take steps to initiate such corrective action as is called for (if any). Conduct meriting discipline shall be brought to the attention of the appropriate disciplinary process.
- vii. Appeal
 - a. If the student is dissatisfied with the disposition by the SADME (or his or her designee), he or she may appeal to

the Dean of the School of Medicine. The appeal should be filed in writing with the Dean within ten days of the issuance of the decision by the SADME (or his or her designee); a delay in filing the appeal may be ground for rejection of that appeal.

- b. The Dean may attempt to resolve the matter informally, and may refer the matter (or any part of it) to a grievance appeal officer or other designee, who will review the matter at the Dean's direction. The Dean also may remand the matter to the appropriate administrator (including to the administrative level at which the grievance arose) for further consideration.
- c. The Dean should normally complete his or her review of the appeal and issue his or her decision in writing within forty-five days. That decision is final. It is not subject to further review by any other University process.

viii. General Provisions

- 1. *Time Guidelines* -- The time frames set forth herein are guidelines. They may be extended by the Chair of the RECC, the SADME or the Dean, as applicable, in his or her discretion for good cause (including for reasons relating to breaks in the academic calendar).
- 2. *Advisers* -- A student initiating or participating in a grievance or complaint under this procedure may be accompanied by an adviser in any discussion with the Chair of the RECC, the SADME, the Dean, or their designees (such as a grievance or grievance appeal officer); such adviser must be a current Stanford faculty, staff member or student.
- 3. *Ombuds* -- Students should be aware that the University Ombuds (<http://www.stanford.edu/dept/ocr/ombuds>) is available to discuss and advise on any matters of University concern and frequently helps expedite resolution of such matters. Although it has no decision making authority, the Ombuds' Office has wide powers of inquiry.
- 4. *Sexual Harassment and Disability related issues*- For further information and resources concerning sexual harassment, students should refer to the web page of the Sexual harassment Policy Office at <http://harass.stanford.edu>. For further information and resources concerning accessible education, students should refer to the web page of the Office of Accessible Education at <http://www.stanford.edu/group/DRC/>
- 5. *No retaliation*- Stanford University prohibits retaliation or reprisals against individuals based on their pursuit in good faith of a grievance or complaint under this procedure, or their participation in good faith in the grievance or complaint process.

6. *Standards for Review*- If the grievance or complaint involves a decision that is being challenged, the review by the SADME, as well as the review by the Dean on appeal, usually will be limited to the following considerations:
 - a. Were the proper facts and criteria brought to bear on the decision? Were improper or extraneous facts or criteria brought to bear that substantially affected the decision to the detriment of the grievant?
 - b. Were there any procedural irregularities that substantially affected the outcome of the matter to the detriment of the grievant?
 - c. Given the proper facts, criteria, and procedures, was the decision one which a person in the position of the decision maker might reasonably have made?

5. EDUCATION

The Stanford School of Medicine will provide ongoing education to promote a positive learning environment and discourage violations of the standards of conduct for the teacher-learner relationship. Such education serves several purposes. First, it promotes an environment of respect for each person's worth and dignity. Second, it informs students that there are procedures available for them to register concerns of educator conduct violations, which can be investigated and addressed without fear of retaliation. Third, it informs instructional personnel of the SoM's standards of conduct and procedures for responding to allegations of violations of these standards. This policy will be included in the MD Program, Resident and Faculty handbooks and posted on the medical school website. Educational sessions on this topic will be introduced during the pre-clerkship curriculum and readdressed early in the clerkship curriculum. Educational sessions on this topic will also be presented to educational personnel including but not limited to at forums such as resident orientation, department meetings, and staff meetings. The materials and methods for providing this education will be the responsibility of the Respectful Educator Conduct Committee.

The President's Budget, the NIH Budget and the Health of Our Nation's Investment in Science

President Obama released his FY2013 budget on Monday, February 13th, which for the Department of Health and Human Services (HHS) projects \$941 billion in outlays. Of this, Medicare comprises 56%, Medicaid 30% and other entitlement programs 6%, leaving 8% of the HHS budget for discretionary programs – which includes NIH. We all recognize that there is a long journey of debate and negotiation (or not) ahead as the President's budget goes through the legislative process. But some issues are already notable – even if they become part of the political debate over the months ahead. First, the Obama Administration is proposing significant reductions in Medicare Indirect Medical Education (IME) payments and also a reduction in the support for Children's Hospital Graduate Medical Education (GME) support. Needless to say, the months ahead will almost certainly witness big debates on Medicare and other entitlement programs as the political debate about healthcare reform heats up with the pending Supreme Court hearing on the Affordable Care Act scheduled for this March and the Presidential elections in November.

The FY2013 President's budget proposes freezing the NIH budget at \$30.9 billion. While this is better than it might have been, several issues obtain. First, this proposal will also be subject to debate in the Congress. Second, even if the budget remains flat, the purchasing power of NIH dollars continues to decline. In addition, whatever budget is passed could be subject to a significant reduction (currently forecast at 8%) if the "sequester" goes into effect in January 2013 because of the failure of the so-called Super Committee to address the budget deficit agreement in 2011. This also comes on the heels of the Consolidated Appropriations Act, 2012 that was signed into law on December 23, 2011, which lowered the salary limitation on NIH grants from Executive Level I (\$199,700) to Executive Level II (\$179,700) and which went into a phased-in effect beginning with new grants beginning December 24, 2011 (see: http://grants.nih.gov/grants/policy/fy2012_salary_cap_faqs.htm for more details). This has an impact on faculty and institutions.

Although many details remain to be determined, current forecasts are that in FY13 NIH will discontinue out-year inflationary allowances for competing and continuation grants, reduce non-competing continuation grants by one percent below the FY12 level, and negotiate the budgets of competing grants to avoid growth. A further forecast of approaches to grant management being considered at the NIH are reflected in Dr. Sally Rockey's February 15th communication (<http://nexus.od.nih.gov/all/2012/02/15/president%E2%80%99s-2013-budget-and-nih-research-grants/>), which states that the NIH will continue current policies that allow new investigators to receive grants at rates equal to those of established investigators and will also "establish a process for additional scrutiny and review of awards to any principal investigator with existing grants of \$1.5 million or more in total costs" – a policy that has been in place at the National Institute of General Medical Sciences for some years. As you likely know, the NIH has been floating the idea of managing its grant portfolio by limiting the number of awards per PI, limiting the amount of funds/PI, and reducing or limiting the size of awards. They have already limited salaries of PIs, as noted above.

While it is understood that the continuing economic crisis and still looming deficit have led to these policies and others still to come, it is also clear that these events seriously threaten our nation's leadership and competitiveness in science and innovation. I wrote about this in an Op-Ed that was published in the January 31, 2012 San Jose Mercury News and that I include below in case you missed seeing it (see: http://www.mercurynews.com/opinion/ci_19862392?IADID=Search-www.mercurynews.com-www.mercurynews.com or below)

Budget Super Committee's Failure Puts Medical Research at Risk

Because of our national investment in basic biomedical research through the National Institutes of Health, the United States is the world leader in discoveries in the life sciences. Americans have benefited from new treatments and cures that have improved the health of adults and children and prolonged many lives. Indeed, we are the envy of the world in discovery and innovation.

But we are now on a precipice. As a result of the inability of the so-called congressional Super Committee to deliver a budget proposal, lawmakers are required to make \$1.2 trillion in cuts, half from defense and half from domestic programs, including research sponsored by the

NIH. Reducing our investment in medical research surely would slow the remarkable progress we have made in new fundamental discoveries that can ultimately improve the health of our nation's citizens.

Consider the evidence: The death rates for heart disease and stroke have fallen by 60 percent and 70 percent, respectively, since World War II. Over the past 15 years, the incidence of cancer has fallen by 11.4 percent among women and 19.2 percent among men because of better detection methods and more effective treatments. Today, individuals diagnosed in their 20s with HIV -- once considered a death sentence -- may receive antiretroviral therapy and live to age 70 or beyond. These and other advances in our health have been built on basic scientific research -- work that may not have had a clear application when it was conducted but which opened the way to a better understanding of human biology. This knowledge then was translated into new tools or devices to diagnose, treat and prevent disease.

For instance, today's lifesaving treatments for HIV were built upon advances in a basic understanding of how the immune system works. I witnessed this personally when I began my own work in pediatric AIDS, which would not have been possible without the basic science discoveries about retroviruses that took place more than a decade before HIV was even known. Similarly, at Stanford, work aimed at understanding how immune cells recognize antibodies ultimately led to a groundbreaking treatment for non-Hodgkin's lymphoma, as well as other debilitating conditions.

Innovation and discovery not only improve human health, but they also are vital to jobs and economic recovery. One recent study noted that nearly a half-million jobs across the country were directly or indirectly supported by NIH funding. Overall, NIH funding produced nearly \$70 billion in new economic activity in 2010. Here in California, the effect of this research accounts for \$5.3 billion in economic activity and 35,734 jobs. An additional effect on medical research and jobs in California has taken place because of our residents' investment in stem cell research through Proposition 71, making us the world leader and principal beneficiary of this incredibly important research agenda.

President Barack Obama and Congress need to remember that the U.S. Medical research enterprise is an economic juggernaut and the envy of the rest of the world -- a leadership position that no one wants to lose. More important, both the President and Congress should think about how the health of future generations depends on the basic research being done today. Cuts to our basic biomedical research today may save money in the short run, but it will come at the cost of our most precious resource: the health and well-being of our children and grandchildren.

Clearly the months ahead will be important in clarifying the impact of the NIH budget and other funding sources on our research mission. There is no question that this is a time of increased stress for our faculty and that, despite their enormous talents and accomplishments, the current and almost surely continuing funding environment will impact a number of them quite directly. Certainly we want to do all we can to protect our faculty from these funding challenges, but there are obvious limits to our discretionary resources. That is why raising funds for innovation and for the support of research faculty through faculty scholar awards and professorships is such a high priority for all of us.

Coming in 2013: Liaison Committee on Medical Education Re-accreditation

The Liaison Committee on Medical Education (LCME) is the national body that accredits all medical schools in the United States and Canada; it is jointly sponsored by the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA). Medical schools are required to renew their accreditation with the LCME a minimum of every 8 years. The last accreditation Stanford received from the LCME was in October 2005, and therefore our re-accreditation is due to occur no later than October 2013.

As a part of the re-accreditation process, all schools are required to engage in a comprehensive self-study, followed by a site visit from the LCME. The entire re-accreditation process typically lasts about 18 months. Although activities around the LCME re-accreditation process have already begun, I want to let you know that we will be officially launching our self-study in May 2012, with self-study teams beginning to meet in the Fall.

The self-study process is comprehensive and will require the participation of many of our faculty, staff, and students. In the coming months, we will be appointing several self-study teams, each charged with reviewing specific components of our medical education program. As a part of this process, our students will also undertake an independent (and confidential) self-study that provides an avenue for them to assess their own educational experience.

Although these activities are required for re-accreditation, they do afford the opportunity, using the accreditation standards as benchmarks, to focus on continuous quality improvement of our medical education. Of course, we have been doing continuous improvement even without an immediate LCME review – but we will be able to do this more comprehensively. While it also will appear to many of us that we just completed the LCME review, the reality is that we are now ready for another reaccreditation cycle!

Dr. Charles Prober, Professor of Pediatrics and Senior Associate Dean for Medical Education, will be the faculty lead for the 2013 LCME re-accreditation project. Aarti Porwal, Manager of Strategic Initiatives in Education in the Office of Institutional Planning, will serve as the lead administrative coordinator. I will continue to update you as we progress in our re-accreditation efforts.

The Senate's H.E.L.P. Committee Holds Hearings on Pain in America

On February 14th I had the opportunity to testify before the US Senate H.E.L.P. (Health, Education, Labor and Pensions) Committee led by Senator Tom Harkin (D-IA) on the topic of “Pain in America: Exploring Challenges to Relief.” My testimony reflected the work of the Institute of Medicine’s reported entitled “*Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research.*” A summary of the testimony I submitted to the Senate H.E.L.P. Committee follows:

Summary of the Presentation of Philip A. Pizzo, Dean of the Stanford University School of Medicine, on the Institute of Medicine Report “*Relieving Pain in America*” to the US Senate H.E.L.P Committee on February 14, 2012

I would like to share with you some of the conclusions and recommendations from the Institute of Medicine Report on *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research*. This 2010 Patient Protection and Affordable Care Act required that HHS, through the NIH, charge the IOM to conduct this study. I served as the chair of a 19-

member committee that initiated its work in November 2010 and delivered the final report to the Congress and NIH in June 2011.

We found that the magnitude of pain in the United States is astounding. More than 116 million Americans have pain that persists for weeks to years. That this number does not include children, individuals in nursing homes or chronic care facilities, prisons or the military, makes the impact even more significant. The total cost of pain is \$560-635 billion per year. This is higher than the costs of cancer, cardiovascular diseases and diabetes together. This includes nearly \$100 billion annually from federal and state budgets. The Committee fully recognizes the magnitude of these expenditures and appreciates that more effective and efficient approach to pain management and preventions must consider cost as well as effectiveness.

The Committee was charged to review and quantify the public health significance of pain, identify barriers to pain care, determine special populations impacted by pain, identify the tools and technologies to treat pain and enhance pain research along with public-private partnerships in support of pain research, care and education.

In preparing its report we reviewed the literature, held public meetings and workshops, received testimony and comments from more than 2000 Americans, and commissioned a review on the economic burden of care. We concluded that relieving acute and chronic pain and the resultant suffering will require of cultural transformation in how pain is perceived and judged both by people with pain and by the health care providers who help care for them. The overarching goal of this transformation should be gaining a better understanding of pain of all types and improving efforts to prevent, assess and treat pain. The Committees report offers a blueprint for achieving this transformation that included 16 recommendations that addressed the public health challenges, pain care and management, the education of patients, communities and providers and that addressed research needs and opportunities. To help establish priorities, the IOM Committee recommended that four of its 16 recommendations be implemented by the end of 2012 and that the remaining twelve recommendations be completed before the end of 2015 and then be maintained on an ongoing basis. These recommendations are as follows:

Immediate -- Complete by the end of 2012

- The Secretary of HHS should create a comprehensive population-level strategy for pain prevention, treatment, management and research
- The Secretary of HHS along with other federal, state and private sector entities should develop strategies for reducing barriers to the care of pain -- focusing in particular on populations disproportionately affected by and undertreated for pain
- Through CMS, the VA, DoD, health care providers, insurers and others - support collaboration between pain specialists and primary care clinicians, including referral to pain specialists when appropriate.
- The Director of the NIH should designate a lead institute at the National Institutes of Health that is responsible for moving pain research forward, along with an increase in the support for and scope of the Pain Consortium. This should involve pain advocacy and awareness organizations and should foster public private partnerships

Twelve other recommendations focus on public health, clinical care, education and research issues that should be completed by 2015. Taken together, these recommendations serve the goal of creating a comprehensive, population-level strategy for pain prevention, management and research. The scope of the problems in pain management is daunting, and the limitations in the

knowledge and education of health care professional are glaring. But the medical community must actively engage in the necessary cultural transformation to reduce the pain and suffering of Americans. Importantly the cultural and social transformation needed to alleviate pain in America will require the collaboration of the healthcare provider community with patients and their families who are suffering from pain, including their communities, professional societies and advocacy organizations as well as state and federal government. New public private partnerships and a broad concerted level that addresses pain as a public health initiative as well as an individuals source of suffering will be necessary if we are to make progress in alleviating pain. We must all be part of the dialogue and the solution.

The Senate H.E.L.P. Committee hearings were recorded on C-SPAN (see: <http://www.c-span.org/Events/Senate-HELP-Committee-Looks-at-Medical-Costs-for-Chronic-Pain/10737428332-1/>) and included testimonies from:

- Lawrence Tabak, DDS, PhD, Principal Deputy Director, National Institutes of Health
- Philip Pizzo, MD, Dean, Stanford University School of Medicine
- William Maixner, DDS, PhD, Director, Center for Neurosensory Disorders, University of North Carolina at Chapel Hill
- Christine Veasley, Executive Director, National Vulvodynia Association
- John Sarno, MD, Professor of Clinical Rehabilitation Medicine New York University School of Medicine.

The testimonies and commentaries were far ranging and, not surprisingly, most poignantly expressed through the voices of individuals suffering from chronic pain. Ms Veasley was an articulate spokesperson for patient needs and for research – both basic and clinical.

While not myself a pain expert, I have become increasingly informed about the magnitude of pain in America and the need to address it more fully. Hopefully the IOM Report and its recommendations, coupled with actions by the Congress and the Department of Health and Human Services, will take action on the important needs that have been identified. Fortunately for our own community, we have one of the nation's most articulate and respected leaders in pain medicine and research, Dr. Sean Mackey, Associate Professor and Chief of the Pain Management Division at Stanford. Dr. Mackey was a member of the IOM Committee on Pain in America and contributed significantly to its work and recommendations. His work at Stanford and nationally give hope that progress will be made on this important and under-appreciated problem in the years ahead.

Approved Uses of Stanford University School of Medicine Logo

The Stanford University School of Medicine logo is well-established and familiar to us – we see it every day on our web site (including the home page of this Newsletter), on our buildings and in written materials. But not everyone may be aware that the use of our logo and name is governed by University policy (http://adminguide.stanford.edu/15_5.pdf), and that it is the responsibility of each member of the School of Medicine community to use the logo and Stanford name correctly. The University has assigned responsibility for approving the use of Stanford's name and "marks" used in connection with medical activities to the Dean of the School of Medicine.

I am pleased to announce that we now have a ***“Logo & Name Use Guide”*** online (<http://med.stanford.edu/logo/>) that briefly outlines the guidelines that will assist you when you seek to use the School logo and name, whether on a website or a tote bag. However, it is important to underscore that you may only use the School of Medicine logo in conjunction with academic and research-related events. Moreover, if the logo will appear externally (outside of Stanford), a draft copy showing how the logo will be used needs to be submitted to the Dean’s Office for review. Please direct additional questions regarding the School of Medicine logo to Kristin Goldthorpe, Project Manager in the Dean’s Office. Thanks to Kristin for developing this very useful resource. I urge you to review the Guide and refer to it any time you plan to use the School logo or name for external purposes.

Celebrating Two Dozen Years of Contributions by Dr. Richard Tsien

On Tuesday, January 31st the Department of Molecular and Cellular Physiology celebrated Dr. Richard Tsien’s more than two decades of exceptional contributions to Stanford and the world of science and medicine. Of special significance, Dr. Tsien founded the department in 1988 and served as its first chair. More broadly, his remarkable career has traversed basic and clinical sciences, has touched countless of medical and graduate students, impacted scores of trainees, faculty and staff and has resulted in major insights and discoveries that have brought distinction and many honors and awards. In August 2011 Dr. Tsien became the Inaugural Director of the new Neuroscience Institute at the NYU Langone Medical Center and, since January 2012, the Druckenmiller Professor of Neuroscience there. Until assuming his new leadership position, Dr. Tsien was the George D. Smith Professor at Stanford. Colleagues from throughout the Stanford community joined the celebration to thank Dick Tsien for his exceptional contributions and to wish him, his wife Julia, and their family joy and success in this exciting new chapter in their lives.

Awards and Honors

- **Dr. Norbert Pelc:** On February 9th the National Academy of Engineering announced the election of 66 new members (see: www.nae.edu <http://www.nae.edu>), including Dr. Norbert Pelc. Election to the National Academy of Engineering is among the highest professional distinctions accorded to an engineer. It honors those who have made outstanding contributions to "engineering research, practice, or education, including, where appropriate, significant contributions to the engineering literature," and to the "pioneering of new and developing fields of technology, making major advancements in traditional fields of engineering, or developing/implementing innovative approaches to engineering education." Dr. Pelc is Professor and Associate Chair for research in the Department of Radiology and Professor of Electrical Engineering (by courtesy) at Stanford University. He is cited by the NAE for development of algorithms and technologies for MRI, CT, and hybrid X-ray/MRI imaging.” Please join me in congratulating Dr. Pelc for this major honor.

Appointments and Promotions

Steven Artandi has been promoted to Professor of Medicine, effective 2/1/2012.

Zev D. Bryant has been reappointed to Assistant Professor of Bioengineering, effective 3/1/2012.

Kim R. Butts Pauly has been appointed to Professor of Radiology, effective 2/1/2012.

Annelynn Chang has been appointed to Assistant Professor of Dermatology at the Stanford University Medical Center, effective 2/1/2012.

Christopher H. Contag has been promoted to Professor of Pediatrics and of Microbiology and Immunology and, by courtesy, of Radiology, effective 1/1/2012.

Edward Damrose has been promoted to Associate Professor of Otolaryngology – Head and Neck Surgery, effective 2/1/2012.

Peter Fitzgerald has been reappointed to Professor (Research) of Medicine, effective 2/1/2012.

Garry E. Gold has been promoted to Professor of Radiology and, by courtesy, of Orthopaedic Surgery, effective 2/1/2012.

Edward Graves has been promoted to Associate Professor of Radiation Oncology, effective 2/1/2012.

Henry H. Hsia has been reappointed to Associate Professor of Medicine at the Stanford University Medical Center, effective 2/1/2012.

Jennifer Johns has been appointed to Assistant Professor of Comparative Medicine at the Stanford University Medical Center, effective 2/1/2012.

Gordon Li has been appointed to Assistant Professor of Neurosurgery at the Stanford University Medical Center, effective 2/1/2012.

David H. Liang has been reappointed to Associate Professor of Medicine at the Stanford University Medical Center, effective 3/1/2012.

Claude M. Nagamine has been reappointed to Assistant Professor of Comparative Medicine at the Stanford University Medical Center, effective 2/1/2012.

Harlan Pinto has been reappointed to Associate Professor of Medicine and, by courtesy, of Otolaryngology – Head and Neck Surgery, at the Veterans Affairs Palo Alto Health Care System, effective 3/1/2012.

Aaron Straight has been promoted to Associate Professor of Biochemistry, effective 2/1/2012.

Dean's Newsletter
March 5, 2012

Moving Forward Toward a New Curriculum for Graduate Education

Following the themes articulated at the 2012 Strategic Planning Leadership Retreat, Dr. Dan Herschlag, Professor of Biochemistry and Senior Associate Dean for Graduate Education and Postdoctoral Affairs, held a Town Hall Meeting on Tuesday, February 21st to discuss proposed revisions to the curriculum for graduate student education in the biosciences at Stanford. As noted in previous communications, our mission and philosophy in this area are evolving in ways that include:

- Educating each student to “think like a scientist”
- Training leaders and innovators
- Leaving no graduate student behind, by addressing advising and mentoring and choice of labs to work in
- Encouraging each student to pursue her or his career of choice, regardless of which path that follows (e.g., research, education, industry), and honoring that choice.

Dr. Herschlag outlined some of the key components of the curriculum changes being considered and solicited feedback and engagement – from the students who attended the Town Hall as well as those who were unable to participate but who hopefully will become involved as the process moves forward. Among the innovations being considered is a “biosciences kernel core course” that will foster an interdisciplinary experience and that will be project and not lecture based. A key feature of this course will be small group discussions that emphasize concepts over facts and that promote active learning as well as the acquisition of critical analytic skills in reading and understanding the literature, design of experiments and communication and collaboration. Crucial components will include, first, learning how to develop hypotheses, and, second, determining the right experimental approaches for addressing them. An additional goal is to have the educational process become a multi-year effort that incorporates mini-courses and roundtables that expose students to core concepts as well as leaders in science broadly defined. Included will be interactions with alumni who are pursuing broad career pathways – from academia to industry and beyond.

Providing mentorship is an essential component of our education goals – both for research proficiency and for career development. These two types of mentoring should be performed and coordinated by different individuals. Another key goal is shortening the time to degree, with a goal of accelerating the time students enter destination labs, do qualifying exams and complete all requirements. In total this should be five years or less.

Following an interactive discussion on these and related issues at the Town Hall, several action items were delineated, including:

1. ***Student and Advisor Rights and Responsibilities.*** There was great interest in developing a “Rights and Responsibilities” document for students and advisors. The goal for this document is to engender open, ongoing discussion between students and advisors and to empower students, particularly as a needed and additional resource for their transition from undergraduate to graduate studies. A group will meet to craft this document; additional students and faculty interested in participating this process should contact Melanie Bocanegra, Assistant Dean for Graduate Education (mbocanegra@stanford.edu).

2. **Curriculum.** There was enthusiasm for the proposed curriculum changes delineated above as well as a note of caution, since they will entail a new “experiment” in their own right. In this respect the Town Hall participants felt it was important that the new interdisciplinary course not be required of students, although it is likely that at least several Home Programs will strongly recommend it to their students. It was noted that Drs. Tom Clandinin (Neurobiology), Tim Stearns (Biology) and Aaron Straight (Biochemistry) will be developing an initial syllabus over the next month to share with departments and core courses directors in order to help optimize the timing and format of courses for the coming academic year. In addition, funds have been allocated from the Dean’s Office to help in the development of graduate mini-courses. A call for proposals will go out in March, and faculty, students and postdocs will be encouraged to apply for funding to help revamp and improve existing courses and to develop new mini-courses, with special emphasis on interdisciplinary experiences and short, intensive special topics.
3. **Second Mentor Program.** Students have previously identified the desire for “second mentors” – mentors beyond their advisor and thesis committee who can provide mentoring in a number of ways, including career advice, outside perspectives, and free and nonjudgmental discussion. Louis Fernandes, President of Stanford Biosciences Student Association (SBSA), has initiated a survey of students to nominate faculty members who they feel would be particularly adept in this role. There is additional interest in expanding this program to local alumni. Accordingly, if you know of faculty or alumni who you think would excel in this role, please contact Louis Fernandes (louisf@stanford.edu).
4. **“Career of Choice” and Alumni Forum.** Students often first begin to consider career options outside of academia in their 3rd or 4th year of graduate school. Often when research projects are launched, there is considerable excitement and anticipation. Of course, research is filled with as many frustrations and disappointments (often more) than moments of exhilaration. While students may seek to follow a career outside of research for a number of reasons, sometimes these pursuits grow out of the understandable frustration and disappointment that can accompany pursuit of quite challenging research questions. But it is important that each student, regardless of the nature of his/her particular research experience, explore and search for a career of choice – the career that will bring the most fulfillment and allow that student to ultimately contribute the most to society. Further, as there are many ways to utilize training in science, students should not feel compelled to take one path or be judged for the paths that they choose – or don’t choose.

Indeed, students should recognize from day one in graduate school that part of their journey involves reflection and consideration about their longer-term career goals. To facilitate this process, and to celebrate the great and diverse careers of our alumni, the Graduate Education office will hold an Alumni Forum for all 3rd and 4th year graduate students. More details will follow; everyone was advised that this *May 4th will be a starting point and that an event is planned for that date that will provide an introduction to alumni and career paths, discussions with alumni, and advice from our outstanding Career Center on how to begin the path to one’s career of choice.*

5. **Student/Faculty Focus Groups on Advising, Curriculum and Careers.** The Graduate Education office will host a series of focus group discussions in March and April to seek input for the new biosciences website, new student orientation, proposed workshops and

wellness programs. Your participation and feedback will help shape initiatives that address the holistic development and well-being of our students. Students and faculty interested in joining these efforts should e-mail Dan Herschlag (herschla@stanford.edu).

Even though the attendance of graduate students in this first Town Hall Meeting was somewhat low, the event was a great beginning, and I do feel very confident that interest and participation will continue to grow as new programs are explored and initiated. It is great to see the progress that has been made, and I am grateful to the collaboration among students, staff and faculty that is moving this initiative forward. It is very exciting!

Approval of Principal Investigator Status for Clinician Educators For Research

Two important issues have converged that, as a result, have permitted a decision to expand the opportunity for Clinician Educator faculty in the School of Medicine to serve as principal investigators (PIs) on research studies related to the practice of medicine. The Provost granted approval for this expanded opportunity following a small group meeting with him on February 21st that included Drs. Mark Cullen, Professor of Medicine and Chief of the Division of General Medical Services in the Department of Medicine; Harry Greenberg, Joseph D Grant Professor of Medicine and Senior Associate Dean for Research; Ann Arvin, Lucile Salter Packard Professor of Pediatrics and Vice Provost and Dean of Research; and myself. The underlying premise of the proposal we made to the Provost is that Clinician Educators, who are on the front lines of medical practice, have a unique opportunity to advance new models and methods of medical care delivery – from improving quality and efficiency of medical care to innovative ways of promoting health and treating disease in ambulatory, hospital and community settings.

Until now Clinician Educators have been permitted to be PIs only on multicenter industry sponsored clinical trials on which they served as site director (but not the overall PI). This new opportunity will permit a Clinician Educator to request a PI waiver from her or his division or department chair for studies that relate to the practice of medicine at Stanford. Final approval of a PI waiver request for a Clinician Educator will be granted by the Senior Associate Deans for Research and for Academic Affairs. Waivers could be granted for such projects as studies of therapeutic interventions, innovations in medical practice and healthcare delivery, novel approaches to diagnosis, disease stratification or disease management. Once approved, a research application on which the Clinician Educator is the PI can be submitted to federal or state funding agencies (e.g., NIH, the Agency for Healthcare Research and Quality, the Patient Oriented Outcomes Research Institute) or private foundations.

This new opportunity for Clinician Educators who wish to pursue a research opportunity is timely in light of the major changes underway in healthcare reform and policy in the US – as well as the funding sources addressing quality, patient outcomes, healthcare delivery, etc. It is also timely in light of our burgeoning efforts in developing Population Health Science at Stanford, a topic that is covered in a February 27th article by Krista Conger entitled ***“Population Studies at Heart of Initiative to Improve Health”*** (see: <http://med.stanford.edu/ism/2012/february/population-0227.html>).

I also want to underscore that this additional opportunity for our Clinician Educator faculty is optional and offers an opportunity for members of our community to pursue issues and questions

they deem important. At the same time, it is important to view the primary role of Clinician Educators as providing outstanding patient care and education – missions that are equally important to the success of Stanford as an academic medical center.

Academic Senate Considers Revisions to University Conflict of Interest

The topic of financial conflict of interest has engendered considerable discussion and debate over the past decade, particularly regarding payments or gifts, small and large, from industry to physicians as well as institutions. The Stanford School of Medicine *“Policy and Guidelines for Interactions between the Stanford University School of Medicine, the Stanford Hospital and Clinics, and Lucile Packard Children's Hospital with the Pharmaceutical, Biotech, Medical Device, and Hospital and Research Equipment and Supplies Industries (“Industry”)”* can be found on our website at <http://med.stanford.edu/coi/siip/policy.html>. Thanks to the incredible support of faculty, students and staff, Stanford’s policies have been transparent and are seen as a model of excellence in the nation.

While the potential for conflict of interest in education and patient care is still a very important issue, with rare exception (http://deansnewsletter.stanford.edu/archive/12_13_10.html#4), concerns about conflicts related to these areas have been well managed. And when the Physician Sunshine Act, which mandates public disclosure of industry payments to physicians, was passed as part of the Affordable Care Act in March 2010, Stanford was already ahead of almost every other academic center. Specifically, all payments to faculty from industry above \$5000 that are related to their consulting activities are shown on individual publicly accessible CAP (Community Academic Profile) listings

(http://deansnewsletter.stanford.edu/archive/03_30_09.html#6 and http://deansnewsletter.stanford.edu/archive/08_31_09.html#5). Over the past year or so, our discussions about academic-industry relations have focused increasingly on how we can foster more effective research collaborations that both avoid conflict and promote research activity and technology transfer. This was the topic of a Think Tank held on October 15, 2011 (see: http://deansnewsletter.stanford.edu/archive/10_24_11.html#1) and also a panel at our *Strategic Planning Leadership Retreat* (see: http://deansnewsletter.stanford.edu/archive/01_30_12.html#4).

Against this backdrop, new requirements regarding conflict of interest and commitment in research have been mandated by the National Institutes of Health (<http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf>). These new requirements, which become effective on August 24, 2012, necessitate revisions in Stanford’s conflict of interest policy on research, which was first approved on April 14, 1994 and modified on December 2, 2004. On February 23, 2012, Professor Peter Michelson, chair of the Academic Senate Committee on Research, presented an overview of the proposed revisions to the “Faculty Policy on Conflict of Commitment and Interest” (RPH4.1) that are needed to make Stanford compliant with the new federal guidelines (see: <http://news.stanford.edu/news/2012/february/faculty-senate-three-022312.html>). The revisions presented followed months of intense work led by Harry Greenberg, Joseph D. Grant Professor of Medicine and Senior Associate Dean for Research, and Ann Arvin, Lucile Salter Packard Professor of Pediatrics and Vice Provost and Dean of Research, who carefully reviewed the federal guidelines and distilled the key issues that Stanford needs to address.

Given the nature of some of the changes that are coming, it seems useful to highlight some of the major revisions that are being mandated by the NIH, as follows:

- The threshold at which a relationship must be managed, if FCOI (Financial Conflict of Interest) is present will be decreased from \$10,000 in the current policy to \$5,000 in the 2012 revision
- Before grant dollars can be spent on PHS awards, institutions must sign an assurance to NIH that they have managed all FCOIs related to the specific project and this assurance needs to be updated annually
- The institution must determine whether a faculty member's outside interests overlap with/are related to their institutional responsibilities and if so, if they are related to their research/scholarship responsibilities (and specifically to PHS funded research. If that is the case the institution must determine whether an FCOI exists, rather than allowing the faculty member to make this determination
- Almost all sponsored travel must be reported to the institution
- The amount of information that must be reported to the NIH if an FCOI exists is significantly increased
- Institutions must make accessible to the public within 5 days all FCOIs overlapping with NIH/PHS funded awards
- A requirement for investigator training before engaging in any PHS-funded research and every four years thereafter
- If noncompliance with regulations found, a series of significant review procedures required to take place

The Academic Senate will vote on the proposed changes to the policy on conflict of commitment and interest at its March 8, 2012 meeting. Further announcements about the revised policies will be made later in the year.

School of Medicine Faculty Fellows Program Begins Seventh Year

On February 21st Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership, launched the first meeting of the 2012 School of Medicine Faculty Fellows Leadership Program (<http://med.stanford.edu/diversity/leaders/fellows.html>). This is the 7th year of this highly successful program, which is sponsored by the Office of Diversity and Leadership (ODL). Its purpose is to help mid-level faculty build community and learn about leadership, through monthly dinners with selected Stanford leaders who share and discuss their “leadership journey” as a way of promoting dialogue and discussion. In addition, Faculty Fellows participate in small group mentoring groups as well as personal career development planning. I had the opportunity to be the speaker at the first session and was pleased, once again, to find an exceptional group of faculty who are eager and ready to learn about leadership – and more importantly, to become effective leaders themselves.

The Faculty Fellows Leadership Programs is one of the major initiatives by the Office of Diversity and Leadership (ODL) and is part of a comprehensive effort to further enhance diversity and leadership in the medical school, medical center and university. Dr. Valantine recently offered reflections on the programs she has so ably led in a Podcast available on our

Stanford website (<http://med.stanford.edu/121/2012/valantine.html>). I am very pleased to note that over the years graduates of the Faculty Fellows Leadership Program have taken on important leadership roles in the medical school, university and hospitals. Faculty Fellows are selected through a competitive nomination process. They represent an important investment and resource for the future of Stanford Medicine.

The 2012 Faculty Fellows include:

Dr. Valerie Baker, Assistant Professor, Department of Obstetrics & Gynecology
Dr. Lorinda Chung, Assistant Professor, Department of Medicine
Dr. Brian Hargreaves, Associate Professor, Department of Radiology
Dr. Michael Haberecht, Clinical Associate Professor, Department of Psychiatry
Dr. Charles Hill, Clinical Assistant Professor, Department of Anesthesia
Dr. Jinah Kim, Assistant Professor, Department of Pathology
Dr. Nishita Kothary, Assistant Professor, Department of Radiology
Dr. Marco Lee, Clinical Assistant Professor, Department of Neurosurgery
Dr. Marc Melcher, Assistant Professor, Department of Surgery
Dr. Kari Nadeau, Associate Professor, Department of Pediatrics
Dr. John Oghalai, Associate Professor, Department of Otolaryngology
Dr. Suma Ramzan, Clinical Assistant Professor, Department of Anesthesia
Dr. Kimberly Rhoads, Associate Professor, Department of Surgery
Dr. Juergen Willmann, Assistant Professor, Department of Radiology
Dr. Cynthia Wong, Clinical Assistant Professor, Department of Pediatrics
Dr. Paul Zei, Clinical Associate Professor, Department of Medicine

Although it is disappointing to not have any faculty from a basic science in this group of Faculty Fellows (which we have had in previous groups), I am very pleased by the range of interest, disciplines and career plans in the 2012 Faculty Fellow Leadership Group. We wish them well on this new journey.

Celebrating Diversity: Increasing the Numbers of Women in Science Needs to Start Earlier

As an institution of higher learning we are enriched by the diversity of our community – students, faculty and staff. Because we value diversity we are unabashed in our desire to continue to enrich our community with the widest range of diversity possible. We recognize that it makes the education of our students deeper and prepares them better for the global community in which they will live and work. We appreciate that a more diverse faculty and staff are more likely to engage in research questions and scholarship that are more cognizant of biological and environmental variation and the need to study questions in ways that have broad relevance. We also recognize that the diversity of the patients who seek our care is best addressed by healthcare providers who appreciate the impact of societal and cultural issues on health and healthcare.

On Friday, March 2nd we had the opportunity to celebrate diversity during a lunchtime event for Bioscience Graduate applicants who were visiting Stanford for admission interviews. Dr. Melanie Bocanegra, PhD, a 2003 graduate of Stanford's Cancer Biology Program, and currently Director of Biosciences Diversity Programs and Assistant Dean of Graduate Education (<http://med.stanford.edu/phd/diversity/>), organized and led this important event. Dr. Bocanegra and others spoke about why diversity is so important to our graduate education programs and

missions and also described the wide array of services and organizations that are in place to support and promote diversity (see: <http://med.stanford.edu/phd/diversity/organizations.html>).

Because of the efforts of many faculty, students and staff, Stanford School of Medicine's MD and PhD classes have become increasingly diverse in the numbers of women and minorities underrepresented in medicine. Efforts have also been made to increase the diversity of our faculty, as is well described by Dr. Hannah Valentine, Senior Associate Dean for Diversity and Leadership in her Podcast noted above (<http://med.stanford.edu/121/2012/valantine.html>). Despite progress, which has been slower than any of would like, a sobering study entitled "*Survival Analysis of Faculty Retention in Science and Engineering*" was recently published in the February 17th issue of *Science* by Deborah Kaminski and Cheryl Geisler that raises additional concerns (see: <http://www.sciencemag.org/content/335/6070/864.full.pdf?sid=32301a51-6781-496d-ac0b-96a8b1f61675>). In conducting their study, the authors tracked 2966 science and engineering faculty from 14 universities from the time they were appointed until they left the university. Kaminski and Geisler observe that women left the university at a significantly higher rate than men, most dramatically about 5 years after they were appointed, particularly during the pretenure period.

Attrition of junior faculty, especially women, has been a major concern and is one of the major areas of study and intervention by our Office of Diversity and Leadership. The impact of attrition is incredibly important especially since there is no difference in the success of tenure between men and women nationally (this is true at Stanford as well). However, as Kaminski and Geisler note, "the long span of faculty careers provides considerable inertia in the system". Their conjecture is that *"it would take about 40 years for a department to match the gender composition of the hiring pool because of the long length of faculty careers. Although...data do show an increase in the percentage of women hired, the goal of 50% women may not be achieved until as late as 2050. Thus, if current trends continue, it may take 100 years before women are 50% of the faculty in STEM (science, technology, engineering, medicine) departments."*

While acknowledging the value of such projections, they must compel us to not simply accept their conclusions but to find ways to shorten the timeline to achieving a more diverse faculty. Thankfully, a number of programs to address faculty development and attrition are now in place or will soon be introduced. They deserve our attention and support. Equally, we need to do more to improve the pipeline – by fostering opportunities for more women and minorities to enter graduate programs in science and engineering. This needs to include programs that extend to the high school level or even earlier and that create opportunities for support before and during college as well as during graduate school, postdoctoral training and early faculty appointments. There is unlikely to be one simple solution – but there are a lot of things that can, and must, be done if we are to be more successful. And more successful we must be.

Dr. Margaret Hamburg will be the 2012 School of Medicine Commencement Speaker

I am very pleased to announce that Dr. Margaret Hamburg, Commissioner of the Food and Drug Administration, will be the School of Medicine Commencement Speaker on Saturday, June 16th. I have had the privilege of knowing and working with Dr. Hamburg in a number of different settings and have tremendous respect for her commitment to science and medicine. Dr. Hamburg became the 21st Commissioner of the FDA on May 18, 2009. Her distinguished career began on

the Stanford campus, where her father, David Hamburg, was Chair of the Department of Psychiatry and her mother, Beatrix, was the first African-American woman to attend Vassar College and to earn a degree from the Yale University School of Medicine, which had previously excluded black students.

Peggy Hamburg received an MD degree from Harvard Medical School, trained in internal medicine and did research in neuroscience at the Rockefeller University and NIH. It was when her career embraced research in AIDS that I first interacted with Dr. Hamburg at the NIH. She subsequently became the Commissioner of the New York City Department of Health and Hygiene and had a major impact on public health in NYC and, by extension, globally. She was then appointed Assistant Secretary for Policy and Evaluation in the US Department of Health and Human Services from 2001-2005. She then became founding vice president for biological programs at the Nuclear Threat Initiative, where she also served as senior scientist until her appointment to the FDA.

Dr. Hamburg's remarkable career as a physician and scientist as well as in public health, safety and leadership make her a wonderful choice as our 2012 Commencement speaker.

Awards and Honors

- **Dr. Robert Jackler**, The Edward C. and Amy H. Sewall Professor in Otorhinolaryngology, was recently inducted as an Honorary Fellow of the Royal College of Surgeons of England at a ceremony in London. During his visit, Dr. Jackler gave a graduation oration to the diplomates of the Royal College who had recently completed their surgical training. Congratulations to Dr. Jackler.

Appointments and Promotions

Sherry Beaudreau has been promoted to Clinical Associate Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 4/1/2012.

Lindsay Butler-Kolderup has been promoted to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 4/1/2012.

Michael Joshua Cisco has been reappointed to Clinical Assistant Professor of Pediatrics, effective 7/1/2011.

Amanda Dill has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 3/1/2012.

James Faix has been appointed to Clinical Professor of Pathology, effective 3/1/2012.

Michele Kastelein has been reappointed to Clinical Assistant Professor of Medicine, effective 9/1/2011.

Camilla Kilbane has been appointed to Clinical Assistant Professor of Neurology and Neurological Sciences, effective 9/1/2012.

Sanjay Kurani has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 12/1/2011.

Jason Lifshutz has been promoted to Clinical Associate Professor of Neurosurgery, effective 8/1/2012.

Amen Ness has been promoted to Clinical Associate Professor of Obstetrics and Gynecology, effective 3/1/2012.

Anna J. Park has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 3/1/2012.

Andrea H. Polesky has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2011.

Alan Ringold has been reappointed to Clinical Professor of Psychiatry and Behavioral Sciences, effective 9/1/2011.

Kerstin Rosen has been appointed to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 12/1/2011.

Kamala Shankar has been reappointed to Clinical Associate Professor (Affiliated) of Orthopaedic Surgery, effective 9/1/2011.

Andrew Shin has been reappointed to Clinical Assistant Professor of Pediatrics, effective 7/1/2011.

Carla B. Shnier has been reappointed to Clinical Assistant Professor (Affiliated) of Anesthesia, effective 9/1/2011.

Carly E. Siskind has been promoted to Clinical Assistant Professor (Affiliated) of Neurology and Neurological Science, effective 4/1/2012.

Amy J. Voedisch has been promoted to Clinical Assistant Professor of Obstetrics and Gynecology, effective 3/1/2012.

Doreas C. Yao has been reappointed to Clinical Associate Professor (Affiliated) of Radiology, effective 9/1/2011.

Dean's Newsletter

March 19, 2012

The 2012 Internship Match

Friday, March 16th was “Match Day” for our graduating medical students. This is the day each year when graduating medical students across the country learn, at the exact same moment (9:00 a.m. PDT), where they will do their internships. Match Day is run by the National Residency Match Program (NRMP), which was started 60 years ago to address the intense competition that had emerged among teaching hospitals over the recruitment (and hiring) of interns. Despite a

challenge in the US Supreme Court, the NRMP has been an institution – if not a tradition – in medicine since 1952. Anyone who has participated in the “Match” almost certainly remembers the exact moment and the details that surrounded opening the envelope that would indicate the hospital and program where they would spend the next several years of their life. It’s an indelible experience.

The NRMP uses an algorithm that matches a rank order list of preferences of the applicants for the teaching hospitals and training programs they wish to attend. The process is structured to place the applicant into her or his first choice and, if that is not possible, into her or his second choice and so on until the applicant obtains a “tentative match” or all the applicant’s choices are exhausted. Clearly the goal of the applicant is to achieve the highest preference possible – and to not go unmatched. According to the NRMP, *“matches are ‘tentative’ because an applicant who is matched to a program at one point in the matching process may be removed from the program at some later point, to make room for an applicant more preferred by the program, as described in the second case above. When an applicant is removed from a previously made tentative match, an attempt is made to re-match that applicant, starting from the top of his/her list. This process is carried out for all applicants, until each applicant has either been tentatively matched to the most preferred choice possible, or all choices submitted by the applicant have been exhausted. When all applicants have been considered, The Match is complete and all tentative matches become final.”* There is also a special process for the “couples” match for those who are eligible and chose to commit to it.

According to the NRMP the 2012 Match had more than 95% of the approximately 16,000 graduating seniors of US allopathic schools “match” to a residency program, the highest number in three decades. Overall in the 2012 Match there were 38,377 participants who applied for 26,772 positions. The other applicants included 2360 graduates of osteopathic schools, 4279 US citizens from international medical schools and 6923 non-US citizen/graduates of international medical schools. As in past years, dermatology, orthopaedic surgery, otolaryngology, plastic surgery, thoracic surgery and vascular surgery were the most “competitive” fields for applicants. Even though emergency medicine and anesthesiology programs each added incremental positions, all were filled. For US seniors who matched, 56.5% received their first choice and 81.6% received one of their top three choices. For non-US seniors, nearly 49% went unmatched. Our Stanford students achieved much higher-ranking preferences – but, as Dr. Charles Prober, Senior Associate Dean for Medical Education, pointed out at the Annual Match Day Celebration on Friday evening, what is most important is that the student and teaching hospital are happy with their new association and that each have a great experience during their years together. Each student is unique and virtually every training program offers important education and training opportunities.

All of our 75 Stanford participating students matched in 2012. Although students matched in 16 specialty areas, 23 (31%) matched in internal medicine, 9 (12%) students matched in radiology, 8 (11%) matched in pediatrics and 18 (24%) matched in all surgical specialties combined. There was a clustering of teaching institutions and geography with the three most popular programs being Stanford (22 students), Harvard (12 students) and UCSF (11 students). While graduating students will be distributed to 12 states, two states (California and Massachusetts) will host 55 (73%) of them. Here’s the list of graduating students and the institutions where they will begin their internship.

The Stanford School of Medicine 2012 Match List

<i>Amir, Omar</i>	Brigham & Women's Hosp- MA	Internal Medicine
<i>Anavitarte, Adriana Pamela</i>	Stanford Univ Progs-CA	Pediatrics
<i>Arroyo, Anna Chen</i>	Stanford Univ Progs-CA	Internal Medicine
<i>Arumainayagam, Dinah Lukshani</i>	O'Connor Hospital-CA	Family Medicine
<i>Atmadja, Melanie Alexandra</i>	Stanford Univ Progs-CA	Pediatrics
<i>Badowski, Natalie Janet</i>	Stanford Univ Progs-CA	Emergency Medicine
<i>Barakat, Monique</i>	Stanford Univ Progs-CA	Internal Medicine
<i>Barreto-Chang, Odmara Liz</i>	Stanford Univ Progs-CA U Washington Affil Hosps- WA	Surgery-Preliminary Child Neurology
<i>Bauer Huang, Sarah Louise</i>	Stanford Univ Progs-CA	Pediatrics
<i>Birnie, Krista Lauren Camara-Quintana, Joaquin Q.</i>	Yale-New Haven Hosp-CT San Mateo Behavrl Hlth/Recvry Svcs-CA	Neurological Surgery Psychiatry
<i>Cardenas, Alexander Saul</i>	Stanford Univ Progs-CA Santa Clara Valley Med Ctr- CA	Internal Medicine Transitional
<i>Chen, Christina Ann</i>	Stanford Univ Progs-CA	Radiology-Diagnostic
<i>Chen, Yi-Ren</i>	Stanford Univ Progs-CA Brigham & Women's Hosp- MA	Neurological Surgery Anesthesiology
<i>Chow, Vinca</i>	Oregon Health & Science Univ-OR	Internal Medicine
<i>Chun, Carlene Lihalakha</i>	Stanford Univ Progs-CA	Orthopaedic Surgery
<i>Corcoran-Schwartz, Ian</i>	Yale-New Haven Hosp-CT	Neurological Surgery
<i>Cord, Branden John</i>	Childrens Hospital-Boston- MA	Peds/Childrens Hosp
<i>Czechowicz, Agnieszka Dorota</i>	Stanford Univ Progs-CA Harbor-UCLA Med Ctr-CA U Minnesota Med School- MN	Surgery-Preliminary Radiology-Diagnostic Internal Medicine
<i>Davalos, Eric Andre</i>	Brigham & Womens Hosp- MA	Medicine-Primary/HVMA
<i>Goldsmith, Elizabeth Sara</i>	Santa Clara Valley Med Ctr- CA	Transitional
<i>Goldstein, Matthew Jordan</i>	UC San Francisco-CA University of Hawaii-HI	Radiology-Diagnostic Medicine-Preliminary
<i>Gutierrez, Luis Balmore</i>	Stanford Univ Progs-CA	Neurology
<i>Hemond, Christopher</i>		

Hillman, Robert Tyler	UC San Diego Med Ctr-CA	Obstetrics-Gynecology
Hoover, Paul	Brigham & Womens Hosp-MA	Internal Medicine
Insko, Megan Leigh	Brigham & Womens Hosp-MA	Internal Medicine
Jan, Taha	Mass Eye and Ear Infirmary-MA	Otolaryngology
Johnson, Thomas Michael	Oregon Health & Science Univ-OR	Emergency Medicine
Jones, Richard Hayden	U Minnesota Med School-MN	Radiology-Diagnostic
Juang, Jeremy Tehsun	Brigham & Womens Hosp-MA	Anesthesiology
Kleinman, Jonathan	Exempla St Joseph Hosp-CO	Medicine-Preliminary
Thomas	UCLA Medical Center-CA	Neurology
Link, James Thomas	UC San Diego Med Ctr-CA	Internal Medicine
Louie, Ryan K.	University of Hawaii-HI	Psychiatry
Mair, Robert DeWolfe	Stanford Univ Progs-CA	Internal Medicine
Mancuso, Michael Robert	Stanford Univ Progs-CA	Internal Medicine
	Georgetown Univ Hosp-DC	
	U Texas MD Anderson	Transitional
Marshall, Eleanor	Cancer Ctr-TX	Radiation-Oncology
Martin, Marlene	UC San Francisco-CA	Internal Medicine
McClellan, Mary Kathryn	UC San Francisco-CA	Family Medicine
Montoy, Juan Carlos	UC San Francisco-CA	Emergency Medicine
Myall, Nathaniel James	Stanford Univ Progs-CA	Internal Medicine
Nguyen, David-Huy Nhu	UC San Francisco-CA	Internal Medicine
Pang, Wendy	Stanford Univ Progs-CA	Internal Medicine
	Rush University Med Ctr-IL	Medicine-Preliminary
Parker, Jennifer Janell	Yale-New Haven Hosp-CT	Radiology-Diagnostic
	Kaiser Permanente-SF-CA	Medicine-Preliminary
Pearl, Jeremy	UC San Francisco-CA	Anesthesiology
Pridgen, Brian Craig	Stanford Univ Progs-CA	Plastic Surgery (Integrated)
Prolo, Laura Marie	Stanford Univ Progs-CA	Neurological Surgery
	UC San Francisco-CA	Surg-Prelim/Plastic Surgery
Raghavan, Shyam Sampath	UC San Francisco-CA	Plastic Surgery
Red Eagle, Alexander		
Robert	Stanford Univ Progs-CA	Internal Medicine
Renninger, Christopher	Naval Medical Center (San Diego)-CA	Orthopaedic Surgery
Hunt	Brigham & Womens Hosp-MA	
	Brigham & Womens Hosp-MA	Medicine-Preliminary
Saddic, Louis Alexander	MA	Anesthesiology

<i>Sagreiya, Hersh</i>	Abington Mem Hosp-PA UPMC Medical Education-PA	Medicine-Preliminary Radiology-Diagnostic
<i>Salari, Keyan</i>	Massachusetts Gen Hosp-MA Massachusetts Gen Hosp-MA	Surgery-Preliminary Urology
<i>Scahill, Michael</i>	UC San Francisco-CA	Pediatrics-Primary
<i>Schwartz, Judith Amanda</i>	UC San Francisco-CA	Pediatrics
<i>Selig, Sarah Jane</i>	O'Connor Hospital-CA Kaiser Perm-Santa Clara-CA	Family Medicine Medicine-Preliminary
<i>Sellmyer, Mark Anthony</i>	Hosp of the Univ of PA-PA	Radiology-Diag/Resrch-5 yr
<i>Sherman, Elena</i>	CA Pacific Med Center-CA Stanford Univ Progs-CA	Medicine-Preliminary Neurology
<i>Silverio, Luz Maria</i>	UC San Francisco-CA	Emergency Medicine
<i>Stachur, Christina</i>	Stanford Univ Progs-CA Baylor Coll Med-Houston-TX	Anesthesiology Pediatrics/Global Health
<i>Subrahmanian, Krishnan N.</i>	Brigham & Womens Hosp-MA	Med-Peds/Harvard BWH/CHB
<i>Sundberg, Michael Andrew</i>	U Texas Med Sch-Houston-TX U Texas MD Anderson Cancer Ctr-TX	Med-Prelim/Radiation Onc Radiation-Oncology
<i>Tang, Chad</i>	NYU School Of Medicine-NY	Internal Medicine
<i>Wells, Cassia Anne</i>	Childrens Hospital-Boston-MA	Peds/Childrens Hosp
<i>Whitney, Jane</i>	Hosp of the Univ of PA	Internal Medicine
<i>Winetsky, Daniel Eric</i>	UC San Francisco-CA	Obstetrics-Gynecology
<i>Woo, Victoria Gah Hay</i>	Cleveland Clinic Fdn-OH U Michigan Hosps-Ann Arbor-MI	Obstetrics-Gynecology Internal Medicine
<i>Yeh, Judy Y.</i>		
<i>Zhu, Ruo Peng</i>		

In addition to the 75 graduating Stanford medical students who matched at various teaching hospitals, the Stanford Hospital & Clinics and the Lucile Packard Children's Hospital will be receiving new residents from across the country this summer. Based on comments from clinical department chairs and program directors, each discipline was enormously happy with its "match." Overall the match for our graduating students and for incoming ones to SHC and LPCH is outstanding. Congratulations to all.

USNWR Medical School Rankings – An Evolving Process

Another annual "rite of spring" that takes place with varying degrees of anticipation is the US News and World Reports (USNWR) ranking of graduate schools – which primarily means schools of medicine (and in particular the MD program of the school) along with schools of engineering, law, business, education. Graduate programs (i.e., PhD) in the biosciences are

ranked less frequently and are not generally directly part of the “medical school” ranking *per se*. The topic of the USNWR rankings is one that I have written about frequently in the past, focusing primarily on the metrics that have long been employed that gave undue emphasis to size over quality, weighting too heavily the total amount of research funding from the NIH – which can be strongly influenced by the number of faculty. Over the years I have presented corrections to the ranking metrics, including balancing total research funding with the amount of competitive funding per faculty member, as has been done by USNWR in ranking schools of engineering. This and other changes were employed last year as well as this year and have provided some balance to the size and quality assessment. *Based on the metrics used for research medical schools, Stanford School of Medicine is ranked #4 by USNWR for 2012.* Of course each year is a new adventure.

Technology and the Rules on the Practice of Medicine at Stanford: A Reaffirmation

In the May 9, 2011 Dean’s Newsletter, I reported the most recent version of the rules on the “Practice of Medicine” at Stanford as of that date (see:

http://deansnewsletter.stanford.edu/archive/05_09_11.html#9). These rules focused on the sites and approved conditions under which Stanford School of Medicine faculty can practice medicine. However, technology is rapidly changing the practice of medicine, and I asked Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs and Interim Chief Medical Officer at SHC, and Ann James, Senior University Counsel for Stanford University, to provide an update on how faculty can engage with on-line medical consultations. Here are their comments:

With the almost daily discussion of medical information being shared (sometimes appropriately, sometimes not) on Twitter, Facebook, e-mail, blogs and other forms of social media, it is hardly surprising that entrepreneurs are working to develop increasingly more sophisticated systems for communicating medical information online. Several companies are focused on the access for individuals to specialists for a second opinion at a fixed cost. The participation on such panels is attractive to many specialists, including our own faculty, but there are specific reasons why such participation is not permitted. Obviously one of our most valuable assets as an organization is the intellectual capital of our faculty and we cannot surrender it to external commercial entities.

The rules around this are designed to protect the School and two hospitals. Each clinician who is providing patient care services as part of their employment at Stanford is covered by the **Practice Policy for the Physicians and Psychologists in the School of Medicine**

(<http://med.stanford.edu/academicaffairs/documents/rules-of-practice.pdf>). **All income from direct, indirect or consultative patient care services is part of practice income, which every practitioner assigns to either SHC or LPCH upon joining Stanford. There are specific and limited exceptions, which do not include such second opinion services. *Anyone seeking an exception must have the exception reviewed and approved in writing by the relevant Chair and Division Chief, and the Senior Associate Dean for Academic Affairs. Anyone who has a question about a specific arrangement can seek resolution with the Senior Associate Dean for Academic Affairs. And, SUMIT does not provide malpractice coverage for anyone who receives payment for patient care services outside the scope of the practice policy, thus placing anyone who does so participate at personal risk.***

The policy also addresses the specific situation of contact through the Internet, and provides a disclaimer for an answer if deemed appropriate.

We do recognize that this area of interaction is rapidly changing, and the School, in collaboration with LPH and SHC, is actively working to develop a Stanford Medicine brand and online presence. As this new area of patient interaction develops and is launched, we will make sure faculty can fully participate, and do so in a compliant manner. In the interim, please remember the importance of privacy for personal health information, use social media appropriately--and if you have questions, please contact Dr. Norm Rizk (nrizk@stanford.edu) or Dr. David Stevenson (dstevenson@stanford.edu). There will be much more on these issues to come.

Progress on a Proposed Late Career Practitioner Policy

In 2007 I appointed a Senior Transitions Task Force and asked Dr. Gary Schoolnik, Professor of Medicine, to serve as chair of the group (http://deansnewsletter.stanford.edu/archive/07_09_07.html#7). After over a year of data gathering and deliberations, the Task Force presented a set of recommendations to the School of Medicine Executive Committee (see power point presentations at: <http://med.stanford.edu/academicaffairs/senior-faculty/task-force.html>). Among them was the recommendation that a web site be developed that collected on one site School and University information, resources and assistance to faculty who are transitioning in their careers or moving toward retirement (see: <http://med.stanford.edu/academicaffairs/senior-faculty/>).

I can now personally resonate with senior transitions – being both a “senior” and someone who will be transitioning over the next year or so. Each stage of our careers offers new opportunities – some more engaging and exciting than others – but each benefits from some planning and discussion with friends, colleagues and advisors. Given the number of “baby boomers” who will join the ranks of seniors over 65 years of age, as well the increase in longevity in the US and globally, we face numerous challenges as individuals and as communities – both local and global – as was highlighted in a 2008 issue of Stanford Medicine that was devoted to ***“The Long of It: The World Turns Gray”*** (<http://stanmed.stanford.edu/2008spring/>). These demographic changes pose challenges to our medical community as health care providers and eventually for all of us as healthcare recipients (http://deansnewsletter.stanford.edu/archive/04_21_08.html#1).

As we age as physicians (or in any career path) it is important to be cognizant of our proficiency and skills, which will inevitably change for each of us, although the patterns and timing of change will vary in individual ways. While individual variation is likely, for those in some professions, such as commercial airline pilots, mandatory retirement takes place at age 65 (<http://www.leftseat.com/age60.htm>). While the work scope and responsibilities are clearly different for doctors compared to commercial pilots, medicine is also a life-and-death profession. However, there are no similar mandatory age limits to medical practice. Given the wide range of roles and responsibilities of physicians, which can include incredibly complex and intricate technical proficiency and the need for significant cognitive recall and reasoning, it seems reasonable for each of us to reflect on when – or if – it is time to transition from some or all of our clinical practice responsibilities.

Currently, including at Stanford, this transition decision is an individual one, although it is coupled with certification by local medical boards and credentialing committees. Certainly each of us will want to make a decision to retire from medical practice when we believe “the time is right” and especially when there is a concern about patient safety. However, I would quickly add

that the boundaries around such decisions could become blurry. We also want career transitions to occur at a time that is respectful of the dignity and well-being of the individual physician and, ideally, that avoids having such a decision imposed. Given our ever-increasing longevity, the coming dramatic increase in Americans who will cross the age-threshold to 65 years and older (I am one of them), it is not surprising that many physicians wish to continue meaningful work and contributions beyond age 65. Also, the current economic conditions may lead individuals to work longer into their senior years than they might have previously forecast or anticipated. Thus, it seems prudent to address planning for late career physicians in a thoughtful and proactive manner that is respectful to individual physicians and to the communities they serve.

Current estimates are that 20% of physicians nationwide are greater than 65 years old. While longitudinal data on physicians specifically are limited, it is clear that virtually all aspects of measurable cognitive functions (including inductive reasoning, spatial orientation, perceptual speed, numeric ability, verbal memory) decline after the age of 60 – a pattern that continues thereafter. While it might be argued that the pattern or rate of cognitive decline might be less steep or even more delayed in physicians, this would be a generalization that assumes that doctors have a different aging process than the general population – which is not likely. Moreover, it has already been reported that surgical complications occur at a higher frequency when performed by physicians older than 60 years of age and that medical boards tended to more frequently discipline physicians who were 40 or more years since graduation from medical school compared to those who were 10 or less years post training (6.6% versus 1.3%).

With this in mind, I appointed a Task Force in April 2011 to determine whether Stanford should develop a more formal policy for late career physicians and if so, how it should be formulated and implemented. Just as this Task Force was beginning its work, it was learned that the Medical Staff at Lucile Packard Children's Hospital (LPCH), under the chair of its President, Dr. Janesta Noland, was pursuing a policy in this area that was based on one prepared for several community-based children's hospitals. Given the integration of our faculty between LPCH and Stanford Hospital & Clinics (SHC) we agreed to work toward a shared policy that could be approved by the Medical Staff of each hospital (SHC and LPCH). The Task Force consisted of a multidisciplinary group that included:

- **Dr. Ann Weinacker**, Chief of Staff at SHC and Professor of Medicine, Chair of the Task Force
- *Dr. Kathy Gillam*, Senior Advisor to the Dean, Staff to the Task Force
- *Dr. Brian Bohman*, Associate Medical Officer and former Chief of Staff at SHC
- *Dr. Karl Blume*, Professor of Medicine Emeritus
- *Dr. Rusty Hoffman*, Chief of Interventional Radiology and Associate Professor of Radiology
- *Dr. Rob Jackler*, Sewall Professor and Chair, Department of Otolaryngology: Head and Neck Surgery
- *Dr. Ann James*, General Counsel
- *Dr. Tom Krummel*, Emile Holman Professor and Chair, Department of Surgery
- *Dr. Frank Longo*, George E and Lucy Becker Professor and Chair, Department of Neurology
- *Dr. James Mark*, Johnson and Johnson Professor of Surgery, Emeritus
- *Dr. Janesta Noland*, Chair, Medical Staff at LPCH and Adjunct Assistant Professor of Pediatrics

- *Dr. Kathy Renschler*, Community Physician and former Member, Board of Directors, SHC
- *Dr. Norm Rizk*, Senior Associate Dean for Clinical Affairs and Berthold and Belle N. Guggenheimer Professor of Medicine; Interim Chief Medical Officer at SHC
- *Dr. Gary Schoonik*, Professor of Medicine and of Microbiology and Immunology
- *Dr. Penelope Zeifert*, Clinical Associate Professor of Neurology

The Task Force reviewed all available literature and examined related policies that have been developed to date at other hospitals and institutions. It determined that Stanford should take a lead in developing a formal policy for late career physicians that provided guidance and credentialing oversight regarding their medical practice. A draft policy, which was intended to apply to all members of the Medical Staffs of both LPCH and SHC, was reviewed and approved by the leadership of the School of Medicine in November 2011. The Medical Executive Committee of the SHC Medical Board reviewed the policy on Wednesday, March 7th. It received conceptual approval with the expectation that the final policy would be implemented once all the details were refined. The policy is currently under review within the LPCH Medical Staff.

Having decided that a policy should be put into place, the Task Force and Medical Staff review committees had considerable discussion about what the age threshold should be. It is also important to note that this policy does not preclude the need to be attentive to younger physicians about whom concerns for fitness of duty are raised and who would need to be considered on an individual basis through the Credentials Committee. The most appropriate age for beginning mandatory routine examination of late stage physicians is not fully defined by existing data, and the Task Force determined that they would begin with physicians aged 75 and older. This decision was partly influenced by the fact that Alzheimer's disease, the most common cognitive disease of aging, is more likely to occur in individuals aged 75 and older. At this time only a minority of the active medical staff are age 75 or older— although this number will likely increase given the reasons mentioned above. The Task Force also recognized that the age criterion could be changed in time as experience and data on the use of the policy accrued – making this more of a pilot policy at this juncture.

With all this in mind, the **SUMC Late Career Practitioner Policy**, assuming final approvals, will apply to all members of, and applicants to, the medical staffs of SHC and LPCH who are 74.5 years of age and older. For these practitioners, medical staff credentialing privileges (not employment) will be based on a peer assessment of clinical performance, a physical examination and cognitive screening. These evaluations must indicate that the practitioner has no detected physical or cognitive problem that might interfere with the safe and effective provision of care under his or her current privileges (for current members of the medical staff) or those being requested by new applicants to the medical staff. As currently conceptually envisioned:

- **Three qualified members of the medical staff members will perform a peer-assessment of the practitioner or applicant. The Stanford University School of Medicine Clinical Excellence Core Competency Evaluation will be used for this purpose.**
- **A complete history and physical assessment by an approved physician examiner.**
- **A cognitive screening will be performed by an approved examiner**

The review and examinations would be carried out with strict confidentiality, and the outcomes would serve to guide the credentialing process and well as the scope and duration of clinical privileges. For physicians aged 75 and older, this three-part evaluation would take place every two years. The date that this policy will go into effect remains to be determined but, assuming final approvals, it will be in the 2012 calendar year.

The Task Force and the Medical Executive Committees recognize that adopting this policy opens a number of questions and would set a standard that is not part of medical credentialing at most institutions across the United States. Developing this policy was undertaken with concern for patients who seek medical care at SUMC and for physicians who practice on our medical staff.

I want to thank the members of the Task Force and, in particular the leadership of Dr. Ann Weinacker along with the outstanding support of Dr. Kathy Gillam, for their thoughtful and comprehensive review of this important and challenging issue and recommendations they have brought forth. I also want to thank Dr. Janesta Noland for her leadership at LPCH and for the collaboration of the Medical Staff leadership at SUMC, both that of LPCH and of SHC. The date of implementation of an approved policy will be announced in a subsequent newsletter.

More Discussions About Bicycle Safety On Campus

I have written all too frequently about bicycle safety on campus and my concerns for those in our community of students, faculty and staff who take personal risk by not wearing bike helmets, or who engage in other unsafe behaviors, or who endanger others by not obeying traffic safety rules. In fact, for what it's worth, I have contributed nearly 20 articles and pleas about bike safety in the Dean's Newsletter alone over the past decade. In part this is because there are hundreds of bike collisions (involving bikes, cars and pedestrians) each year and because a number of these collisions result in serious injury (including head trauma, fractures, etc). There are now more than 13,000 bicyclists on campus each day. This is good news since it means that car trips are being reduced as a source of campus transportation.

At the same time virtually everyone I have spoken with reports personally observing unsafe riding behavior by faculty, students and staff. It's not just the absence of bike helmets that is of concern. Increasingly cyclists are "multi-tasking" – including talking on cell phones, texting, eating or drinking – sometimes engaging in more than one of these unsafe behaviors at the same time. Equally worrisome is the lack of attention to traffic laws – not stopping at stop signs, failing to yield when making turns, driving at unsafe speeds and, especially concerning, not using any lights or reflective gear when riding at night – including on the public roads on the campus. While obviously subject to sample bias, every night when I drive from the medical school to my residence on campus, I make it a habit to count the number of bikers who wear helmets or who have lights or obey safety laws. Unfortunately that number has **not** changed over nearly a decade – and is still about 1 in 10 riders. Interestingly, similar informal "personal surveys" by others come amazingly close to my tallies.

The unsafe cycling practice on campus is not just by students – it is also carried out by faculty and staff. And it occurs at the medical school – where one would like to think there would be a higher awareness and attention to personal safety. After all, a serious fall and injury can be life and career changing.

Amazingly, unsafe bicycle safety continues despite enormous – even heroic – efforts by the University Bicycle Safety Program (http://transportation.stanford.edu/alt_transportation/BikingAtStanford.shtml). Over a number of years significant efforts have been undertaken in education, engineering, encouragement and enforcement. The importance of bike safety is part of the orientation of incoming Stanford students – and which results in 85% of freshman students learning about bike safety and literally thousands of free bike lights being given to students each year. Safety classes abound, competition (with prizes) to foster greater bike safety between undergraduate dorms are popular - but without a sustaining impact on helmet and light use or attention to traffic rules. In fact, while nearly all students admit they have learned something new from bicycle safety classes, few actually practice the lessons in their daily riding activities. Over the past years the University has put efforts into creating safer bike circulation routes on campus and has tried to make the campus as friendly as possible to bikers. In fact, Stanford has been designated the first and only Platinum Level Bicycle Friendly University by the League of American Bicyclists through 2012. But bicycle “friendly” is not the same as “bicycle safe.” Unfortunately, not paying attention to safety rules also occurs despite increased efforts by the Stanford Public Safety (aka the police) to enforce safety and traffic rules.

How about bike safety among our medical school students? I reported in the August 29th DNL (http://transportation.stanford.edu/alt_transportation/BikingAtStanford.shtml) that three of our SMS 2 students, Anthony Kaveh, Sneha Shrestha and Nancy Yerkes, worked collaboratively with Ariadne Scott, Stanford’s Bicycle Safety Coordinator, to promote the use of helmets and lights by all incoming MD students in 2011 (also see: http://deansnewsletter.stanford.edu/archive/05_09_11.html#10). As part of this program every medical student was given a helmet, bike light and safety instructions. All signed a pledge to wear the helmet and use the light. You might ask, what has happened as a result of these good deeds and intentions? A student sponsored and led survey was sent to each of these same medical students in January 2012 – just 4 months after the orientation program and student safety affirmation noted above. The survey had a 100% response rate but observed that 57% of the first year medical students reported that they “always” wore a helmet and 49% said that they “always” used bike lights at night. While it is true that an additional number of students indicated that they “almost always” used helmets or lights, the “always” percentage is really the important metric. Based on other experiences, even these results are likely to deteriorate over time.

Clearly we need to do more to achieve bicycle safety at Stanford. Surely more education helps, but we also need to work collaboratively to ensure that there is greater compliance and enforcement with safety to traffic rules, lights, helmets and safe riding habits. We all need to be advocates for safety and to take note when our colleagues and friends are being unsafe – and whenever possible provide counseling and more. I would hope that the medical school community could play more of a leadership role in modeling bicycle safety. We would all hate to see bike safety come to heightened attention because of a serious injury to one of our students, co-workers, friends or colleagues.

Seed Grants Promote Innovation and Interdisciplinary Research

Over the past decade both the Medical School and University as a whole have developed a number of programs that provide competitive seed grants to faculty who are addressing new research themes, especially if they are interdisciplinary and/or create bridges between basic and clinical faculty (http://deansnewsletter.stanford.edu/archive/09_26_11.html#3; http://deansnewsletter.stanford.edu/archive/11_23_09.html#3). The School of Medicine seed grant programs, which are based largely in our Institutes of Medicine, Strategic Centers and Spectrum, share in common their support for novel and innovative research and the prospect for bringing new teams of faculty together to engage in research that might not otherwise have happened. Some, especially in recent years, have focused on seed grants to junior faculty. In addition, Bio-X has a significant seed grant program, as does the Beckman Center for Molecular and Genetic Medicine, the Children's Health Research Institute and the Stanford-Coulter Translational Research Grants Program, among others.

Over the past 5 years the School of Medicine has allocated over \$15 million to Institutes and Centers for seed grant programs. Most all of the grants are modest in size but nearly all have an important and significant leveraging impact. A total of 220 seed grants have been awarded over the past 5 years, and, to date, 140 publications and 81 successful follow-on funding proposals have resulted. While it is hard to say with certainty that the seed grants accounted for successful competition for larger sponsored research awards, there seems little doubt that they have created a greater climate of collaboration, interaction and innovation throughout the Stanford community. These funds are best viewed as an investment in the future of our research mission, from basic research through translational to clinical research, and I encourage faculty to apply for them. The School's Research Management Group maintains an extensive list of seed grant opportunities (<http://med.stanford.edu/rmg/funding/internalfunding.html>) for this purpose and I hope you will take advantage of the information available there.

Baxter Foundation Visits Stanford for the 52nd Time

Just a year after the School of Medicine was relocated from San Francisco to Palo Alto in 1959, the Baxter Foundation began making investments in Stanford to support medical and graduate student education, faculty scholar awards and capital support. The Foundation was established in 1959 by Delia Baxter in memory of her husband, Donald, a distinguished physician, engineer, and scientist who pioneered the commercial formulation of intravenous solutions based on his experiences as an Army doctor during World War I. The Baxter Foundation has no ties to the company and is committed to making annual gifts to selected medical research and education initiatives and institutions.

Stanford has been one of the longest beneficiaries of these gifts. The trustees of the foundation, Don Haake, Dick and Martha Haake, and Jim and Jane Russell, have not only been responsible for the annual gift decisions but have been personally invested in the students and faculty receiving the awards. Indeed, over the years they have spent time visiting with potential recipients, learning about the work being conducted and making the Baxter Foundation personally meaningful to each of its annual awardees.

This year the Foundation also celebrated the 10th Anniversary of the Donald E. and Delia B. Baxter Foundation Laboratory in Stem Cell Biology, which was established in 2002 and which has been ably led by Dr. Helen Blau, who is also the Donald E. and Delia B. Baxter Foundation Professor at Stanford. Based on the comments of Don Haake, who spoke for the Foundation at a ceremony in the Lorry Lokey Stem Cell Research Building, the Foundation is deeply

appreciative and admiring of the work that has been done over the past decade in the Baxter Lab and also of the many students and faculty the Foundation has supported over the past 52 consecutive years. This is quite an incredible partnership for which we are deeply appreciative.

Upcoming Events

The Department of Chemical and Systems Biology, through its Sterling Visiting Professorship Program, cordially invites you to attend two lectures by Alyson Shotz, this year's visiting artist from March 26-30, 2012. These lectures are free and open to the public.

Alyson Shotz is an artist whose work frequently intersects art and science. She has exhibited around the world and her work is in the collections of many museums including the Solomon R. Guggenheim Museum, the Museum of Modern Art, San Francisco and The Hirshhorn Museum, among others.

During her residence, Ms. Shotz plans to investigate the relationship between empirical research, observation and experimentation in art and science as a means to new discoveries. The students will join her in producing a series of experiments in hot glass and microscopic photography.

For more info on the artist's background please visit:

http://www.derekeller.com/alysonshotz_work.html

Monday, March 26 at 11:00am

“The Ethereal Invisible: an Overview of the Artists work“

Munzer Auditorium

Friday, March 30 at 2:30pm

“Looking for Undiscovered Realities: Finding and/or Failing, followed by a presentation of the student collaboration”

Munzer Auditorium

The Friday lecture will be followed with a reception in CCSR (outside 3130) at 4:00pm.

For more info on the artist's background please visit:

http://www.derekeller.com/alysonshotz_work.html

If you have questions or need more information, please contact Stuart L. Jeung @650.736.2999 or stuartj7@stanford.edu

Awards and Honors

The recipients of the 2011 School of Medicine SPIRIT Award and the Inspiring Change Award were recently announced and will be formally celebrated (along with our valued staff) at the Dean's Staff Recognition Program celebration on Thursday, March 29, 2012 in the Li Ka Shing Center for Learning and Knowledge from 4:00-6:30 p.m. This year the SPIRIT Award recipients include:

- **Ross Colvin**, Department of Neurosciences-IDP
- **Kerry Garcia**, Department of Obstetrics/Gynecology

The winner of the Inspiring Change Leadership Award is:

- **Felicia Gentile**, Department of Comparative Medicine/Veterinary Service Center

Congratulations to each of these winners!!

Dean's Newsletter

April 9, 2012

Investment in Science is Great for the Future and for the Economy

There should be no question that investments in basic science research are among the most important and impactful that a nation can make. For example, the investments made over the past 50-60 years, largely by the National Institutes of Health (NIH) and other federal agencies, have made the US the world leader in the life sciences. Unfortunately, that investment is now at risk due in large part to the flat funding by the NIH over the past several years, which has resulted in decreased purchasing power for investigators. It is further compromised by the somewhat confusing message that the NIH leadership projects about its investment, saying on the one hand that it values basic research and on the other (often more loudly and persistently) that it seeks to overcome limitations in drug development by making NCATS (the recently formed National Center for Translational Sciences) its highest priority.

Of course, the connections between basic science and clinical and translational research, in all of its many dimensions, are essential for our future as a nation. But the mission of the NIH should focus on research and not become deflected – directly or by implication – to an attempt to overcome the deficiencies of the drug pipeline, which is the responsibility of industry. Rather, the NIH and our nation should make clear that drug development should be an industry expectation and priority – it is, after all, their business model. Suggesting or implying that the NIH will take a leading role in bringing new drugs to patients could confuse the public as well as NIH's congressional constituency, with potentially inadvertent consequences. This was a message I conveyed in a recent op-ed piece entitled “*Budget Super Committee's Failure Puts Medical Research at Risk*” (see: http://deansnewsletter.stanford.edu/archive/02_20_12.html#4).

The case for support for basic science research by the NIH was recently eloquently made by Dr. Suzanne Pfeffer, Professor of Biochemistry, who testified before the US House of Representatives Subcommittee of Labor, Health and Human Services of the Committee on Appropriations, in her capacity as President of the American Society of Biochemistry and Molecular Biology (ASBMB). In her testimony Professor Pfeffer presented illustrations of the incredible progress that has been accomplished in science and medicine over the past decades but also commented that “*Unfortunately, in the decade since these aforementioned funding increases, Congress has funded the NIH at essentially flat levels. Consequently, the purchasing power of these funds has significantly decreased relative to the biomedical research and development price index (BRDPI) - the industry's standard measurement for inflation. As members of this subcommittee heard from the NIH Director during last week's NIH appropriations hearing, the prices for equipment, supplies and staff have increased by 18% over*

the past decade. In constant dollars, the FY 2012 budget and the President's proposal for FY 2013 are \$4 billion lower than the peak year (FY 2003) and at the lowest level since FY 2001. The number of research project grants funded by NIH has declined every year since 2004. This decline is projected to continue in FY 2013 and beyond, when NIH will fund 3,100 fewer grants than in FY 2004. In FY2010, NIH made 8,765 new and competing renewal awards, 1,600 fewer than in FY 2003. Success rates have fallen more than 14 percentage points in the past decade and are projected to decline even further in FY 2012 and 2013. The NIH's investment in basic research has suffered as well.

When setting budgetary priorities, it is important to remember that technological innovation will be a key component for our future economic security and international competitiveness. More than 80% of the investment this Congress makes in the NIH leaves the Bethesda campus and funds academic researchers across the country. Each NIH grant – on average – supports approximately seven high-tech, high-paying jobs. These are precisely the type of jobs each member of this committee would want to have in their own district. These are also the kind of jobs that contribute to a 21st century, technology and information- based economy. Additionally, analysis of the economic impact of your NIH investments indicates that for every \$1 invested in the NIH, the economy derives a \$2 return. Finally, investment in research will continue to modernize our nation's research laboratories and facilities, spur innovation, and provide an immediate boost in employment for our nation's workforce."

The economic impact of biomedical research is clear and well documented in a number of sources, including a May 2011 report from United for Medical Research entitled "*An Economic Engine: NIH, Research, Employment, and the Future of the Medical Innovation Sector*" (see: http://deansnewsletter.stanford.edu/archive/08_29_11.html#5 and http://deansnewsletter.stanford.edu/archive/11_15_11.html#1). A recent update from United for Medical Research observed that, based on Department of Commerce 2011 data, NIH invested \$23.7 billion in extramural support to 50 states (down from the 2010 level of \$26.6 billion, which contained ARRA support). This support directly and indirectly supported 432,094 jobs. Notably, in California alone this funding created 63,196 new jobs. Clearly, whether measured by the creation of new knowledge, translation of new discoveries, or creation of new jobs and stimulation of the economy, investments in NIH and sponsored research are meritorious and important for our communities and our nation. We need the NIH to remain focused on its primary mission.

2012 Employee Recognition: Our Staff Make Stanford Great

I suspect that we have all had a similar experience. You pass someone in the hall or on a walkway, perhaps wave a greeting, but you know little about the individual with whom you just made contact. Just a gesture of friendliness in our Stanford community. Or, you make a judgment, sometimes admittedly stereotyping, about the life experience of someone who has followed a different career path – becoming an administrator or a laboratory technician or a grants manager or any of the hundreds of positions that comprise a complex institution like Stanford School of Medicine. What amazes me is how superficial one's assumptions can sometimes be and how much richness, depth and knowledge one finds in individuals when we get better acquainted with those who have pursued different career paths. That is one of the reasons why I find the Employee Recognition Program so valuable and important. Each year (and as a consequence many times in the intervening days, weeks and months) I am amazed by the extraordinary range of knowledge, skills and experiences that our outstanding staff provide to Stanford Medicine.

In 2011, the School of Medicine had 2707 non-academic staff members, of which 2416 were in full-time positions, from administration to communications to facilities to healthcare services to human resources to information technology services to research to student services and many more. It turns out that the composition of our staff is largely women (2019 of the 2707) and that the average years of service number 7.7 years. Our staff works in basic and clinical science departments, institutes and centers and central administrative units. Together they contribute enormously and deeply to our missions in education, research, patient care, community service and beyond. Staff provides the foundation of what makes Stanford such a great institution - offering long-term stability, intellectual contributions and dedication to all that we do and have accomplished. While faculty and students are featured in the public arena for their exceptional contributions and discoveries – each well deserved – almost none of these successes would have been possible without the thoughtful contributions of staff members in research laboratories, classrooms, clinical settings and in the countless array of positions that comprise what we affectionately call a “research intensive academic medical center.”

On March 29th we had the opportunity to thank staff who have worked at the School of Medicine (or elsewhere at the University) for five or more years – including six individuals who have been with Stanford for 35 years. As we have done over the past couple of years, an “Employee Recognition” website has been constructed to feature all of our staff celebrating an anniversary year of employment (from 5 to 35 years) as well as the Spirit and Inspiring Change Leadership Awards (see: <http://med.stanford.edu/employeeerecognition/>). I was deeply impressed by the experiences and contributions of staff who have been part of Stanford for the past three and more decades and, in particular, by the important roles each has played in the institutional excellence we share and celebrate today. The six staff members celebrating their 35th Anniversary are highlighted on the website. They are:

Barbara Meehan, Stanford Blood Center
Wayne Moore, Herzenberg Lab, Department of Genetics
Hung Pham, Laboratory Manager (currently for the James Chang lab)
Diane Rapacchietta, Department of Radiation Oncology
Sergio Raygoza, Veterinary Service Center
Yin-Gail Yee, Division of Nephrology, Department of Medicine

I also want to thank and acknowledge each of our staff – and especially those who have been part of the Stanford Medicine community **for 25 or more years**. Our appreciation and gratitude is deeply felt to all but I list here those with 25 years of employee service to Stanford:

Ruth Burns, Department of Comparative Medicine
Phyllis Bussey, Department of Medicine/Oncology
Debra Czerwinski, Department of Medicine, Oncology
Mayling Dixon, Department of Pathology
Madelleine Garcia, Department of Neurology
Anne Gordon, Department of Microbiology & Immunology
Debra Hiraki, Department of Pathology/Blood Center
Diana Laurent, Department of Medicine and Immunology & Rheumatology
Ellen Lewanda, Department of Obstetrics & Gynecology
Pauline Luu, Department of Psychiatry

Abera Metaferia, Department of Educational Programs and Services
Siv Modler, Department of Pediatrics
Christine Scholberg, Department of Medicine/ Prevention Research Center
Sheila Siegel, Department of Medicine/Family & Community Medicine
Patty Winningham, Department of Pathology
Margaret Wootton, Department of Medicine

In addition I want to offer congratulations to our employees with 30 years of service:

Pamela Bernstein, Department of Dermatology
Susan Bryson, Department of Psychiatry
Marita Grudzen, Department of Medicine, Family & Community Medicine
Joan Heberg, Department of Genetics
Robin Holbrook, Department of Microbiology & Immunology
Mahmonir Keyhan, Department of Microbiology & Immunology
Nancy Lennartsson, Department of Medicine/Biomedical informatics Research
Margaret Malone, Department of Communications & Public Affairs
Karen Mulkey, Department of Research Management Group
David O'Brien, Department of Institutional Planning
David Parks, Department of Genetics
William Roden, Department of Informational Resources & Technology
Georgette Stratos, Department of Medicine
James Taskett, Department of Visual Art Services
Eva Vasquez, Department of Educational Programs and Services
Claudia Weber, Department of Genetics

At Employee Recognition event we also had the opportunity to acknowledge the recipients of the **School of Medicine Spirit Award**. This is the 12th year this award has been given. Each year it has recognized two individuals who give evidence of consistent dedication, initiative, motivation, a positive attitude and exemplary service, support and interactions. This year's Spirit Award winners are (see also <http://med.stanford.edu/employeeRecognition/awards/2011-spirit.html>)

Ross Colvin, Program Administrator, Neurosciences Interdisciplinary Program
Kerry Garcia, Administrative Assistant, Department of Obstetrics-Gynecology.

We also had the opportunity the **School of Medicine Inspiring Leadership Award** (see: <http://med.stanford.edu/employeeRecognition/awards/2011-inspiring-change-leadership.html>)
The 2011 recipient is:

Felicia Gentile, Project Manager, Department of Comparative Medicine- Veterinary Service Center

Please join me in congratulating our award winners and also our staff employees who contribute, each day, to making Stanford such an extraordinary institution. I have been deeply honored to get to meet so many wonderful staff during my tenure as dean and have deep respect for their wonderful contributions.

Medical Education: Change is in the Wind

Changes and sometimes “relative” revolutions (albeit really more gradual evolutions) in medical education are commonplace and are really part of an ongoing process – but they are also steeped in tradition and, at times, limited in their creativity by certification requirements and accreditation bodies. In many ways medical education is not a seamless process but a loosely interconnected array of education and training experiences that begins with premedical requirements - a number of which have quite limited relevance to medical education and can be quite limiting in making opportunities available to students to explore when they are in college. (We are considering doing something significant about these.)

College is followed by medical school, which traditionally follows two minimally connected components affectionately referred to as preclinical and clinical, each two years long and both relatively unchanged, at least conceptually, in more than a century. The Liaison Committee on Medical Education (the LCME) oversees all aspects of medical school education programs. Stanford had its last LCME review in 2005 and is beginning preparations for its next major review, which will occur in 2013 (see:

http://deansnewsletter.stanford.edu/archive/02_20_12.html#5). A separate oversight organization, the *Accreditation Council on Graduate Medical Education (ACGME)* and its specialty based *Residency Review Committees (RRC)* establish the criteria for training, accreditation of programs and certification of residents and fellows. Each program has proscribed lengths of training, required rotations, etc. In recent years we have witnessed some flexibility in RRC requirements, including at Stanford, where residency programs in cardiovascular surgery, vascular surgery and others have changed thanks to the vision and endurance of their leaders.

Still, the end result is a quite long duration of education and training – the merits of which (including each component) have advocates and detractors. A number of individuals, organizations and institutions have advocated for better alignment among the premedical, undergraduate medical and graduate medical components of medical education – focusing on ways of reducing the overall duration and better integrating its various components. This was one of the major themes that emerged from our Think Tank on Transforming Medical Education that we held in August 2010 (see: http://deansnewsletter.stanford.edu/archive/09_13_10.html#1) and that was further discussed at our Annual Strategic Planning Leadership Retreats in 2011 (see: http://deansnewsletter.stanford.edu/archive/01_24_11.html#1) and 2012 (see: http://deansnewsletter.stanford.edu/archive/01_30_12.html#4). The prospects for shortening the duration of medical training from 14 to 10 years was also recently covered in an interesting Viewpoint article by Zeke Emmanuel and Victor Fuchs in the March 21st issue of the *Journal of the American Medical Association* (see: <http://jama.ama-assn.org.laneproxy.stanford.edu/content/307/11/1143.full.pdf+html>).

In his annual address to the Medical School Senate on March 21st, Dr. Charles Prober, Senior Associate Dean for Medical Education and Professor of Pediatrics, reviewed the ongoing progress in further revising our current medical student curriculum. The last major revision of our MD curriculum began in 2003 (see: http://deansnewsletter.stanford.edu/archive/09_02_03.html), and it has shaped the education and training of a generation of Stanford Medical Students. While many schools certainly make this claim, I think that it is true that Stanford’s approach to medical education is unique in that it

fosters scholarship and research in tandem with the foundations in preclinical and clinical education. In fact, nearly 70% of Stanford medical students take 5 or more years to graduate – although nearly all do so with a rich and deep experience in Scholarly Concentrations, Med Scholars or combined degree programs. Of course this lengthens the duration of training and does raise the important question of where economies of scale might be achieved.

With this question in mind as well as a clear goal of developing education modalities that are more suitable and appropriate for the learners of today and tomorrow, Dr. Prober and his colleagues are addressing a series of themes to further “revolutionize” medical education. The overarching guiding principle is to produce graduates who are outstanding clinicians, physician scholars and future leaders in medicine. One of the themes being pursued is making education milestones competency-based, in tandem with defining the fundamental knowledge and skills that would allow students and learners to then differentiate along variegated pathways. A major goal is to use and refine emerging learning technologies, which will likely reduce or even eliminate lectures while promoting more interactive learning environments in science, in clinical medicine and in their integration.

Hopefully these new tools, technologies and interactive learning environments will blur the lines between college, undergraduate and graduate medical education. They should also promote early differentiation, since our goal is to produce students with unique skills and knowledge – and to avoid developing a single program or, worse, creating a “trade school mentality.” Quite the opposite: it is important that science, innovation, discovery and evidence-based analytic thinking serve as the underpinnings for our medical students – and that this approach continue into graduate, post graduate and continuing life learning.

The case for change in medical education cannot simply be about its duration or in developing a standard approach to teaching and learning. For Stanford it must be about educating and training physicians who will be truly transformative in science and clinical medicine as well as in a wide spectrum of career paths. That does require time – but it also requires a careful examination of how to more effectively coordinate and integrate education across the continuum of knowledge acquisition. I fully expect that we will be leaders in this important quest.

Continuing Medical Education: The Funding Profile Continues to Change

On October 1, 2006 we published the *Policy and Guidelines for Interactions between the Stanford University School of Medicine, the Stanford Hospital and Clinics, and Lucile Packard Children's Hospital with the Pharmaceutical, Biotech, Medical Device, and Hospital and Research Equipment and Supplies Industries ("Industry")* (see <http://med.stanford.edu/coi/siip/policy.html>). This policy, which was revised most recently on July 22, 2010, has had a major impact on our education and clinical care programs at Stanford and has helped to shape the impact of industry marketing on the education of students and trainees across the US. It cast a bright light on the difference between faculty engagements with industry for the purpose of promoting research (which we strongly endorse) and faculty participation, knowingly or unwittingly, in marketing for industry (which we do not permit). With this policy Stanford was an early leader in what has become a transformation in eliminating gifts, meals and financial influence on our medical community for teaching as well as clinical practice.

Whereas industry once spent nearly \$20 billion annually on marketing to doctors and hospitals, and while a very large majority of physicians in practice or on the faculty of academic medical centers have admitted receiving industry gifts and inducements, in recent years the situation has changed dramatically – at least at medical schools such as Stanford and many others across the US. The public scrutiny of the not infrequent damaging news reports about large industry payments to physicians has had other consequences. For instance, the Physician Sunshine Act, which mandates that all industry report payments to doctors annually on publicly searchable databases, was included in the Affordable Care Act of March 2010. Even before that, faculty at a number of major medical schools, including Stanford, began reporting their financial relationships with industry to their institutions (see <http://med.stanford.edu/coi/>) and, at Stanford, in the public domain in Community Academic Profiles (CAP) system– (see: <http://med.stanford.edu/profiles/>).

These policies appear to be having an impact, as seen in a reduction in industry’s “drug rep” sales force and even a decrease in expenditures on “free drug samples” (really a marketing strategy) from \$8.4 billion in 2007 to \$6.3 billion in 2011. There are a variety of complex interrelated factors contributing to these changes, including the financial challenges many pharmaceutical industries are experiencing, the fact that many blockbuster drugs are now going off patent and a changing culture inside the pharmaceutical industry. Overall this is some progress – to which we contributed.

In September 2008 Stanford introduced new policies on industry support for Continuing Medical Education or CME (see: <http://cme.stanford.edu/policies/commercialsupport.html>), and once again we were a national leader and pacesetter in the important area of industry interactions. While limiting gifts, meals and financial inducements from industry was embraced by faculty and students, the restrictions on how industry support could be received and used for CME was more contentious – although they are now very much a part of accepted practice at Stanford. This is not necessarily the case at peer institutions, where rules regarding CME are still quite lax. That said, industry support for CME is also changing, as reported recently in a Perspective article by Michael Steinman, Seth Landefeld and Robert Baron in the March 22nd New England Journal of Medicine (see: <http://www.nejm.org/doi/full/10.1056/NEJMp1114776>) entitled “*Industry Support of CME – Are We at the Tipping Point.*”

These authors note that industry support for CME grew significantly from 1998 to 2007, from \$301 million to \$1.2 billion per year, accounting for 59% of the revenues of CME providers (if advertising and exhibit payments are included). By 2008 (interestingly, the year Stanford’s policies on CME became official), industry support began to decline and by 2010 it had fallen 31% from its peak three years earlier. Again, there are many contributing factors – including institutional policies (which for CME include relatively few institutions) and moves away from resort hotels to academic institutions as venues for CME programs and courses (something we are increasingly doing at Stanford). Also, faculty are increasingly aware that participating in industry funded CME requires public reporting and, as a result, carries the risk of potential embarrassment.

At the same time, because marketing to doctors has proven so beneficial to industry (in drugs sales, changes in prescribing practice, use of devices) it is clear that other venues will be sought – including nonaccredited medical education venues and satellite symposia at professional meetings. The story is far from over, and it is important that we define the principles guiding

interaction with industry for education and training and also that we educate and guide our physicians, students and trainees. This will be a continuing education process in its own right. It is also plausible that new venues for education, including novel IT based systems, could disrupt traditional CME as we know it today into a whole new arena.

Indeed, the very model of learning at medical conferences is open to question, as was recently shown in a “Viewpoint” article by John Ioannidis, Director, Stanford Prevention Research Center and C. F. Rehnberg Professor in Disease Prevention in the School of Medicine and Professor of Health Research and Policy and, by courtesy, of Statistics in the April 4th issue of JAMA entitled “*Are Medical Conferences Useful? And for Whom?*” (see: <http://jama.ama-assn.org/content/307/12/1257.full.pdf+html>). Dr. Ioannidis offers provocative and appropriate questions about the benefits and costs of medical conferences, including the motivations of industry to fund many of them. He too notes that new and rapidly evolving information technologies can provide new venues for education that will be less expensive, more convenient and likely more informative. These are exciting possibilities, but they will likely occur more slowly than desired given the stakeholders and financial interests that are engaged. But change is inevitable – and Stanford has helped to catalyze some of the changes to improve the value of education and enhance the public trust in medicine as a profession.

Marching Toward the Launch of the Campaign for Stanford Medicine

I previously commented on the upcoming Campaign for Stanford Medicine, the first phase of which will be formally launched during the week of May 7th with the three events described below. This phase of the Campaign will last approximately two years. The second phase will be organized when a new dean arrives and has the opportunity to carry out an additional needs assessment for Stanford Medicine in collaboration with our colleagues at Stanford Hospital & Clinics. The launch events are as follows:

Monday, May 7: Campaign Launch Reception for donors, volunteers, and Stanford leadership to celebrate the official launch of the campaign and to announce a major fundraising goal. President John Hennessy will lead this event, along with Amir Dan Rubin, CEO of Stanford Hospital and Clinics, and myself. It will be held on the Alumni Green in front of the LKSC under a “big tent.”

Thursday, May 10: Partners in Medicine: a lecture and dinner that I will host along with Amir Rubin. We will be joined by Drs. Abraham Verghese and Beverly Mitchell for a panel discussion, moderated by Paul Costello, entitled *The Promise, the Hope, the Challenge: Creating the Future of Health Care*. Guests invited to this event include volunteers and donors to Stanford Medicine.

Saturday, May 12: Healing Matters: an open house from 8:00 am – 1:00 pm. This event will provide attendees an opportunity to learn about Stanford’s leadership in clinical care and to hear about the latest breakthroughs in biomedical research. After the opening plenary by Ron Johnson, Stanford Trustee and CEO of J. C. Penney, attendees will have the opportunity to go to breakout lectures or take walking tours of new buildings on the medical center campus, all presented by School of Medicine faculty. Amir Rubin and I will lead the closing plenary, *The Time Machine: Our Health Care in 2018*. Please see below for details.

Opening Plenary:

Stanford Medicine + You = Hope Ron Johnson will lead the opening plenary session and engage the audience in a joint exercise of imagining future health care for our community. In addition, we will show a video in which Amir Rubin and I share our vision for Stanford Medicine.

Breakout Session One:

Transforming 300 Billion Points of Data into Diagnostics, Therapeutics, and New Insights into Disease

Atul Butte, MD, PhD

The Coming Epidemic of Dementia and How It Can be Diagnosed, Treated, and Prevented

Frank Longo, MD, PhD

Breast Cancer in the Genomic Age

Mark Pegram, MD

Clinical Trials at Stanford: A Walking Tour of the Jill and John Freidenrich Center for Translational Research

Beverly Mitchell, MD

Breakout Session Two:

Movement Disorders and What Can Be Done About Them

Helen Bronte-Stewart, MD

Sensing and Diagnosing Cancer Before It Becomes a Disease

Sam Gambhir, MD, PhD

Can Stem Cells Be Used to Repair Damaged Hearts?

Robert C. Robbins, MD

The Stanford Women's Cancer Center: A Walking Tour of the New Facility at Blake Wilbur

Jonathan Berek, MD

Closing Plenary:

The Time Machine: Our Health Care in 2018. Amir Rubin and I will lead a discussion on what the patient can expect when visiting Stanford Hospital in 2018 and how Stanford is navigating the economic and political challenges of health care delivery with the promises of technology, genetics, and biomedical innovation. The presentation will also feature a virtual “fly-through” tour of the new hospital.

To attend Healing Matters or for more information please contact Kim Armstrong, karm@stanford.edu. I hope to see you there.

Upcoming Event: Medicine and the Muse 2012

I am very pleased to announce the upcoming annual Medicine and the Muse: An Arts, Humanities and Medicine Symposium. This is a highly regarded and much celebrated event that features wonderful presentations by leaders and artists – including our very talented students.

This year's Medicine and the Muse will be held on Wednesday April 11th beginning at 5:30pm in Berg Hall at the Li Ka Shing Center for Learning and Knowledge. The featured speaker will be Medical School alumna, Dr. Sherri Fink, who received an MD and PhD at Stanford and who is a celebrated Pulitzer Prize winning journalist in investigative reporting. Dr. Fink's presentation is entitled "*Reporting in an Emergency: The Complex Trauma Narrative in the Age of the Tweet.*"

In addition, this year's Medicine and the Muse will feature music, art and presentations by Stanford medical students. Also, the winners of the student Global Health Writing Contest will be announced at the event.

This event is free and open to the public. There will be a reception following the presentations to which you are invited. If you would like additional information please visit <http://bioethics.stanford.edu/arts/>

Educators-4-CARE Program

The Educators-4-CARE (E4C) program is now accepting applications for faculty positions. Introduced in 2008, the E4C program was established to enhance the development of medical students as skilled and compassionate physicians. E4C provides a formal curriculum aimed to foster the development of some of our core values – Compassion, Advocacy, Responsibility, and Empathy – from the beginning and throughout medical school. The E4C faculty will serve as a teacher, mentor and colleague for the duration of the student's time at the School of Medicine. Each E4C faculty is assigned five to six students per class year with the current average load being 24-30 medical students (including MD/PhD and other expanded students).

Faculty applications and additional program information including teaching responsibilities and other activities can be found at <http://med.stanford.edu/e4c/e4capplication.html>. If you have additional questions regarding the program please contact Dr. Lars Osterberg (larso@stanford.edu) or Bahij Austin (bahij@stanford.edu). Applications and all supplemental materials are due on Monday, April 30.

Canary Center Open House

You are cordially invited to an open house and reception at the Canary Center at Stanford, part of the Department of Radiology, where you will be able to tour the facility, learn about current research and meet center faculty and staff.

When: April 30th 5 – 7pm

Where: 1501 S. California Ave, Palo Alto

The Canary Center at Stanford is dedicated to early cancer detection research programs. The mission of the Center is to foster research leading to the development of blood tests and molecular imaging approaches to detect and localize early cancers.

Refreshments will be served. Please RSVP at: <http://www.surveymonkey.com/s/ZRGBRJH>

Awards and Honors

- **Dr. Mark Blumenkranz**, Chair of the Department of Ophthalmology has been named the inaugural holder of the HJ Smead Professorship. A celebratory event to commemorate this wonderful new professorship was held on March 22nd. This new professorship is in memory of the late Harold (Joe) Smead and is made possible through the generosity of the Smead family and the continuing support of Joe's wife Ann Becher Smead. Please join me in thanking the Smead family and in congratulating Dr. Blumenkranz for this lovely honor.

Appointments and Promotions

Neiha Arora has been promoted to Clinical Assistant Professor of Medicine, effective 4/1/2012.

Vinod Bhutani has been reappointed to Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 3/1/2012.

Richard Bland has been reappointed to Professor (Research) of Pediatrics, effective 6/1/2012.

Todd J. Brinton has been promoted to Clinical Associate Professor of Medicine, effective 4/1/2012.

James D. Brooks has been promoted to Professor of Urology, effective 4/1/2012.

Helen Bronte-Stewart has been promoted to Professor of Neurology and Neurological Sciences and, by courtesy, of Neurosurgery, at the Stanford University Medical Center effective 4/1/2012.

Ann M. Chen has been reappointed as Clinical Assistant Professor of Medicine, effective 1/1/2012.

Chang-Zheng Chen has been reappointed to Assistant Professor of Microbiology and Immunology, effective 2/1/2012.

Yoon-Jae Cho has been appointed to Assistant Professor of Neurology at the Stanford University Medical Center, effective 3/1/2012.

Benjamin I. Chung has been reappointed to Assistant Professor of Urology at the Stanford University Medical Center, effective 5/1/2012.

Alexander D. Colevas has been reappointed to Associate Professor of Medicine and, by courtesy, of Otolaryngology – Head and Neck Surgery at the Stanford University Medical Center, effective 6/1/2012.

Manisha Desai has been appointed to Associate Professor (Research) of Medicine, effective 3/1/2012.

Jorina Elbers has been appointed to Assistant Professor of Neurology at the Lucile Salter Packard Children's Hospital, effective 3/1/2012.

Michael P. Fischbein has been reappointed to Assistant Professor of Cardiothoracic Surgery at the Stanford University Medical Center, effective 3/1/2012.

Grace Gengoux has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 4/1/2012.

Scott Hall has been reappointed to Assistant Professor (Research) of Psychiatry and Behavioral Sciences, effective 6/1/2012.

Kimberly S. Harney has been promoted to Clinical Associate Professor of Obstetrics and Gynecology, effective 4/1/2012.

Vanessa L. Hsieh-Park has been promotion to Clinical Assistant Professor (Affiliated) of Surgery, effective 4/1/2012.

Yi-Chao Huang has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 12/1/2011

David J. Kennedy has been appointed to Clinical Assistant Professor of Orthopaedic Surgery, effective 5/14/2012.

Kathleen Kenny has been promoted to Clinical Associate Professor of Medicine, effective 5/1/2012.

Alaina Kipps has been appointed to Clinical Assistant Professor of Pediatrics, effective 3/26/2012.

Sirisha Komakula has been reappointed as Clinical Assistant Professor of Radiology, effective April 14, 2012.

Albert Kuo has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 4/1/2012.

Leslie H. Lee has been promoted to Clinical Associate Professor of Neurology and Neurological Sciences, effective 7/1/2012.

Christopher Longhurst has been promoted to Clinical Associate Professor of Pediatrics, effective 4/1/2012.

Nathan Luna has been promoted to Clinical Assistant Professor of Pediatrics, effective 4/1/2012.

N. Grant Miller has been promoted to Associate Professor of Medicine, effective 4/1/2012.

Karen J. Parker has been reappointed to Assistant Professor (Research) of Psychiatry and Behavioral Sciences, effective 5/1/2012.

Lynn Peng has been reappointed as Clinical Assistant Professor of Pediatrics, effective 12/15/2011

Edward Plowey has been appointed to Assistant Professor of Pathology at the Stanford University Medical Center, effective 3/1/2012.

Stephen Ruoss has been promoted to Professor of Medicine at the Stanford University Medical Center, effective 3/1/2012.

Kathleen Sakamoto has been appointed to Professor of Pediatrics, effective 3/1/2012.

Christina Smolke has been promoted to Professor of Urology, effective 4/1/2012.

Simon Tan has been reappointed as Clinical Assistant Professor (Affiliated) of Neurology and Neurological Sciences, effective 8/1/2012.

Andrea Tom has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 12/1/2011

Glyn D. Williams has been promoted to Professor of Anesthesia at the Stanford University Medical Center, effective 3/1/2012.

Greg Zaharchuk has been promoted to Associate Professor of Radiology, effective 3/1/2012.

Dean's Newsletter

April 23, 2012

Medical Student Admit Weekend 2012

A record number of students participated in “*Admit Weekend 2012*,” which took place from Thursday, April 12th through Saturday, April 14th. Over a hundred students, all admitted to the Stanford MD or MSTP program, visited campus to help solidify their decision about where to attend medical school. I am very appreciative of the Office of MD Admissions staff, the Center of Excellence in Diversity in Medical Education, the Stanford University Medical Center Alumni Association and the many faculty, staff and students who worked diligently and enthusiastically to make this a great experience for our visiting students. We are so very fortunate to have so many outstanding applicants to our medical school, and we are privileged that so many of the students who have been admitted are considering matriculation in the class entering in 2012. Without question the remarkably talented students who join our community play a unique role in what makes Stanford such a unique place.

We are well aware that the students admitted to Stanford have other outstanding options available to them. We further recognize that many factors contribute to each student's decision matrix. While we are certainly biased, we also recognize that Stanford provides resources,

opportunities and a learning environment that are not available at other institutions. Our comparatively small class and overall school size offer a more intimate setting for students to interact with each other and with outstanding faculty and staff. The close physical connection between the medical school and our two major teaching hospitals as well as the close physical proximity of the medical center to all of Stanford University provide seamless and unparalleled opportunities for interdisciplinary education and research.

With over 135 allopathic schools of medicine in the US, students have many different opportunities to consider. Some schools have large class sizes (the University of Illinois tops the list) while others, like Stanford, have less than a hundred students per class. Most every medical school has as its primary mission the education and training of future physicians, although they vary in their focus on primary care opportunities and training environments in rural or urban centers. Certainly Stanford is committed to the education and training of outstanding clinicians. But it is unique among medical schools in its additional focus on educating and developing future physician-scholars, scientists and leaders. Equally importantly, Stanford embraces the entirety of the University to achieve its education and training opportunities. It thus moves beyond the boundary of health science *per se* to create an educational environment more akin to a research university, in which there are numerous interdisciplinary opportunities encompassing medicine, science, engineering, law, education and beyond. For students who are interested in a multifaceted career path, the opportunities at Stanford are truly exceptional (see: <http://med.stanford.edu/education/>) and, as I outlined in my April 9th Dean's Newsletter (see: <http://deansnewsletter.stanford.edu/#3>), constantly evolving.

During Admit Weekend 2012 prospective students were exposed to various facets of the life of a Stanford medical student. They participated in discussions about some of the unique features that set us apart from other schools, including our Scholarly Concentration Program, Joint Degree Programs, MD/PhD (MSTP) Program, the numerous education and support programs that enrich learning and career development (e.g., Academic Advisors, Educators for Care) and our important programs in financial aid and support. Prospective students had the opportunity to tour our unique learning environments, clinical programs, community sites and special programs. And perhaps most importantly they had time to interact with each other and with current Stanford medical students, residents, faculty and staff. We celebrate the incredible contributions being made to improve the education and life development of our students and trainees – and look forward to the beginning of new journeys this August. Of course it is important to recognize and acknowledge that we also have much work to do in the years ahead to further refine the educational experiences for our students (see below), and we are committed to doing that.

Changing Expectations for Medical School Students

Changes in medical school education – and in the educational experiences students had prior to coming to medical school – do change over time, but in a more evolutionary than revolutionary manner. As previously discussed, most medical schools still follow the preclinical and clinical division of the four year curriculum that came into being following the Flexner Report of 1910 (see: http://www.carnegiefoundation.org/sites/default/files/elibrary/Carnegie_Flexner_Report.pdf) and the review by Molly Cooke et al entitled “American Medical Education 100 Years after the Flexner Report” that was published in the New England Journal of Medicine (see: <http://www.nejm.org/doi/full/10.1056/NEJMra055445>). It is true that medical schools, including

Stanford, have sought ways of better integrating clinical and preclinical education and training – but, for the most part, these remain discrete and even separate experiences.

In a similar vein, the “premedical education requirements” have also changed relatively little – even from the time when I applied to medical school some decades ago. It is important to note that a baccalaureate degree is not required for entry to medical school in many other parts of the world (where medical school follows high school) but that this has been a tradition in the US (with the exception of several schools that have tried to shorten the college-medical school curriculum to six years by consolidating various courses and requirements). While the major reason that US schools continue with a bachelor’s degree prior to medical school is to foster a “broad educational experience,” the reality is that most students wind up concentrating in variations on human biology rather than pursuing studies in the humanities or the social sciences. And the required courses, even though relatively few in number, do take up precious time, although some have questionable relevance for modern medical education.

Some schools, the University of Pennsylvania being an excellent example, offer suggested areas for undergraduate study as an alternative to “requirements” (see: <http://www.med.upenn.edu/>). I believe this is an area needing further discussion and we will be examining whether we should move to a similar “recommendation” model at Stanford. As someone who concentrated in philosophy as an undergraduate (like a number of my colleagues who have spent their subsequent careers steeped in science) I do believe that students should have an opportunity to explore broadly and deeply in many different disciplines before entering medical school. But this will require some further discussion – since many students are still concerned about deviating from the tried and true path to medical school, which remains traditional and somewhat limiting if not inflexible.

This dialogue will be further catalyzed by the recently approved changes to the Medical College Admission Test (MCAT), which will become operative in 2015. I have forecast some of the planned changes in prior Newsletters (see: http://deansnewsletter.stanford.edu/archive/03_07_11.html#3), and they are now being communicated more broadly through the Association of American Medical Colleges (see: <https://www.aamc.org/newsroom/reporter/march2012/276772/word.html> and <https://www.aamc.org/initiatives/mr5/>). A recent Perspective article in the April 5, 2012 issue of the New England Journal of Medicine by R Kaplan et al entitled “*Building a Better Physician – The Case for the New MCAT*” (see: <http://www.nejm.org/doi/full/10.1056/NEJMp1113274>) highlights the changes and some of the factors that guided them.

For perspective, the MCATs have been administered for 80 years, and the last major change in their format was in 1991. The new MCAT exam that will go into effect in 2015 will be the fifth version of this exam; this new version represents the work of dozens of academic leaders and educators over the past several years. As the headliner, the 2015 MCAT will have four components and will include a new section on behavioral and social sciences. This addition signals an expectation that the social sciences are an important part of the practice and science of medicine – but also that there is a strong movement to make future physicians more enlightened and engaged in the social determinants of disease in addition to their biological and physical science underpinnings. There is also a goal of selecting and educating future doctors who will espouse humanistic knowledge and professionalism and that these may be enhanced by more exposure to behavioral and social science education.

More specifically, here is the outline of the proposed MCAT5 as reported from the Committee (see: <https://www.aamc.org/download/273766/data/finalmr5recommendations.pdf>)

1. **The MCAT5 committee's recommendations describe four test sections:**
 - a. Biological and Biochemical Foundations of Living Systems
 - b. Chemical and Physical Foundations of Biological Systems
 - c. Psychological, Social, and Biological Foundations of Behavior
 - d. Critical Analysis and Reasoning Skills
2. **For the natural sciences sections, the proposed exam will:**
 - a. Test introductory biology, organic and inorganic chemistry, and physics concepts,
 - b. Test highly-rated biochemistry concepts at the level taught in most first-semester biochemistry courses,
 - c. Test cellular/molecular biology topics at the level taught in most introductory biology sequences,
 - d. Target basic research methods and statistics concepts described by many baccalaureate faculty as important to success in introductory science courses, and
 - e. Ask examinees to use their knowledge of natural sciences concepts to demonstrate skill in scientific inquiry and reasoning, research methods, and statistics.
3. **For the social and behavioral sciences, the proposed exam will:**
 - a. Test examinees' knowledge and use of concepts in psychology, sociology, and biology that provide a solid foundation for learning in medical school about the behavioral and socio-cultural determinants of health,
 - b. Target concepts taught at most colleges and universities in one-semester introductory psychology and one-semester introductory sociology courses, and
 - c. Require examinees to use knowledge of social and behavioral sciences concepts to demonstrate skill in scientific inquiry and reasoning, research methods, and statistics.
4. **The proposed exam eliminates the Writing Sample section and replaces it with a Critical Analysis and Reasoning Skills** section will test examinees' reasoning by asking them to critically analyze information provided by passages from a wide range of social and behavioral sciences and humanities disciplines. This section will not require specific knowledge in these disciplines but, by calling them out, may prompt students to read broadly as they prepare for medical school. Along with many others, passages about ethics and philosophy, cross-cultural studies and population health will be included.

It is likely that over the next several years a number of changes in undergraduate education and medical school requirements will take place. This is an opportunity for Stanford to assume a leadership role and to seek ways to create better links between college and medical school education and, equally importantly, to better prepare future physicians, scientists, scholars and leaders for the career opportunities that will unfold in the future. These and the related changes underway could further evolve to become more revolutionary – which would be good.

More Thoughts About Our Learning Environment

Since I commented on a “Respectful Learning Environment for our Students” in the February 20, 2012 issue of the Dean’s Newsletter (see: http://deansnewsletter.stanford.edu/archive/02_20_12.html#3), I have had numerous further discussions with leaders in medical education, faculty, students and staff. From the numerous discussions and forums I have participated in, it seems clear that student mistreatment that is based on sex harassment or gender or racial bias is exceedingly rare at Stanford. But then again, this should **never** take place in any education setting or in any part of our workplace. Behavior represented as sexual or gender harassment is unacceptable and intolerable. Any evidence of this kind of behavior impacting students and trainees should be brought to the attention of our Ombudsperson, the Associate Dean for Student Life or my office directly. Such complaints would be carefully investigated in a confidential manner that is designed to protect against any form of retaliation. There is zero tolerance for such behavior.

I have also learned that concerns about the learning environment in medical education are being expressed at medical schools across the nation and they focus on experiences of public humiliation, concerns about physical harm and requests for personal services. Clearly these are different experiences and require different assessments and outcomes. From what I have learned since my February communication, experiences of public humiliation are not infrequent. At a minimum they represent a clash between, on one hand, previously accepted approaches to pedagogy or perspectives on medical education and the training of doctors, and, on the other, what any of us should consider acceptable methods of teaching in the 21st century. While some of these approaches may be well intentioned and often are referred to as the “Socratic Method” of education, it is also clear that this style of education, especially in clinical settings, is too frequently associated with feelings of “humiliation” – both perceived and real. Encounters experienced as humiliation occur almost exclusively in clinical settings and result from student interactions with faculty, residents, nurses, fellow students – and even patients.

I recognize that we all experience human interactions differently and with different feelings and perceptions. I also recognize that some encounters experienced as “humiliation” were not intended to be such – but that in other situations the humiliation was intended and purposeful, regardless of the motivation. While it is not unlikely that the more serious incidences of “humiliation” are experienced by a subset of our community – the reality is that many students have had an encounter that has raised concern. While we certainly need to better prepare students for some of the events and challenges they will encounter in clinical settings, we also need to raise the awareness of our broader community – faculty, residents, nurses, students, staff – that some intended teaching and educational encounters are being experienced negatively.

My intention in this communication is not to assign blame or to overstate or understate the issue of student mistreatment. It is to convey that the problems and perceptions about mistreatment experienced as public humiliation are real and that we need to address them as a community. Over the next months we will be gathering additional data and engaging in various discussions and dialogues with students, trainees, faculty and staff. I am certainly cognizant that some members of our community have expressed a concern that too much public discourse might inadvertently increase reporting of perceived or real mistreatment. It is true that when issues once repressed become more public, there can be an increase in reportable events. But it seems far better for our community to be forthright and transparent – and to be willing to learn and help each other better understand the scope and nature of factors or interactions that are negatively

impacting our learning environment. Then we will be able to deal with them responsibly and honestly. This will require engagement by all of us.

Medicine and the Muse 2012

The symposium on Medicine and the Muse has become a deeply valued experience and tradition at Stanford. I have had the opportunity to attend virtually every one of these events over the last decade – but unfortunately I was away when the 11th Annual Medicine and the Muse Symposium was held this April. I heard from many members of our community that it was an outstanding event. Since I couldn't share an update with you based on my own experiences, I asked Dr. Audrey Shafer, Professor of Anesthesia and Co-Director, Biomedical Ethics and Humanities Scholarly Concentration, to prepare a summary of the symposium. I am pleased to share it with you here.

The 11th annual *Medicine and the Muse Symposium*, hosted by the Arts, Humanities and Medicine Program, Stanford Center for Biomedical Ethics, and the Center for Innovation in Global Health, welcomed an audience of 200 to LKSC on April 11, 2012 to celebrate the artistic creativity of our students and to focus on the role of journalism in global health.

Organized by first year medical student Meghan Galligan, who directed an enthusiastic team (Anna Do, MSI; Prajakta Jaju, MSI; Rachel Lee, MSI; Gloria Yiu, MSIV and Bonnie Chien, MSI) under the theme of "Transcendence," the event featured an original composition for violin by Ben Robison, MSI, inspired by the deep relationship of health and culture as expressed in the music of the Sicangu Lakota tribe and Brazilian avant-garde; belly dancing by Patricia Ortiz-Tello, MSTP IV; a group poem on the body by the Creative Writing class; an original composition for voice and guitar written for the Family Medicine Clerkship module on end-of-life issues -- entitled Ode to Advance Directives by Nicole D'Arcy, MSIV and Anna Krawitz, MSIV; and a reading by Shervin Wang, MSI, on the importance of respecting the fears of a pediatric patient and what can be learned from an equine class on communication and teamwork. Senior Associate Dean Prober opened with remarks on the remarkable dedication to the arts and humanities by members of the medical school, and Senior Associate Dean Michele Barry emphasized the importance of communication literacy in global health and the launch of the fellowship on global health and the media. Audrey Shafer, MD, awarded prizes to the winners of the first Medicine and the Muse Global Health student writing contest to runners up Amrapali Maitra, MSII and Pria Anand, MSII and to the first place recipient, Laura Saucier, MSI, who read her essay on the value of putting a face on the otherwise benumbing statistics of global AIDS deaths.

Another first for Medicine and the Muse was the delivery of the keynote speech by an alum of the medical school: Sheri Fink, MD, PhD, a Pulitzer prize winning journalist for her article on Memorial Hospital in the aftermath of Katrina and the author of a book on the desperate work by physicians and health care workers during the Bosnian War. Fink spoke on the power of the word, the ethical obligations to be cognizant of that power, the separate roles of reporter and aid worker (she has also done humanitarian work), and the importance of exhaustive fact checking and obtaining as complete a story as possible even in the current age of sound bite journalism. The symposium closed with an exhibit displaying the amazing array of visual arts talent at the medical school and center.

The National Advisory Council Visits the School of Medicine

Today, April 23rd, is the annual visit of the School of Medicine's National Advisory Council (NAC). The NAC is comprised of outstanding national leaders in medicine and science who review high-level strategic initiatives taking place at Stanford and report their observations and recommendations to the President and Provost. NAC members include:

- **Dr. Ed Benz**, President, Dana Farber Cancer Institute, Harvard University. Dr. Benz serves as chair of the NAC.
- **Dr. Huda Akil**, Co-Director and Research Professor, Molecular and Behavioral Neuroscience Institute, University of Michigan
- **Dr. Tom Boat**, Vice President for Health Affairs and Dean, University of Cincinnati College of Medicine
- **Dr. Jennifer Rubin Grandis**, Vice Chair of Research and Professor, Department of Otolaryngology, University of Pittsburgh School of Medicine
- **Dr. Helen Hobbs**, Director, McDermott Center for Human Growth and Development and Professor of Medicine and Molecular Genetics, UT-Southwestern Medical Center
- **Dr. Larry Kaiser**, Senior Executive Vice President for Health Sciences and Dean, School of Medicine, Temple University School of Medicine
- **Dr. Dan Lowenstein**, Professor of Neurology and Director of Physician Scientist and Education Programs, UCSF School of Medicine
- **Dr. Trudy Mackay**, Professor of Genetics, North Carolina State University
- **Dr. Elizabeth Nabel**, President, Brigham & Women's Hospital, Harvard Medical School
- **Dr. Arthur Rubenstein**, Past Dean and Professor of Medicine, University of Pennsylvania
- **Dr. Bill Stead**, Director of the Informatics Center and Associate Vice Chancellor for Health Affairs, Vanderbilt University Medical Center

This year's meeting has a different perspective, given the leadership transitions that will take place in the School over the next couple of years (obviously including my own). With that in mind, this year's NAC is focused on some of the major ongoing challenges we face in the immediate future. The NAC meeting begins with my "State of the School Update", some of which is gleaned from the issues I summarized in my January 9, 2012 DNL entitled "What Comes Next" (see: http://deansnewsletter.stanford.edu/archive/01_09_12.html#1). The internal and external forces impacting medical schools, including Stanford, are notable and include the challenges of funding for research, especially from the NIH, the continuing impact of economic decline, the uncertain changes that will emerge from healthcare reform – or at a minimum, the reductions in healthcare payments overall as well as how payments are formulated.

This is a time that requires institutions to be clear minded about their missions and goals and focused on how to assure their integrity during challenging times. Given this reality, we will be sharing a review of the integrated clinical planning underway with SHC and LPCH and how we are preparing for the future in this domain. We will review the major capital projects underway in the Medical Center and how they will be supported and coordinated. This is a time of major and remarkable facilities growth and transformation. We will also discuss how new technologies are transforming education and how we will prepare medical students and graduate students for successful futures. Enriching the diversity of our faculty has been a major initiative and an update on this work in progress will be shared with the NAC. Finally, the evolving initiative in precision medicine and population health sciences will be a topic for review and discussion.

Needless to say, there are major other initiatives underway that we will be discussing with the NAC – all of course aimed at making Stanford an ever better school of medicine.

Stanford Medicine Features the Future of Psychiatry

Once again *Stanford Medicine*, the award-winning publication of our Office of Communication and Public Affairs, has succeed in addressing an important issue with thoughtful exposition. The spring issue addresses the Future of Psychiatry and offers a number of important and provocative stories and reports. *Stanford Medicine* is available on line at <http://med.stanford.edu/ism/2012/april/magazine.html>. Once again I want to thank Rosanne Spector, Paul Costello and the team in the Office of Communications and Public Affairs for another compelling report.

Upcoming Event: 29th Annual Medical Student Research Symposium, May 3rd

On Thursday, May 3rd, the **29th Annual Medical Student Research Symposium** will be held in the LKSC Ballroom from 3:00-6:00 pm. Close to 50 MD and MD/PhD students will present their original research ranging from: *Maternal glucose response to betamethasone administration to Nanomedicine at the forefront of medical diagnostics*.

Students will be available at their posters for informal discussion from 3:00-5:30 pm. Following closing remarks the event will culminate at 5:45 pm with the announcement of student awards by the Stanford Medical Center Alumni Association. This promises to be a terrific event and I hope you will join our students for this year's Student Research Symposium.

Awards and Honors

- **Dr. Garry Nolan**, Rachford and Carlota Harris Professor, Baxter Laboratory, Department of Microbiology and Immunology, is the winner of the highly competitive Teal Innovation Award from the Department of Defense. The funds will be used to apply single cell technology developed by the Nolan Lab to ovarian cancer.
- **Dr. Gabriel Garcia**, Professor of Medicine and co-founder of a program that trains Stanford undergraduates to serve as volunteers in local health clinics, will receive the 2012 Miriam Aaron Roland Volunteer Service Prize at an awards luncheon this week.
- **Dr. Oxana Palesh**, Assistant Professor of Psychiatry & Behavioral Sciences, has been selected by the American Psychological Association's Socioeconomic Status Related Cancer Disparities Program (SESRCDD) to serve as a Behavioral Social Science Volunteer (BSSV) Awardee to assist regional cancer serving organizations to address health disparities in cancer.
- Of the 220 individuals elected to the *American Academy of Arts and Sciences*, nine are members of the Stanford faculty, including three in the School of Medicine. They are:
 - **Ann Margaret Arvin**, Vice Provost and Dean of Research, Lucile Salter Packard Professor of Pediatrics and Professor of Microbiology and Immunology
 - **Ben A. Barres**, Professor of Neurobiology, Developmental Biology, and Neurology and Neurological Sciences
 - **Stuart K. Kim**, Professor of Developmental Biology and of Genetics

Congratulations to Drs. Arvin, Barres and Kim.

Dean's Newsletter

May 8, 2012

Launch of the Campaign for Stanford Medicine

Last evening, at a reception held on the Alumni Lawn in front of the Li Ka Shing Center for Learning and Knowledge, President John Hennessy announced the launch of the Campaign for Stanford Medicine (<http://med.stanford.edu/ism/2012/may/campaign.html>). This new campaign follows the highly successful Stanford Challenge, which was completed at the end of December 2011 (<http://thestanfordchallenge.stanford.edu/highlights-by-school/school-of-medicine/>). It will focus on the Stanford University Medical Center (SUMC) and specifically on the Stanford Hospital & Clinics (SHC) and the School of Medicine (SoM). The Campaign for Stanford Medicine has a fundraising target of \$1 billion over the next 2-3 years. The major emphasis of the Campaign will be to seek gifts to help support the new Stanford Hospital, a nearly \$2 billion construction project that began at the end of 2011.

The Lucile Packard Children's Hospital, also an integral member of the SUMC, is currently completing its \$500 million campaign, "*Breaking New Ground*," which will permit the expansion of LPPH by adding approximately 150 additional private patient rooms, along with surgical, diagnostic and treatment areas and wonderful new gardens for children and families. The *Breaking New Ground* Campaign has also raised financial support for School of Medicine academic programs and has been a collaborative effort between the leadership of the Lucile Packard Children's Hospital and the Stanford School of Medicine.

The Campaign for Stanford Medicine marks the initiation of an integrated and coordinated effort among the leadership and Offices of Medical Development of SHC, SoM and Stanford University. As noted by President Hennessy, the Campaign will seek \$700 million for new hospital construction and \$300 million for the education and research missions of the School of Medicine.

While an immediate fundraising target of \$1 billion over the next 2-3 years is obviously quite ambitious, the wonderful news that President Hennessy announced is that the medical center is already halfway to achieving this goal, with \$500 million recorded in pledges and expectancies. This includes \$50 million gifts each from Anne and Robert Bass, John and Tashia Morgridge, and the Redlich family that will name three of the four pavilions. Needless to say, each of these is an extraordinary gift and is evidence of the deep respect and commitment to Stanford Medicine and Stanford Hospital & Clinics of highly respected leaders in our local and global community. In addition to these incredible individual gifts, President Hennessy announced that seven companies have committed \$175 million for the new hospital project through the Stanford Hospital Corporate Partners Program. Included among these corporate partners are Apple, eBay, Hewlett-Packard, NVIDIA, Intel, Intuit and Oracle. This generosity exemplifies the community support for the new Stanford Hospital, which will be completed in 2017.

Academic Medical Centers across the nation have played a critical role in transforming medicine through their missions in education, research, patient care and service to the community. Stanford University Medical Center is one of the nation's premier centers of excellence but, like its peers across the nation, faces major challenges as funding for research declines and the cost for healthcare delivery continues to rise to levels that are not sustainable without major changes and transformations. These challenges make the role of Stanford Medicine even more vital as we seek new solutions and serve as a model of excellence committed to improving the health of our communities. We envision four interconnecting pillars that will support and transform Stanford Medicine in a continuous cycle of discovery and innovation. These are:

1. ***Fostering Innovation and Discovery to Create New Knowledge and Shape the Future of Health and Healthcare.*** This will include fundamental research to create the building blocks for new insights into human biology along with innovations that will be coupled with novel ways of accelerating discoveries from the laboratory to the patient.
2. ***Promoting Health by Defining and Determining the Risks to Health on a Personal Level and Using Precision Medicine Along with Population Health Sciences to Transform the Health of Our Community.*** This will utilize the rapidly evolving technologies that reveal our fundamental biologic make-up and the ways in which it interacts with environmental forces to shape health and the risks for disease. The ability to utilize and analyze large databases along with novel and rapidly evolving information technologies will shape how, when and where healthcare is delivered with the highest quality and value to individuals and communities.
3. ***Translating Discoveries to Address Major Health Challenges through the Stanford Institutes of Medicine*** and through the efforts of Interdisciplinary Centers, Departments and faculty working through novel and integrated collaborations between the School of Medicine and Stanford Hospital & Clinics.
4. ***Educating and Training the Future Leaders of Science and Medicine to Transform the Future and Create a Continuous Cycle of Renewal, Innovation and Discovery.***

These integrated goals build on the advances that have been achieved over the past decade (see "What Comes Next" in http://deansnewsletter.stanford.edu/archive/01_09_12.html). Importantly, these and related efforts will be further refined, defined and expanded over the next couple of years when a new Dean for the School of Medicine is appointed and creates new visions for a future of excellence. While campaigns often have defining starts and completion dates along with targets and accomplishments, the future of institutions like Stanford is not marked by boundaries but by an exponential march toward continued excellence. This is a journey that builds on our past but that aims to create a new future.

You will shortly be receiving via email the current issue of "Inside Stanford Medicine," which includes additional coverage of the Campaign.

Alumni Reunion 2012: Looking Backward Helps Define Looking Forward

A high point of each year is the opportunity to welcome alumni from the Stanford University Medical Center back to The Farm. We are, in so many ways, the beneficiaries of their work – whether it was done in San Francisco or Palo Alto, in the classroom, research laboratory or

clinical setting. While one of the most important purposes of an alumni reunion is the opportunity to reconnect with colleagues, teachers and friends, it is also a time to relive memories of time spent together at Stanford.

A University and medical school are certainly defined physically by their buildings and facilities – many of which evoke memories and emotions that run wide and deep and that harken back to the formative stages of one's life and career. Of course, most buildings are transient and, except for a few iconic ones, go through renewal and sometimes obsolescence and rebuilding. This is true for education and research buildings – as well as for clinical facilities. We are living through this every day as Project Renewal moves forward for the building of a new Stanford Hospital and a major addition to the Lucile Packard Children's Hospital. Of course, some give special significance to the buildings being replaced (e.g., the original 1959 ED Stone Buildings) based on personal memories and experiences that recall different times, needs and expectations. Today, most of those working in clinical settings at Stanford recognize that these buildings, now more than 50 years old, are seismically challenged and no longer matched to the purposes they were designed for in education, research and patient care.

For example, the new Li Ka Shing Center for Learning and Knowledge replaces the Alway education facilities and makes the latter seem quite obsolete. That said, there are many in our community – including a number of our alumni who visited Stanford this past weekend – who have wonderful memories of these facilities and feel some sadness that they no longer feature prominently in the minds of current students and trainees. This is part of our cycle – like the memories evoked by family pictures in albums that sit on shelves gathering the dust of time or the photos that come and go from our screen savers or that are snapped and put into cyberspace from our cellphones. Different times and different memories.

It is easy for those with no personal memories or recollections of a facility to misunderstand or even to be unaware of memories associated with it that are cherished by prior generations. This can have consequences, as was recently exemplified by the demolition of the Anatomy Building, which was used for medical student education from 1910 through the Loma Prieta earthquake in 1989. This building had been vacated and mothballed for more than two decades - long before I arrived at Stanford. But even though it was empty and all of its vital components had been collected more than a decade ago, when it was taken down by the University to make way for a new Art Building, a "home" for many of our alumni was lost. That this loss was not acknowledged and addressed is unfortunate. Similar feelings were evoked when the Fairchild Auditorium, on which the current LKSC now sits, was demolished several years ago to make way for the future.

Without question, this cycle of demolition and renewal will occur many times in the future – and will be both mourned and celebrated, depending on which side of the memory divide one sits. That said, activities allowing us to sustain memories need to be more hardwired into our future. This can come in different ways – pictures, stories or memorabilia. Thanks to the foresight of Dr. Don Prolo, MD'61, and the concern and dedication of Dr. Linda Hawes Clever, MD'65, Associate Dean for Alumni Affairs, a number of "bricks" from the Anatomy Building have been retrieved, gathered and stored. The Alumni Office will develop ways of "sharing" some of these memorabilia over the next months.

Honoring the past of Stanford Medicine was also celebrated at Alumni Day by the dedication of the Discovery Walk project, which I commissioned when the planning began for the Li Ka Shing Center for Learning and Knowledge (see <http://med.stanford.edu/ism/2012/april/artwalk-0423.html>). I have long observed that Stanford is unique in its emphasis on looking forward rather than paying homage to the past – which almost certainly contributes to its spirit of discovery and innovation. Missing are the all too officious portraits of institutional leaders, often monotonously featured in hallways, lecture rooms and conference centers at more traditional east coast institutions. That style seemed inappropriate for Stanford. The “history project” that can be found in the Discovery Walk consists of narratives that have been laser etched into black granite quarried in Mongolia and that adorn the planters along Discovery Walk, telling the history of Stanford Medicine in a unique way.

The Discovery Walk is the work of Susan Schwartzberg, a photographer and visual artist who conceptualized and then developed the project with a team that included Leah Elamin, Gayle Laird, Gabe Meil and Akiko Ono. The project was coordinated at Stanford by Maggie Saunders and presently includes 347 granite panels. The narratives etched onto their surfaces are based on conversations with over 200 Stanford scientists, alumni, faculty, students and staff. Special thanks also go to Dr. Ross Bright, former Associate Dean for Alumni Affairs. I hope that this visual journey, which captures the transition of Cooper Medical College to the Stanford University School of Medicine and its Medical Center, is meaningful to alumni past and present. I also hope that current members of our Stanford community will take time now and then to stop along the way and learn more about Stanford history and how it has shaped who we are today.

It is often said that history is a prologue to the future. But that simple truth may be about to be turned on its head – or “flipped,” as the current phrase goes. This too has relevance to our alumni as well as our current and future students. To be more specific – when the Li Ka Shing Center for Learning and Knowledge (LKSC) opened in 2010 it represented one of the most advanced centers for medical education in the world. I am happy to say it still does - but it seems likely that it will be used in ways that were only barely foreseen when it was being conceptualized and developed. Certainly a cornerstone of the LKSC is its flexibility and advanced technologies. But we recognized even as we moved into the new facility that these state of the art technologies were rapidly changing. The number of wireless devices far exceeded expectations, and the early planning of the LKSC didn’t foresee that iPads, laptops and other mobile devices would be used in very novel ways – with increased need for broadband and flexible change. So even though we did our best to make the LKSC the educational facility of the future, even the most advanced technologies become dated with remarkable speed – the future of technology all too rapidly becomes a prologue to the past.

And while Stanford has had streaming videos of medical school lectures available to students for decades, the world of education and learning technologies is at the cusp of change that will be transformative and likely disruptive. Change is happening at Stanford and throughout the US. Recently, two new companies have emerged from Stanford’s School of Engineering that are changing the face of on-line education. One of these is Coursera, founded by Computer Science professors Andrew Ng and Daphne Koller (see <http://www.nytimes.com/2012/04/18/technology/coursera-plans-to-announce-university-partners-for-online-classes.html>). In a similar vein, for over a year, Dr. Charles Prober, Senior Associate Dean for Medical Education and Professor of Pediatrics, has been developing a collaboration with Sal Khan, founder of the Khan Academy (see:

<http://www.khanacademy.org/>), that has the prospect of transforming medical education using the same remarkable tools that the Khan Academy is providing to primary and secondary education (and beyond) – for free and on a global basis. Indeed, the goal of the Khan Academy is to change education for the better by providing a free world-class education to anyone anywhere.

The ways that new learning technologies will change education has been likened to “*The Campus Tsunami*” by David Brooks in his May 4th opinion piece in the *New York Times* (<http://www.nytimes.com/2012/05/04/opinion/brooks-the-campus-tsunami.html?ref=opinion>) – referring to a quote by President John Hennessy in a April 30th article by Ken Auletta in the *New Yorker Magazine* (see: http://www.newyorker.com/reporting/2012/04/30/120430fa_fact_auletta). The title of that article, “Get Rich U,” is somewhat misleading since the article is otherwise interesting and even thoughtfully provocative. While these reports focus on undergraduate college and university education, the concepts are highly relevant to medical education and learning as was thoughtfully reviewed by Charles Prober and Chip Heath, in a Perspective article entitled “*Lecture Halls without Lectures – A Proposal for Medical Education*” in the May 3rd issue of the *New England Journal of Medicine* (see: <http://www.nejm.org/doi/full/10.1056/NEJMp1202451>). For additional details you can listen to his recent interview with Paul Costello, Chief Communications Officer for the School, on the award-winning 1:2:1 podcast series (see: <http://med.stanford.edu/121/2012/prober.html>).

I shared some of these coming changes with our alumni during my address to them during Alumni Weekend. The world around us is changing rapidly and it is good to know that Stanford Medicine is helping to lead these changes – which will affect all of our learning environments in the future.

So while alumni return today to a visible spot – with its history and memories – it is plausible that alumni of the future will never leave Stanford, since Stanford will instead accompany them to their homes in cities and nations globally. This digital transformation is occurring not just in education, but also in research, where ever-larger databases require new computation modalities and algorithms to organize and make sense of a rapidly digitizing world. This digitation is also rapidly evolving in clinical medicine and will almost certainly change the interactions among doctors and patients, institutions and communities. A forecast of some of these changes is described in Eric Topel’s recent book entitled “*The Creative Destruction of Medicine: How the Digital Revolution Will Create Better Healthcare*” (Basic Books: New York, 2012). But even this provocative look at the future will likely miss the dramatic changes that will unfold in the years and decades ahead – almost certainly in ways that we don’t even know about today. And while these changes unfold, it will be essential that we not lose the human connections that define and connect us – as alumni, as colleagues, as doctors, patients, friends and communities.

Medical Student Research Day 2012: A Tradition Continues

On May 3, 2012 the 29th Annual Medical Student Research Symposium was held in the Paul and Mildred Berg Hall in the Li Ka Shing Center for Learning and Knowledge. This highly anticipated annual event was hosted by the Stanford University Medical Center Alumni Association (<http://med.stanford.edu/alumni/>) and Drs. Joan Lombardi, MD’83, President, and Linda Hawes Clever, MD’65, Associate Dean for Alumni Affairs. I also want to thank this year’s Planning Committee, which included Dr. Loren Baker, Director of Medical Student Research &

Scholarship and Professor of Health Research and Policy, along with Mara Violanti, Assistant Director of Medical Student Research & Scholarship, and Joan Menees, Medical Scholars Program Coordinator. I also want to thank the 2012 Student Committee comprised of Joel Bronstein, James Chen, Tyler Hillman, Kim Kukurba, Joshua Lee, Rachel Lee, Desiree Li, Nayna Lodhia, David Nguyen, and Edward Pham. Their collective efforts made this year's research day incredibly successful.

This year's Research Symposium featured nearly 50 poster presentations, representing 12 Scholarly Concentrations as well as the MSTP (Medical Science Training Program). Projects included everything from Biomedical Ethics and Humanities to Molecular Basis of Medicine, from Health Services and Policy Research to Clinical Research, and Cancer Biology to Global Health.

Research is an integral component of the education and curriculum of Stanford Medical Students and plays a key role in shaping each individual's career development – whether that eventually will be in clinical or in academic medicine. The skills acquired through a research experience shape critical and analytic thinking and provide the opportunity for future physicians to learn to “think like a scientist” – an incredibly important asset for a life journey in medicine and science.

It has also become a tradition for a portion of the presentations to be selected as award winners by a panel of judges. It is important to underscore that simply conducting research and presenting one's work at the Symposium is grounds for an award. But I do want to acknowledge the students whose work was selected as particularly meritorious. I want to thank all of the judges who carefully evaluated the posters and presentations. This year's winners are:

Student	Mentor	Project Title
<i>Shah Ali</i>	Irving Weissman	<i>Cardiomyocytes undergo division postnatally to generate new cardiomyocytes in mouse models of aging and cardiac injury</i>
<i>Adriana Anavitarte</i>	Alan Cheng	<i>The effect of unilateral hearing loss on speech and language development</i>
<i>Ehte Bahiru</i>	Corinna Haberland	<i>Analysis of the most prevalent opportunistic infections, causes of mortality and characteristics of the inpatient HIV/AIDS patient population admitted in 2008</i>
<i>Jocelyn Chin</i>	Michael Fischbein	<i>Effects of TGF-β1 on Marfan vascular smooth muscle cells reflect pathophysiology of early aortic root aneurysm</i>
<i>Richard Gaster</i>	Shan Wang	<i>Nanomedicine at the forefront of medical diagnostics</i>
<i>Jia Luo</i>	Matthew Scott	<i>Regulation of development and tumorigenesis by the NFI family of transcription factors: convergence with hedgehog signaling</i>

Aaron Ring	K. Christopher Garcia	<i>Molecular engineering of SIRPα: A new strategy in cancer immunotherapy</i>
Mark Sellmyer	Tom Wandless	<i>Visualizing cellular interactions with a generalized proximity repoter</i>
Luz Silverio	Emilie Cheung	<i>Patient adherence with post-operative restrictions after rotator cuff repair</i>
Kipp Weiskopf	Irving Weissman	<i>Evolving high affinity SIRPα variants as immune-based therapies for cancer</i>

Please join me in congratulating all the students who presented their research findings at the 29th Annual Medical Student Research Symposium and to the ten students whose work was designated as highly meritorious. I want to also thank their mentors and all who made their research experience so meaningful and important.

Annual Department of Pediatrics Research Retreat

Dr. Hugh O'Brodovich, the Arline and Peter Harman Professor and Chair of the Department of Pediatrics, shared an update on the recent departmental research retreat that I am pleased to share with you. Here is his summary:

The Department of Pediatrics held the Third Annual Pediatric Research Retreat on Friday, April 20th at the Li Ka Shing Center for Learning & Knowledge. The Retreat was preceded by the Pediatric Grand Rounds speaker Dr. Gabriel Haddad, Chair of Pediatrics at UCSD whose lecture was entitled "*Can human tissues tolerate hypoxia: new insights from flies and people.*" Dr. O'Brodovich then welcomed the Research participants and Chris Dawes, CEO of LPCH, outlined his support for the academic mission of the Department. Two hundred attendees, including faculty, fellows, postdoctoral scholars, residents, research staff and guests, gathered to listen to 12 faculty talks and 4 trainee and Instructor talks, selected by the Retreat Committee. Nearly 80 abstract posters illustrated some of the basic, translational, clinical and educational research ongoing throughout the Department. Prizes were awarded for outstanding abstract, poster, and mug design, which were featured on the souvenir coffee mugs given to attendees. The winners selected to give talks based on their abstracts were Aimee Grace, MD (Resident), Charles Gawad, MD, (Fellow), Bethsaida Nieves, PhD (Postdoctoral Scholar), Valerie Chock, MD (Instructor). Winners for the best posters were Paul Valdmanis, PhD, (Postdoctoral Scholar), Shayna Gaman-Bean, MD (Fellow), Chirag Patel (Postdoctoral Scholar), Narendiran Rajasekaren, PhD (Postdoctoral Scholar) and Anne Hsii, MD, Fellow. The winning mug designs were submitted by Gia Oh, MD, and Manish Butte, MD, PhD.

In addition to the research presentations and posters, Resource Tables during the lunch and poster session provided attendees an opportunity to learn more about the available resources to researchers in the Department, with representatives from Spectrum Child Health Services, CHRI Trainee Grant Support Programs, RMG, LPFCH, the Thrasher Foundation, Stanford Center for Clinical Informatics, the Human Immune Monitoring core, the Research Management Group and Study Facilitator Services.

Awards and Honors

- The past several months have witnessed a number of important awards and recognitions for **Dr. Karl Deisseroth**, Associate Professor of Bioengineering and of Psychiatry and Behavioral Medicine, for his seminal discoveries in the new field of optogenetics. Included in them is the Record Neuroscience Award that he received in February, the Perl/UNC Award that he will receive in May (along with two of his former students, Feng Zhang and Ed Boyden, (both now at MIT) and the Zuelch Prize from the Max Planck Society, that will be shared with algal biologists Peter Hegemann, Georg Nagel, and Ernst Bamberg. And to top it all off, on Tuesday, May 1st, Dr. Deisseroth was elected to the National Academy of Sciences – an incredible accomplishment at this stage of his career!
- **The National Academy of Sciences** announced the election of two other Stanford School of Medicine faculty members in addition to **Dr. Karl Deisseroth** (see above). Also receiving this exceptional honor and recognition by election to the NAS are:
 - **Dr. K. Chris Garcia**, Professor of Molecular and Cellular Physiology and of Structural Biology
 - **Dr. Rob Tibirishiani**, Professor of Health Research and Policy (Biostatistics) and of Statistics
- **Dr. Jeff Norton**, The Robert L. and Mary Ellenburg Professor, received the Flance-Karl Award, the highest recognition of a sustained scientific and clinical contributions. The Awards Committee commented “Dr Norton has made a lifetime of seminal contributions in our understanding of tumor and cytokine interactions and in the immunotherapy of cancer. His translational studies have fundamentally altered the surgical therapy of a number of malignancies”
- **Dr. Sharon Hunt**, Professor of Medicine, is the recipient of the 2012 Lifetime Achievement Award from the International Society for Heart and Lung Transplantation (ISHLT). This is only the fourth time that the ISHLT has conveyed its Lifetime Achievement Award during the Society’s 31-year history.
- An Investiture Ceremony celebrating **Dr. Brian Kobilka’s** appointment as the first incumbent of the Helene Irwin Fagan Professorship was held on Tuesday May 1st. Dr. Kobilka is professor and chair of the Department of Molecular and Cellular Physiology.
- **Dr. H. Peter Lorenz**, Professor of Plastic & Reconstructive Surgery, has been elected as a member into the American Surgical Association – a most prestigious society with only a total of 360 members.
- **Scope Medical Blog** has received the GIA Award for Excellence, the highest honor in its category, from the AAMC Group for Institutional Advancement (GIA). Scope is a group-authored medical blog staffed by our communications and public affairs office offering external audiences a curated source of biomedical news and conversation.

Congratulations to all!

Appointments and Promotions

Caroline Buckway has been reappointed to Clinical Associate Professor of Pediatrics, effective 1/1/2012.

Cynthia J. Campen has been appointed to Clinical Assistant Professor of Neurology and Neurological Sciences, effective 7/1/2012.

Abanti Chaudhuri has been promoted to Clinical Assistant Professor of Pediatrics, effective 5/1/2012.

Katrin Chua has been promoted to Associate Professor of Medicine, effective 5/01/2012.

Shelley Day has been appointed to Clinical Assistant Professor (Affiliated) of Ophthalmology, effective 9/1/2011.

Tri Do has been reappointed to Clinical Assistant Professor (Affiliated) of Radiation Oncology, effective 2/1/2012.

Ann Caroline Fisher promoted to Clinical Assistant Professor of Ophthalmology, effective 4/16/2012.

Linda Foppiano has been reappointed to Clinical Associate Professor of Anesthesia, effective 3/18/2012.

Neil Gesundheit has been promoted to Professor (Teaching) of Medicine, effective 7/01/2012.

Michael Greicius has been reappointed to Assistant Professor of Neurology and Neurological Sciences, effective 6/01/2012.

Cathleen Hebson has been reappointed to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 2/1/2012.

Kyle Hinman has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 6/1/2012.

Seth Hollander has been appointed to Clinical Assistant Professor of Pediatrics, effective 7/1/2012.

Ninad Karandikar has been appointed to Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 4/1/2012.

Vista Khosravi Soroush has been reappointed to Clinical Assistant Professor (Affiliated) of Dermatology, effective 3/1/2012.

Malathy Kuppuswamy has been reappointed to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 9/1/2011.

Christopher Lee-Messer has been appointed to Clinical Assistant Professor of Neurology and Neurological Sciences, effective 7/1/2012.

Michael S. Leong has been promoted to Clinical Associate Professor of Anesthesia, effective 5/1/2012.

Beth Martin-Kool has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 1/1/2012.

Julianne M. Mendoza has been promoted to Clinical Assistant Professor of Anesthesia, effective 5/1/2012.

Kristina E. Milan has been appointed to Clinical Assistant Professor of Obstetrics and Gynecology, effective 8/15/2012.

Manchula Navaratnam has been promoted to Clinical Assistant Professor of Anesthesia, effective 5/1/2012.

Albert John Popp has been appointed to Clinical Professor of Neurosurgery and by courtesy of Neurology and Neurological Sciences, effective 7/1/2012.

Brian Scottoline has been promoted to Clinical Assistant Professor of Pediatrics, effective 5/1/2012.

Martin Vazquez has been reappointed to Clinical Assistant Professor (Affiliated) of Dermatology, effective 3/1/2012.

Hong Yu has been reappointed to Clinical Assistant Professor of Neurosurgery, effective 8/1/2012.

Gary Zhao has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2010.

Dean's Newsletter

May 29, 2012

Dr. Norbert Pelc Will Become Next Chair of the Department of Bioengineering

At the beginning of the academic year, Dr. Russ Altman, Professor and Chair of the Department of Bioengineering and Professor of Medicine and of Genetics, informed Dr. Jim Plummer, Dean of the School of Engineering, and me that he wished to step down as chair at the completion of his current term. Dr. Altman has played a major role in leading the department since 2007, and we are deeply indebted to him and to the co-leadership provided by Dr. Steve Quake, Lee Otterson Professor of Bioengineering and of Applied Physics. Thanks to their leadership the department has continued to grow, thrive and become one of the leading departments of bioengineering in the nation. The most important achievement has been the continued recruitment of truly outstanding faculty. Today the department is at the cusp of incredible new opportunities, with an exciting undergraduate program now complementing a terrific graduate program, a new facility under construction that will complete the Science and Engineering Quad

in 2014, outstanding new recruitments and amazing research accomplishments. Jim Plummer and I hope you will join us in thanking Russ for his leadership as Chair.

Over the past months we have met with the faculty in the department and heard comments from institutional leaders inside and outside of Stanford about the future of the Department of Bioengineering and its leadership. We are very pleased to announce that Dr. Norbert Pelc has accepted our invitation to serve as the next Chair of Bioengineering and will begin his responsibilities on July 1st. Dr. Pelc has been an instrumental member of the department since its inception and is highly valued for his many contributions as a researcher, mentor and leader. He joined the Stanford community over two decades ago as an Associate Professor of Radiology. Before joining Stanford he was a Senior Physicist and Manager in the Applied Science Laboratory at GE Medical Systems. His contributions have intersected numerous fields and disciplines, as was highlighted in his election to the National Academy of Engineering in 2011 – one of the highest honors in the field of engineering.

Dr. Pelc has played an instrumental role in enhancing the scientific excellence of the Department of Radiology in the School of Medicine, and he will continue to play an important advisory role for that department in the future. His major focus will be to help lead the Department of Bioengineering through its next critical phase of growth and maturation – a task he is uniquely qualified for. The future years will be an exciting time for Bioengineering – a department that has created much deeper connections and bridges between the Schools of Engineering and Medicine than existed prior to its establishment. Indeed, this is one of the most distinguishing features and opportunities of our two schools, and we are pleased that Dr. Pelc, who has served at Stanford with appointments in both Medicine and Engineering, will help faculty and students create unique new fields of endeavor and collaboration.

Stanford Medical School Beginnings and Buildings: A Coincidental Convergence

It is always interesting when unexpected events or sources of information converge in one's mind and evoke memories of the past, present and even future. Such a coincidence occurred for me in the past week when I first received an email reminding me of the origin of the Stanford University School of Medicine and then, quite separately, when I came across a review entitled "Behind the Screen" in the June 7, 2012 issue of The New York Review of Books.

The email came from the grandson of Professor Ophüls, who played a critical role in the formation of Stanford Medical School and in the debate about whether it would be a research program or a "medical school." Professor Ophüls, who became the second dean of the Medical School, serving from 1916 to 1933, was a senior faculty member of Cooper Medical College in 1906. He engaged in extensive correspondence with Stanford President David Starr Jordan concerning Stanford's proposal to acquire the Cooper Medical College. This correspondence, which is preserved in John L. Wilson's history of the School of Medicine (see: <http://elane.stanford.edu/wilson/index.html>), tells a story that could have turned out quite different for Stanford Medicine as we know it today.

At the risk of providing too much information, I am sharing some of the text and letter exchanges from this history – which tells an informative story about our beginnings and what they might tell us about our future. Like all history it has some surprises.

"Consolidation with Stanford University 1906 - 1912

As early as 1901 Dr. Lane and President Jordan met several times on terms of mutual respect to discuss the feasibility of consolidation of Cooper Medical College with Stanford University. These discussions were followed by Dr. Lane's decision in 1902, just prior to his death, to remove all legal impediments to such a course. Indeed, during the last few years of his life Dr. Lane saw that there was no acceptable alternative to union with Stanford. He became convinced that the survival of freestanding propriety American medical schools such as his depended upon merging with a university. Since union with the University of California was, in view of his past experience, unthinkable, the availability of Stanford as an alternative was a godsend.

During Dr. Ellinwood's stormy tenure from 1902 to 1907 in the presidency of Cooper Medical College, growing interest in joining Stanford culminated in a strong consensus among the faculty in its favor. President Jordan was also favorably disposed to a merger of the institutions but before serious negotiations could begin he was obliged to resolve two major issues - the nature of the educational program to be adopted and the source of funds to support it.

February 1906: A Graduate School of Medical Research

On 20 February 1906 Dr. Jordan wrote to Professor Ophüls commenting on Stanford's financial dilemma and asking his advice on establishing a graduate school of medical research in the Cooper premises. [1]

20 February 1906

Dear Dr. Ophüls:

The great difficulty with us - and it tends to grow larger as we get nearer to it - is the question as to whether the University will be able to maintain the Medical School as it ought to be maintained without cramping the Engineering School and the Library, and other departments already established. . .

Would the proposition to devote the property (of Cooper Medical College) to the establishment of a graduate school of medical research, beginning with a few departments and extending them as gifts were received or as funds were acquired, be favorably considered by the Trustees of the Cooper Medical College?

Dr. Ophüls responded on 22 February to President Jordan's letter of the 20th. [2]

22 February 1906

Dear President Jordan:

I received your kind letter of February the 20th today. We understand your misgivings about the financial outlook of the undertaking, still we believe that by proper management any undue expense to the University can be avoided. If you will permit us we should like to submit more detailed plans as to the way in which the change might be best effected, and about the expenses which we would consider necessary to make a creditable beginning. We do not believe that it would be advisable to start on too large a scale but to begin with a working nucleus of good men who would be willing to spend the necessary time and energy without immediate large recompensation in gradually building up a Department which by the prestige given to it by its

connection with the University and by its own efforts would soon develop successfully and if necessary attract endowment.

As the only competing Medical College on the Pacific Coast has already raised its entrance requirements to very nearly the desired level we could hope to attract a sufficient number of students to make such a Medical Department self-supporting.

In regard to your question we feel that the graduate research school should be looked upon as the highest development to be reached eventually. A substratum of several successive student generations of academic culture is necessary to evolve the desire and the capacity for research work of a higher order. From my own experience I know that at present very few men are available who are at all fitted to undertake such work in Medicine and who could successfully support by their work an institution of the kind that you suggest.

We feel that we have to make certain provisions for the coming semester, several important positions should be filled within a reasonable time in justice to our students, still our hands are tied as long as we are uncertain about the future development of our School. On this account it would be desirable from our standpoint to arrive at least at a general understanding within the near future.

Dr. Ophüls advised against establishment of a graduate school of medical research and outlined a process whereby Cooper Medical College's traditional program could be upgraded to university standards at modest cost - an eminently practical approach, but not sufficiently "scholarly" for Dr. Jordan who, in a letter on 24 February, again asked Dr. Ophüls to give his opinion of the graduate school proposal [3]

24 February 1906

Dear Dr. Ophüls:

I have received your kind letter of the 22nd. . . The question as to whether we should engage in elementary medical education is a very large one. . . It would seem to me desirable, if it were possible, that the two medical colleges in the city should be united, either in the name of Stanford or of the University of California (now under the presidency of Benjamin Ide Wheeler). My idea of the research school would be, not to make it dependent at all on the fees or the men who might work in it. . . .

My own feeling at present is in favor of the research idea - of beginning the work without granting the medical degree or any degree other than those now granted by the University. This would mean the development in Stanford University of certain research professorships to be located in the building of the Cooper Medical College and in connection with the Lane Hospital. This college would then become the Department of Medical Research of the University.

I do not wish to put forward this opinion as one which cannot be changed, but at present I am inclined toward it as the most available way of managing the matter on our part. I feel more drawn to the development of a great school of medical research than to the development of a great medical college granting the degree of M. D.

On 5 March 1906, Dr. Jordan pressed Dr. Ophüls further for an opinion on establishing a graduate school of medical research.[4]

5 March 1906

Dear Dr. Ophüls:

Referring to the possibility of developing a school of medical research on the Cooper College

Foundation, I would like to know personally what you think of it; and, if you are in favor of it, I would like to know if you could suggest a workable plan by which such an institution could begin in a small way and rise to an expenditure of fifty or sixty thousand dollars or more a year. I see a good many difficulties in the way, even if the people of the Cooper Medical College were willing to have the property used in that way.

To Dr. Jordan's second appeal for his advice on a graduate school of medical research, Dr. Ophüls again firmly advised against it, this time in considerable detail: [5]

7 March 1906

Dear President Jordan:

. . . Although in many ways it may seem desirable to have only one large Medical School in San Francisco, the practical difficulties in the way of accomplishing this end seem to me insurmountable. On the other hand, comparatively small classes are rather an advantage in a technical school because the instruction can then be a more personal one. This is for instance one of the greatest attractions in the small German Universities. It would also seem probable that two rival schools would advance more rapidly and would do better work on account of the competition between them.

Possibly on account of my education in Germany I cannot even well imagine a Medical Educational Institution which does not embrace undergraduate and graduate instruction and research. A school without research cannot survive, but I also feel that it will hardly do to separate certain features of the research work from the rest. From the research worker the students get their best inspiration and the teaching of the fundamentals of his science may be troublesome to the advanced worker, still it is very good mental exercise which constantly drives him back to essentials. . . .

I am afraid also that an attempt of developing a great School of purely Medical Research on the Pacific Coast now might be a little premature. We have no unusual opportunities in Medicine here that would attract workers from other parts of the world, such as we have them in Biology, for example. We would have to start with our own men largely and they are hardly ready. We will have to develop them from our undergraduate students. This seems to me a strong reason why the beginning could be made more advantageous with undergraduate instruction.

Another difficulty which I see is this, that if an attempt is made to start with too few departments the research faculty might suffer seriously through their isolation. The most important results can only be expected through cooperation.

If the College should stop undergraduate instruction it will almost surely lose the most valuable part of its clinical and pathological material at the City and County Hospital, because the material is offered for the express purpose of instructing students.

The Johns Hopkins Hospital Medical School was started somewhat in the same way as you sugges - as a Research Institution. In that case the plan was feasible on account of the large endowment which was sufficient to cover the expenses for clinical material, excellent teachers and workers in the Clinical Departments. Apart from that there was enough left to run a first class Pathological Department. In our case the means would hardly suffice for such an undertaking.

*Very respectfully,
Wm. Ophüls*

"Dr. Jordan's attraction to the concept of "a graduate school of medical research" is traceable to the advice he received from Dr. Clarence J. Blake, Professor of Otology at Harvard. Dr. Jordan had consulted Dr. Blake as early as 1902 regarding the program to be developed on the premises of Cooper Medical College, should they be ceded to the University. In a letter to President Jordan dated 17 September 1902, Dr. Blake commented enthusiastically on the news that Stanford might fall heir to Cooper Medical College. He cited all the good reasons why proprietary schools like Cooper should be absorbed by universities like Stanford for the betterment of American medicine. He did not then propose establishing a graduate school of medical research in the Cooper facilities. That advice came later and was then, as we have seen, supported by President Jordan. [6]

Dr. Blake attended the Lawrence Scientific School at Harvard and then the Harvard Medical School where he received an M. D. degree in 1865. He was interested in diseases of the ear. Finding no place in the United States to take advanced training in this field, he studied under Dr. Politzer at the Vienna Krankenhaus. Although a busy clinician in Boston he was also active in research in his specialty. [7]

Dr. Blake cited no American graduate schools devoted exclusively medical research which could serve as successful examples of the type of program he strongly recommended for Cooper Medical College, nor did he take account of the state of development of medicine on the Pacific Coast, as did Dr. Ophüls. On the whole, Dr. Blake's advice seemed more theoretical than practical. In a letter to President Jordan on 18 March 1906, he summarized his visionary plan as follows: [8]

The plan I have in mind, and for the success of which there are, I believe, reasonable grounds, begins with the establishment, by your University, of a medical department, not of undergraduate instruction, but one devoted exclusively to the teaching of graduates in medicine and to medical research, and continues, by subsequent collaboration with the University of California, in the formation of a joint medical school, or department, insuring the command of medical education upon the Pacific Coast under university control.

The time for duplication of medical schools in this country has passed, and the demand for concentration, and for unification and advance, of educational standards, as part of the general University system, is imperative because of the rapid progress of medical education, along strictly scientific lines, and the correspondingly larger sociological opportunities of the medical profession.

In spite of Dr. Ophüls' championing of enhancement of the existing program at Cooper Medical College as the course to be followed after merger with Stanford, a position shared by Dr. Ray Lyman Wilbur, President Jordan continued to favor the plan outlined by Dr. Blake. On 2 May 1906, two weeks after the great earthquake and fire, the President made a report to the Stanford Trustees advising union with the Cooper Medical College on the basis of the Blake plan. [9] [10]

Later in the month (20 May 1906) Dr. Jordan wrote to Dr. Ophüls saying that he had advised the Trustees to adopt the (Blake) plan for a graduate school of medical research, but that the Directors of Cooper Medical College did not approve of the proposal: [11]"

20 May 1906

Dear Dr. Ophüls:

I have recommended to our Board of Trustees the acceptance of the Cooper Medical College property on condition that we could use it, at least for the present, as a school of medical

research. . . . Mr. Horace Davis, President of the Stanford Board of Trustees, tells me that the authorities of the Cooper Medical College do not approve. . . . The case then remains a matter of financial ability. . . . If it would result in crippling the instruction at Palo Alto, then it would be something we could not afford to undertake. . . . The action of the Board will probably depend upon the reports made by the Finance Committee when the matter is ready for final decision. . .
On 29 May 1906 Dr. Ophüls, who was vacationing in Brooklyn, New York at the time, responded as follows to President Jordan's letter of 20 May: [12]

Brooklyn , N. Y. , 29 May 1906

Dear President Jordan:

I received your kind letter of May 20th yesterday. I was glad to hear that you favor so strongly the proposed union of Cooper College with Stanford University. I still believe that even without any large endowment the University could develop a first class Medical School and an institution for Medical Research from the present assets of Cooper Medical College. As long as the spirit is the right one from the beginning, the scope of the work can easily be enlarged in the future as means become available. . .

Clearly without the persistence and leadership of Dr. Ophüls, Stanford Medical School could have proceeded down a very different pathway. That said, the debate and question of whether Stanford should be more of a research institute than a medical school has continued to the present era – with various champions and detractors. While there is no doubt that excellence in research is what distinguishes Stanford from its peers, we also recognize that it is the interconnection of our missions in education, research and patient care that will define our future.

The connection between research and clinical care was also a focus of attention when the medical school moved from San Francisco to the Palo Alto campus in 1959. This connection was forged by the design of the Stanford University Medical Center by the architect Edward Durell Stone. Here is the second coincidence. I admit to be a regular reader of the New York Review of Books (NYRB) and took note of the article by Martin Filler entitled “Behind the Screen” that offers commentary on a new book about ED Stone “*A Son’s Untold Story of a Legendary Architect*” by his son Hicks Stone (Rizolli, 2011). While the original medical school and hospital complex (referred to locally as the “Stone buildings”) did have the unique advantage of physically connecting the medical school and hospitals, there have been lots of reactions – and indeed emotional responses– to the façade of the buildings (even before their functionality became an issue).

As it turns out, the façade is a characteristic of nearly all of Stone’s work and is a source of not inconsiderable criticism. As noted in the NYRB, “Even architects who saw good qualities beneath the froufrou surface of Stone’s postwar work were exasperated by his constant reiteration of patterned screens” or “...what lay behind the grilles was not particularly interesting, and without those seductive peekaboo veils it became all too obvious that the exposed volumes of his unadorned work lacked both the raw power of Brutalism and the understated rigor of Minimalism, the two dominant architectural trends of the 1960s and 1970s. Stone’s simpler late-career structures, almost always clad in white masonry deployed vertical strips, exude the denuded and forlorn air of freshly shorn sheep.”

Today, now just over 50 years since the Stone complex was erected at Stanford, we look forward to the time when we can replace these buildings with more functional facilities – both in the New Stanford Hospital and in the Foundations in Medicine Buildings.

Clearly history has a way of reflecting both positively and negatively on individuals and institutions. We don't want to fall into the trap of being revisionist. But it is important to be cognizant of those who have changed our history in often untold ways (as is the case with Dr. Ophüls) or those whose history we are seeking to revise and replace over time. None of us escapes the critical impact of rear view vision – which is why we need to spend more time looking forward.

Assessing the U.S. International Competitiveness in Biomedical Research

I have written frequently about the importance of basic scientific research and its importance to our nation (see: http://deansnewsletter.stanford.edu/archive/11_15_11.html). In the February 21st issue of the Dean's Newsletter. I also reflected on the President's budget, the NIH budget and the Health of Nation's Investment in Science (http://deansnewsletter.stanford.edu/archive/02_20_12.html#4) – which is also the topic of an op-ed piece in the San Jose Mercury News (see: http://www.mercurynews.com/opinion/ci_19862392?IADID=Search-www.mercurynews.com-www.mercurynews.com). Beyond the US, the global impact of the decreasing support for biomedical research is well delineated in a new report entitled *"Leadership in Decline: Assessing U.S. International Competitiveness in Biomedical Research."* Published jointly by United for Medical Research and the Informational Technology and Innovation Foundation, the report, along with a related Congressional briefing, presents compelling data that the NIH funding stagnation and potential cuts due to sequestration are contributing to an erosion of our national lead in life sciences research. Data that other nations are expanding their research investments are also highlighted in the report. The authors of the report conclude that sequestration cuts would be a disaster for NIH and that Congress should aim to provide NIH with consistent funding at a level representing at least 0.25 percent of GDP. <http://tinyurl.com/6o9ynf8>. This is a report worth reviewing and I call it to your attention.

Stanford University Medical Center Alumni Association Celebrates 2012 Awardees

Stanford's reputation and success today are built on the accomplishments of its students and graduates of the past. In tandem, being recognized as a valued alumnus or alumna of one's alma mater is one of the most important honors and recognitions that can be achieved in life. Stanford Medical School has long recognized the accomplishments of its MD degree graduates through the JE Wallace Sterling "Muleshoe" Lifetime Achievement Award- first awarded in 1983. Appropriately, two years ago the Stanford Medical Center Alumni Association (SUMCAA) instituted the Arthur Kornberg and Paul Berg Lifetime Achievement Award in Biomedical Sciences. This was a timely and appropriate decision that aligned the School of Medicine with its historical connections as well as its mission. It was President Wallace Sterling who, with the University Trustees, made the decision in 1953 to relocate the medical school from its then home in San Francisco to the Stanford campus.

When the move to Palo Alto took place in 1959, among the very first faculty to be recruited to the new Stanford Medical Center was Dr. Arthur Kornberg, who founded the department of

Biochemistry and who brought with him a number of remarkable faculty members, including Paul Berg. In a number of important ways, it was the incredible accomplishments of Kornberg, Berg and the other remarkable faculty whom they helped recruit over the years that allowed Stanford to achieve its current level of distinction and recognition. Celebrating the Sterling Award in tandem with the Kornberg-Berg Award brings together our tradition of excellence in medicine and science. These missions are interlinked and thus so should our students and alumni be. We recognize and celebrate both. Just as the alumni were recognized for the lifetime contributions, it is wonderful that the student winners of the 2012 Student Research Day have been similarly recognized (see: <http://deansnewsletter.stanford.edu/#3>).

The 2012 winners of the JE Wallace Sterling “Muleshoe” Lifetime Alumni Achievement Award are:

- **Dr. Fernando Mendoza, MD’75, MPH**, is Professor of Pediatrics and Chief of the Division of General Pediatrics in the Department of Pediatrics. Dr. Mendoza joined the Stanford faculty in 1981 and since 1992 has served as the Principal Investigator of the US department of Health and Human Services Health Resources and Services Administration Center of Excellence grant. Through this and many other means, Dr. Mendoza has played a critical role in enhancing the diversity of Stanford Medicine and our community. He received the Distinguished Service Award from the Association of American Medical Colleges for his work on improving the diversity of our nation’s medical workforce. He has received numerous other awards and is a highly distinguished alumnus and leader.
- **Dr. Jose I. Santos, MSc, MD’76** is currently Professor and Head of the Infectious Diseases Unit in the Department of Experimental Medicine at the Facultad de Medicina, Universidad Nacional Autonoma de Mexico. Dr. Santos has been a national and international expert in child health and pediatric infectious diseases. He served as the director of Mexico’s National Infant and Adolescent Health and Immunization Program from 1997-2004. He then became the Director of the Hospital Infantil de Mexico Federico Gomez, the oldest and one of the foremost pediatric academic institutions in the Americas. Dr. Santos has had a broad and powerful impact on pediatrics and public health and is most deserving to be a Sterling Awardee.

The 2012 winners of the Arthur Kornberg and Paul Berg Lifetime Achievement Award in Biomedical Sciences are:

- **Dr. Fred Alt, PhD’77** is the Charles A. Janeway Professor of Pediatrics and Professor of Genetics at Harvard Medical School. Dr. Alt is an Investigator in the Howard Hughes Medical Institute and is President of the Immune Disease Institute and Director of the Program in Cellular and Molecular Therapy at the Children’s Hospital Boston. Dr. Alt’s distinguished career has focused on the mechanisms that generate and suppress genome instability in cancer and the role of gene rearrangements and mutations in the immune system. His work intersects cancer biology and immunology and has resulted in a number of seminal and important findings and contributions.
- **Dr. James Spudich, PhD’68** is the Douglass M. and Nola Leishman Professor in the Department of Biochemistry at Stanford. During his distinguished career he has

elucidated molecular motors, and his work has led to seminal findings that will impact the future treatment of muscle myopathies. In addition to being a world-renowned scientist, Dr. Spudich played a seminal role in the ideation and creation of BioX at Stanford. He also served as the past chair of the Departments of Biochemistry and of Structural Biology. He has won many important awards and accolades during his illustrious career.

Congratulations to Drs. Mendoza, Santos, Alt and Spudich for their distinguished contributions to medicine and science and for helping to bring distinction to Stanford Medicine.

Notable Events and Public Issues

- ***Ludwig Scientific Conference.*** On May 22-24th, Stanford hosted a scientific gathering and conference for national and international members of the Ludwig Institutes, Trust Centers (that include Stanford), Ludwig Professors and the scientific advisors and members of the Ludwig Foundation Board of Directors. Dr. Irv Weissman, Director of the Stanford Institute for Stem Cell Biology and Regenerative Medicine and the Virginia & D.K. Ludwig Professor in the department of Pathology and Professor of Developmental Biology and, by courtesy, of Biology, led the Conference and worked closely with Dr. Robert Strausberg, Ludwig Institute for Collaborative Research and Sciences, to make it a great event. Special thanks also go to Ms. Stephanie Witte, Senior Associate Director, and Joy Morimoto, Director of Corporate Relations and Foundation Relations, Office of Medical Center Development. This conference offered an excellent opportunity to share knowledge and discoveries and to create new interactions and collaborations between the Ludwig Foundation and its national and international partners and members.
- ***Tobacco and Health.*** In August 2007 the School of Medicine instituted policies to make its campus smoke free (see: http://deansnewsletter.stanford.edu/archive/07_09_07.html#6). The smoke free policies were extended across the Stanford University Medical Center in 2008 but have not yet been instituted across the university. Hopefully that day will come. In the meantime, tobacco use remains a major cause of morbidity and mortality in the US and around the world and remains an issue confused by debate and marketing. Teenagers, women and developing nations are major targets for marketing and are often the most susceptible to its impact. This story has been told from many different perspectives in the lay press, visual media, scientific journals and texts. The story of the tobacco industry has been critically delineated by Harvard Professor Allan Brandt in his 2007 book entitled *The Cigarette Century: "The Rise, Fall and Deadly Persistence of the Product that Defined America"* (published by Basic Books) and, more recently, by Stanford Professor Robert Proctor in his 2011 book entitled *"Golden Holocaust: Origins of the Cigarette and the Case for Abolition"* (published by the University of California press).

I recognize that these books, and others, tell a story that impugns the motivation of the tobacco industry – but the data supporting the adverse impacts of tobacco use on human health is unassailable. This has not halted the debate that continues to rage in the US and more recently in California as citizens prepare to go to the polls on June 5 to vote on a measure regarding tobacco and research. While I have personal opinions about the information being conveyed I will not share my own views in this newsletter – other than

to stress the need for critical thinking and assessment by each of us in the way information is shared and, importantly how the information that is presented is paid for. Clearly this is a time for critical reflection on how and what information is presented to us – which certainly is an issue that transcends tobacco per se but which also is exemplified by it.

- ***Best Pharmaceuticals for Children Act*** and the Pediatric Research Equity Act have played a critical role in assuring that pediatric research and also drugs and medications get to children that could be beneficial for the health. Special thanks goes to Congresswoman Anna Eshoo (D-CA), who first led this important effort in 1997 and who has recently introduced bipartisan legislation to reauthorize these programs. These have been successful and important programs, and we are appreciative for the leadership and advocacy of Congresswoman Eshoo.
- ***At the ICOC (Independent Citizens Oversight Committee) for CIRM (the California Institute for Regenerative Medicine)*** on May 24th, 21 Early Translational Awards were carefully reviewed and awarded. Of these, three Stanford faculty (Professors Helen Blau, Joseph Wu and Rene Reijo Pera) were among the awardees – see: <http://med.stanford.edu/ism/2012/may/CIRM.html>). With these new awards Stanford continues as the top-funded institution by CIRM, having received 68 awards and \$210,412,068 since funding began in 2006 (even though CIRM was approved by the legislature in November 2004). In addition to the review of awards, updates on the CIRM Strategic Plan were also given at the ICOC meeting – which are of critical importance given the prospect that CIRM will cease funding in 2017. It is amazing to witness the incredible contributions that have been made by faculty and institutions across California since the state first invested in stem cell research by voting for Proposition 71 in 2004. CIRM support has been transformative and has allowed this incredibly important research to move forward, making California the engine for discovery in stem cell biology and regenerative medicine and an economic resource for the state and our communities.

Notice of LKSC Closure on June 23

On Saturday, June 23, 2012, Stanford Hospital and Lucile Packard Children's Hospital will conduct an emergency exercise utilizing the ground floor of the Li Ka Shing Center for Learning and Knowledge (LKSC). Please note that LKSC will be closed to all non-exercise personnel from 6:00 am to 7:00 pm. This closure is applicable to all School of Medicine faculty, staff, students and visitors not participating in the exercise.

In addition to the LKSC closure, the L-15 parking lot south of LKSC on Campus Drive will be closed and reserved for emergency response vehicles from Stanford, Palo Alto and Santa Clara County from Friday, June 22 at 10:00 pm to Saturday, June 23rd at 7:00 pm.

We strongly recommend avoiding the areas near LKSC for the duration of the exercise. The impacted areas will be identified with caution tape and monitored by exercise volunteers.

If you have any questions regarding the emergency exercise at LKSC, please contact David Silberman, Director of the Health and Safety Programs Office, at silberman@stanford.edu or 650-723-6336.

The Visual Arts Service Center Comes to an End

I was asked to share the following announcement with you regarding the closing of the Visual Arts Center – which has been operating at Stanford since the Medical School first relocated to the Stanford campus. This is truly the end of an era – a part of broader transition in technology and information services. Here's the announcement.

It is with much sadness that we announce the end of an era. Due to intense pressure to create/carve out additional academic and research space on campus for the growing cadre of faculty, researchers, and academic programs, we have determined that the time has come to disband the Visual Arts Service Center effective Aug 31st, 2012. The space currently occupied by this Center in MSOB has been programmed for other purposes that via a domino effect similar to the relocation of other central Dean's units to offsite locations will allow for growth/consolidation of other key academic programs into that space.

Despite intense efforts to identify alternate locations for this service center both on and off campus, within the School and alternately as part of the central University, these many efforts did not prove successful. The additional reality is that as time passes and technology continues to evolve more and more of the Visual Arts services have become accessible and competitively so through external vendors. The historical archives of images maintained by Visual Arts Service Center will be transferred to another location, which will be announced at a later date.

Visual Art Services was organized in 1958 offering imaging services to Stanford. As new technology emerged, Visual Arts Services incorporated those new technologies into a comprehensive set of high quality services including Photography, Electronic Imaging, Graphic Art, Medical Illustration, Design, Printing support, Training programs and Workshops to the benefit of the entire University.

The Visual Art Services team consists of six talented and highly specialized individuals to whom we owe much appreciation for their many contributions to the School and University over these many years. Jim Taskett is the Director of Visual Art Services and has been working at Stanford University for over 30 years. Jim Day is the Business and Operations Manager and has been with Stanford for 28 years and in 2007, received the School of Medicine Dean's Spirit Award. Steve Gladfelter, Photographer, has been working at Stanford University for 25 years. Karen Johnson, Graphic Artist, has been working at Stanford University for over 20 years. MaryAnn Wijtman, Digital Imaging Specialist, has been working at Stanford for 20 years. John LeSchofs, Photographer, has been working at Stanford University for 19 years. To each we express our gratitude and best wishes as they explore other opportunities.

Although the Visual Art Service Center will cease operations at the end of this fiscal year, in the interim they remain open for business and are eager to continue to help you with your needs. The leadership of the Visual Arts Service Center in collaboration with Stanford University's Associate Vice President and Chief Procurement Officer are working diligently to identify alternate vendors and these will be announced at a later date. We recognize that by losing the expertise of the Visual Arts Service Center staff and thus requiring a transition to new vendors, it

will require additional forethought and planning on your part to ensure that you are able to obtain the highest quality result that will meet your needs.

Provost and Acting President Celebrates Faculty Receiving Major Awards in 2011-2012 Academic Year

On May 23, Provost and Acting President John Etchemendy held a reception at the Meyer-Buck House to acknowledge and celebrate university faculty who have won major academic awards and honors during the 2011-2012 academic year. Ultimately the success of an institution is measured by the accomplishments of the individuals who comprise it, and this is one of the areas where Stanford University clearly excels. In total 118 major faculty awards and honors were bestowed on university faculty, 41 of whom have primary appointments in the School of Medicine. While I have listed the majority of these awards and honors in past issues of the Dean's Newsletter, it is wonderful to be able to share them in the aggregate at this time. The medical school faculty who have received major awards, election to prestigious societies and other honors include (and are likely not limited to):

- **Dr. Arash Alizadeh**, Assistant Professor of Medicine (Oncology); *Doris Duke Clinical Scientist Development Award, Doris Duke Charitable Foundation*
- **Dr. Ann Arvin**, Vice Provost and Dean of Research, Lucile Salter Packard Professor of Pediatrics and Professor of Microbiology and Immunology; *Election to American Academy of Arts and Sciences*
- **Dr. Ben Barres**, Professor of Neurobiology, Developmental Biology and Neurology and Neurological Sciences and, by courtesy, of Ophthalmology; *Election to American Academy of Arts and Sciences; American Association for the Advancement of Science*
- **Dr. Philip Beachy**, The Ernest and Amelia Gallo Professor in the School of Medicine and Professor of Developmental Biology; *Keio Medical Science Prize, Keio University*
- **Dr. Kwabena Boahen**, Associate Professor of Bioengineering; *NIH Transformative Research Project Award*
- **Dr. Scott Boyd**, Assistant Professor of Pathology at the Stanford University Medical Center; *Ellison Medical Foundation New Scholar in Aging*
- **Dr. Anne Brunet**, Associate Professor of Genetics; *Vincent Cristofalo Rising Star Award in Aging Research, American Federation for Aging Research*
- **Dr. James Chang**, Professor of Surgery (Plastic & Reconstructive Surgery) at the PAVAHCS and, by courtesy, of Orthopaedic Surgery; *Andrew J. Weiland Medal for Outstanding Research in Hand Surgery, American Society for Surgery of the Hand*
- **Dr. Kenneth Cox**, Senior Associate Dean for Pediatric and Obstetric Clinical Affairs and Professor of Pediatrics at the Lucile Salter Packard Children's Hospital; *Salute to Excellence Award, American Liver Foundation*
- **Dr. Ronald Davis**, Professor of Biochemistry and Genetics; *Gruber Genetics Prize, The Peter and Patricia Gruber Foundation*
- **Dr. Karl Deisseroth**, Associate Professor of Bioengineering and of Psychiatry and Behavioral Sciences; *W. Alden Spencer Lecture and Award, Columbia University College of Physicians and Surgeons, Department of Neuroscience, Kavli Institute; Election to National Academy of Sciences*
- **Dr. Scott Delp**, Clark Professor in the School of Engineering and Professor of Bioengineering and, by courtesy, of Orthopaedic Surgery; *Borelli Award, American Society of Biomechanics*

- **Dr William Fowkes**, Professor of Medicine (Family and Community Medicine) at the San Jose Medical Center, Emeritus; *John W. Gardner Visionary Award, Pathways Hospice Foundation*
- **Dr. Michael Fredericson**, Professor of Orthopaedic Surgery at Stanford University Medical Center; *Psychiatric Association of Spine, Sports, and Occupational Rehabilitation (PASSOR) Legacy Award and Lectureship, American Academy of Physical Medicine and Rehabilitation*
- **Dr. Margaret Fuller**, Reed-Hodgson Professor in Human Biology and Professor of Genetics; *Election to Institute of Medicine*
- **Dr. K. Christopher Garcia**, Professor of Molecular and Cellular Physiology and of Structural Biology; *Election to National Academy of Sciences*
- **Dr. Stuart Goodman**, The Robert L. and Mary Ellenburg Professor in Surgery; *Election to College of Fellows, American Institute for Medical and Biological Engineering (AIMBE)*
- **Dr. Ralph Greco**, Johnson and Johnson Professor of Surgery; *John C. Gienapp Award, Accreditation Committee on Graduate Medical Education (ACGME)*
- **Dr. Geoffrey Gurtner**, Professor of Surgery at the Stanford University Medical Center and, by courtesy, of Materials Science and Engineering; *Award for Outstanding Achievement in Basic and Translational Research, Plastic Surgery Foundation*
- **Dr. Stuart Kim**, Professor of Developmental Biology and of Genetics and, by courtesy, of Chemical and Systems Biology, *Election to American Academy of Arts and Sciences*
- **Dr. Philip Lavori**, Professor of Health Research and Policy and, by courtesy, of Statistics; *Harvard Award in Psychiatric Epidemiology and Biostatistics*
- **Dr. Quynh Le**, Katharine Dexter McCormick and Stanley McCormick Memorial Professor and Professor, by courtesy, of Otolaryngology-Head and Neck Surgery; *Election to American College of Radiology (ACR)*
- **Dr. Michael Lin**, Assistant Professor of Pediatrics and Bioengineering; *Rita Allen Foundation Scholar*
- **Dr. Michael Longaker**, Deane P. and Louise Mitchell Professor in the School of Medicine and Professor, by courtesy, of Bioengineering and Materials Science and Engineering; *Flance-Karl Award, American Surgical Association*
- **Dr. Liqun Luo**, Professor of Biology; *Election to American Academy of Arts and Sciences; American Association for the Advancement of Science; National Academy of Sciences*
- **Dr. Michael Marmor**, Professor of Ophthalmology; *Award of Merit in Retina Research, The Retina Society*
- **Dr. Maxence Nachury**, Assistant Professor of Molecular and Cellular Physiology; *Early Career Life Scientist Award, American Society for Cell Biology*
- **Dr. Norbert Pelc**, Professor of Radiology and Bioengineering; *Election to National Academy Engineering*
- **Dr. Philip Pizzo**, Dean of the School of Medicine and The Carl and Elizabeth Naumann Professor of Pediatrics and of Microbiology and Immunology; *John Howland Medal, American Pediatric Society*
- **Dr. John Pringle**, Professor of Genetics; *American Association for the Advancement of Science*
- **Dr. Joseph Puglisi**, Professor of Structural Biology; *NIH Transformative Research Project Award*

- **Dr. David Relman**, Thomas C. and Joan M. Merigan Professor and Professor of Microbiology and Immunology; *Election to Institute of Medicine*
- **Dr. J. Kenneth Salisbury**, Professor (Research) of Computer Science and of Surgery and, by courtesy, of Mechanical Engineering; *Inaba Technical Award for Innovation Leading to Production, Institute of Electrical and Electronics Engineers Robotics and Automation Society (IEEE RAS)*
- **Dr. David Schneider**, Associate Professor of Microbiology and Immunology; *NIH Director's Pioneer Award*
- **Dr. Carla Shatz**, Sapp Family Provostial Professor and Director, Bio-X and Professor of Biology and Neurobiology; *Election, Foreign Member, Royal Society*
- **Dr. Justin Sonnenburg**, Assistant Professor of Microbiology and Immunology; *Investigators in the Pathogenesis of Infectious Disease Award, Burroughs Wellcome Fund*
- **Dr James Spudich**, Douglass M. and Nola Leishman Professor of Cardiovascular Disease Wiley; *Wiley Prize in Biomedical Sciences, Wiley Foundation*
- **Dr. David Stevenson**, Vice Dean and Senior Associate and Dean for Academic Affairs, the Harold K. Faber Professor of Pediatrics and Professor, by courtesy, of Obstetrics and Gynecology; *Jonas Salk Award for Leadership in Prematurity Prevention, March of Dimes*
- **Dr. Robert Tibshirani**, Professor of Health Research and Policy (Biostatistics) and of Statistics; *Election to National Academy of Sciences*
- **Dr. Abraham Verghese**, Professor of Medicine; *Election to Institute of Medicine*
- **Dr. Fan Yang**, Assistant Professor of Orthopaedic Surgery and Bioengineering; *2011 "35 Innovators Under 35" list, MIT's Technology Review*

Congratulations to each of these individuals and apologies to anyone who was not included in this list. These are very impressive accomplishments.

Awards and Honors

The following were among the winners of the Burroughs-Wellcome Fund Career Awards at the Scientific Interface for 2012:

- **Kwanghun Chung, Ph.D.**, Post Doctoral Scholar, Neurobiology
- **Maureen E. Hillenmeyer, Ph.D.**, Post Doctoral Scholar, Biochemistry
- **Heather J. Kulik, Ph.D.**, Post Doctoral Scholar, Chemistry

Appointments and Promotions

Oliver O. Aalami has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 6/1/2012.

Sheena K. Aurora has been appointed to Clinical Associate Professor of Neurology & Neurological Sciences, effective 8/1/2012.

Michael W. Brook has been reappointed to Clinical Assistant Professor of Anesthesia, effective 4/16/2012.

Stéphan Busque has been promoted to Professor of Surgery at the Stanford University Medical Center, effective 4/01/12.

Kiki D. Chang has been promoted to Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 4/01/12.

Stephen D. Coleman has been reappointed to Clinical Assistant Professor of Anesthesia, effective 7/1/2012.

Sarah A. Copeland has been appointed to Clinical Assistant Professor (Affiliated) of Neurology & Neurological Sciences, effective 5/1/2012.

Alexis Davis has been appointed to Clinical Assistant Professor of Pediatrics, effective 7/1/2012.

John Day has been appointed to Professor of Neurology at the Stanford University Medical Center, effective 4/01/2012.

Anthony R. Dubose has been appointed to Clinical Associate Professor of Medicine, effective 6/1/2012.

Sarah Eitzman has been reappointed to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 9/1/2011

Julie Fuchs has been promoted to Clinical Associate Professor of Surgery, effective 6/1/2012.

Neville Golden has been reappointed to Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 4/01/12.

Neelam Goyal has been appointed to Clinical Assistant Professor of Neurology & Neurological Sciences, effective 9/1/2012.

Paul C. Grimm has been reappointed to Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 4/01/12.

Scott A. Hoffinger has been appointed to Clinical Associate Professor of Orthopaedic Surgery, effective 5/1/2012.

Lynne C. Huffman has been appointed to Associate Professor (Teaching) of Pediatrics, effective 5/01/12.

Reza Kafi has been reappointed to Clinical Assistant Professor (Affiliated) of Dermatology, effective 3/1/2012.

Laura Lazzeroni has been reappointed to Associate Professor (Research) of Psychiatry and Behavioral Sciences, effective 10/01/12.

Scheherezade Le has been appointed to Clinical Assistant Professor of Neurology & Neurological Sciences, effective 11/1/2012.

Jason T. Lee has been promoted to Associate Professor of Surgery at the Stanford University Medical Center, effective 4/01/12.

Nicholas Leeper has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 4/01/12.

Albert Lin has been promoted to Clinical Professor (Affiliated) of Medicine, effective 6/1/2012.

Sami Mazbar has been reappointed to Clinical Associate Professor (Affiliated) of Medicine, effective 9/1/2012.

Philippe Mourrain has been appointed to Associate Professor (Research) of Psychiatry and Behavioral Sciences, effective 5/01/12.

Nirav K. Pandya has been appointed to Clinical Assistant Professor of Orthopaedic Surgery, effective 5/1/2012.

Bina Pulkit Patel has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 6/1/2012.

James F. Policy has been appointed to Clinical Assistant Professor of Orthopaedic Surgery, effective 5/1/2012.

Peter Poulos has been promoted to Clinical Assistant Professor of Radiology and Medicine, effective 6/1/2012.

John Ratliff has been appointed to Associate Professor of Neurosurgery at the Stanford University Medical Center, effective 4/01/12.

Cybele Renault has been reappointed to Clinical Assistant Professor of Medicine, effective 6/1/2012.

Kerri Rieger has been appointed to Clinical Assistant Professor of pathology and Dermatology, effective 7/1/2012.

Hamed Sajjadi has been reappointed to Clinical Associate Professor (Affiliated) of Otolaryngology – Head & Neck Surgery, effective 5/1/2012.

Avni Shah has been promoted to Clinical Assistant Professor of Pediatrics, effective 6/1/2012.

Simran Singh has been reappointed to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 9/1/2011

Robert Steele has been appointed to Clinical Associate Professor of Surgery, effective 5/16/2012.

Xinnan Wang has been appointed to Assistant Professor of Neurosurgery, effective 5/01/12.

Vasyl Warvariv has been promoted to Clinical Associate Professor of Medicine, effective 7/1/2012.

Dean Winslow has been reappointed to Clinical Professor (Affiliated) of Medicine and Pediatrics, effective 9/1/2011

Phillip C. Yang has been promoted to Associate Professor of Medicine at the Stanford University Medical Center, effective 4/01/12.

Roham T. Zamanian has been reappointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 7/01/12.

Karl Zheng has been promoted to Clinical Assistant Professor of Anesthesia, effective 6/1/2012.

Dean's Newsletter

June 20, 2012

Commencement 2012

The Stanford University School of Medicine was founded in 1908 when the Cooper Medical College became part of Stanford University – a topic I featured in my May 29, 2012 Dean's Newsletter (see: <http://deansnewsletter.stanford.edu/#2>). Based on the history recorded by Dr. John Wilson (<http://elane.stanford.edu/wilson/index.html>), 1912 marked the last class to receive a degree from Cooper Medical College, and those graduating in 1913 were the first class of Stanford University's Department of Medicine. A hundred years later, on Saturday, June 16th, we celebrated the graduation of 212 students, 52 receiving Master of Science degrees, 85 Doctor of Philosophy degrees, 75 Doctor of Medicine (13 medical students also received a PhD degree and 2 received a MS degree). Although the temperature was truly "hot" during our Medical School Commencement ceremony under the large tent on Alumni Green, surrounded by the Clark Center, Fairchild Science Building, Li Ka Shing Center for Learning and Knowledge, and the Lorry Lokey Stem Cell Science Building, the celebratory feelings of our graduates and their families, colleagues and friends were even warmer. While the majority of students have spent about 5 years at Stanford, a few have been on their degree path for up to 10 years – giving new meaning to graduation!

The excitement of our graduates is inversely matched by the uncertainty of the times: a challenged economy both in the US and globally as well as uncertainty about the future of US healthcare (with the decision from the Supreme Court about the constitutional legality of the Affordable Care Act expected with the next couple of weeks and the political contest of healthcare reform likely to be among the center stage issues in the upcoming presidential debates and election this November). More certain but of deep concern is the flat to declining funding for research from the NIH and other federal agencies and the impact this might have on our

investment and even prominence in being world leaders in the biosciences. Clearly our graduates will face new and uncharted waters, although it is our hope that they have been well educated and trained for a new world order. The wonderful thing about the Stanford community is that challenges are nearly always reframed as opportunities – and I am confident that this will be the case for our new graduates. Indeed, it is our hope that they will also lead the transformation of healthcare and science into the future – both of which will have a positive impact on the economy of our nation as well.

I have made it a tradition to have the Newsletter following commencement include the names of our graduates as well as the texts of our student and commencement speakers. I am grateful to each of them for providing an important and unique perspective that was both personal and generalizable. Please also join me in thanking the many individuals who worked unstintingly to make this year's commencement so successful – especially given the exceptionally hot weather conditions. As she has in each of the past 12 graduation ceremonies that I have had the pleasure to participate in, Ms. Zera Murphy, Director of Student Life, worked tirelessly and devotedly to make sure every detail was addressed and achieved. I also want to thank Ms. Char Hamada, Assistant Dean of Student Affairs and Director of Admissions, and the other wonderful professionals from the Office of Education Programs and Services and the Dean's Office for their exceptional contributions to this year's Medical School Commencement.

This year we also had the special privilege of sharing the commencement activities with Dr. Jose Sandoval and his family. As noted in Jonathan Rabinovitz's report on graduation day (see: <http://med.stanford.edu/ism/2012/june/graduation-0617.html>), Dr. Sandoval's family was unable to attend his graduation so he missed it entirely in 1977. He returned in 2012 to march with the class of 2012, which was also a wonderful thing to celebrate.

For those who missed it, I had the opportunity to present our candidates to President Hennessy for the granting of their degrees at the University Commencement on Sunday June 17th. The University Commencement Address was given by Cory Booker, currently Mayor of Newark, New Jersey and a Stanford alum (see: <http://news.stanford.edu/news/2012/june/commencement-cory-booker-061712.html>). Without question Mayor Booker's address was one of the most moving and meaningful commencement speeches I have ever heard and its message is deeply relevant. I would encourage you to watch it if you have not already done so (see <http://thenextweb.com/shareables/2012/06/18/watch-mayor-cory-bookers-stanford-commencement-speech-it-will-inspire-you/>). It is quite special and truly inspiring.

Student Speeches

A tradition at the School of Medicine Commencement is to hear comments from a graduating PhD student and graduating MD student who have been elected by their classmates. I am pleased to share their comments with you:

Remarks from Graduate Student Speaker - Moria Chambers, PhD Candidate in Microbiology and Immunology: Moria is a graduate of MIT and did her PhD work in Dr. David Schneider's Lab in the Department of Microbiology and Immunology. She is also the Past President and Mentorship Chair of the Stanford Biosciences Student Association (SBSA).

Thank you Dean Pizzo.

Graduates, I want each of you to look around and find someone who's supported you during the adventure that is graduate school - maybe you're looking at an academic adviser, a parent, an administrator or fellow student; and the people here today are probably just a small fraction of your support network. Collectively they refined our scientific thinking, took us out after an experiment flopped, and lent a listening ear. Take a moment and send them a silent thanks. They are so proud of you here today.

Now, some of you having been working for this and looking forward to this day for over five years, myself included. Not wanting to extend that by much more time today, I'll be brief. I have just two missions for you.

First - I'm asking for each of you to commit yourselves to being a life-long mentor. Some try to reserve the word "mentor" for those esteemed faculty that sponsor our dissertation research and sit on our committees; however, I believe that any motivated and caring person can mentor a graduate student. Let's retake the word mentor; that includes those of you going into biotech start-ups or public policy - you're not off the hook! The skills developed here at Stanford are launching us into a wide range of careers from improving water sanitation in Africa, to researching the next Lipitor, to rewriting science policy in DC. The education of future students will be greatly enhanced if we, as alums, lend our collective experience and support. Each of you have and will continue to have so much to share with future students.

So, make yourself accessible to current students online. If you're visiting the bay area, contact our student groups and offer to talk about your experiences! Believe me, they'll take you up on it. More broadly though, your responsibility isn't just to the wonderfully privileged students here at Stanford. Wherever you call home, think about reaching out to the local university, high schools and elementary schools. As a Stanford alum, you have the ability to both inspire and support the young scientists of this world. It is not enough to leave mentoring to others. In a world that demands high levels of efficiency and doesn't guarantee job stability, it may seem like a lot to ask, but future generations will thank you for this commitment. You might even find it personally rewarding.

Now onto my second and more immediate mission. I want each and every one of you to truly revel in what you've achieved. That's right - revel - celebrate the magnitude of what you've accomplished. Graduate school is a "choose your own adventure" and your adventure is unique and incomparable. Take the weekend off, take lots of pictures, party with family and friends and let yourself enjoy this finale. If you're like me, and still have papers waiting to be finished; forget about it for a couple of days. It's not going anywhere. This is your graduation, and it is well earned.

Thank you.

Remarks from Medical Student Speaker – Krishnan Subrahmanian did his undergraduate studies at Harvard and also received a MPhil in education from Cambridge University as a Gates Scholar. With his graduation he will begin a training program in Global Pediatrics at the Texas Children's Hospital and the Baylor International Pediatric AIDS Initiative.

Dean Pizzo, Dean Prober, Esteemed guest Dr. Hamburg, Dr. Salvatierra, Dr. Knox, Dr. Blaschke, Dr. Gesunheidt, Dr. Scholl's, Dr. Seuss, Dr. Pepper, Dr. Phil, Dr. Zaius, Dr. Octopus,

Dr. Oz, Dr. J, Dr. Drew, Dr. Dre. Dr. Quinn...Medicine Woman, ladies, gentlemen, friends, family and the newest doctors. The Stanford School of Medicine Class of 2012.

I stand before you with more debt than Greece, unable to afford redundant luxuries like pants underneath an expensive graduation robe, yet so grateful to bear witness to a transformation. For many of you this has been a long haul. Decades of study. Mike Mancuso and Matt Goldstein have been students here since the Ford Administration. It is a big day for them and many of our physician-scientists because not only do they get an MD and a PhD today, they also get to enroll in Medicare and collect social security. Whatever decade we started, we were asked to go into a room and interview a patient for the first time about a serious medical complaint. We were humbled by the tears and pain in that room and when it was over, the patient stood up, gave us a hug and said "Please stop crying. You're going to be a fine doctor...one day". Unsure of what to do, many of us spent our fifteen minutes in idle banter, where are you from? What do you do for a living? Do you come here often? Men, women or both?" All things you would hear at any local single's bar. Because we are all medical students, I assure you this was thoroughly awkward.

Years later, a lot has changed. You know, back when we started medical school we used a substance called paper and now, the kids use their fancy iPads and Angry Birds. When we started medical school, the building was made of cardboard, asbestos and lead and now it is made of platinum and powered by the strength of unicorns. In the spirit of student feedback and animal experimentation our class was guinea-pig to a new grading system. Over the years this has been tweaked and I'm excited to introduce to you today, the newest grading system at this distinguished institution. The top grade is now a smiley face representing "pass-with distinction but stay away from the patients." Next is a face that can neither smile nor frown. This means the student self-injected too much Botox. Finally, frowny face means "Your doctor does not play nice with others. Consider a career in pathology. At Harvard."

The greatest transformation of course, has been in the people gathered here, soon to be minted physicians and scientists. My classmates are an incredible group. We have published authors, and produced professional athletes. Last year seven Stanford medical students founded companies, three founded their own medical schools and four founded their own religions. Incredibly, two students last year learned how to take a blood pressure.

What makes my classmates incredible is not their accomplishments, it is their choice to care day after day. Graduations rarely celebrate the choice of compassion. From preschool to college we've been praised for talent and work. In medicine however, every day we bring our talents, work hard and yet we often, along with our patients, bow down in front of luck. A horrible accident, an aberrant cell. And we realize that while we may be talented, we are just really blessed. With the good health to be here. With the resources and support to be here. Lucky to be educated people in the most influential country in the most connected world ever. Nobody has had greater choice in the great and horrible things they could do. Talented people after all chose to start the sub-prime crisis and MTV's "Jersey Shore." The talents we possess are rather arbitrary. The choices we make are not. What we choose to make our lives about. How we treat others.

Our politicians, society and even alma mater will grant us access and privilege based on our proximity to capital. Yet in the tradition of great caregivers from mothers to teachers to nurses to good friends who listen, you have chosen, instead proximity to people. You researched and knew everything about a disease for rounds but in moments and gestures no one will ever know about,

you showed your patients that this disease was the least interesting thing about them. Your hands welcomed new life into the world and held on through last breathes. Your choice to spend your lives in service, caring for my parents. Our sisters and brothers. Today we celebrate your decision to confront suffering and especially celebrate those people who have chosen to spend their lives showing us how to care.

Administration, Faculty, Staff. The good news for you is that according to the original Hippocratic Oath, you as our teachers are entitled to a sum of our earnings from here on and I am to regard you and your children as family. The bad news for you is that I will now regard you and your children as family. Dear Uncle Dean Pizzo, I will be sleeping on your couch starting Tuesday. Dear Uncle Dean Prober, I need two-hundred thousand dollars and a pair of pants. We thank you for in your role as caregivers, in your role as educators and in your role as people, you always exemplified a life of care and love. You were there and caught us when we fell. Seriously, one of my classmates was in the operating room and just after the nine-hour surgery wrapped up, she began to feel light-headed and fell backwards into the arms of world famous surgeon Dr. Jeffrey Norton. With the efficiency of a surgeon he declared "Give her some room, get her some juice." When she went to apologize for the incident he promptly told her "You're an angel, you retracted perfectly." Again and again, this staff and faculty chose to care for us.

Our families, defined by blood, experience and love have cared for us, even when we didn't earn it. I learned in medical school that I owe a lot to my parents, namely a very bad lipid profile and nightmares about male patterned baldness. My mom once left me a voicemail and because I was a 'very busy' med student, it sat unlistened to for days. I proceeded to work a 30 hour shift and had a great post-call nap. I woke up to a loud knock at the door and found a very friendly Stanford police officer who had received a call from a very angry Indian woman. It is truly an act of care when your family will call the police on you. Worried hours by the phone and extra jobs so we could afford school. Gift baskets full of Twizzlers and journeys across the oceans more opportunities. Families, we thank you and we hope to honor your sacrifices by allowing a fraction of the love and grace you have shown us to be gifted to those in their moment of need.

That this community has transformed awkward medical students into equally awkward physicians is remarkable. As we embark on a life of caregiving, we ask you to remind us, and I remind myself that in order to care for others, we must care for ourselves. Unconditionally. We have all seen doctors, even predecessors from these seats, who were sad, frustrated. We work in a world and live in a field that, that sometimes tells us that we are good and valuable mostly due to a title, a rank, an honor or a Stanford degree. Let us not celebrate our accomplishment alone today for what when the accomplishments end or when they fail to satisfy? When we don't get this fellowship or grant? When everyone on Facebook has a bigger house, prettier baby, and a Nobel Prize. Our faith and this community remind us that it isn't our successes that make us great or construct our identity. Let us celebrate us today and every day, instead for reasons celebrate this work. The reasons we celebrate every patient. Our relationships. Our humanity. Our presence in this brief moment.

Classmates I hope we do continue to cure disease, solve problems and help create a world of deeper knowledge, greater justice and better health. But more importantly, I wish for us lives filled with care, joy and great relationships. Not as an abdication of the responsibility to improve the world, but as a recognition that maybe improving the world begins right there with care, joy and great relationships. I hope you have terrific conversations with patients, mentors and colleagues. I hope you have enough time with your family, friends and loved ones to enjoy

them. And more time, such that you find them boring. And still more time such that you find them annoying. I hope you have great conversations with yourself. But not so loud that other people get scared. I mostly hope you live out the moments and the life for yourself that you will fight so deeply to preserve for others. To the graduates and to this community of Care. I'm humbled by you and your ridiculous good looks. I thank you. I wish you all wonderfully mediocre careers and phenomenal, joyful lives.

Commencement Address by Dr. Margaret Hamburg, Commissioner of Food and Drug Administration.

Dr. Margaret Hamburg literally grew up on the Stanford campus. Her parents, David and Beatrix Hamburg, were pioneers in Psychiatry and Mental Health. David Hamburg was the first chair of Psychiatry when Stanford Medical School relocated to Palo Alto, and he also played founding role in the Human Biology Program. Margaret Hamburg left Stanford after high school to attend the “Stanford of the East,” doing her undergraduate work and medical school education at Harvard University. Following Residency in Internal Medicine at New York Hospital and the Weil-Cornell School of Medicine, she did research in neurosciences at the Rockefeller University. With the onset of HIV/AIDS she joined the National Institute of Allergy and Infectious Diseases at NIH as Assistant Director. Her work in public service continued when she was named the Commissioner of Health for New York City, where her impact on transmission of HIV infection and the control of multi-resistant tuberculosis won national acclaim. She was appointed by President Clinton as Assistant Secretary for Planning and Evaluation, a position she held through the end of the Clinton Presidency. She then served as the Vice President for the Biological Program at the Nuclear Threat Initiative until she was tapped by President Barack Obama on May 18, 2007 to become the 21st Commissioner of the Food and Drug Administration. She is the second woman to serve as Commissioner of the FDA. I have had the honor and privilege of knowing Dr. Hamburg for over 20 years and stand in awe of her incredible accomplishments and leadership. We are proud to have her as our 2012 Commencement Speaker.

Dean Pizzo, trustees, distinguished faculty, parents, families, and friends - thank you for inviting me to participate in this wonderful celebration. I join all of you in congratulating the outstanding 2012 graduates of the Stanford University School of Medicine.

Whether you are receiving an MD, Ph.D, Master's Degree, or a combined degree - you are graduating from an extraordinary institution...and you are poised to do extraordinary things.

As a daughter of Stanford, I admit to some bias, but there are few medical schools, anywhere, that offer the education and training that you have received. The dedication of Stanford's faculty, the caliber of the teaching, the importance of its research, the quality of patient care and the effectiveness of its leadership have earned Stanford Medical School enormous respect and admiration, and secured its position as one of the leading medical institutions in the world.

And for the Class of 2012, *you* too deserve respect and admiration. You have clearly succeeded—even excelled- in this exceptionally dynamic and demanding academic environment. As I look out from this podium, I know that for decades to come you will save lives, solve medical mysteries, and invent technological wonders - building on what you have learned and accomplished here.

There is an old saying that it is better to be lucky than good. True or not, there is certainly a lot of serendipity in life. But Louis Pasteur had a different take. He said, "Chance favors the prepared mind." I was reminded of this every day while serving as New York City Health Commissioner because the quote was inscribed on a wall in our lobby.

But you don't need a reminder. You are already far better prepared than most. And you now belong to a very elite group that has the tools and training to improve the lives of so many... whether it is through research, or medicine, or public service. What you do will matter.

So on behalf of those whose lives you have already touched with your medical and research skills - and will touch in the years ahead - I say: Thank you for working so hard - and preparing so well!

And now I'd like to suggest that you also say - thank you.

First and foremost, thank your families. They've stood by you. They've supported you. And today they share your joy, excitement and pride.

Thank your professors - the faculty and staff who put so much time and effort into teaching you, guiding you, inspiring you, and sometimes prodding you.

And thank each other too - because you never would have reached this auspicious day without the friendship, support, and collaboration of your colleagues.

For many years, Stanford was my home. I lived right on campus where both of my parents were on the Medical School Faculty. Growing up, I was immersed in medicine and science. My parents were physicians and researchers. So were most of my friends' parents. It was the life I saw every day - and it looked fun, exciting and rewarding.

I went to college wanting to be a doctor, but when I got there, I discovered that premed courses weren't so fun and there were plenty of other interesting things to do in life. I got involved with the school newspaper, and for a while considered a career in journalism.

My father now refers to this as the period when I was "drifting." But eventually the "prodigal daughter" saw the light and came around. And when I was admitted to medical school, my Great Aunt Winnie - who was like a grandmother to me - exclaimed "Oh sweetie, I'm so happy - now finally you can marry a doctor!" I did not.

And back then, I was absolutely not planning on a career in government or public service...I wanted to be an academic physician engaged in research, teaching and clinical practice. But that old Yiddish saying is true: People plan and God laughs.

For me, my path took a dramatic turn as I watched the HIV/AIDS epidemic emerge. As first year medical school students, we had been told that with the advent of antibiotics and vaccines, medicine was on the verge of ending the era of infectious diseases.

How wrong that was. Soon cases of a mysterious immune deficiency syndrome began to present. No one knew what caused it. No one knew how to care for it. No one even knew what to call it. But it was AIDS.

By the time I was an intern in New York City, I was taking care of a great many AIDS patients. Even one of my fellow interns was lost to this devastating disease. But we had no effective treatments and no medicine on the horizon. We could offer neither a cure nor hope. For a newly-minted, idealistic doctor like me - that was humbling.

Those early days of AIDS brought many lessons. The AIDS epidemic opened my eyes to the importance of research and global health. It opened my eyes to the need for strategic thinking - and an integrated health care system that harnesses the full continuum of science, medicine and public health. And it opened my eyes to the fact that some of the greatest challenges in medicine exist at the interface of a broader set of social, ethical, political and legal concerns.

The AIDS crisis propelled me into the world of public health and health policy. And yes, this terrible disease opened my eyes, but it also opened a door - the unexpected opportunity to become the New York City Health Commissioner.

My first reaction was: "This crazy! I'm not qualified." Frankly, I was scared. My Aunt Winnie was not altogether happy either. "You will be throwing away the chance - after so many years of training - to be a 'real doctor'," she admonished. My father tried to calm her down, explaining that I would still be a real doctor - but instead of having one patient at time, I would have 8 million. Now, as FDA Commissioner, I guess I have more than 300 million.

I am telling you this because when I sat where you are sitting today, I had no idea that I would one day end up in any of these jobs. Your future will definitely hold many opportunities. You've guaranteed that with the degree you are getting and all your hard work. But what path you choose will be neither obvious nor easy, nor without risk

So be open to and enthusiastically seize new opportunities, wherever and however you find them. Let chance favor your prepared minds...and make sure that you translate your ideas and opportunities into real world action. Even when the path is hard.

When I began as New York City Health Commissioner, the City was facing a fiscal crisis and budgets were being slashed. New York City was not only an epicenter for HIV/AIDS, but we were struggling to deal with the resurgence of tuberculosis in epidemic proportions, and now in a more dangerous and harder-to-treat drug-resistant form. Communities in the city had health statistics that looked more like those of developing countries, and we faced a new threat—domestic terrorism—that required that us to think in new ways about what it means to protect health.

I felt unprepared for so many problems, big and small. Whether it was how to ensure that thousands of TB patients scattered around the city—many of whom were homeless, drug-addicted, or had multiple concurrent medical and social maladies—took their medications reliably for months on end so that they would be adequately treated and in order to prevent further development of drug resistant strains... or how, after a young boy had been bitten by a possibly rabid raccoon, to transport the raccoon's brain up to the only rabies testing lab which was up in Albany when the only employees authorized to transport biological materials were out on strike.

Nothing in my medical school curriculum prepared me with the answers. But we found them: For TB, we sent healthcare workers into homes and under bridges or wherever needed, to make sure that patients took their medicine until cured; and for the raccoon brain, an igloo cooler, a car service, and a willingness to skirt a few rules did the job...and possibly saved a boy's life.

My experience as health commissioner was perhaps the best preparation for my job at the FDA. I entered this role in the midst of similar challenging circumstances. Economic uncertainty, budget constraints, mistrust in regulation, and concern about the future of health care overall.

But to be honest, when I agreed to lead this enormous agency, I did not fully appreciate the scope of the job. As you may or may not know, the FDA regulates drugs, medical devices, vaccines and biologics, the safety of our nation's food supply, blood supply, cosmetics, dietary supplements, and most recently tobacco. FDA regulated products account for over 20-cents of every dollar that consumers spend on products, and they represent things that people really care about—often in life-saving ways.

As an agency, we have to make hard decisions every day - and almost every decision leaves many people unhappy. But as I have learned, especially in the face of complex scientific and sociopolitical challenges, the only way for the FDA to stay on course is to be open, responsive and accountable; have a clear and consistent framework for decision making; weigh risks and benefits carefully; and - above all - ground our decisions in the best-available science.

No matter what you do, I think this is good advice for all.

As future doctors, scientists, and public health officials - much will be expected of you. I urge you to recognize that with your training -and your new titles-comes a broader responsibility.

The poet William Butler Yeats wrote, "Though the leaves are many, the root is one." I hope each of you will always remember that while the leaves of medicine are many, the root is one . . .and that is the imperative to advance human health for all.

Whether you are treating individual patients *as* a practicing physician; delving into the mysteries of life *as* a bench scientist; learning which therapies work best for which diseases *as* a clinical researcher; or addressing the broader issues of public health and health policy *as* a government official- you have the opportunity and responsibility to be part of a whole that's greater than yourselves.

Be willing to work across disciplines, across sectors, across borders. Be willing to work with all those who have a stake in what you are doing or a perspective to offer. I know that this philosophy of productive collaboration is embedded in Stanford's education, research and patient care mission. I hope that you have embraced it and that you will live it in earnest. And why? Because the complexity and urgency of the problems before us demands it.

AIDS is now a chronic, manageable disease—not a life-sentence- because the entire system worked together...from patients and their loved ones who advocated for their needs, to AIDS workers who walked the streets giving out accurate information and urging people to be tested, to doctors in clinics and hospitals who provided care and studied the disease, to dedicated and brilliant researchers in academic, government and private labs who made crucial discoveries about the nature of the disease and how to treat it.

The practice of medicine - and biomedical research - has never been more promising, more exciting, and more fulfilling. From sequencing the human genome, to eradicating small pox, to curing some deadly cancers, to effectively treating HIV infection, much of what is possible today was only a hope when I began medical school. Huge progress has been made. But there is so much more to be done.

So never stop learning; never stop asking questions; and never forget that medicine is an art as well as a science practiced by doctors and researchers who bring to the bedside - and to the bench - not only technology and training, but also their humanity, caring, and concern.

Patients do not put their trust in machines or devices. They put their trust in you. You have already spent years studying, training, doing research and seeing patients. And you likely have many more years of education before you.

But please remember that the more skilled you become, the more specialized you become, and the more dependent on technology you become - the easier it becomes to lose your humanity, forget your compassion, and ignore your instincts.

I have one last piece of advice: never, ever lose your moral compass.

AIDS was a crucible event that changed my career path - and my life's mission. Watching AIDS destroy so many led me to public service where I have had the opportunity to treat not just individual patients, but whole neighborhoods, communities, and populations.

You came of age under the shadow of a different crucible of events: 9/11; a bioterrorist attack; two wars; a flu pandemic; the worst recession since the 1930s; a widening gap between rich and poor; and the specter of everything from unsustainable growth in health care costs, to a widening gap between rich and poor, an aging population, growing conflict in many parts of the world, newly emerging biological threats—both naturally occurring and deliberately caused, global warming... and I'm afraid the list goes on.

I hope you will take advantage of these challenging times to strengthen *your* moral compass - by directing your energies and talents to doing good, not just doing well; that you will combine the knowledge and skills you've gained here at Stanford with the courage of your convictions...to be great doctors and scientists, to speak for those in need or underserved; to advance science in the service of humanity, and to make sure you hand the next generation of doctors and scientists an even more innovative, responsive, curative and preventive health care system than the one that was handed to you.

But all of that is about tomorrow. Today is about you - your joy, your pride, your achievements, and your well-deserved celebration. I offer you all my best wishes for your success and happiness.

Congratulations Class of 2012 - and good luck.

Teaching Awards to Faculty and Residents

The Arthur L Bloomfield Award In Recognition of Excellence in the Teaching of Clinical Medicine

- **Maha Mahadevan, MD**, Associate Professor, Emergency Medicine
- **Keith Posley, MD**, Clinical Assistant Professor, Medicine
- **Roland Torres, MD**, Clinical Associate Professor, Neurosurgery

The Alwin C Rambar-James B D Mark Award for Excellence in Patient Care

- **Paul Mohabir, MD** – Clinical Associate Professor, Medicine – Pulmonary and Critical Care Medicine

The Franklin G Ebaugh, Jr. Award for Advising Medical Students

- **Erika Schillinger, MD**, *Clinical Associate Professor, Internal Medicine*

The Henry J Kaiser Family Foundation Award for Outstanding and Innovative Contributions to Medical Education

- **Madelyn Kahana, MD**, *Professor, Pediatrics and Anesthesia*

The Henry J Kaiser Family Foundation Award for Excellence in Preclinical Teaching

- **Vivek Bhalla MD**, *Assistant Professor, Nephrology*
- **Jeffrey Chi, MD**, *Clinical Assistant Professor, Internal Medicine*
- **Mark Krasnow, PhD**, *Professor, Biochemistry*

The Henry J Kaiser Family Foundation Award for Excellence in Clinical Teaching

- **Jay Jernick MD**, *Clinical Associate Professor, Internal Medicine*
- **Kevin Keet, MD**, *Internal Medicine*
- **Gordon Lee, MD**, *Assistant Professor, Plastic Surgery*

The Arnold P Gold Foundation Award for Humanism and Excellence in Teaching

- **Monica Dua**, *Vascular Surgery*
- **David Iberri**, *Medicine*
- **Michelle Jonelis**, *Neurology*
- **Sid Mahapatra**, *Pediatrics*
- **Mariam Naqvi**, *Obstetrics and Gynecology*
- **Anand Veeravagu**, *Neurosurgery*

Lawrence H Mathers Award for Exceptional Commitment to Teaching and Active Involvement in Medical Student Education

- **John Gosling, MD**, *Professor, Surgery - Anatomy*

School of Medicine Award for Graduate Teaching

- **Nigam Shah, PhD**, *Biomedical Informatics*

School of Medicine Award for Outstanding Service to Graduate Students

- **Daniel Herschlag, PhD**, *Professor, Biochemistry*

Best Lecture or Presentation 2012

- **Lisa Chamberlain, MD**, *Assistant Professor, Pediatrics*

Outstanding Teaching Assistant

- **Daniel Roberts**, *SMS III*

Community Preceptor (Clinical) 2012

- **Erick Miranda, MD**, *Clinical Instructor, Emergency Medicine*
- **Scott Klein**, *Internal Medicine*

The Graduates

Masters of Science

Aarin Celeste Ables
Human Genetics

Tomer Altman
Biomedical Informatics

Robert Thomas Arrigo
Biomedical Informatics

Monica Bhargava, MDck
Health Services Research

Stuart Logan Blair
Biomedical Informatics

Robert Vernon Bruggner, Jr.
Biomedical Informatics

Cynthia Jane Campen
Epidemiology

Shuai Chen
Cancer Biology

Nicole Clarke
Medicine

Mucio Delgado, MD
Health Services Research

Catherine Amalia Del Vecchio
Medicine

Kevin Furman Erickson
Health Services Research

Jian Yu Fung
Biophysics

Meghan Elizabeth Grove
Human Genetics

Ming Guo
Biomedical Informatics

Anita Honkanen, MD
Health Services Research

Emily Clare Hurford
Human Genetics

Michael Hurley
Epidemiology

Konrad Jan Karczewski
Epidemiology

Hyunseok Peter Kang, MD
Biomedical Informatics

Jonathan Karr
Medicine

Dhruv Kazi
Health Services Research

Daniel Li
Biomedical Informatics

Yi Liu
Biomedical Informatics

Robert DeWolfe Mair
Epidemiology

Aditya D. Mantha
Epidemiology

Eleanor Livingston Marshall
Genetics

Matthew William Mell, MD
Health Services Research

Seshadri Mudumbai, MD
Health Services Research

Bitá Meira Nehoray
Human Genetics

Daniel Edmund Newburger
Medical Informatics

Jonathan Paul Palma
Biomedical Informatics

Stephen Pan
Biomedical

Jessica Ellen Pierog
Epidemiology

Michael Peter Polcari
Biomedical Informatics

Jessica Lucille Profato
Human Genetics

Nadine Rayes
Human Genetics

Kimberly Jean Reiter
Health Services Research

Nicelio Sanchez-Luege
Biomedical Informatics

Benjamin Joseph Seligman
Epidemiology

Layla Shahmirzadi
Human Genetics

Jenny I Shen
Epidemiology

Cyrena Torrey Simons
Health Services Research

Jonathan Lee Singletary
Immunology

Mark A.Smith
Biomedical Informatics

Brendan Stubbs
Biomedical Informatics

Nicholas Pierino Tatonetti
Biomedical Informatics

Vivian Tien
Chemical and Systems Biology

Vivien Tsai
Health Services Research

Jason Ruben Wheeler
Biomedical Informatics

Sandra Win
Epidemiology

Daniel Eric Winetsky
Health services Research

Scott Robert Woody
Biophysics

DOCTOR OF PHILOSOPHY

Sarah Joann Aerni
Biomedical Informatics
*Single-Cell Gene Expression Analysis in
C. Elegans*

Michael Nathaniel Alonso
Immunology
*CD4+ T Cells Regulate the Formation and
Function of Inflammatory Dendritic Cells*

Mohammed Nazar AlQuraishi
Genetics
*Non-parametric Energy Potentials:
A Compressed Sensing Approach*

Samuel Bandara
Chemical and Systems Biology
*Parameter Extraction from Single Cell
Dynamics Using Numerical Optimization
Techniques*

Max Ryan Banko
Genetics

*Chemical Genetic Screen for Novel
AMPK α 2 Substrates Reveals a Role for
AMPK in Regulating a Network of Proteins
Involved in Mitosis, Cytokinesis and
Cytoskeletal Reorganization*

Monique Theresa Barakat

Neurosciences

*Hedgehog Signaling: The Role of Cilia in
Developing, Adult and Neoplastic Cells*

Odmara Liz Barreto-Chang

Neurosciences

*Regulation of Neuronal Survival and CREB-
Dependent Transcription by CaV1.2 L-Type
Calcium Channels*

Matthew Strecker Burriesci

Genetics

*Developing Aiptasia Pallida as a Tractable
Model System for Cnidarian-dinoflagellate
Symbiosis: Identifying Transferred
Metabolites and Designing Tools for
Analysis of Ultra-high-throughput-
sequencing Data*

Brad Lee Busse

Biophysics

*Proteomic Single-Synapse Analysis with
Array Tomography*

Amanda Morgan Casto

Genetics

*The Evolution and Demography of X-linked
and GWAS SNPs*

Moria Cairns Chambers

Microbiology & Immunology

Building a Robust Immune Response

David Pei-Ann Chen

Biomedical Informatics

*Integration of Electronic Health Records
and Public Biological Repositories
Illuminates Human Pathophysiology and
Underlying Molecular Relationships*

Jia-Yun Chen

*Chemical and Systems Biology
Systems-level Understanding of Signaling
Regulation on the Cell Fate Decision
Between Proliferation and Differentiation*

Regina Kar-Wuen Cheung

Immunology

*Identification of pDC Subsets by
Cytokine Secretion*

Pohhui Chia

Neurosciences

*Building a Synapse: From Extracellular
Cues to Intracellular Proteins*

Sok Hyon Choi

Immunology

*Mechanisms of Oncogene Addiction and
Tumor Recurrence in MYC-induced
Lymphomas*

Peiying Chuan

Biochemistry

*From Single Molecules to Single Cells:
Mechanistic Studies of Myosin VI and
Cardiac Myosin*

Kelsey Lynne Clark

Neurosciences

*The Role of the Frontal Eye Field in Gating
and Maintaining Object Signals in Short-
term Memory*

Branden John Cord

Neurosciences

*Modeling Midbrain Dopaminergic
Neurobiology and Neuropathology
Using Human ES and iPS Cells*

Erik Corona

Biomedical Informatics

*Effects of Recent Evolution on the Genetic
Basis of Human Disease*

Matthew Davidson

Immunology

Activated T-Helper Cells Promote the Formation of Distinct Monocyte-Derived Dendritic Cells

Catherine Amalia Del Vecchio

Cancer Biology

Defining Novel Functions for the Oncogenic Variant EGFRvIII in Tumor Initiation

Daniel James Dickinson

Cancer Biology

The Origin and Evolution of Alpha-catenin in Epithelial Cell Polarity

Zaoqing “Ching” Ding

Immunology

The Regulation of Neuroinflammation by the Modulation of Myeloid Cells

Badreddin Edris

Genetics

Novel Therapeutic Targets in Soft-tissue Sarcomas

Emily Lawson Egeler

Chemical and Systems Biology

Monitoring How Mammalian Cells Recognize and Degrade Unfolded Proteins

Laura Elizabeth Edgington

Cancer Biology

Functional Imaging of Cysteine Proteases in Cancer Using Novel Activity-based Probes

John Warner Fathman

Immunology

Purification and Characterization of the In Vivo Behaviors of Natural Killer Cell Progenitors and Hematopoietic Stem Cells

Ari Joseph Firestone

Chemical and Systems Biology

Identification and Characterization of Small Molecule Inhibitors of the Hedgehog Pathway Acting Downstream of Smoothened

Lynette Caizhen Foo

Neurosciences

Development of a Novel Method to Purify and Culture Mature Rat Astrocytes

Kirsten Linnea Frieda

Biophysics

Single-molecule Studies of RNA Conformations and Cotranscriptional Folding in Adenine Riboswitches

Lin Gan

Chemical and Systems Biology

Genome-wide siRNA Screen Identifies Novel Regulators of Amino Acid Signaling to mTOR

Saeed Hassanpour Ghady

Biomedical Informatics

Semantic-Based Information Extraction of Biomedical Definitions

Yun Pei Sharon Goh

Immunology

Innate Immune Control of Liver Regeneration and Metabolism

Matthew Jordan Goldstein

Immunology

CpG Vaccine Strategies Induce Tumor-reactive T Cells for Adoptive Therapy of Lymphoma

Jacqueline Leigh Grant

Neurosciences

Unexpected Therapeutic Benefit from Peripheral Administration of Amyloid- β in Th1- and Th17-Versions of Experimental Autoimmune Encephalomyelitis

Ethan Joseph Greenblatt

Biophysics

Derlin-1 Is a Rhomboid Pseudoprotease Required for the Dislocation of Misfolded Proteins from the Endoplasmic Reticulum

Calvin Tyi Hang

Cancer Biology

Cardiac Development, Growth, and Disease Through Chromatin Remodeling

Megan Amanda Hartman

Biochemistry

Studying the Functions of Drosophila Myosin VI Through Identification of Multiple Cargo-binding Proteins

Andrea Elisa Hartsock

Molecular and Cellular Physiology

Regulation Mechanism of E-cadherin: Competitive Regulation of E-cadherin Juxtamembrane Domain Degradation by p120-catenin Binding and Hakai Mediated Ubiquitination

Olivia Louise Hatton

Immunology

Syk Survival Signals in Epstein-Barr Virus (EBV) + B Cell Lymphomas

Robert Tyler Hillman

Genetics

Neuropilins are Positive Regulators of Hedgehog Signal Transduction

Dustin Hite

Biochemistry

Systematic Studies of Genome-wide Translation in Saccharomyces Cerevisiae

Wen Qi Ho

Immunology

Opposition of Calcineurin/NFAT Signaling by the Nuclear Kinase Dyrk1a

Zuocheng Lewis Hong

Genetics

Genetics and Genomics of Mammalian Pigment Patterning

Paul James Hoover

Molecular and Cellular Physiology

Activation of the Calcium Release-activated Calcium Channel by STIM1

Emmy Evangeline Hoy

Microbiology and Immunology

Community Dynamics and Variation of the Murine Intestinal Microbiota in Health and Disease

Tiffany Hung

Cancer Biology

Discovery and Characterization of Noncoding RNAs in the DNA Damage Response

Jennifer Hwa

Neurosciences

Dissecting the Cellular and Molecular Mechanisms Underpinning Two Aspects of Photoreceptor Morphology

Jamie Francine Conklin Imam

Genetics

From Stem Cells to Cancer: The Role of the RB Family in Cell Cycle Control and Differentiation

Katherine LaRoque Jameson

Cancer Biology

Tumor Selective Targeting of a Conserved Scaffold Domain

Max Jan

Cancer Biology

Pre-leukemic Hematopoietic Stem Cells Are Clonal Antecedents of Human Acute Myeloid Leukemia

Jeremy Te-Hsun Juang

Microbiology and Immunology

Peptide-MHC Heterodimers Reveal Differential Contribution of Weak Self-peptides to Positive and Negative Selection

Cigall Kodoch

Cancer Biology

ATP-Dependent Chromatin Remodeling in Human Malignancy: Identification and Characterization of Novel Subunits of the mSWI/SNF-like BAF Complex

Jonathan Karr

Biophysics

Development and Application of Whole-cell Models of Bacteria

Matthew Kaufman

Neurosciences

Neural Mechanisms and Dynamics

Underlying Reaching and Decision Making

Daniel M Klass

Biochemistry

Global Mapping and Characterization of RNA-Protein Interactions Reveals New RNA Binding Proteins and Potential Novel Modes of Regulation and Specificity

Holbrook Kohrt

Cancer Biology

Strategies to Enhance Anti-tumor Immunity: Translating Preclinical Models

Josephine Yuenming Lee

Microbiology and Immunology

Host and Microbial Factors Influence Helicobacter Pylori Localization and Disease Progression

Peter Leader Lee

Chemical and Systems Biology

Localization and Movement: The Yin and Yang of Membrane Trafficking

Wei-Nchih Lee, MD

Biomedical Informatics

Evaluating Clinical Practice Patterns with a Knowledge-based Temporal Sequence Alignment Method

Hwei-Xian Leong

Immunology

Retinoic Acid Deficiency Reprograms Lamina Propria Dendritic Cells to Drive Inflammation and Tumor Growth in Spontaneous Intestinal Neoplasia

Xinhong Lim

Developmental Biology

Identification of Wnt-responding Stem Cells and Wnt-producing Niche Cells in Skin Homeostasis, Injury and Cancer

Audrie Lin

Microbiology and Immunology

The Association of Gut Microbiota and Gut Function with Health and Disease in Bangladeshi Children

Jia-Ren Lin

Chemical and Systems Biology

Investigating the Molecular Mechanism of DNA Replication Associated Mutagenesis in Human Cells

Ray Lin

Biomedical Informatics

A Stochastic Model of Cancer Progression and Screening

Linda Yang Liu

Biomedical Informatics

Multi-scale Data-driven Analysis of Sex Differences in Human Disease

Manuel Eduardo Lopez, Jr

Developmental Biology

Regulable and Cell-type-specific Rescue of Niemann-Pick Disease Type C, a Neurodegenerative Lysosomal Storage Disorder

Michael Robert Mancuso

Cancer Biology

Novel Regulators of Angiogenesis and Cerebrovascular Integrity

Michelle R Marques

Cancer Biology

Elucidating the Mechanism of EWS-Fli1 Induced Oncogenesis

Sonia R Mayoral

Neurosciences

Sex Differences in a Mouse Model of Neonatal Brain Injury Associated with Preterm Birth

Mark Allan McElwain

Developmental Biology

*An Analysis of the WntD Signaling Pathway
in Inhibition of Dorsal Activity and
Embryonic Primordial Germ Cell Guidance*

Carissa Bove Meyer

Biochemistry

*An In Vitro CENP-A Assembly Assay
Reveals a Role for CENP-C in CENP-A
Deposition*

Christina Meyer

Biochemistry

*Recognition of a Hapten Molecule by
Gamma Delta T Cell Receptors*

Christopher Jason Moore

Genetics

*Genetic and Biochemical Analysis of the
Ribonuclease E Family of Proteins and
Escherichia Coli*

Alexander Anthony Morgan

Biomedical Informatics

*Methods of Study Integration in Multiplex
Molecular Medicine*

Thuy-Duong Barbara Nguyen-Vu

Molecular and Cellular Physiology

*Neural Mechanisms of Cerebellum-
dependent Learning: Error Signals and
Enhanced Plasticity*

Irene Adaugo Onyeneho

Molecular and Cellular Physiology

*The Role of Map6-like Proteins in Cilium
and Centrosome Function; and Microtubule
Stability*

Scott Fraser Owen

Molecular and Cellular Physiology

*Oxytocin Enhances Signal-to-noise in
Hippocampal Feed-forward Transmission
by Selective Action on Targeted Interneuron
Subtypes*

Chirag Jagdish Patel

Biomedical Informatics

*Environment-wide Associations to Disease
and Disease-Related Phenotypes*

Samuel Mark Pearlman

Biomedical Informatics

*A Mechanism for the Evolution of
Phosphorylation Sites*

Julie Rebecca Perlin

Developmental Biology

*Schwann Cell Migration and Myelination in
Zebrafish Peripheral Nerves*

Soren Joseph Peterson

Biochemistry

*Molecular and Cellular Mechanisms of
Tracheal Invasion of Polarized Muscle
Networks in Drosophila*

Lori Katherine Phillips

Immunology

*Innate and Adaptive Immune Responses to
Neural Progenitor Cell Allografts*

Justine Michelle Pompey

Microbiology and Immunology

*Characterization of an RNaseIII Protein and
its Potential Roles in the RNA Interference
Pathway of the Protozoan Parasite,
Entamoeba Histolytica*

Laura Marie Prolo

Neurosciences

*Impaired Myelination in a Mouse Model of
the Free Sialic Acid Storage Disorders*

Paul George Rack

Chemical and Systems Biology

*Genetic and Chemical Studies Towards the
Understanding of Gli Regulation*

Kavya Rakhra

Immunology

*An Essential Role of the Immune System in
Remodeling the Tumor Microenvironment
Upon Oncogene Inactivation*

Victoria Antonina Rafalski

Neurosciences

The SIRT1 Deacetylase in Neural Stem Cell Function and Oligodendrocyte Generation in Adults

Andreas Maximilian Rauschecker

Neurosciences

Visual Cortical Circuitry of Building Word Representations

Alexander Robert Red Eagle

Genetics

The IL-4/STAT6 Signaling Pathway in the Development of Obesity Induced Insulin Resistance

Simona Rosu

Genetics

Regulation of Meiotic Recombination: DNA Double-strand Break Formation and Repair in C. Elegans

Kacey Layn Sachen

Immunology

Self-antigen Recognition in the Pathogenesis of Follicular Lymphoma

Louis Alexander Saddic, III

Cancer Biology

Methylation of the Retinoblastoma Tumor Suppressor by SMYD2 & Functional Interactions Between Retinoblastoma and C-MYC in a Mouse Model of Hepatocellular Carcinoma

Keyan Salari

Genetics

Exploring Cancer Biology Using Integrative Genomics

Johanna Roberta Schaub

Cancer Biology

RILP-like Proteins and Ciliary Protein Trafficking

Mark Anthony Sellmyer

Chemical and Systems Biology

Chemical Tools to Observe and Perturb Complex Biology

Alan Hunter Shain

Cancer Biology

Using Integrative Genomic Approaches to Understand the Biology of Pancreatic Cancer

Erin Forbes Simonds

Microbiology and Immunology

Single-cell Deep Profiling of Immune Signaling and Drug Responses in Normal and Malignant Human Hematopoiesis

Alfred Sun

Cancer Biology

Direct Conversion of Human Fibroblasts to Neurons: A Tale of Recapitulation of a MicroRNA/chromatin Switch During Mammalian Neural Development

Christina D'Aura Swanson

Immunology

The Role of Epidermal Growth Factor Receptor in Autoimmune Arthritis

Nicholas Pierino Tatonetti

Biomedical Informatics

Data-driven Detection, Prediction, and Validation of Drug-drug Interactions

Ruth Ilana Tennen

Cancer Biology

To the Telomeres and Beyond: Chromatin Regulation by the Mammalian Sirtuin SIRT6

Feng-Chiao Tsai

Cancer Biology

Temporal and Spatial Coordination of Ca²⁺ Signaling in Cell Migration

Mark Akira Tsuchida

Biochemistry

Dynamics and Mechanics of the Actin Cytoskeleton Ex Vivo

Nikoleta Georgieva Tsvetanova

Biochemistry

*Characterization of Novel RNA-protein
Regulatory Interactions in Saccharomyces
Cerevisiae*

Eric L Van Nostrand

Genetics

*Genomics-driven Insights into Links
Between Development and Aging in C.
Elegans*

Adrianne Elizabeth Vasey

Immunology

*Immune Cell Trafficking and Function
in Allogenic Responses*

Saul Abraham Villeda

Neurosciences

*Regulation of Neurogenesis and Cognitive
Function by the Aging Systemic Milieu*

Yue Wan

Cancer Biology

*Understanding Transcriptomes Through
RNA Structure*

Stephanie Crane Weber

Biochemistry

*Macromolecular Motion In Vivo:
Anomalous Diffusion Through an "Active"
Viscoelastic Medium*

Jared William Wenger

Genetics

*Natural Variation and Evolved Trade-offs in
Yeast Carbon Metabolism*

Nathaniel Shattuck Woodling

Neurosciences

*Molecular Mechanisms of Inflammation
in Models of Alzheimer's Disease*

Guanglei Xiong

Biomedical Informatics

*Computational Methods of Modeling
Vascular Geometry and Tracking
Pulmonary Motion from Medical Images*

Xiao Xu

Cancer Biology

*A GATA Transcription Factor, Egl-27,
Promotes Stress Response and Longevity in
C. Elegans*

Alper Yetil

Cancer Biology

*Role of P19ARF in MYC Inactivation
Induced Senescence and Sustained Tumor
Regression and Generation of Inducible
BM11 Transgenic Model*

Rayka Yokoo

Genetics

*COSA-1, a Meiotic Crossover Site
Associated Protein*

Fouad Zakharia

Genetics

*Efficient Methods for the Study of
Subcontinental Structure in Admixed
Populations*

Huibin Zhang

Genetics

*In the Right Place at the Right Time:
Understanding Basic MicroRNA Biology
Through the Control of Developmental
Timing by Lin-4 and Let-7 in C. Elegans*

Weibin Zhang

Genetics

*Regulation and Coordination of
Homologous Pairing and Synapsis During
Caenorhabditis Elegans Meiosis*

Junaid Ziauddin

Microbiology and Immunology

*Priming by Streptococcus Pneumoniae
Causes Changes in Gene Expression in
Drosophila Melanogaster*

Noah Zimmerman

Biomedical Informatics

*A Computational Approach to Identification
and Comparison of Cell Subsets in Flow
Cytometry Data*

Doctor of Medicine

Tina Amarnani
McKinsey & Company
New York, NY

Omar Amir
Brigham & Women's Hospital
Boston, MA • Internal Medicine

Adriana Pamela Anavitarte
Stanford Hospital and Clinics
Palo Alto, CA • Pediatrics

Anna Chen Arroyo
Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Dinah Lukshani Arumainayagam
O'Connor Hospital
San Jose, CA • Family Medicine

Melanie Alexandria Atmadja
Stanford Hospital and Clinics
Palo Alto, CA • Pediatrics

Natalie Janet Badowski
Stanford Hospital and Clinics
Palo Alto, CA • Emergency Medicine

Monique Barakat
Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Odmara Barreto-Chang
Stanford Hospital and Clinics
Palo Alto, CA • General Surgery

Sarah Louise Bauer Huang
University of Washington Affiliated
Hospitals Seattle, WA • Child Neurology
Krista Lauren Birnie

Stanford Hospital and Clinics
Palo Alto, CA • Pediatrics

Joaquin Q Camara-Quintana
Yale University – New Haven Hospital
New Haven, CT • Neurological Surgery

Alexander Saul Cardenas
San Mateo Behavioral Health &
Recovery Services
San Mateo, CA • Psychiatry

Amanda Casto
Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Christina Ann Chen
Santa Clara Valley Medical Center
San Jose, CA • Transitional
Stanford Hospital and Clinics
Palo Alto, CA • Diagnostic Radiology

Yi-Ren Chen
Stanford Hospital and Clinics
Palo Alto, CA • Neurological Surgery

Vinca Chow
Brigham & Women's Hospital
Boston, MA • Anesthesiology

Carlene Lihalakha Chun
Oregon Health & Science University
Portland, OR • Internal Medicine

Ian Corcoran-Schwartz
Stanford Hospital and Clinics
Palo Alto, CA • Orthopaedic Surgery

Branden John Cord
Yale University – New Haven Hospital
New Haven, CT • Neurological Surgery

Agnieszka Dorota Czechowicz
Children's Hospital
Boston, MA • Pediatrics

Eric Andre Davalos
Stanford Hospital and Clinics

Palo Alto, CA • Surgery – Preliminary
University of California Los Angeles
Harbor Medical Center
Los Angeles, CA • Diagnostic Radiology

David Paul Feliciano
Residency to Begin in 2013

Liliya Golas
Santa Clara Valley Medical Center
Santa Clara, CA • Medicine – Preliminary

Elizabeth Sara Goldsmith
University of Minnesota School of Medicine
Minneapolis, MN • Internal Medicine

Matthew Jordan Goldstein
Brigham & Women's Hospital
Boston, MA • Medicine – Primary

Luis Balmore Gutierrez
Santa Clara Valley Medical Center
San Jose, CA • Transitional
University of California San Francisco
San Francisco, CA • Diagnostic Radiology

Christopher Hemond
University of Hawaii
Honolulu, HI • Medicine – Preliminary
Stanford Hospital and Clinic
Palo Alto, CA • Neurology

Robert Tyler Hillman
University of California San Diego
Medical Center
La Jolla, CA • Obstetrics & Gynecology

Paul Hoover
Brigham & Women's Hospital
Boston, MA • Internal Medicine

Ryan Huss
Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Megan Leigh Insko
Brigham & Women's Hospital
Boston, MA • Internal Medicine

Kathleen Elizabeth Jacobs
University of California San Diego
Medical Center
La Jolla, CA • Medicine – Preliminary
University of California San Diego
Medical Center
La Jolla, CA • Diagnostic Radiology

Taha Jan
Massachusetts Eye and Ear Infirmary
Boston, MA • Otolaryngology

Thomas Michael Johnson
Oregon Health & Science University
Portland, OR • Emergency Medicine

Richard Hayden Jones
University of Minnesota Medical School
Minneapolis, MN • Diagnostic Radiology

Jeremy Tehsun Juang
Brigham & Women's Hospital
Boston, MA • Anesthesiology

Jonathan Thomas Kleinman
Exempla St Joseph Hospital
Denver, CO • Medicine – Preliminary
University of California Los Angeles
Medical Center
Los Angeles, CA • Neurology

James Thomas Link
University of California San Diego
Medical Center
La Jolla, CA • Internal Medicine

Ryan K Louie
University of Hawaii
Honolulu, HI • Psychiatry

Robert DeWolfe Mair
Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine
Michael Robert Mancuso
Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Eleanor Marshall

Georgetown University Hospital
Washington, DC • Transitional
University of Texas MD Anderson
Cancer Center
Houston, TX • Radiation Oncology

Marlene Martin

University of California San Francisco
San Francisco, CA • Internal Medicine

Mary Kathryn McClellan

University of California San Francisco
San Francisco, CA • Family Medicine

Juan Carlos Montoy

University of California San Francisco
San Francisco, CA • Emergency Medicine

Nathaniel James Myall

Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

David-Huy Nhu Nguyen

University of California San Francisco
San Francisco, CA • Internal Medicine

Wendy Pang

Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Jennifer Janell Parker

Rush University Medical Center
Chicago, IL • Medicine – Preliminary
Yale University – New Haven Hospital
New Haven, CT • Diagnostic Radiology

Jeremy Pearl

Kaiser Permanente Medical Center
San Francisco, CA • Medicine – Preliminary
University of California San Francisco
San Francisco, CA • Anesthesiology

Brian Craig Pridgen

Stanford Hospital and Clinics
Palo Alto, CA • Plastic Surgery (Integrated)

Laura Marie Prolo

Stanford Hospital and Clinics
Palo Alto, CA • Neurological Surgery

Shyam Sampath Raghavan

University of California San Francisco
San Francisco, CA • Surgery – Preliminary
University of California San Francisco
San Francisco, CA • Plastic Surgery

Alexander Robert Red Eagle

Stanford Hospital and Clinics
Palo Alto, CA • Internal Medicine

Christopher Hunt Renninger

Naval Medical Center
San Diego, CA • Orthopaedic Surgery

Louis Alexander Saddic, III

Brigham & Women's Hospital
Boston, MA • Medicine – Preliminary
Brigham & Women's Hospital
Boston, MA • Anesthesiology

Hersh Sagreiya

Abington Memorial Hospital
Abington, PA • Medicine – Preliminary
University of Pennsylvania Medical Center
Philadelphia, PA • Diagnostic Radiology

Keyan Salari

Massachusetts General Hospital
Boston, MA • Surgery – Preliminary
Massachusetts General Hospital
Boston, MA • Urology

Michael Scahill

University of California San Francisco
San Francisco, CA • Pediatrics – Primary

Judith Amanda Schwartz

University of California San Francisco
San Francisco, CA • Pediatrics

Sarah Jane Selig

O'Connor Hospital
San Jose, CA • Family Medicine

Mark Athony Sellmyer

Kaiser Permanente Medical Center

Santa Clara CA • Medicine – Preliminary
Hospital of the University of Pennsylvania
Philadelphia, PA • Diagnostic Radiology

Elena Sherman

California Pacific Medical Center
San Francisco, CA • Medicine – Preliminary
Stanford Hospital and Clinics
Palo Alto, CA • Neurology

Luz Maria Silverio

University of California San Francisco
San Francisco, CA • Emergency Medicine

Christina Stachur

Stanford Hospital and Clinics
Palo Alto, CA • Anesthesiology

Krishnan N Subrahmanian

Baylor College of Medicine
Houston, TX • Pediatrics / Global Health

Michael Andrew Sundberg

Brigham & Women's Hospital
Children's Hospital
Boston, MA • Medicine – Pediatrics

Chad Tang

University of Texas Medical School
Houston, TX • Medicine – Preliminary
University of Texas MD Anderson
Cancer Center
Houston, TX • Radiation Oncology

Wenshuai Wan

Santa Clara Valley Medical Center
Santa Clara, CA • Transitional
Hospital of the University of Pennsylvania
Philadelphia, PA • Diagnostic Radiology

Cassia Anne Wells

New York University School of Medicine
New York, NY • Internal Medicine

Jane Whitney

Children's Hospital
Boston, MA • Pediatrics

Daniel Eric Winetsky

Hospital of the University of Pennsylvania
Philadelphia, PA • Internal Medicine

Victoria Gah Hay Woo

University of California San Francisco
San Francisco, CA • Obstetrics &
Gynecology

Judy Y Yeh

Cleveland Clinic Foundation
Cleveland, OH • Obstetrics & Gynecology

Ruo Peng Zhu

University of Michigan Hospitals
Ann Arbor, MI • Internal Medicine

Special Acknowledgement

Jose T Sandoval, MD

Class of 1977
Donna, TX • Family Medicine

Other Awards and Honors

- **Dr. Steve Quake**, Lee Otterson Professor in the School of Engineering and Professor of Applied Physics and, by courtesy, of Physics, has been awarded the 2012 Lemelson-MIT Prize in recognition of his inventions. Quake invented a chip, similar to those in electronic devices, that lets scientists take nearly 10,000 different measurements at once. Through his work, called microfluidic large-scale integration, companies and research organizations are able to use the rubber chip technology in developing cancer drugs. The Lemelson-MIT Prize is known as the “Oscar for inventors” and recognizes people who translate ideas into innovations that improve the world.
- **Dr. Fernando Mendoza**, Professor of Pediatrics at Lucile Salter Packard Children’s Hospital, has received the President’s Award for Excellence through Diversity.
- **Dr. Ware Kushner**, Associate Professor of Medicine (Pulmonary and Critical Care Medicine), has been named as the recipient of this year’s William A. Nelson Award for Excellence in Health Care Ethics. This award was established to recognize a Veterans Health Administration employee and is based on the nominee’s contributions that demonstrate long-term commitment and achievement in the area of ethics education, consultation, policy, scholarship, or leadership.
- **Dr. Robert Tibshirani**, Professor of Health Research and Policy (Biostatistics), has won the 2012 Gold Medal of the Statistical Society of Canada (SSC). This award is the highest distinction bestowed by the SSC. It is given annually to a Canadian statistician or probabilist who has made outstanding research contributions to statistical sciences and is intended to honor a leader in the field.
- **Information Resources and Technology (IRT)** has been awarded the 2012 AMX Innovation Award for Automation & Control. It was selected from over 500 applications from universities across the globe.

Congratulations to all!

Appointments and Promotions

Alexander Butwick has been appointed to Assistant Professor of Anesthesia, effective 5/01/2012.

Andrew D. Endy has been reappointed to Assistant Professor of Bioengineering, effective 6/01/2012.

Nayer H. Khazeni has been appointed to Assistant Professor of Medicine, effective 6/01/2012.

Michaela Liedtke has been reappointed to Assistant Professor of Medicine, effective 9/01/2012.

Mark Pegram has been appointed to Professor of Medicine, effective 5/01/2012.

Eila Skinner has been appointed to Professor of Urology, effective 5/01/2012.

Edda Spiekerkoetter has been appointed to Assistant Professor of Medicine, effective 6/01/2012.

The Dean's Newsletter: July 2, 2012

The State of Health in the US: Not Even the End of the Beginning

The much-anticipated decision of the US Supreme Court on June 28, 2012 reawakened the national debate on healthcare in the US with much of the rhetoric that preceded the signing into law of the Patient Protection and Affordable Care Act (ACA) by President Barack Obama on March 30, 2010. Chief Justice Roberts wrote the 5-4 decision that upheld the constitutionality of the ACA and specifically its mandate that all US citizens must have health insurance (even now nuanced through a tax or supported by the federal government if they fall below 133% of federal poverty). The "mandate" for healthcare coverage had been challenged in a series of lawsuits under the banner of the *"National Federation of Independent Business et al v. Sebelius, Secretary of Health and Human Services, et al."* In a 59-page opinion that was joined by Justices Ginsburg, Breyer, Sotomayor and Kagan, Chief Justice Roberts concluded that an individual mandate for health insurance "is within Congress's power to tax." This provided an alternate way to uphold the constitutionality of the ACA, rather than the more widely and publicly debated proposal that it could be supported through the Commerce Clause that authorizes Congress to regulate interstate commerce. While Chief Justice Roberts decided against the use of the Commerce Clause, the decision that the mandate could be enforced through the taxing power of Congress proved critical to the majority decision upholding the constitutionality of the ACA.

Justices Scalia, Kennedy, Thomas and Alito filed a separate minority and dissenting opinion that the ACA "exceeds federal power" and "that the entire statute is inoperative."

While the individual mandate was upheld by Chief Justice Roberts' majority opinion, the Court ruled that while Congress can offer states the choice to accept an expansion of Medicaid as delineated under the ACA, they cannot do so in a fashion that the Court deemed coercive by requiring states to adopt the expansion or risk losing existing Medicaid funding. The expansion of Medicaid is thus left to the states to decide whether to pursue - a decision that has a number of implications, given the economic challenges a number of states currently face, and which have been made even worse by the economic downturn that began in 2008.

Needless to say, the issue of healthcare reform has been front and center in the press and in politics over the past several years and especially the last week. And while the ACA is a major step toward developing a more organized health and healthcare system for the US, it is an imperfect and complicated legislation that addresses only some of the important challenges we face as a nation, where healthcare costs continue to rise and now represent nearly 18% of the GDP. These excessive costs (twice that of other developed nations) do not come with clear metrics supporting the success of our "fee-for-service" employer-based health insurance care. Nor are the issues and debates around organizing healthcare for the US new, although most efforts to reform or organize healthcare have resulted in frustration and failure - which is what makes the recent Supreme Court decision so important. Several Stanford faculty members have offered their perspectives on the Supreme Court decisions (see: <http://scopeblog.stanford.edu/2012/06/28/stanford-experts-respond-to-supreme-courts-decision-on-health-law/>).

Indeed most of the 20th century was rife with debates about healthcare in the US, beginning with Teddy Roosevelt's endorsement of social and health insurance during his failed attempt to regain the presidency in 1912 as the candidate from the Progressive Party. Over the ensuing decades and through nearly every presidency, from FDR through Barack Obama, decisions about whether to introduce healthcare reform were intently avoided (notably by FDR) or more comprehensively pursued (e.g., Truman, Johnson, Clinton, Obama) but virtually always with divisive forces defining the boundaries of the debate in what has become market driven healthcare rather than a more thoughtfully organized healthcare system. Even today, when the unemployment rate still exceeds 8%, many point to healthcare as one of the important drivers of the local and national economy. Certainly healthcare has become a major employer in a number of cities and states, providing jobs and opportunities for millions of citizens. However, the notion that the market will correct the rising costs of medical care has certainly not been demonstrated to date, not the least reason being that health and healthcare are not commodities in the usual sense of the word - and, in the case of the US are impacted by divergent interests and perverse incentives. As discussed in a recent Perspective article in the June 28th *New England Journal of Medicine* entitled "*The Health Care Jobs Fallacy*" (see: <http://www.nejm.org/doi/full/10.1056/NEJMp1204891>), Katherine Baicker and Amitabh Chandra argue that "*The bottom line is that employment in the health care sector should be neither a policy goal or metric of success. The key policy goals should be to achieve better health outcomes and increase overall economic productivity, so that we can all live healthier and wealthier lives.*"

The journey to healthcare reform has been detailed and documented in countless scholarly articles, policies statements, the lay and professional press and public debates.

An interesting chronicle of the efforts to address healthcare by various Presidents, from FDR to Obama, is described in ***The Heart of Power: Health and Politics in the Oval Office*** by David Blumenthal and James Morone (2010. University of California Press). While there is no denying that the ACA is landmark legislation, it really only addresses certain aspects of health and healthcare and to varying extents is more of a reform of healthcare insurance than healthcare in its broader domains. As such it is really a beginning - but an important one nonetheless. While there are certainly many different views, had the ACA been declared unconstitutional or the mandate not allowed as a tax, much of what has been achieved since 2010 in insurance reform would likely unravel, in part or in whole. And much of what is still to come would have been stalled or thwarted, especially in today's highly polarized political environment. Since signing the ACA by President Obama in 2010, 57 different provisions of the ACA have been brought forth, of which some 52 are in effect. These provisions are wide ranging and some are already popular to Americans; however, most are unknown, a number of which are important. Moreover, a number of important aspects and provisions of the ACA are slated for 2013-2018, several of which will play a key role in the ultimate shift from a more individualized "fee-for-service" payment system to one that is based on the health of communities and populations. These changes also take place among the most exciting eras in our understanding of human biology and the risk for disease (and health) that is both individual and population based. Brief descriptions of some of the provisions yet to be introduced are listed below.

In 2013:

- State Notification Regarding the American Health Benefit Exchange
- Closing the Medicare Part D coverage gap (sometimes referred to as the "doughnut hole")
- Establish pilot programs to develop and evaluate "bundled payments" through Medicare
- Increase matching payments for preventive services in Medicaid
- Increase Medicaid payments for primary care physicians
- Increase the threshold for itemized deductions for unreimbursed medical expenses (except for a waiver for individuals 65 years or older through 2016)
- Limit the contributions to flexible spending accounts for medical expenses to \$2500 per year
- Increase in Part A Medicare taxes on a wage basis
- Eliminate tax-deduction for employers who receive the Medicare Part D retiree subsidy payments
- An excise tax of 2.3% on the salable of taxable medical devices
- Disclosure of financial relationships between health entities - which includes physicians, pharma, etc. (previously known as the Physician Sunshine Act)
- Creation of "Consumer Operated and Oriented Plans" to foster the creation of non-profit member run health insurance companies
- Extension of the Children's Health Insurance Program (CHIP) through 2015

In 2014

- Expansion of Medicaid to individuals not eligible for Medicare with incomes up to 133% of the federal poverty level. *This was one of the provisions that was impacted by the Supreme Court decision as noted above*
- Provision that hospitals participating in Medicaid can make presumptive eligibility determinations for Medicaid-eligible populations
- The "mandate" for US citizens and legal residents to have qualifying health coverage begins to go into effect. *This was one of the central issues of the Supreme Court decision - and as noted above, it is now approved as a "tax"*
- State-based exchanges - the "American Health Benefit Exchanges and Small Business Health Options Program Exchanges" become operative for small businesses with up to 100 employees
- Health insurance premium subsidies will be available to families with incomes between 133-400% of the federal poverty level so they can purchase insurance through the Exchanges
- Guaranteed and renewable health insurance will be available regardless of health status - the ratio of which may vary by certain factors such as age, geographic area, family composition, tobacco use
- Limits on the dollar value of insurance coverage will become prohibited.
- Essential health benefits that provide a comprehensive set of services will be created and include categories of plans that can be offered
- The Office of Personnel Management will be required to contract with insurers to offer at least two multistate plans in state "Exchanges", one of which must be by a non-profit entity and at least one of which must not provide coverage for abortions beyond those permitted by federal law
- A temporary reinsurance program will be created to collect payments from health insurers to provide payments of plans in the individual market that cover high-risk individuals
- States are permitted the option to create a Basic Health Plan for uninsured individuals with incomes between 133-200% of the federal poverty level who would otherwise be eligible to receive premium subsidies in the Exchange
- An assessment of \$2000 per full-time employees (excluding the first 30), on employers with more than 50 employees that do not offer health insurance coverage and have at least one employee who receives a premium tax credit
- Medicare Advantage plans will be required to have "medical loss ratios" no lower than 85% (which means that more dollars will go to direct health than to administrative costs)
- Financial incentives will be given to employers offering wellness programs and meeting "health-related standards"
- New fees will be levied on the health insurance sector
- An Independent Payment Advisory will be established to submit legislative proposals containing recommendations to reduce the per capita growth in Medicare spending if spending exceeds a target growth rate
- Medicare payments to Disproportionate Share Hospitals (DSH) will be reduced initially by 75% and subsequently increased on the percent of uninsured and uncompensated care provided

- Medicaid Disproportionate Share Hospital Allotments will be reduced but the methodology is to be established by the Secretary of HHS
- Medicare payments to hospitals will be reduced for "hospital-acquired conditions" by 1%

In 2015

- There will be a 23% increase in the Children's Health Insurance Program (CHIP) match rate up to a cap of 100%

In 2016

- States are permitted to form "health care choice compacts" and insurers can sell policies in any state permitted in the compact.

In 2018

- An excise tax on insurers of employee-sponsored health insurance plans with aggregate expenses that exceed \$10,200 for individuals and \$27,500 for family coverage

Clearly the 35 additional provisions that are expected to unfold between 2013-2018 are somewhat of a hodgepodge of actions that are mainly focused on health insurance reforms and payments from federal and state entitlement programs (Medicare and Medicaid). While the ACA will provide care to a majority of the US citizens and legal residents who are currently uninsured and while it attempts to reduce some of the payments and the basis for the payments (quality and safety in addition to service performed) in Medicare and Medicaid, this does not, in itself, constitute or provide a new comprehensive healthcare system. Nor does it necessarily control healthcare costs. A short and highly readable summary of this challenge is covered well in Victor Fuch's Perspective article in the March 25, 2012 issue of the *New England Journal of Medicine* entitled "*Major Trends in the U.S. Health Economy since 1950*" (see: <http://www.nejm.org/search?q=victor+fuchs>). About this there is much work to be done and it will require bold and creative new approaches to the delivery of health and healthcare and a focused attention on quality, efficiency, service - and cost. Thankfully Stanford University Medical Center is deeply committed to achieving these goals and has embarked on a number of initiatives that are unfolding now and that will continuously evolve over the years ahead.

I shared above the scope of the ACA provisions yet to come since some will shape the political and healthcare debate that will unfold in the months and years ahead. I doubt that many of them will be clearly delineated in the general public coverage of the health care debate - or that those engaged in the debate fully appreciate their scope and potential impact. Clearly there will be proponents and detractors in a debate that has been unfolding for decades - and that will likely continue for decades to come. While it is easy to frame the debate around government control or escalating costs or "medical loss" and insurance or Medicare fraud and abuse, it is the human condition that underlies this issue

- and it rests very much on whether we consider health care a commodity or a human right, an individual responsibility or a province for government oversight and regulation. Moreover health and healthcare cannot be divorced or separated from other societal issues and challenges. These are well framed in an article entitled "*To Isaiah*" that appeared in the June 27th issue of JAMA

(see: <http://jama.jamanetwork.com/article.aspx?articleid=1199158>) that Dr. Mike Link, Professor of Pediatrics, called to my attention. Dr. Don Berwick, a longtime colleague of mine, and the recent Administrator of the Centers wrote this thoughtful essay on medicine and society for Medicare and Medicaid Services (CMS). It is very much worth reading and offers much reflection as the healthcare debate continues to unfold.

As I noted at the outset of this Newsletter, the recent Supreme Court decision is just another chapter in the end of the beginning of the healthcare reform in the US. Much remains to be done before the US has a comprehensive healthcare system we can all be proud of. Hopefully Stanford Medicine will play an important role in achieving that goal.

Team Science Workshop Series

As scientific discoveries and translations become increasingly interdisciplinary and collaborative, there is an increasing need to prepare and train scientists for effective teamwork. Since its inception in 2008 as part of the Stanford Clinical and Translational Award (CTSA), the Career Development and Diversity Center (CDD), led by Dr. Hannah Valentine, Senior Associate Dean for Diversity and Leadership, has been developing programs for education in Team Science, an emerging field focused on understanding and managing facilitators and inhibitors to interdisciplinary collaborative science.

This year, based on feedback from prior programs, the CDD created the Team Science Workshop Series, the first educational initiative with a defined curriculum on principles and strategies for team effectiveness. The series, which ran from January to May 2012, consisted of five 2.5- to 3-hour workshops led by leading scholars and practitioners in Team Science. The workshops covered, in order: 1) an overview of Team Science in the clinical and translational research landscape (Dr. Holly Falk-Krzesinski, Northwestern University Clinical and Translational Science Institute); 2) discussions on building trust, vision and expectations in scientific collaborations (Drs. Michelle Bennett and Howard Gadlin, NIH); 3) case studies of interdisciplinary clinical and translational research teams (Drs. Maritza Salazar, Claremont Graduate University, and Theresa Lant, Pace University Lubin School of Business); 4) practical exercises and discussions around management of conflicts, team norms and team processes (Dr. Barbara Gray, Penn State Smeal College of Business); and 5) interactive exercises for teamwork, trust-building and creative thinking (Dan Klein, Stanford University and Rich Cox, ImprovImpact).

A total of 41 faculty members and 10 research professionals and administrators (including three invited guests from UCSF) participated in the Team Science Workshop Series. Faculty participants were selected based on recommendations of their involvement in and commitment to interdisciplinary collaborative research. Participants represent fourteen departments in the School of Medicine, across ranks and faculty lines, and varied positions and roles in research administration. Their research teams span across clinical and basic science disciplines, often also reaching into engineering and

natural sciences, and many participants hold leadership roles in multiple teams. Over half of the participants attended three or more workshops, and surveys of participants before and after the series suggest gains in feelings of preparedness for leading and building effective team processes.

Feedback from participants has been encouraging and suggestive of interest in further Team Science training programs. Participants noted the importance of gaining new perspectives and learning from one another. The series also provided networking opportunities, as some participants have joined together to begin new research collaborations. The CDD is currently working to develop a second follow-up series to explore the practices and conditions that foster team effectiveness and productivity through more in-depth and experiential education processes.

Congratulations to Dr. Valantine and Candy Ku for a successful program, which is addressing a key training need for advancing translational research. We look forward to continuing Team Science education efforts at Stanford.

Awards and Honors

- **Dr. David Spain**, Professor of Surgery, was named the inaugural holder of the Carol and Ned Spieker Professorship at a celebratory luncheon and ceremony on June 26, 2012. This new professorship was made possible because of the generosity and commitment of Carol and Ned Spieker and also honors Ned's friend of more than six decades, Dr. David Gregg. Dr. Gregg is currently a clinical associate professor in the department of surgery and is widely recognized as an outstanding physician and surgeon who has played a critically important role in trauma surgery at Stanford - and for Mr. Spieker specifically. In addition to honoring Dr. Spain as the first incumbent of this new professorship, the Spieker family has determined that when Dr. Gregg retires, the professorship will be renamed the David L. Gregg, MD Chair in Acute Care Surgery. We are indebted to Carol and Ned Spieker and offer congratulations to Dr. Gregg and to Dr. Spain.
Profile: http://med.stanford.edu/profiles/David_Spain/
- **Dr. Susan Swetter**, Professor of Dermatology and Director of the Pigmented Lesion and Melanoma Program at Stanford University Medical Center and Cancer Institute was honored on May 17th with the Melanoma Research Foundation's *2012 Humanitarian Award* for her commitment to the prevention, treatment and cure of melanoma.
Profile: http://med.stanford.edu/profiles/Susan_Swetter/

Appointments and Promotions

- **Vivien Abad** has been appointed as Adjunct Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 6/01/12.
Profile: http://stanfordhospital.org/profiles/Vivien_Abad
- **Fred Ackroyd** has been appointed as *Adjunct Clinical Professor* of Surgery, effective 9/01/12.

- **Kavin Desai** has been appointed as Adjunct Clinical Assistant Professor of Pediatrics, effective 4/01/12.
Profile: http://stanfordhospital.org/profiles/Kavin_Desai
- **Lorne Eltherington** has been appointed as Adjunct Clinical Associate Professor of Anesthesia, effective 6/01/12.
- **Cia Foreman** has been promoted to Adjunct Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective May 1, 2012.
- **Ricardo Munoz** has been appointed as Adjunct Clinical Professor of Psychiatry and Behavioral Sciences, effective 9/01/12.
- **Rebecca Powers** has been promoted to Adjunct Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 6/01/12.
- **Brian Roberts** has been promoted to Adjunct Clinical Assistant Professor of Medicine, effective 8/01/12.
- **David Seidenwurm** has been appointed Adjunct Clinical Associate Professor of Radiology, effective 8/01/12.
- **Albert Shen** has been promoted to Adjunct Clinical Assistant Professor of Medicine, effective 3/01/12.
- **Michael Smith** has been promoted to Adjunct Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 6/01/12.
Profile: http://stanfordhospital.org/profiles/Michael_Smith

Dean's Newsletter

July 24, 2012

Welcome to Provost Lloyd Minor as the Next Dean of the Stanford University School of Medicine

I am extremely pleased to extend my personal welcome to Dr. Lloyd Minor, who will succeed me as Dean of the School of Medicine on December 1st. Dr. Minor's contributions in science and medicine and currently as Provost of The Johns Hopkins University School of Medicine were well delineated in the announcement of his appointment on Wednesday July 18th (see: <http://med.stanford.edu/ism/2012/july/minor.html>). Over the weeks that I have interacted with Dr. Minor since the Search Committee and Provost completed their deliberations, I have been very impressed by the thoughtful and thorough way he has sought to learn about Stanford as a medical school and university. Dr. Minor's commitment to excellence is evident from his many past accomplishments and important leadership positions, and I am sure that he will work in a visionary and insightful manner with faculty, students, staff and leaders across the Medical Center and University to guide the future of Stanford Medicine to even greater heights and accomplishments.

While I will do so again in my last Dean's Newsletter this November, I also want to thank our entire community for their dedicated commitment to making Stanford Medicine a truly outstanding institution and community of excellence across all its missions. Despite the many challenges facing academic medical centers, the future for

Stanford Medicine is exceptionally bright and is made even more so by the appointment of Dr. Minor as the next dean.

Precision Medicine and the Health of Individuals and Communities: Managing Expectations

Hardly a day goes by when there isn't a report about a promising new discovery, insight, technologic breakthrough, new test or potential treatment from the rapidly advancing world of human genomics - and the modifying impact of epigenomics, proteomics, microbiomics, and metabolomics, now gathered under the banner of "omics." Indeed, it is a very exciting time in science and medicine, but it is also a time when enthusiasm and passion can give way to expectations that exceed current knowledge. This is a story we have witnessed many times, when enthusiasm and oversimplification can be taken for fact and when promissory messages advance beyond current realities.

At Stanford, exciting new technologies and opportunities have unfolded from the work of a number of scientists. One of the most notable is the recently reported "integrative personal genomics profile" described by Dr. Mike Snyder and his colleagues. They collected billions of bits of data serially, thus permitting a unique (and highly individualized) glimpse into how his genes and proteins responded to changing conditions of health and disease. In a seminal paper published in the March 16, 2012 issue of the journal *Cell*

(<http://www.sciencedirect.com/science/article/pii/S0092867412001663>), Snyder and his colleagues reported on the monitoring of some 20,000 distinct transcripts that coded for some 12,000 genes and measured the levels of over 6,000 proteins and over a thousand metabolites. The amount of data generated from this study of a single individual is staggering and illustrates that the rate-limiting step in the future will be how to gather, store, analyze and utilize massive amounts of data. While the technology permits rapid sequencing and unique measurements to be done in humans, it will be the wisdom and subsequent algorithms developed by biostatisticians and informaticians that will permit such data to be useful in day-to-day clinical settings. Clearly these opportunities are exciting, but they are also fraught with hazard – not just because of what is now known, but also more importantly because of what remains to be learned and analyzed.

Generalizing from unique individual experiences minimizes the incredible technologic, analytic and evidence based medical and even ethical issues that must be understood.

The excitement and potential of the opportunity has gone hand in hand with recent promises being made by medical centers around the nation – nearly all of which are forecasting personalized medicine as imminent and transformative. While it is easy to share in the excitement, we also have a responsibility to be cognizant of what we do know and can do now, versus what we think we can do but really don't know if we can accomplish. As in the past there is a competitive rush among academic medical centers and biomedical research institutes to be the "leader" in this endeavor. At Stanford we are fortunate to have among the most talented scientists in the world in this rapidly emerging discipline – from the molecular to the population levels. We also have the advantage of incredible depth in computer science, engineering, informatics and statistics. There is

every reason to aspire to lead this field – as long as we do so with evidence and responsibility. Some of the challenges dealing with the massive deluge of data are the topic of the newly published Summer 2012 issue of Stanford Medicine (see: <http://stanmed.stanford.edu/2012summer/>). I encourage you to read these excellent and timely articles.

Some very difficult lessons have been learned from centers where perceived potential became a marketing tool for cancer treatment – as was evidenced by the serious problems that impacted the Duke Cancer Center in recent years (duke http://www.nytimes.com/2011/07/08/health/research/08genes.html?_r=1). A recent series of articles in the *New York Times* also illustrates some of the extraordinary areas of promise as well as disappointment in cancer genomics (see: <http://www.nytimes.com/2012/07/08/health/in-gene-sequencing-treatment-for-leukemia-glimpses-of-the-future.html?ref=ginakolata> and <http://www.nytimes.com/2012/07/09/health/new-frontiers-of-cancer-treatment-bring-breathtaking-swings.html?ref=ginakolata> and <http://www.nytimes.com/2012/07/10/health/genetic-test-changes-game-in-cancer-prognosis.html?ref=ginakolata>). Of course the cycle of promise and disappointment is hardly new to scientists, physicians – or the patients and public we serve. But they are reminders to approach new knowledge with respect, thoughtfulness and evidence – as well as with enthusiasm.

The need for such balance prompted the Institute of Medicine of the National Academy of Sciences to issue a March 23, 2012 report entitled the “Evolution of Translational Omics: Lessons Learned and the Path Forward” (see: <http://www.iom.edu/Reports/2012/Evolution-of-Translational-Omics.aspx>). In the précis to this report, IOM notes that *“Genomics, proteomics, and other branches of molecular bioscience offer the prospect of greater precision in medical care, but some clinical tests based on “omics” research have proved invalid and highlighted the challenges of dealing with complex data. To enhance the translation of omics-based discoveries to clinical use, a new report by the Institute of Medicine recommends a detailed process to evaluate whether the data and computational steps underlying such tests are sound and the tests are ready to be used in clinical trials. The proposed process defines responsibilities and best practices for the investigators, research institutions, funders, regulators, and journals involved in development and dissemination of clinical omics-based technologies.”* While the cautions and caveats noted by the IOM are important, it is not really feasible for each institution to define best practice in isolation. Rather, this is something that should be part of a national standard setting – although individual institutions, including Stanford, can help pave the way to a national dialogue.

Recognizing that the national dialogue is really in its nascent stages, it seems important to provide some guidance for how we should proceed with the “omics revolution” within the Stanford University Medical Center. Accordingly, the CEOs of Stanford Hospital and Clinics along with the Dean of the School of Medicine and the Vice Provost for Research have recently assembled two committees – one to address “omics” in clinical care at SUMC, and the second to provide guidance and recommendations on the infrastructure

needed to support “omics” at SUMC. Each of the Committees includes representatives from SUMC and the University. They will be led by Dr. Steve Galli, The Mary Hewitt Loveless Professor and Chair of Pathology, and will provide a white paper report to the SUMC and University leadership by December 2012. These two Committees have just begun their work in the past week. Because this is such an important issue for our entire community I am taking the liberty of sharing the charge to each of these committees, recognizing that the scope and depth of their work and deliberations will almost certainly evolve as they get underway this month. Here are the charges:

1. ***To the Guidelines and Policy Committee: make recommendations and develop guidelines regarding the use of genomic and other "omics"-based data (such as those derived from assessments of patients' transcriptomes, proteomes, metabolomes, microbiomes, etc.) for the clinical care of patients at SHC and LPCH. Specific charges include:***

- Make detailed recommendations regarding how to provide such "omics-guided" clinical care in a manner that advances the goals of providing leading edge and coordinated patient care and ensuring that Stanford take a leadership role in such efforts, while also maintaining full compliance with all applicable certification requirements, regulations, and policies that apply to such testing, including HIPAA, CLIA, and Joint Commission/CAP/ASHI.
- Ensure that the recommendations set guidelines for the appropriate use of "omics testing" that: (1) clearly differentiate between the requirements to define the analytical and clinical validity of such testing, and those required to document clinical utility; (2) differentiate between the use of such testing for research vs. clinical care; (3) ensure that SUMC physicians and their patients who agree to have omics testing performed (whether on themselves or on dependents such as minor children) understand when the testing is being done solely or partly for research as opposed to when and how such testing can be used solely or partly for clinical care, including the limitations of testing that does not have documented clinical utility; and (4) develop guidelines for when the availability or use of such testing can be reported in any news releases, advertising, or fund-raising activities of the SOM, SHC or LPCH and how the clear distinction between the research and clinical uses of such testing should be maintained.
- Provide estimates of the costs of various approaches to implementing its recommendations.
- Propose a mechanism to provide scientific and clinical oversight of this ongoing effort.
- Recommend an oversight mechanism that ensures that such testing is developed and performed in full compliance with Stanford's policies regarding individual and institutional conflicts of interest.
- Produce a white paper document to convey these recommendations to the SUMC and University leadership.

2. ***To the Infrastructure Committee: make recommendations regarding the requirements for data storage, security, and use for employing human genomes and other large data sets (such as those derived from other "omics" analyses, or from digital anatomic pathology or radiology) for the care of patients at SHC and LPCH***

- Make recommendations regarding the requirements for: (1) acquiring and managing the amount of data storage capacity (whether within SUMC or elsewhere), (2) security provisions, and (3) IT functionality needed in order to use large data sets such as those derived from genomic and other "omics" studies to care for patients at SHC and LPCH in a manner that is fully compliant with all applicable certification requirements, regulations, and policies that apply to such testing, including HIPAA, CLIA, and Joint Commission/CAP/ASHI. The recommendations should specifically address the issue of whether patients' individual genomes or other large data sets should be embedded in the patients' SHC or LPCH EMRs, or instead should be accessible when needed for clinical care but stored outside of the standard EMR.
- Define the: (1) facilities, (2) personnel (professional and support), and (3) institutional capabilities required for the bioinformatic analysis of the results of such testing, and for linking such data, and such data analysis tools to the electronic medical records of SHC and LPCH.
- Provide estimates of the costs of various approaches to implementing its recommendations.
- Propose a mechanism to provide scientific, IT and clinical oversight of this ongoing effort.
- Recommend an oversight mechanism that ensures that such bioinformatics analysis and other IT functionality is developed and performed in full compliance with Stanford's policies regarding individual and institutional conflicts of interest.
- Contribute to a white paper document to convey these recommendations for the SUMC and University leadership.

There is little question that these deliberations will be a work in progress that will be informed by new insights along with data emerging from Stanford as well as from institutions around the nation and world. Importantly, these Committees will also help inform other major initiatives underway to align precision medicine with population health sciences. The goal of this alignment is to create a bidirectional flow of knowledge on the inherent biological and environmental factors affecting health and disease for individuals as well as for communities. These are exciting opportunities that will change the way we think about human biology and establish new paradigms for how we care for communities.

Personalized Medicine Witnessed Through an Individual Lens

Appropriately, there is a much greater focus on preserving health and wellness now, as part of the evolving health care reform debates and discussions in the US, than in previous eras. Of course, an important component of preserving health is personal responsibility. We all recognize that there are features of health and disease that we can't control as individuals because of genetic or epigenetic risk factors (as discussed above) or because of just bad luck. Often when physicians or the public think of preserving health, diet and exercise quickly become prominent in the discussion. And for good reason! There is no question that obesity is becoming a major health liability in the US and that it is rapidly emerging as a worldwide problem, with short and long-term consequences to individuals and societies. We also recognize how valuable exercise is to physical wellness – from cardiovascular health to helping prevent dementia – and we know as well that lack of exercise impacts obesity and that obesity negatively impacts exercise.

In a number of ways I have not been shy about sharing my personal views on personal health as well as broader topics about healthcare in the US. I have tried to “practice what I preach” about personal health and wellness, and I thought I was making good decisions about exercise and diet. But I missed a simple health maintenance practice that has had a number of negative personal consequences and that has compelled me to consider another facet of wellness through a different lens. Moreover, as I have become more attentive to this practice, I also see it is one overlooked by many of my colleagues as well, probably including a number of you. It came to my personal attention in an ironic way.

In late April of this year I was preparing to leave on the red eye to DC (a regular itinerary for me) that was to include a meeting the next day with the Office of the Secretary of the Department of Health and Human Services about a report that I had chaired for the Institute of Medicine. Having spent nearly eight intense months with a dedicated committee, our report, entitled “*Relieving Pain in America*”, (see also http://deansnewsletter.stanford.edu/archive/07_05_11.html#1) addressed the public health problems associated with chronic pain. More than 100 million American adults experience chronic pain from various causes at a cost of \$560-635 billion dollars per year. That's more than we spend as a nation on cardiovascular disease, cancer and diabetes combined. Despite these expenditures and the incredible toll on individuals and the nation, we lack many of the tools to accurately diagnose, treat and prevent chronic pain. Our report proposed “*A Blueprint for Transforming Prevention, Care, Education, and Research*” (which published in November 2011 by the National Academies Press). What I didn't realize as I helped prepare the report on pain in America and got ready to return to Washington to help continue to foster its implementation was that I would soon be one of the 100 million. It began, as it often does, with a simple act that was soon accompanied by acute back pain that has been followed by a long chronic phase mandating a number of changes and accommodations. I was first surprised but, in retrospect, recognize that I had not taken the personal responsibility to avoid or prevent this injury.

Part of the problem was that until this personal health challenge arose, I thought of myself as in “great shape.” For many (many) years I have run 50-70 miles per week, without any real joint aches or pains, seeming to defy the conventional wisdom that one

gets out of balance. Of course, what I hadn't done (despite many cautions to do so) was to also pay attention to building "core body strength" and preserving a healthy posture. In fact I had done terribly in both areas. Since April, I have now done what tens of millions of Americans have had to do, to greater or lesser extents. I have sought medical advice, had MR scanning, had physical therapy, utilized acupuncture, done lots of exercises and stretches - and engaged in posture training (which has been particularly challenging for a body with decades of sitting and standing in the wrong directions).

So, why I am sharing this personal saga with you? I now recognize that my problems, probably like tens of millions of others, is a result of not paying attention to well known features of personal wellness. Of course I realize that sharing my personal experience as advice is starting to sound paternalistic – although I remember well the admonitions of friends and colleagues about how poor my posture was. But that is not the reason for this commentary. Now that I am actually paying more attention to posture for my own health and wellness, I am also more attentive to how significant an occupational hazard it is in our community. Over the years I have heard from countless surgeons and anesthesiologists about their personal encounters with neck and back pains that not infrequently curtailed or limited their clinical practice and that were the result of their posture and position in the operating room. It is not, however just in the operating room, since most of us are slumped over computers, just as I am now trying **not** to do as I type this Newsletter. Accordingly, I have used my personal experience to also address this topic with a number of our surgical leaders and colleagues, encouraging them to include posture and ergonomic management for new trainees to help them prevent adopting sitting and standing patterns that will ultimately have a consequence on personal well-being. Similar concerns really apply to all of us whether we are caring for patients, working at the bench or sitting in front of computers.

As I have noted above, the expense of treating pain in America is truly astounding. And ascertaining one's personal genomic sequence would influence almost none of the outcomes, including early diagnosis and management. But many billions of dollars that are spent on lost productivity in the workplace, as well as the cost for medical interventions, could be saved if we devoted more attention to posture, ergonomics and core strengthening, in addition to diet and exercise. I see this more clearly through my personal experience – and I also see lots of my colleagues who are in the queue for a similar experience to mine unless simple health and wellness procedures are exercised, literally and figuratively.

The Convergence of Individuals and Institutions: Celebrating 50 Years of Clinical Trials Research on Hodgkin's Disease and 51 Years of Contributions by Dr. Saul Rosenberg

Friday, July 13th featured a "*Celebration of Success in the Treatment of Hodgkin's Disease*" (see also <http://med.stanford.edu/ism/2012/july/hodgkins-0716.html>). Fifty years ago the first clinical trial on Hodgkin's disease was done at Stanford led by the pioneering partnership of Drs. Henry Kaplan and Saul Rosenberg. Five decades later

the world of cancer biology and Hodgkin's disease has changed dramatically and serves as a remarkable beacon for discovery and innovation in science and medicine. Work begun at Stanford in Hodgkin's disease in 1962 created collaborations and debates of global significance. Studies in Hodgkin's disease helped shape the field of radiation oncology (largely because of the invention by Kaplan and Ginzton of the linear accelerator). This work also helped define the use of cancer chemotherapy as well as the role of combination chemotherapy and multi-modal therapy. It shaped the way clinical trials were conducted at single institutions and as multi-institutional trials.

This work gave rise to the concept and use of multidisciplinary teams, tumor conferences and collaboration between specialists in medical and pediatric oncology, radiation oncology, surgical oncology, pathology, and supportive care. The follow-up of Hodgkin disease survivors gave evidence of long-term complications (including second malignancies and organ damage) that, in turn, shaped the direction of subsequent clinical studies. As one looks at the history of Hodgkin's disease one can witness the story of cancer diagnosis, treatment and prevention that shaped the latter part of the 20th century and that is being reconfigured with more specific diagnostic tools and treatments in the 21st century. (Parenthetically, a highly readable book that tells the story of Hodgkin's disease and other important malignancies in the Pulitzer Prize winning 2010 book entitled *The Emperor of All Maladies: A Biography of Cancer*, by Dr. Siddhartha Mukherjee).

The symposium on July 13th also brought together many of the seminal investigators from around the world who contributed to the successful treatment of Hodgkin's disease. Importantly, this event appropriately celebrated the 51 year career of Dr. Saul Rosenberg on the Stanford faculty and his transformative role in defining and finding successful treatments for Hodgkin's disease. It is a unique story of individuals and institutions with pioneering ideas and the dedication to bring them to fruition for the benefit of patients. The institutional star of Stanford and Dr. Saul Rosenberg's own star shine very brightly in this story.

Special thanks to the Stanford Lymphoma group and especially Drs. Richard Hoppe and Ranjana Advani for their incredible efforts in making the event possible – and for their own important roles in contributing to the successful treatment of Hodgkin's disease.

Upcoming Event: Medicine X Conference, September 28-30

Medicine X Conference

September 28-30

Li Ka Shing Center for Learning and Knowledge

Discount available for Stanford community

Medicine X is an exciting new conference that explores how emerging technologies will reshape the practice of health and medicine. The conference takes place Sept. 28-30 at the Li Ka Shing Center for Learning and Knowledge. The conference will feature two days of talks by leaders from around the world, a Self Tracking Symposium, and once-in-a-lifetime chance to participate in a design workshop at design firm IDEO. Discounted tickets (up to 56 percent off) are available for faculty, staff, students, and alumni until

Monday, August 6th. STAP funds may be used for reimbursement of the registration fees with your supervisor's approval. For more information, visit: <http://stan.md/medxstanford>

Awards and Honors

- **Dr. James Brooks** was named the first incumbent of the Keith and Jan Hurlbut Professorship in Urology at a wonderful celebratory dinner on July 11th. Congratulations to Dr. Brooks.
- **Dr. Tracy Rydel**, Clinical Assistant Professor of Medicine, and **Dr. Sermsak (Sam) Lolak**, Clinical Assistant Professor of Psychiatry and Behavioral Sciences, have been selected as Rathmann Family Foundation Educators-4-CARE (E4C) Medical Education Fellows in Patient-Centered Care for 2012-2013. This program provides the part-time salary support for a Stanford faculty, fellow, or chief resident to pursue further study and activities focused on the promotion of patient-centered care in medical education. The Educators-4-CARE program, launched in 2008, formally recognizes the critical importance of mentors and clinical teachers by providing tangible support to a cadre of skilled and dedicated teachers of the practice of medicine. Please join us in congratulating Drs. Rydel and Lolak for this important achievement.
- **Dr. Joseph P. Garner**, Associate Professor of Comparative Medicine, has just been named the recipient of AALAS' 2012 Bhatt Young Investigator Award. This prestigious award is given to an outstanding young scientist who has made significant contributions to the fields of laboratory animal science or comparative medicine. Joe's research on animal behavior and animal models of human psychiatric disorders have truly advanced these fields.
- **Dr. John Pringle**, Professor of Genetics, has been selected to receive the Lifetime Achievement Award from the Genetics Society of America. This major recognition is given for lifetime contributions in the field of yeast genetics and outstanding community service. The award will be presented to Dr. Pringle at the Yeast Genetics and Molecular Biology Meeting on August 3rd at Princeton University.
- **The Arnold Gold Foundations Award for Humanism and Professionalism in Medicine** was awarded to 16 medical students based on recommendations of their peers and colleagues at a celebratory event on Friday July 20th. The honorees include:
 - Yi An, SMS 5
 - Joseph Carpenter, SMS 4
 - Andrew Chang, SMS 5
 - Stesha Doku, SMS 5
 - Harry Flaster, SMS 5
 - Deepa Galaiya, SMS 5
 - Jeremy Harris, SMS 4
 - Walter Igawa-Silva, SMS 6
 - Ahlia Kattan, SMS 4

- Ashley Koegel, SMS 5
- Anna Krawisz, SMS 5
- Temitope Lanre-Amos, SMS 4
- Julia Pederson, SMS 4
- Stephanie Smith, SMS 4
- Amy Waterlain, SMS 4
- Joslyn Woodward, SMS 5

Please join me in congratulating this year's recipients of the Arnold Gold Foundation Award for Humanism and Professionalism in Medicine.

Appointments and Promotions

Daniel T. Chang has been promoted as Associate Professor of Radiation Oncology, effective 6/01/12.

Hayley Gans has been reappointed as Assistant Professor of Pediatrics, effective 8/01/13.

Robert Harrington has been appointed as Professor of Medicine, effective 7/01/12.

Stephen Luby has been appointed as Professor of Medicine, Senior Fellow at the Freeman Spogli Institute for International Studies and Senior Fellow at the Woods Institute for the Environment, effective 9/01/12.

Josef Parvizi has been promoted as Associate Professor of Neurology and Neurological Sciences, effective 6/01/12.

Lee Sanders has been appointed as Associate Professor of Pediatrics, effective 6/01/12.

Stephen L. Skirboll has been promoted as Associate Professor of Neurosurgery, effective 6/01/12.

Justin L. Sonnenburg has been reappointed as Assistant Professor of Microbiology and Immunology, effective 6/01/12.

Dean's Newsletter

August 27, 2012

The MD Class of 2012 Arrives at Stanford

We welcomed the incoming MD class of 2012 on Wednesday, August 22nd for their official "transition" to the Stanford University School of Medicine. This year's entering class is our largest. For many years we have admitted 86 students to the MD (and combined MD/PhD) program. We had planned to increase the medical student class size

to 90 students for the class entering in 2012, but we actually will be matriculating 92 students – a record size for Stanford, albeit happily so. These 92 students were selected from an applicant pool of 6810 and are a remarkably talented group. More than half are women and 13 come from communities underrepresented in medicine. Twenty-five were born outside the US; their countries of origin include Australia, Canada, China (including Hong Kong), Ghana, Germany, India, Indonesia, Pakistan, the Philippines, the Russian Federation, Saudi Arabia, Taiwan and the United Kingdom.

Although 70 of the incoming students come from a relatively small number of colleges and universities (17), with the largest contingent (also 17) coming from Stanford), 39 different undergraduate programs are represented. In addition, 14 students have also completed either a Masters or a Doctorate in addition to their undergraduate degree. Nine students join Stanford's MSTP (Medical Science Training [MD/PhD] Program) and at least an equal number will elect to pursue a PhD degree in addition to an MD over the next year or two. Many others will elect to pursue joint degrees with one of the six Stanford Schools where we have joint programs or with UC Berkeley for an MD/MPH degree.

Our incoming students join Stanford with many other accomplishments, talents and interests beyond undergraduate and graduate degrees. Some 30 percent of the incoming students already have peer-reviewed publications, nine have been varsity athletes and twenty have spent at least three months working outside the US.

The vast majority of the incoming students joined with some 25 rising second year students led by Lindsay Sceats and Megan Roosen-Runge for a three-day "SWEAT" (Stanford Wilderness Experience Activity Orientation Trip) Camping Trip from August 18-21 just prior to attending orientation to medical school. This has proven to be a great entry to Stanford – fostering new friendships and shared experiences. The orientation culminated with the "Stethoscope Dinner" on Friday evening, August 24th, which is co-sponsored by the Stanford University Medical Center Alumni Association (SUMCAA). This annual event represents a wonderful opportunity to celebrate the entry of our new students, along with their families, into our Stanford community and family. Dr. Charles Prober, Senior Associate Dean for Medical Education, served as a wonderful "master of ceremonies." Dr. Linda Clever, Associate Dean for Alumni Affairs, in her welcoming comments, made the analogy between the new community of students and families and redwood trees, which exist in groves, share common roots and help support each other – each is stronger as a member of a community than standing alone. The importance of being part of the new Stanford family and community was echoed elegantly in the welcoming comments of Roxana Daneshjou, President of the Stanford Medical Student Association and SMS 4.

In my welcoming comments at the Stethoscope Dinner I highlighted three points. First was the relevance and symbolic importance of the stethoscope and why we celebrate it at the beginning of medical school. As you likely know, Rene Laennec, a French physician, invented the stethoscope in 1816 to improve the diagnosis of chest conditions. While it is distinctly unusual for any invention or innovation to last for as long as the stethoscope

(and indeed there are a number of more precise tools available to clinicians today), this device still has practical and symbolic importance in medicine and, I think, at Stanford specifically. Discovery and innovation are the underpinnings of our missions and efforts at Stanford, and the stethoscope is evidence of the transformative potential of invention. Equally importantly, the stethoscope connects the physician to the patient, compels touch as a symbol of humanism, and also underscores the importance of listening – to the sounds of illness and their verbal and nonverbal expressions in those we serve. Connecting innovation and discovery with humanism and professionalism is at the heart of Stanford Medicine, and the Stethoscope celebration – including giving a new stethoscope to each of our students as part of the entrance to medical school – helps underscore our core values and our aspirations for our future students.

My second point was the importance of focusing on health and wellbeing and not simply on disease as we strive to renew and reshape our medical care systems in the US. This is essential to controlling the spiraling costs of the medical care we provide and, indeed, to the future of our nation. I also emphasized the importance of each student and future physician fostering and promoting her or his own health and wellbeing. A career in medicine is a lifelong journey – in fact, it is a linked series of marathons (really ultra-marathons) – and being as fit and able oneself serves as both a model for health and a means to ensure and enhance one's ability to deliver care.

Finally, I emphasized the importance of Stanford students learning and taking positions of leadership in whatever career path they choose or community they join. The enormous challenges we face today – and will surely need to address in the future – requires leaders, advocates and champions who help create and discover knowledge, improve lives and care for individuals and communities. We have been part of a rich legacy of leaders coming from Stanford Medicine in the past and have every reason to hope that our new students will become the leaders of tomorrow.

I am pleased to share the names of our incoming 2012 class of Stanford medical students:

Muthuraman Alagappan
Stanford – BS, Biochemical Engineering

Whitman College – BA, Biochemistry & Molecular Biology

Noel Fahed Ayoub
UC Los Angeles – BS, Integrative Biology and Physiology

Sebastian Caliri
Yale – BS/MS, Molecular Biophysics & Biochemistry

Margaux Black
Harvard – BA, Psychology

Harvind Chahal
UC Berkeley – BA, MCB-Biological Chemistry

Elena Brandford
Pomona College – BA, Public Policy Analysis - Chemistry

Julia Chandler
Harvard/Pace – BA/MS, Economics/Adolescent Education

Carson Burns

Arhana Chattopadhyay

Harvard – BA, Chemical and Physical
Biology

Mei-Hsi Chen

U of Toronto – BS, Laboratory Medicine
and Pathobiology

Brian Cheung

U of Michigan – BS/MS/PhD,
Aerospace Engineering/Mechanical
Engineering

Bina Choi

MIT – BS, Chemistry

Raymond Deng

Washington St. Louis/Harvard –
BA/MPH, Biology, English
Literature/Health Policy

Anjali Dixit

Stanford/Columbia – BS/MPH,
Biological Sciences/Public Health

Christopher Dove

Truman State – BA, Biology,
Philosophy and Religion

Benjamin Dulken

U of Washington – BS, Bioengineering

Anne Erickson

Stanford – BA, Human Biology

Rogelio Esparza

Princeton – BA, Molecular Biology

Natalia Festa

Harvard – BA, Sociology

Alexander Fogel

CalTech – BS, Business Economics and
Management

Michael Fu

U of Pennsylvania – BS, Bioengineering

Trit Garg

UC Berkeley – BA, Public Health

Megan Garland

Boston U – BA, Chemistry,
Neuroscience

Gregory Gaskin

Stanford – BS, Science, Technology and
Society

Benson George

MIT – BS, Biology

Yannick Goeb

UC Los Angeles – BS, Physiological
Science

Angela Guerrero

CSU Los Angeles – BS, Biochemistry,
Chemistry

Lichy Han

Johns Hopkins – BS, Applied
Mathematics and Statistics, Biomedical
Engineering

Harrison Hines

Duke – BA, Chemistry, Religion

Karen Hong

Johns Hopkins – BA, Public Health

Brian Hsueh

Printeton- BA, Computer Science,
Engineering Biology, Neuroscience

Grace Hunter

Stanford/London School of Hygiene –
BA/MS, Human Biology/Public Health

Michael Hurley

MIT/Stanford – BS/MS – Materials
Science and Engineering/Epidemiology

Diana Huynh

Stanford – BS, Biology

Nadir Ijaz

Duke – BS, Chemistry

Zarah Iqbal

Columbia – BA, Neuroscience and Behavior

Joshua Jaramillo

Brigham Young U – BA, Latin American Studies

Rashmi Jasrasaria

Harvard – BA, Social Studies

Julia Jezmir

Boston U – BA, Biochemistry & Molecular Biology

Maxwell Kligerman

Duke – BA, Political Science

Anisha Kumar

Harvard – BA, Anthropology

Ami Kumordzie

Johns Hopkins – BS, Biomedical Engineering

Grace Laidlaw

Stanford – BS, Biology

Joyce Lee

UC Berkeley – BA, Molecular Biology

Alexander Li

Yale – BS/MS, Molecular Biophysics & Biochemistry

Matthew Li

U of Alberta – BS, Biological & Physical Sciences

Grant Lin

Indiana U – BS, Biochemistry, Neuroscience

Emily Lines

U of Chicago – BA, Biological Sciences

Brian Liu

Johns Hopkins – BS, Biomedical Engineering

Lydia Maurer

Yale – BA, Political Science

Amar Mirza

University of Georgia – BS, Biochemistry & Molecular Biology

Leslie Modlin

Duke – BA, Program II: Biopsychosocial Health

Nuriel Moghavem

Columbia – BA, Neuroscience and Behavior

Tara Mokhtari

MIT – BS, Chemistry

Margaret Mumbi Mongare

Smith College – BA, Biochemistry

Alexander Morgan

Brandeis/Stanford – BA/MS/PhD, Physics, Biomedical Informatics

Michael Nedelman

Yale – BA, Film Studies

Thuy Nguyen

Stanford – BS, Biology

Michelle-Linh Nguyen

Tufts – BA, Anthropology

Colin O'Brien

Brown – BS, Human Biology

Janet Okogbaa

Stanford – BA, Human Biology

Albert Pedroza

Arizona State – BS, Biochemistry

Marcelina Perez

Stanford – BS, Biology

Noelle Pineda

Stanford – BA, Human Biology

Lauren Pischel

Brown – BS, Biology

Elizabeth Qin

Washington U St. Louis – BA, Biology

Meera Ragavan

U of Pennsylvania – BS, Business,
Biology

Suchita Rastogi

Washington U St. Louis – BA,
Biochemistry

Himabindu Reddy

Washington U St. Louis/Columbia –
BA/MPH, Anthropology,
Biology/Sociomedical Science

Caitlin Roake

Stanford – BS, Biology

Thomas Roberts

U of Virginia – BA, Interdisciplinary
Studies

Scott Rodriguez

St. Mary's College/UCLA – BS/MS,
Chemistry

Daniel Rogan

U of Arizona – BS, Molecular and Cell
Biology

Janelle Ruiz

Loyola Marymount U – BA/BS,
Biology/Psychology

Shyam Sathyamoorthi

Tulane – BS, Cell and Molecular
Biology

Zahra Sayyid

Stanford – BS, Biology

Afaaf Shakir

NYU – BS, Neuroscience

Timothy Singer

Carleton College – BA, History

Bernard Siu

U of Pittsburgh – BS, Bioengineering

Holly Stewart

Tufts – BS, Biology, Community Health

Sarah Stewart

Stanford- BS, Materials Science and
Engineering

Priscilla Sugianto

UC Los Angeles – BS, Biochemistry

Kenneth Tran

U of Virginia – BS, Biomedical
Engineering

Madina Tugizova

Stanford – BS/MA, Biology/Russian,
East European/Eurasian

Jessica Vernon

Stanford – BA, Economics, Political
Science

Ellen Wang

U of Pennsylvania – BA, Biology

Caitlin Winget

U of Michigan – BS/MS, Biomedical
Engineering

Diane Wu

UC Berkeley – BS,
Microbiology/Bacteriology

Swati Yanamadala

Yale – BA, Biology

Cissy Yang

Stanford – BS, Biology

Michael Zhang

Harvard – BA, Economics

Alex (Gefei) Zhu

Yale – BS, Chemistry

The Challenging Issue of Student Mistreatment

A commentary on student mistreatment directly following a welcoming of Stanford's 2012 incoming class of medical students is an ironic juxtaposition. All of us at institutions like Stanford – or any medical school – would like to believe that we always treat our students and trainees with respect and professionalism. Sadly, this does not seem to be the case. I raised this issue in the February 21st Dean's Newsletter in a commentary entitled "*A Respectful Learning Environment for Our Students*" (see: http://deansnewsletter.stanford.edu/archive/02_20_12.html#3), which included our published "Standards of Conduct for the Teacher-Learner Relationship at the Stanford School of Medicine." I revisited this topic in an April 23rd article "*More Thoughts About Our Learning Environment*" (see: http://deansnewsletter.stanford.edu/archive/04_23_12.html#3). Since then we have had a number of discussions and reviews with leaders, students and trainees about the disturbing realities that a number of our students perceive and experience, especially humiliation and particularly in clinical settings. These negative student experiences can come from interactions with clinical faculty but also from residents, other healthcare professionals (most notably nurses) as well as from patients and other students. And they are not unique to Stanford. I have been engaged in a national dialogue about student mistreatment with members of the AAMC Council of Deans, since virtually every medical school is witnessing reports by students of mistreatment, mostly in the form of humiliation, in clinical learning environments.

This issue has been recently addressed in two important articles in the July issue of *Academic Medicine* that further highlight the extent and depth of these issues along with recommendations for the tremendous cultural transformations needed to address and deal with them. I call both of these articles to your attention and encourage you to review them. They are: *A Culture of Respect, Part 1: The nature and Causes of Disrespectful Behavior by Physicians* (see: http://journals.lww.com/academicmedicine/Fulltext/2012/07000/Perspective_A_Culture_of_Respect,_Part_1_The.10.aspx) and *A Culture of Respect, Part 2: Creating a Culture of Respect* (see: http://journals.lww.com/academicmedicine/Fulltext/2012/07000/Perspective_A_Culture_of_Respect,_Part_2_11.aspx). Of interest, the lead author on these two publications is Dr. Lucien Leape, who played a seminal role in highlighting the prevalence of medical errors in clinical settings and the call for a culture of safety in the 1999 Institute of Medicine Report "To Err is Human: Building a Safer Health System" (see: <http://www.iom.edu/~media/Files/Report%20Files/1999/To-Err-is-Human/To%20Err%20is%20Human%201999%20%20report%20brief.pdf>).

While student mistreatment and patient safety share some similarities in their ingrained social dynamics (among other behavioral factors), such as the fact that they have become very much a part of the fabric of medicine (including, ironically, medical education), there are also differences. Expectations between teachers and learners have surely evolved over the years, and behaviors that were once tolerated and even accepted as

normative are now seen (even in retrospect) as unacceptable. Any review of the kinds of disruptive behaviors that occur throughout our medical system (including in education settings) would be seen as shocking to virtually any reasonable individual. Here is a list of examples of disruptive behavior that was included in the Leape article referenced above:

Examples of Disruptive Behavior

Inappropriate words

- Profane, disrespectful, insulting, demeaning, or abusive language
- Shaming others for negative outcomes
- Demeaning comments or intimidation
- Inappropriate arguments with patients, family members, staff, or other care providers
- Rudeness
- Boundary violations with patients, family members, staff, or other care providers
- Gratuitous negative comments about another physician's care
- Passing severe judgment or censuring colleagues or staff in front of patients, visitors, or other staff
- Outbursts of anger
- Behavior that others would describe as bullying
- Insensitive comments about the patient's medical condition, appearance, situation
- Jokes or non-clinical comments about race, ethnicity, religion, sexual orientation, age, physical appearance, or socioeconomic or educational status

Inappropriate actions/inaction

- Throwing or breaking things
- Refusal to comply with known and generally accepted practice standards such that the refusal inhibits staff or other care providers from delivering quality care
- Use or threat of unwarranted physical force with patients, family members, staff, or other care providers
- Repeated failure to respond to calls or requests for information or persistent lateness in responding to calls for assistance when on-call or expected to be available
- Repeated and unjustified complaints about a colleague
- Not working collaboratively or cooperatively with others
- Creating rigid or inflexible barriers to requests for assistance/cooperation

I do not doubt that virtually every person in our community would find these kinds of behaviors unacceptable. Unfortunately they occur – across the nation and also at Stanford. I share this list and the articles cited above with you to call attention to this important issue and to the fact that we need to address it. As noted, a challenge is that this is very much of a systemic issue – expressed by physicians, trainees, nurses, patients and students. Addressing these challenges will need to be done in a multifaceted way and will require reflection and response by our community that will focus both on the way we

might behave as individuals and on our tolerance for the behavior of others. We anticipate a number of discussions over the next months with leaders of our clinical departments, residency program directors and medical center leaders that will help us achieve our goals of a respectful learning environment. This is essential.

Promoting Health and Well Being in Healthcare Professionals

I commend the group of medical student leaders who have made the decision to join forces with *Doctors for America* to promote health and well being among physicians and professionals. This is part of national initiative known as DocsRun that will have its first “big event” being a group wide participation in the upcoming Palo Alto Moonlight Run on Friday evening, September 28th. The team includes medical students Rich Joseph, Hayley Wheeler, Nicole Arkin, Megan Roosen-Runge, Adam Daoud, Michael Yokell, Patrick Sullivan and Katie Ransohoff. In addition to promoting health they are also hoping to raise funds for the Stanford Cardinal Free Clinics – both highly meritorious activities. The Palo Alto Weekly Moonlight Run & Walk on September 2 features a 5K walk that begins at 7:00 p.m. as well as a 10K run starting at 8:15 p.m. and a 5K run beginning at 8:45 p.m. For further details you can go to: www.drsforamerica.org/docsrun. The team will also be hosting training sessions, the first of which will be on September 5th at 5pm on the LKSC lawn.

As a longtime and very dedicated runner I really support this program. While it is true that I have been a bit sidelined over the past couple of months (see: <http://deansnewsletter.stanford.edu/#3>) I can still say without any equivocation that significant physical activity and exercise is an outstanding way to promote one’s health, wellbeing, and endurance. I will likely have to take a rain check on this year’s midnight run – but I will certainly be there in spirit and hope you get there in body and soul!

A Look Back To ARRA and a Case for the Future

As we enter the season of national acrimonious political debate and accusations of what has worked and not worked to improve the economic downturn that began in 2008, I was pleased to receive a recent analysis of the impact of ARRA funding on the Stanford University School of Medicine. You will recall that the American Recovery and Reinvestment Act of 2009 committed significant funding to the National Institutes of Health to promote discovery, innovation and job creation (see: http://deansnewsletter.stanford.edu/archive/02_23_09.html). Along with medical schools and academic health centers across the nation, Stanford faculty competed for ARRA funding. While we have assessed the impact of this funding at prior points in time, the most recent survey was done in 2012. It sought to assess the impact of ARRA funding on job creation and job retention and on the advancement of science.

The survey questionnaire was administered by our Office of Institutional Planning and was sent to the 141 Principal Investigators who had, in total, received ARRA funding for 241 grants amounting to \$123 million in support. The questionnaire had a 91% response rate. Overall some 21% of School of Medicine full-time faculty received an ARRA grant. The impact of the funding is notable: according to the PIs surveyed, 232 jobs were created – nearly 1.8 jobs per PI, and, of these, 180 have been retained. Also important is

the fact that some 210 individuals already employed kept their jobs as the result of ARRA funding to Stanford PIs – the majority at Stanford (56%), the rest in other academic settings or in industry or government. Nationally, the NIH has estimated that some 50,000 jobs were created or retained as a result of ARRA funding.

In addition to creating or preserving jobs, the ARRA funding received by Stanford faculty had a tremendous impact on scientific productivity. Over 270 scientific publications in major journals (nearly 2.2 per PI) have resulted from ARRA funding. Further, work supported by ARRA has resulted in a number of inventions as well as the creation of new companies and has also led to follow-up funding from NIH and other granting agencies. Both in the creation of jobs and in the creation of new knowledge, ARRA has had a clear and important impact – on Stanford and our community, locally and beyond. This is not really a surprise, since a number of studies have demonstrated the impact of biomedical research on economic vitality as well as in the creation of new knowledge and, over time, improvements in health and the treatment and prevention of disease.

Our nation's investment in biomedical research, largely through the National Institutes of Health, has made the US a world leader in the biosciences and medicine. Sadly, except for the ARRA funding, we are now approaching a decade of time during which NIH funding has been flat to declining– with major decrements in biomedical purchasing power. The long-term consequences of these declining investments in research are enormous and tragic, especially given the extraordinary opportunities that abound. Even for the most seasoned and successfully NIH funded faculty, concerns about the future are serious and highly worrisome. In addition to the amount of time spent in writing grants and exploring new funding sources, the ability to propose the most creative and innovative research becomes a question mark when study groups and research councils focus on more of what is achievable than what can be imagined. Of course, our broad institutional fears are heightened as we move toward the year's end and the prospect of a federal budget sequestration that could result in across the board reductions in research funding. If executed this will have a further damaging effect on our research mission – as well as our faculty and students.

Continuing our advocacy and support for basic research must remain at the very top of our goals and initiatives – and hopefully, it will for our national leaders as well. The case for support is clear and even though we face numerous economic challenges, investing in biomedical research has payoffs in every dimension, including our leadership as a nation in innovation and discovery.

Upcoming Events: Future of Health Care in American: New Hopes, New Fears

Friday September 14, 2012
2:30 – 4:00 P.M.
Rm. 130, Li Ka Shing Center
291 Campus Drive

This Stanford Health Policy Forum on September 14, will focus on where our health care system is succeeding, where it is failing and where it is going in the future with speakers Dr. Ezekiel Emanuel, the Chair of Medical Ethics and Health Policy at the University of Pennsylvania. This discussion will conclude with a dialogue with the audience. For more information, visit: <http://healthpolicyforum.stanford.edu/>

Awards and Honors

- **Dr. Camran R. Nezhat**, Adjunct Clinical Professor of Obstetrics and Gynecology and of Surgery, is the 2012 recipient of the Mentor Award of the College of Obstetrics and Gynecology.
- **Dr. Mark D. Pegram**, Director of the Breast Cancer Oncology Program at the Stanford Women's Cancer Center, became the inaugural holder of the Susy Yuan-Huey Hung Professorship at a lovely ceremony on Monday evening, August 20th. This new professorship was made possible by an estate gift from Ms. Susy Hung, who died in 2010 and who was dedicated to education, medicine and cancer, along with a major gift from Jill and John Freidenrich. We are deeply grateful to the Hung family for their donation and continuingly grateful to the Freidenrich family, without whom this professorship could not have been established. The Freidenrich gift is even more meaningful in that they elected not to receive any naming acknowledgement in the professorship – allowing it instead to honor the memory of Suzy Yuan-Huey Hung. The Hung family and the Freidenrich family are united in their support for breast cancer research and treatment – which will now be further advanced by this new professorship. Thus, special thanks go to the Hung and Freidenrich families.
- Please also join me in congratulating Dr. Pegram and Dr. Nezhat..

Appointments and Promotions

Jennifer Andrews has been appointed to Clinical Assistant Professor of Pathology and of Pediatrics, effective 7/16/2012

Raffi S. Avedian has been reappointed to Assistant Professor of Orthopaedic Surgery, effective 10/01/2012

Mehrdad Ayati has been promoted to Clinical Assistant Professor of Medicine, effective 6/16/2012

Brooks A. Bahr has been promoted to Clinical Assistant Professor of Dermatology, effective 7/1/2012

Sowmya Balasubramanian has been appointed to Clinical Assistant Professor of Pediatrics, effective 8/15/2012

Courtenay Barlow has been appointed to Clinical Assistant Professor of Pediatrics, effective 9/1/2012

Juliana Barr has been reappointed to Associate Professor of Anesthesia, effective 7/01/2012

Sanjay Basu has been appointed to Assistant Professor of Medicine, effective 9/01/2012

Anne Benham has been appointed to Clinical Professor of Psychiatry and Behavioral Sciences, effective 7/1/2012

David A. Bergman has been reappointed to Associate Professor of Pediatrics, effective 8/01/2012

Nancy A. Bitar has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 5/1/2012

Brian Blackburn has been reappointed to Clinical Assistant Professor of Medicine, effective 9/1/2012

Mark Boddy has been appointed to Clinical Associate Professor of Obstetrics and Gynecology, effective 9/25/2012

Clark A. Bonham has been reappointed to Associate Professor of Surgery, effective 8/01/2012

Rondeep Brar has been appointed to Clinical Assistant Professor of Medicine, effective 9/1/2012

Maurice Buchbinder has been appointed to Clinical Professor of Medicine, effective 7/1/2012

Sang-ick Chang has been appointed to Clinical Professor of Medicine, effective 8/1/2012

Aarti Chary has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 7/1/2012

Adam De la Zerda has been appointed to Assistant Professor of Structural Biology effective 8/01/2012

Jun Ding has been appointed to Assistant Professor of Neurology and Neurological Sciences, effective 8/01/2012

Robert Dodd has been reappointed to Assistant Professor of Neurosurgery and of Radiology, effective 8/01/2012

Katherine Eisen has been promoted to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 7/1/2012

Tarek El-Sawy has been appointed to Clinical Assistant Professor of Ophthalmology, effective 8/1/2012

William O. Faustman has been reappointed to Clinical Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 9/1/2012

Dean Felsher has been promoted to Professor of Medicine and of Pathology, effective 8/01/2012

Daniel C. Garza has been reappointed to Assistant Professor of Orthopaedic Surgery and of Surgery, effective 8/01/2012

Gregory H. Gilbert has been reappointed to Clinical Assistant Professor of Surgery, effective 9/1/2012

Aaron Gitler has been appointed to Associate Professor of Genetics, effective 7/01/2012

Kevin Graber has been promoted to Clinical Associate Professor of Neurology & Neurological Sciences, effective 8/1/2012

Susan Hintz has been promoted to Professor of Pediatrics, effective 6/01/2012

Michelle Holmes has been reappointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 9/1/2012

Robert Horowitz has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 11/1/2009

Joyce J. Hsu has been reappointed to Clinical Assistant Professor of Pediatrics, effective 7/1/2012

James Kahn has been appointed to Professor of Medicine, effective 7/01/2012

Fahd R. Khan has been promoted to Clinical Assistant Professor of Neurosurgery, effective 7/21/2012

Sarita Khemani has been appointed to Clinical Assistant Professor of Medicine, effective 8/13/2012

Holbrook Kohrt has been appointed to Assistant Professor of Medicine, effective 8/01/2012

Michael (Zach) Koontz has been appointed to Clinical Assistant Professor of Medicine, effective 9/1/2012

Marc B. Lee has been reappointed to Clinical Assistant Professor of Neurosurgery, effective 9/1/2012

Peter Lee has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2011

Steven Long has been appointed to Clinical Associate Professor of Pathology, effective 7/1/2012

Peter Li has been appointed to Clinical Assistant Professor of Otolaryngology – Head & Neck Surgery, 9/1/2012

Geoffrey Lighthall has been reappointed to Associate Professor of Anesthesia, effective 8/01/2012

Sermsak (Sam) Lolak promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 8/1/2012

Jennifer McNab has been appointed to Assistant Professor (Research) of Radiology, effective 10/01/2012

Katherine Mackenzie has been promoted to Clinical Assistant Professor of Neurology & Neurological Sciences, effective 10/1/2012

Samuel A. Mireles has been reappointed to Clinical Assistant Professor of Anesthesia, effective 9/1/2012

Erik Mittra has been promoted to Clinical Assistant Professor of Radiology, effective 8/1/2012

Kara Motonaga has been promoted to Clinical Assistant Professor of Pediatrics, effective 8/1/2012

Jose G. Montoya has been promoted to Professor of Medicine, effective 8/01/2012

Judith A. Murovic has been promoted to Clinical Assistant Professor of Neurosurgery, effective 8/1/2012

Donald M. Olson has been reappointed to Associate Professor of Neurology and Neurological Sciences, effective 10/01/2012

Charles Owyang has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 7/1/2012

Jonathan P. Palma has been appointed to Clinical Assistant Professor Pediatrics, effective 7/1/2012

Judith Prochaska has been appointed to Associate Professor of Medicine, effective 7/01/2012

Daryn Reicherter has been promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 7/1/2012

Echo Rowe has been reappointed to Clinical Assistant Professor of Anesthesia, effective 9/1/2012

Erika Rubesova has been promoted to Clinical Associate Professor of Radiology, effective 8/1/2012

Jeannie L. Seybold has been reappointed to Clinical Assistant Professor of Anesthesia, effective 2/1/2013

Davud Sirjani has been reappointed to Clinical Assistant Professor of Otolaryngology – Head & Neck Surgery, effective 7/31/2012

Patrick David Soran has been reappointed to Clinical Assistant Professor of Anesthesia, effective 10/1/2012

Matthew Strehlow has been promoted to Clinical Associate Professor of Surgery, effective 7/1/2012

Christopher Ta has been promoted to Professor of Ophthalmology, effective 8/01/2012

Joyce Teng has been appointed to Clinical Associate Professor of Dermatology and of Pediatrics, effective 7/15/2012

Wendy T. Thanassi has been reappointed to Clinical Assistant Professor of Surgery, effective 9/1/2012

Allison L. Thompson has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 7/1/2012

Chih-Hung (Jason) Wang has been appointed to Associate Professor of Pediatrics, effective 7/01/2012

William P. Wilkes has been appointed to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 7/1/2012

Sanno E. Zack has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 7/1/2012

Michelle Zebrack has been promoted to Clinical Associate Professor of Pediatrics, effective 7/1/2012

Dean's Newsletter

September 10, 2012

Dr. Jim Spudich Wins the 2012 Albert Lasker Basic Medical Research Award

This morning the Albert and Mary Lasker Foundation announced that Dr. Jim Spudich, the Douglass M. and Nola Leishman Professor at Stanford, is the winner of the 2012 Albert Lasker Basic Medical Research Award. Dr. Spudich shares this prize with Dr. Ron Vale, the William K. Hamilton Distinguished Professor of Anesthesia and Professor and Chair of Cellular and Molecular Pharmacology at the University of California, San Francisco and Investigator, Howard Hughes Medical Institute, and Dr. Michael Sheetz, the William P Kenan Jr. Professor, Biological Sciences, Columbia University. This incredibly prestigious award recognizes Jim Spudich's seminal contributions to understanding how molecular motors transduce the chemical energy of ATP hydrolysis into mechanical movement in muscle and nonmuscle cells (see: Stanford press release: "[Lasker Award Goes to Biochemist Jim Spudich](#)"). His pioneering work and collaborations have crossed many scientific disciplines and forged interdisciplinary research collaborations by biochemists, structural biologists, physicists, chemists and others.

Dr. Spudich's research elucidates fundamental biological systems and is elegant in its own right but also has implications for treatment of human disease. Indeed, clinical trials are now underway utilizing several drugs that are based on applying his insights about how cells contract to problems like heart failure, amyotrophic lateral sclerosis and aging, to name a few. His work underscores the importance of investing in basic research as a fundamental underpinning for understanding and ultimately improving the human condition.

Equally important, Jim Spudich is not only a great scientist but also a visionary leader. An extension of his research with Steve Chu, now Secretary of the Department of Energy but formerly Professor of Physics at Stanford, led to the seminal thinking for what has now become BioX – which carries on the tradition of interdisciplinary research and education that has characterized Jim Spudich's own work. Jim is also a wonderful colleague and university citizen, deeply admired by colleagues and students worldwide. It is thrilling to congratulate Jim Spudich, and his colleagues Ron Vale and Michael Sheetz, as winners of the 2012 Albert Lasker Medical Research Award. Jim will officially receive the Lasker Award at a ceremony in New York City on September 21st, where

family and friends will join him for this wonderful honor. We will also have a reception to honor Jim Spudich and Ron Vale on Thursday, September 13 at 4 p.m. at the Dean's Courtyard at the Alway Building.

Dr. Bobby Robbins Will Leave Stanford to Become the President and CEO of the Texas Medical Center

Dr. Robert (Bobby) Robbins has been a major leader at Stanford University School of Medicine, where he has served as both Chair of the Department of Cardiothoracic Surgery and, since 2005, Director of the Stanford Cardiovascular Institute. While we must be proud of the wonderful opportunity he has been given to lead the Texas Medical Center (TMC), Bobby will be deeply missed by our entire community - a sentiment I very much share. According to the Texas Medical Center news release, Bobby was selected from a large pool of potential candidates to lead TMC, which has grown since it was established in 1945 to become the largest medical complex in the world. It is composed of 52 member institutions from Houston to Galveston whose mission is to "improve the health status of people through research, education, patient care and prevention." Bobby will begin his new role on November 5th.

Ever since he joined Stanford as a resident more than two decades ago, Bobby Robbins' accomplishments have spanned across all our missions - each with notable success. Bobby is a highly regarded cardiac surgeon known worldwide for his expertise in heart transplantation. His accomplishments in research have been outstanding and have attracted major awards from the NIH and the California Institute of Regenerative Medicine. He has led a pioneering transformation in the training of future cardiac surgeons. His leadership has won him wide respect among both clinical and basic science chairs and faculty, and his role in establishing the Cardiovascular Institute at Stanford has created amazing bridges and connections across the Medical Center and University and deep into our community. Bobby's affection for sports and commitment to them are legendary, and his charismatic personality and people skills are deeply valued and respected. Bobby's commitment to his family and to his many colleagues and friends has created a rich network that will long be sustained. I have been privileged to count Bobby Robbins as a colleague and leader for nearly a dozen years and have been enriched through his friendship - especially his love of Stanford. We look forward to his future success and leadership in academic medicine and beyond.

The LCME Accreditation Review Is Now Scheduled for October 2013

I want to call to your attention the fact that in October 2013 the Liaison Committee on Medical Education (LCME), the accrediting body for education programs leading to the Doctor of Medicine (MD) degree in the United States and Canada, will hold its official site visit to Stanford. Needless to say, a successful accreditation is critical to the School of Medicine and is among the highest priorities for the School of Medicine over the next year. Preparations for the LCME review often begin years in advance of the official site visit and are significantly intensified by the "institutional self-study" that begins during the year prior to the visit. With that in mind, an orientation meeting for the LCME 2013

Accreditation Review was held on Monday August 27th. Your commitment and dedication throughout this process will ensure our continued excellence and leadership in medical education. As you also know, Dr. Lloyd Minor will succeed me as Dean beginning December 1, 2012, and he will take over the leadership of the LCME Institutional Task Force through the October 2013 review. I will do everything possible to make sure our transition is smooth and successful for our Stanford community.

By way of background, the LCME, which was formed in 1942, includes 19 voting members and is jointly sponsored by the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC). Members of the LCME include medical professionals, students and lay public members. A central facet of the LCME is the aforementioned self-assessment, which includes significant internal data collection related to various education standards and, importantly, an independent student assessment and analysis. This is also an opportunity for institutional self-reflection and strategic planning about current and future education programs and initiatives. The most recent LCME site visit was in 2005. The official review of that visit was reported to John Hennessy, President of Stanford University, on March 1st 2006; it identified areas of strength as well as areas needing improvement. Overall it was an extremely positive and successful review, but it also raised issues that the medical school leadership has continued to assess and address in the past seven years.

All of the documents, reviews and updates of the previous LCME reviews are now posted on our website (see: <http://med.stanford.edu/lcme/>). There are a number of documents for public viewing but official reports from the LCME (including our past submissions and self study and the LCME report) require a SUNet ID for access and can therefore be viewed by members of the Stanford community. We are sharing these documents to promote transparency and also to do all we can to improve our environment for the continued and future education of students.

As noted, over the 2012-2013 academic year (and already underway), many of our faculty, trainees, staff, and clinical partners will be actively engaged in our institutional self-study. In addition to assuring compliance with the LCME accreditation standards, this is also an important opportunity for members of our diverse community to engage in thoughtful dialogue about our ongoing efforts to improve the quality of our MD educational program. The various committees, their leadership, and milestone timelines are all available on the website (see: <http://med.stanford.edu/lcme/>). Dr. Charles Prober, Senior Associate Dean for Medical Education, is the faculty lead for these accreditation efforts. If you have any questions, please contact one of the members of our LCME Accreditation Planning Team:

- ☐ Charles Prober (cprober@stanford.edu) - Faculty Lead, LCME Accreditation
- ☐ Aarti Porwal (aaporwal@stanford.edu) - Administrative Lead, LCME Accreditation
- ☐ Georgianna Newell (gnewell@stanford.edu) - LCME Project Assistant

I want to thank our faculty, staff and students who are contributing their time and energy to this important process and to encourage you to review the website and offer any comments or suggestions you think helpful or necessary.

Official Groundbreaking Ceremony for the Lucile Packard Children's Hospital Addition

Although construction has been well underway, the official groundbreaking ceremony for the major expansion to the Lucile Packard Children's Hospital (LPCH) was held on September 5th and 6th, signaling another major milestone for this extraordinary resource for children and families – in our community and worldwide. When it is completed in 2016, the \$1.2 billion addition to LPCH will add 150 new patient rooms along with advanced diagnostic and treatment facilities. It will be among the most advanced state-of-the-art facilities in the world.

Christopher Dawes, President and CEO of LPCH, and John Etchemendy, Provost of Stanford University, presided over the event, at which both parents and children gave voice to the importance of LPCH to the lives of children and families. The partnership that LPCH has with Stanford contributes significantly to its uniqueness, distinction and opportunities for the future.

Children's hospitals have played an extraordinary role in transforming the health of children since they were founded during the Dickensian period in London (the Great Ormond Street Hospital being the first) and in Philadelphia, Boston, and Chicago in the US. Often founded by community members, these institutions have provided a haven for children and have been the font of discovery that has transformed the diagnosis and treatment of virtually every congenital or acquired illness over the past 160 years. The foundations for pediatric surgery, diagnostic testing and the cures for diseases like cancer and organ transplantation had their origins and champions in children's hospitals. They have been the focal point for training pediatric specialists and care providers of every medical and surgical or related disciplines, creating generations of leaders, physician scientists, clinicians, advocates and policy makers.

Over the past 50 years a number of the major independent children's hospitals in the US have become as large and complex as academic medical centers, embracing all the missions of research, education, and patient care. While the benefits have been extraordinary, we are also at a remarkable point in history when future scientific and clinical insights will require interactions and collaborations that extend well beyond traditional disciplinary boundaries. As such, a number of our nation's most prominent children's hospitals run the risk of become too insular and self-contained – a topic I addressed in a presentation to the American Pediatric Society in April 2012 (see: <http://www.nature.com/pr/journal/v72/n3/full/pr201283a.html>).

This is where the collaboration between LPCH and Stanford become ever more important. As a children's hospital, LPCH is really an island with bridges to the Stanford University Medical Center, including both its basic and its clinical science faculty and community. It also has many bridges to Stanford University that foster opportunities for

engaging the social sciences as well as the biosciences and engineering. It has bridges to Stanford's Schools of Education, Law, Business and, importantly the community of Silicon Valley and beyond. As such the alignment of LPCH with Stanford creates a unique children's hospital for the future and creates opportunities that can be transformative for the future of child health and the health of families throughout the life cycle.

Revised and Updated Policies on Conflict of Interest

Policies and regulations regarding compliance, including conflicts of interest, have continued to evolve and emerge over the past two decades and now encompass virtually every mission of our university and medical center. With the recent conflict of interest mandates from the National Institutes of Health, Stanford's policies have been reviewed, renewed and now aggregated under a single website (see: <http://www.stanford.edu/group/coi/index.html>). I encourage you to review the web site to make sure you are aware of any changes that affect your activities.

IOM Report on Healthcare Expenditures

With the conventions now ended, the heated national debate for the presidency in the US will almost surely focus on healthcare from very different perspectives. Regardless of the political debate, the reality is that healthcare costs in the US continue to rise at unsustainable rates and that serious and significant changes and solutions are needed. The Affordable Care Act is a beginning but much more is needed to control costs and to improve healthcare delivery in the US. This week the Institute of Medicine released a report from an expert panel entitled "Best Care at Lower Cost: The Path to Continuously Learning Health Care in America" (see: <http://www.iom.edu/Reports/2012/Best-Care-at-Lower-Cost-The-Path-to-Continuously-Learning-Health-Care-in-America.aspx>).

While there will continue to be many points of view, the IOM report is likely to provoke debate and discussion. Two features of the report are relevant at a high level – both available online. One is a table of what the Committee views as "Characteristics of a Continuously Learning Health Care System" that focuses on:

- **Science and Informatics**
 - Real-time access to knowledge
 - Digital capture of the care experience
- ***Patient-Clinician Relationships***
 - Engaged, empowered patients
- ***Incentives***
 - Incentives aligned for value
 - Full transparency
- ***Culture***
 - Leadership-instilled culture of learning
 - Supportive system competencies

This assessment is coupled with the observation that wasted health care spending can be linked to unnecessary services, excessive administrative costs, fraud, and other problems. The IOM report notes that “the traditional systems for transmitting new knowledge—the ways clinicians are educated, deployed, rewarded, and updated—can no longer keep pace with scientific advances. If unaddressed, the current shortfalls in the performance of the nation's healthcare system will deepen on both quality and cost dimensions, challenging the well-being of Americans now and potentially far into the future.” Based on that observation, the report offers ten recommendations for improving healthcare, including addressing:

Digital Infrastructure: "Improve the capacity to capture clinical, care delivery process and financial data for better care, system improvement and the generation of new knowledge."

Data Utility: "Streamline and revise research regulations to improve care, promote the capture of clinical data and generate knowledge."

Clinical Decision Support: "Accelerate integration of the best clinical knowledge into care decision."

Patient-Centered Care: "Involve patients and families in decisions regarding health and health care, tailored to fit their preferences."

Community Links: "Promote community-clinical partnerships and services aimed at managing and improving health at the community level."

Care Continuity: "Improve care coordination and communication within and across organizations."

Optimized Operations: "Continuously improve health care operations to reduce waste, streamline care delivery and focus on activities that improve patient health."

Financial Incentives: "Structure payment to reward continuous learning and improvement in the provision of best care at lower cost."

Performance Transparency: "Increase transparency on health care system performance."

Broad Leadership: "Expand commitment to the goals of a continuously learning health care system."

While important, this report from the IOM is one of many perspectives on how to address health care in the US – but it is one worth reviewing.

Health Policy Forum Will Feature Dr. Zeke Emmanuel – Friday, September 14

On Friday, September 14th, the Stanford Health Policy Forum will feature a conversation with Dr. Zeke Emmanuel on “The Future of Health Care in America: New Hopes, New Fears.” Dr. Emmanuel is the Vice Provost for Global Initiatives, the Diane VS Levy and Robert M. Levy University Professor and Chair of the Department of Medical Ethics and Health Policy at the University of Pennsylvania. Dr. Emmanuel also served as the Special

Advisor on Health Policy to the Director of the Office of Management and Budget and the National Economic Council in the White House. The conversation will be moderated by Paul Costello, Chief Communications Officer for the School of Medicine, and will be held in Room 130 in the Li Ka Shing Center for Learning and Knowledge from 2:30 – 4:00 pm on Friday, September 14th.

Memorial Service for Dr. Robert Glaser (Dean 1965-1970) - October 8th

On Friday, October 8th a Memorial Service will be held to honor the life and contributions of Dr. Robert Joy Glaser (1918-2012), who served as Dean of the School of Medicine from 1965-1970. The service will begin at 4:00 pm in the Paul and Mildred Berg Hall of the Li Ka Shing Center for Learning and Knowledge. Please feel free to attend.

Counting Down on Dean's Newsletters

Since arriving at Stanford in 2001 I have shared a “Dean’s Newsletter” on a nearly biweekly schedule as a means of sharing updates and undertakings as well as a way of getting feedback and comments from our Stanford community. It has been an honor to share thoughts and observations about the progress, challenges and opportunities for Stanford Medicine. Quite obviously I am now in the countdown phase with just a couple of issues remaining. This may be a relief to many in our community – but it has been a privilege to share these communications with you.

Upcoming Event

22nd Annual Jonathan King Lectureship: **The Ethics and Practice of Loving Care**

Tuesday, October 2nd

5:30 pm

Lucile Packard Children’s Hospital, Auditorium, 1st floor

This lecture is free and open to the public

Speaker: Ira Byock, MD, is Chair, Palliative Medicine, at the Geisel School of Medicine at Dartmouth, Director of Palliative Medicine, Dartmouth-Hitchcock Medical Center, and Professor, the Geisel School of Medicine at Dartmouth in the Departments of Medicine, Anesthesiology, and Community and Family Medicine. Involved in hospice and palliative care since 1978, Dr. Byock has authored numerous articles and several books on the ethics and practice of hospice, palliative and end-of-life care.

Awards and Honors

- **Dr. Anand Veeragu** has been appointed to the 2012-2013 Class of White House Fellows. The White House Fellows Program was created in 1964 by President Lyndon B. Johnson to give promising American leaders “first hand, high-level experience with the workings of the Federal government, and to increase their sense of participation in national affairs.” Selection as a White House Fellow is highly competitive and is a significant honor.

The citation regarding Dr. Veeragu from the White House Fellows Program (see: at www.whitehouse.gov/fellows) notes that Anand Veeragu “is a Neurosurgeon in training at Stanford University SOM. He most recently served as Chief Neurosurgery Resident at the Palo Alto Veterans Affairs Hospital caring for soldiers returning from Afghanistan with traumatic brain and spinal cord injuries. Anand is focused on advancing minimally invasive diagnostic and surgical techniques for diseases of the central nervous system. In 2006, Anand developed a novel radiotherapeutic to treat Glioblastoma Multiforme, a malignant brain tumor. He has published over 50 peer-reviewed scientific manuscripts and has written for the Huffington Post. In 2011 Anand staffed the CURE Neurosurgical Hospital in Uganda and organized medical relief missions for the Tsunami of 2004. Anand has received over 30 awards for his leadership, research and promotion of healthcare access to underserved populations. In 2012 Anand received the Gold Foundation's Humanism and Excellence in Teaching Award for his commitment to mentorship.

Anand’s research employs national databases to evaluate trends in health resource utilization to provide guidelines for policy reform. Anand has been accepted to the Stanford GSB MBA program, received his M.D. from Stanford University and graduated with honors from Johns Hopkins University with a B.S in Biomedical Engineering and minor in Multicultural and Regional Studies.” Please join me in congratulating Dr. Veeragu.

Appointments and Promotions

Janelle Aby has been reappointed to Clinical Associate Professor of Pediatrics, effective 10/1/2012

Arash Anoshiravani has been promoted to Clinical Assistant Professor of Pediatrics, effective 9/1/2012

Nawal Atwan has been promoted to Clinical Assistant Professor of Medicine, effective 8/16/2012

Michael J. Bresler has been reappointed to Clinical Professor of Surgery, effective 9/1/2012

Sangetta Chona has been reappointed to Clinical Assistant Professor of Surgery, effective 9/1/2012

Rebecca E. Claure has been promoted to Clinical Associate Professor of Anesthesia, effective 9/1/2012

Glenn Cockerham has been reappointed to Clinical Associate Professor (Affiliated) of Pathology and of Ophthalmology, effective 3/1/2012

Beth Darnall has been appointed to Clinical Associate Professor of Anesthesia, effective 10/1/2012

Glen R. Elliott has been reappointed to Clinical Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 9/1/2012

Jordan Firestone has been promoted to Clinical Associate Professor of Medicine, effective 9/1/2012

Deborah Franzon has been promoted to Clinical Associate Professor of Pediatrics, effective 11/1/2012

Norman W. Gross has been appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2012

Terri Haddix has been promoted to Clinical Associate Professor of Pathology, effective 9/1/2012

Parag Kale has been appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 3/1/2012

Amid Keshavarzi has been promoted to Clinical Assistant Professor (Affiliated) of Surgery, effective 9/1/2012

Edward Klofas has been reappointed to Clinical Associate Professor of Surgery, effective 9/1/2012

Justin M. Ko has been appointed as Clinical Assistant Professor of Dermatology, effective 9/1/2012

Bernice Y. Kwong has been appointed as Clinical Assistant Professor of Dermatology, effective 9/1/2012

Joel Levis has been promoted to Clinical Assistant Professor (Affiliated) of Surgery, effective 9/1/2012

Lauren S. Maeda has been appointed as Clinical Assistant Professor of Medicine, effective 9/1/2012

Morvarid Moayeri has been appointed to Clinical Assistant Professor of Pathology, effective 9/16/2012

Pramela Ramachandran has been promoted to Clinical Associate Professor of Pediatrics, effective 9/1/2012

S. Goney Sandhu has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 6/1/2012

Sen, Subhro – has been reappointed to Clinical Assistant Professor of Surgery, effective 9/1/2012

George S. Sternbach has been reappointed to Clinical Professor of Surgery, effective 9/1/2012

John M. Stevenson has been reappointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 9/1/2012

Anne Elizabeth Stuart has been promoted to Clinical Professor of Pediatrics, effective 9/1/2012

Volney Van Dalsem has been promoted to Clinical Professor of Radiology, effective 9/1/2012

Mytilee P. Vemuri has been reappointed to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 8/1/2012

David Wang has been promoted to Clinical Assistant Professor of Radiology, effective 9/1/2012

Ellen Y. Wang has been promoted to Clinical Assistant Professor of Anesthesia, effective 9/1/2012

Martin K. Wong has been reappointed to Clinical Associate Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2012

Tonia E. Wroolie has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 9/1/2012

Laraine Zappert has been reappointed to Clinical Professor of Psychiatry and Behavioral Sciences, effective 5/1/2012

Dean's Newsletter

September 24, 2012

Dr. Lucy Shapiro Wins the 2012 Horwitz Prize

Columbia University announced today that its 2012 Louisa Gross Horwitz Prize is being awarded to Dr. Lucy Shapiro, the Virginia and DK Ludwig Professor and Director of the Beckman Center at Stanford University (<http://med.stanford.edu/ism/2012/september/brief-shapiro-0924.html>). This the 45th year since this prestigious award was established; over those years, 42 of the 87 Horwitz Prize winners have gone on to win the Nobel Prize. Dr. Shapiro shares this year's prize with Drs. Richard Losik of Harvard University and Joe Lutkenhaus of the University of Kansas.

The announcement of the award cites Dr. Shapiro's seminal work on "how one-dimensional DNA can encode and be translated into a complex three-dimensional organism. She showed, for the first time, that bacterial DNA replication occurs in a spatially organized way and that cell division depends on this spatial organization and on segregation of the DNA to opposite ends of the cell. She also showed that the cell cycle requires the precise coordination and timing of multiple biochemical and morphological events, each of which occurs at a specific stage in the cell cycle and requires the expression and function of a discrete set of genes."

Not only has Dr. Shapiro's work elucidated incredibly important biological insights, but, in doing so, she and her collaborators have also defined and utilized the field of systems biology. As a result of bringing together physicists, engineers, biologists, computational scientists and more into this new field, she and her colleagues have moved it forward with startling speed and impact. Her work embodies and embraces the unique intersections of the physical and life sciences at Stanford – and was evidenced in her seminal contributions to making BioX so much a part of the Stanford landscape.

I would hasten to add that Dr. Shapiro is not only an incredible scientist, well deserving of the 2012 Horwitz Award, along with the many other awards that preceded it and that are yet to come, but she is also a remarkable leader at Stanford and around the world. Dr. Shapiro stands for excellence in all that she does – and she has worked tirelessly and often behind the scenes to bring excellence to our community in virtually every dimension we value and celebrate. Please join me in congratulating Dr. Shapiro as the 2012 Louisa Gross Horwitz Prize winner.

Stanford School of Medicine Receives the Alfred P. Sloan Award for Excellence in Faculty Career Flexibility

The American Council on Education and the Alfred P. Sloan foundation announced today that the Stanford University School of Medicine is the recipient of the Alfred P Sloan Award for Excellence in Faculty Career Flexibility (<http://med.stanford.edu/ism/2012/september/flexibility-0924.html>). This award

recognizes Stanford's leadership and progressive policies and its commitment to enhance and develop flexible career paths for its faculty. The award is based on "*Academic Biomedical Career Customization (ABCC): An integrated approach to faculty career flexibility*." This highly innovative program was developed by Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership and Professor of Medicine; Dr. Christy Sandborg, Vice President of Medical Affairs, the Lucile Packard Children's Hospital at Stanford and Professor of Pediatrics; Dr. Jennifer Raymond, Associate Dean for Faculty Flexibility and Associate Professor of Neurobiology; Dr. Caroline Simard, Associate Director of the Office of Diversity and Leadership (ODL); and Jennifer Scanlin, Program Manager, ODL. The award provides \$250,000 to further develop a pilot plan that has been initiated by Dr. Valantine and her colleagues to develop new approaches to creating more flexible career opportunities for both basic and clinical faculty in the School of Medicine. Stanford was one of five medical schools to receive an excellence award for faculty career flexibility and will be honored at an event on September 24th in Washington DC.

Stanford is already a leader in having a number of policies promoting flexibility, including ones for parental leave, reduced teaching or clinical load, family care, part-time appointment, tenure clock extension and personal disability. Despite having these and other policies a major concern is that, with the exception of maternity leave and part-time appointments, a number of these progressive policies are either unrecognized or underutilized by faculty. Not surprisingly, among the major reasons for not using flexible work policies is the fear of seeming to be less committed to one's career or a concern about burdening one's colleagues. This is a topic about which I have written frequently over the years (see: http://deansnewsletter.stanford.edu/archive/05_31_04.html#1, http://deansnewsletter.stanford.edu/archive/07_26_10.html#3, http://deansnewsletter.stanford.edu/archive/01_24_11.html,

As Dr. Valantine and her colleagues have noted on a number of occasions, although flexibility is a pressing issue for institutions across all sectors, as evidenced by Ann-Marie Slaughter's recent article about her decision to opt-out of a prestigious position in government, <http://www.theatlantic.com/magazine/archive/2012/07/why-women-still-cant-have-it-all/309020/2/>), few have offered definitive plans to solve the problem. The School of Medicine recognizes that to recruit and retain the best and brightest, we need to align our organizational practices and culture to the needs of the 21st century workforce. Hopefully the Sloan Award will allow the School of Medicine to move forward with the initial phases of pilot ABCC projects that will begin in both basic science and clinical science departments. The model is organized around teams of faculty members who will work collaboratively with division chiefs or department chairs, assisted by professional career-life coaches, to create individual faculty career plans that evolve over time and ensure that faculty actually use existing and newly designed flexibility options to enhance work life integration. A key goal is to collect data and assess the impact of the ABCC methodology and determine whether and how it can be more widely employed in the years ahead.

There is a lot at stake for our faculty. Our work environment is supportive (note that Stanford was named this week by the “Working Mother” as one of the 100 Best Companies fostering a balance between work and family life (see: <http://www.workingmother.com/best-companies/stanford-university>), but there is much work to do, especially for junior clinical faculty, who are trying to balance the often competing pressures of achieving excellence in research, teaching, patient care and family life. Making progress in this area is important to our current faculty and to future generations. It is wonderful that the work already accomplished or underway has been recognized by the Council on Education and the Alfred P Sloan Foundation, but we are really at the beginning of a long journey. Thankfully, Drs. Valantine, Sandborg, Raymond, Simard and Ms. Scalin are ready to initiate new and novel programs that may help create a better future. We congratulate their accomplishments – and more importantly, wish them well in these future endeavors.

Challenges at Stanford from Different Perspectives: Views from the Faculty Senate

The School of Medicine’s Faculty Senate held its first meeting of the year on September 20th. Dr. Sabine Girod, Associate Professor of Surgery (Plastic and Reconstructive Surgery), is the new chair of the Senate. During the meeting she asked the faculty senators to introduce themselves and to offer personal perspectives on what they hope the senate and school will work on in the year ahead. It was helpful and important to hear the range of views and topics of interest to faculty, students and trainees as they offered individual perspectives as well as collective wisdom. They also reflected on issues and concerns affecting each of our faculty –obviously seen through an individual lens.

Among the concerns raised was how the school and university will support and assist basic science faculty during this time of fiscal constraint and limitation in research funding. Coupled with this was how career development will be supported and fostered at Stanford. Senators expressed concern about the perceived value of Clinician Educators in comparison to other faculty, as well as how medical school faculty are seen in relation to the greater university. One or more senators raised the question of whether Stanford is preparing its medical students for the dramatically changing landscape in how medical care will be delivered. Also raised was the issue of whether education programs promoting joint degrees have had an impact on medicine, and how this fits into the education of future physicians. Questions (and hopes) were raised about how to develop more interdisciplinary interactions among departments and across the university. Also raised was the question of how to engage more faculty involvement in improving the quality and cost-effectiveness of patient care. And the list could go on.

Of note, many of the issues and concerns expressed by this year’s senators have been topics that have been raised in the past, and a number have received considerable attention during my association with Stanford. Indeed, a number have consumed the time and efforts of previous members of the faculty senate, medical school and university. Clearly none are fully resolved, which underscores the reality of the continued external and internal forces that impact academic medicine. Further, the importance of these forces will almost certainly be further exacerbated in an era when NIH funding is flat to declining and when the economics and changes in healthcare alter the overall practice of

medicine. Taken together, the various issues and concerns raised by members of the senate highlight the fact that the work of improving our work environment, locally and beyond, is constant and ongoing – sometimes with two steps forward to one back and on other occasions the opposite.

On further reflection, the expressions by members of the Senate of what we can do to further improve Stanford as a medical school and medical center illustrate that each of us, whether faculty, student or staff, has an individual responsibility to seek ways of helping to address concerns and offer solutions. It is terrific to witness suggestions, comments and of course concerns and disappointments, because they show a willingness to engage in seeking ways of making our community better and stronger. The issues are enduring, and the solutions often more evanescent, with new solutions building on past successes or failures. Obviously there is much to be done – and it is important that the Faculty Senate began by reflecting on some of those challenges and opportunities. Hopefully, next will come steps to solutions – and further progress.

Report to the Executive Committee from the Department of Anesthesiology, Pain and Perioperative Medicine

On Friday September 7th, Dr. Ron Pearl, the Richard K. and Erika N. Richards Professor and Chair of the Department of Anesthesia, provided an update to the Executive Committee, including a change in the department's name. Dr. Pearl's summary follows:

In recognition of the expanding involvement of anesthesiologists outside the operating room, the Department of Anesthesia has been renamed the Department of Anesthesiology, Pain and Perioperative Medicine. Overall, it is one of the three largest departments in the medical school with 155 faculty, 80 residents, 35 fellows, 40 administrative staff, and an additional 50 people involved in research. The annual budget is over \$71 million, primarily in healthcare services and research.

The department has maintained clinical growth at 7% per year throughout the past decade, and now has over 100 clinical FTEs at Stanford and Packard Hospitals. The majority of the faculty growth has been in the Clinician Educator Line, which accounts for over half the current faculty. The department is divided into eight clinical divisions: the general OR group (renamed the multispecialty division), pediatric anesthesia, pain management, critical care, cardiovascular anesthesia, obstetrical anesthesia, and medical acupuncture, plus the VA group. In addition to increasing patient numbers there has been an increase in patient acuity and in the complexity of surgical procedures, which has required increasing sub specialization within the anesthesia divisions. The pain management division has had the greatest percentage growth, and is one of only four programs in the country to receive two Center of Excellence awards from the American Pain Society.

In resident education, the 80 anesthesia residents are involved in 26 rotations at four hospitals. The majority of the residents continue with fellowship training after residency, and half continue in academic anesthesia. The residency program at Stanford has been highly innovative, including an iPad-based curriculum, a research track, a resident

wellness program, a global health program, combined residency programs with pediatrics and with internal medicine, and the extensive use of information technology, simulation, and blended multimedia experiences for training. A Faculty Scholars Teaching Program has trained 26 faculty in curricular theory during the past 5 years. Nationally, simulation in medicine developed from the efforts of David Gaba, Associate Dean for Immersive and Simulation-based Learning at Stanford, and the anesthesia residents participate in simulation programs, often in collaboration with other departments, in anesthesiology, critical care, obstetrics, pediatrics, and neonatology. Many of the departmental educational innovations, including the use of advanced information technology, have been published. Larry Chu organizes the annual Medicine X symposium at Stanford, which is attended by over 500 national and international experts on the use of information technology to advance health care. At the fellowship level, Stanford is the only anesthesia department in the country to offer all five ACGME-approved fellowships (critical care, pain, pediatrics, cardiac, and obstetrical anesthesia).

During the past five years, departmental NIH funding has tripled, and the department now ranks third in the country. The department has 20 active federal awards, including 9 new grants this year, for a total of \$44.3 million in total costs over the award periods. In addition, there are 19 non-federal awards. Overall, there are 21 different principal investigators. Areas of research include pain, mechanisms of anesthesia, neuroscience, cardiopulmonary research, adult and pediatric clinical pharmacology, patient safety, health care economics and outcomes research. Approximately half the departmental research is in the area of pain. A \$17 million P01 grant to Sean Mackey uses deep phenotyping and genotyping to determine which individuals will respond to one of four different treatments for low back pain. Other ongoing pain studies include the use of low dose naltrexone to modulate microglia to decrease pain in fibromyalgia, an EGR-1 DNA decoy to prevent the progression from acute to chronic pain after surgery or injury, the use of brain imaging as an objective marker for pain, and basic mechanisms, including epigenetic modifications, underlying complex regional pain syndrome, postsurgical pain, and response to opioids. In the area of anesthetic mechanisms, electrophysiological studies have examined effects of alcohol and anesthetics on specific ion channels and neural circuits. Modeling of molecular dynamics has described the details of binding between anesthetics and relevant ion channels and has begun to identify new anesthetic molecules that may have greater specificity and safety. A study of identical and fraternal twins demonstrated the role of genetic variability in the effects of narcotics, and subsequent studies will examine candidate genes. The use of computational mouse genetics demonstrated the role of the 5HT₃ receptor in opioid withdrawal, and an NIH-funded multi-center study is examining the use of ondansetron to prevent narcotic drug withdrawal in neonates born to mothers taking narcotic drugs.

Many of the complications of anesthesia and surgery are due to perioperative inflammation. In collaboration with Gary Nolan, Mark Davis, and Mike Longaker, Martin Angst is using CyTOF mass cytometry to perform a comprehensive, system-based quantitative and functional evaluation of the circulating immune system in the context of surgery. Based on data from cytokine changes in the wound fluid of patients, Gary Peltz is studying the ability of anakinra, an IL-1 receptor antagonist, to decrease postoperative wound pain. In other work, his transformative RO-1 uses human hepatocytes to replace

the native liver in Tk-NOG mice, allowing in vivo pharmacokinetic studies applicable to human metabolism and providing a potential method for human liver regeneration from differentiated human adipocytes obtained from liposuction.

Finally, although the Department of Anesthesiology, Pain and Perioperative Medicine has been successful in clinical care, education, and research, resource constraints (money, billets, and space), the impact of new health care reimbursement systems such as accountable care organizations, and the increasing role of mid-level practitioners will need to be addressed to continue this success in future years.

Dr. Natalie Rasgon Appointed Associate Dean of Academic Affairs

Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, has announced the appointment of Dr. Natalie Rasgon, Professor of Psychiatry and Behavioral Sciences, as Associate Dean of Academic Affairs. A member of the Stanford faculty since 2002, Dr. Rasgon holds a courtesy appointment in the Department of Obstetrics and Gynecology and serves as the Director of the Stanford Center for Neuroscience in Women's Health. In addition to her research, teaching and clinical activities, Dr. Rasgon has served on the School's Appointments and Promotions Committee and has just completed a two-year term as chair of the School of Medicine Faculty Senate. She is also co-chair of the Women's Faculty Forum at Stanford. She will join the Office of Academic Affairs on October 1.

Stanford Faculty Continue Amazing Success with Prestigious Awards for Innovation

"Innovative," "creative," and "entrepreneurial" are words that characterize Stanford faculty in ways that transcend virtually every other university in the world. Many different metrics can be used to measure these attributes, some of which occur year after year. For example, on September 13th the NIH announced the 2012 winners of the NIH Director's Pioneer Awards, New Innovative Awards and Transformative Research Awards (see: <http://med.stanford.edu/ism/2012/september/nih-awards-0913.html>). Stanford faculty account for 9 of these 81 awards, which recognize creative and innovative scientists – demonstrating once again that our medical school, as well as the rest of the university, is the beneficiary of enormously talented faculty who themselves benefit from the unique and big-idea thinking that results from the very special environment we know as Stanford. The awardees in the School of Medicine (including Bioengineering) include:

- **NIH Director's Pioneer Award**
 - *Dr. Christina Smolke*, Associate Professor of Bioengineering
 - *Dr. Ann Brunet*, Associate Professor of Genetics
- **New Innovator Awards**
 - *Dr. Alexander Urban*, Assistant Professor of Psychiatry and Behavioral Sciences
 - *Dr. Rajat Rohatgi*, Assistant Professor of Medicine (Oncology)
 - *Dr. Jan Carette*, Assistant Professor of Microbiology and Immunology
- **Transformative Research Awards**
 - *Dr. Karl Deisseroth*, Professor of Bioengineering and of Psychiatry and Behavioral Sciences

- **Dr. Helen Blau**, Donald and Delia B Baxter Professor and Director of the Baxter Laboratory, Department of Microbiology and Immunology
- **Dr. Ben Barres**, Professor and Chair of the Department of Neurobiology

In addition to these prestigious awards from the NIH, the Howard Hughes Medical Institute (HHMI) also announced the recipients of the HHMI Collaborative Innovation Awards, which will bring together six teams to carry out potentially transformative research, each headed by an HHMI investigator. These awards include 28 investigators from 20 institutions in the US, Germany and Israel – including Stanford. Indeed, two of the six teams will be led by (and include) Stanford faculty, including:

Structures of challenging biological systems with the world's first hard X-ray laser

- **Axel Brunger**, Lead Investigator, HHMI Investigator and Professor of Molecular and Cellular Physiology, Neurology, Photon Science and Structural Biology, Stanford University. Dr. Brunger's team will develop new methods of sample delivery, data collection, and analysis to enable structural studies of nanometer or micron-scaled crystals of biological molecules using the new Linac Coherent Light Source at the SLAC National Accelerator Laboratory in California.

Collaborators:

- **James Berger**, University of California, Berkeley
- **David Eisenberg**, HHMI Investigator, University of California, Los Angeles
- **Douglas Rees**, HHMI Investigator, California Institute of Technology
- **William Weis**, William Hume Professor of Structural Biology and of Molecular and Cellular Physiology, Stanford University

Mapping global patterns of connectivity in the mammalian brain

- **Liqun Luo**, HHMI Investigator and Professor of Biology and, by courtesy, of Neurobiology, Stanford University. Dr. Luo's team plans to develop a suite of tools for mapping neuronal connections in the complete mouse brain, including those that extend across long distances, and use those tools to study the organization of neural circuits and how they are affected by specific neurotransmitters.

Collaborators:

- **Edward Callaway**, Salk Institute for Biological Studies
- **Karl Deisseroth**, HHMI Early Career Scientist and Professor of Bioengineering and of Psychiatry and Behavioral Sciences, Stanford University

- **Adi Mizrahi**, Hebrew University

Congratulations to each of these remarkable faculty members for these recent awards and recognition.

Upcoming Events

Stanford Medicine X September 28-30, 2012 Li Ka Shing Center, Berg Hall

This conference will show attendees how emerging technologies will reshape the practice of medicine, right from the front lines of Silicon Valley. Social media, mobile apps, design practices, and self-tracking technologies are reshaping healthcare and have the potential to transform the doctor-patient relationship. In order to engage the Stanford community, the Medicine X organizers are pleased to extend discounted rates of up to 72% off our current prices.

- \$699 to attend Medicine X and the Self-Tracking Forum Sept 28-30, 2012 (Normally \$2448, a 72% savings)
- Regular staff members may be eligible to use STAP funds to cover the full cost of the conference with supervisor approval. Refer to the [STAP website](#) for further details.

To register today, visit: <http://medicinex.stanford.edu/stanford-university-access-program>. Please [click here](#) to access the special \$699.00 rate to attend Medicine X Sept 29-30, 2012.

Some Notable Events

- The Stanford Cancer Institute hosted the ***Sixth Comprehensive Cancer Research Training Program*** from September 17-21st. Special thanks to Drs. Amato Giaccia, Ginna Laport, James Ford and Karl Blume for their leadership with this excellent program.
- ***The Stanford University Postdoctoral Association*** held its 2nd Annual Research Symposium on September 20th. The SUPD has done a great job in fostering a community of scholars, colleagues and friends at Stanford. Special thanks to Simal Ozen Irmak, Hedwich Kuipers, Gerwin Hassink, and Yoan Konto-Ghiorgi for their work in hosting and coordinating this important program.

Other Awards and Honors

- ***Dr. Jonathan S. Berek*** was named the first incumbent of the Laurie Kraus Lacob Professorship at a festive event on September 18th. This event honored the extraordinary compassion, commitment, dedication and generosity of Ms. Laurie Lacob, who made this professorship possible, along with the exceptional contributions of Dr. Berek as a world-renowned leader in gynecologic cancer. Dr.

Berek is also the Chair of the Department of Obstetrics and Gynecology and the Director of the Stanford Women's Cancer Center.

- **Dr. John R. Adler Jr.**, Professor of Neurosurgery and Radiation Oncology, has just received the Ralph Cloward Award from the Western Neurosurgical Society. Please join me in congratulating Dr. Berek and Dr. Adler.

Appointments and Promotions

- *Stephen Baccus* has been promoted to Associate Professor of Neurobiology, effective 8/01/2012
- *Valerie Baker* has been promoted to Associate Professor of Obstetrics and Gynecology, effective 9/01/2012
- *Victor Carrion* has been promoted to Professor of Psychiatry and Behavioral Sciences, effective 9/01/2012
- *Karl Deisseroth* has been promoted to Professor of Bioengineering and of Psychiatry and Behavioral Sciences effective 9/01/2012
- *Jason Dragoo* has been promoted to Associate Professor of Orthopaedic Surgery, effective 9/01/2012
- *Sharon Geaghan* has been reappointed to Professor of Pathology at the Stanford University Medical Center, effective 6/26/2012
- *Jeremy D. Goldhaber-Fiebert* has been reappointed to Assistant Professor of Medicine, effective 11/01/2012
- *Allison W. Kurian* has been reappointed to Assistant Professor of Medicine and of Health Research and Policy, effective 2/01/2013
- *Laura Lazzeroni* has been reappointed to Associate Professor (Research) of Psychiatry and Behavioral Sciences, effective 10/01/2014
- *Henry Lowe* has been appointed to Associate Professor of Pediatrics, effective 9/01/2012
- *Peter G. Maxim* has been reappointed to Assistant Professor of Radiation Oncology, effective 9/01/2012
- *David Miklos* has been appointed to Assistant Professor of Medicine, effective 9/01/2012
- *Walter Park* has been appointed to Assistant Professor of Medicine, effective 9/01/2012

- *Kathleen L. Poston* has been reappointed to Assistant Professor of Neurology and Neurological Science, effective 2/01/2013
- *Edward Riley* has been promoted to Professor of Anesthesia, effective 8/01/2012
- *Daniel L. Rubin* has been reappointed to Professor of Radiology and of Medicine, effective 2/01/2013
- *John Sunwoo* has been reappointed to Assistant Professor of Otolaryngology-Head and Neck Surgery, effective 10/01/2012
- *Jeffrey Yao* has been promoted to Associate Professor of Orthopaedic Surgery, effective 9/01/2012

Dean's Newsletter

October 15, 2012

Celebrating Science and Discovery

The announcement on October 10th that Brian Kobilka is the winner of the 2012 Nobel Prize in Chemistry (see: <http://med.stanford.edu/ism/2012/october/nobel-kobilka.html>) was an extraordinary affirmation of the value of science and discovery. Dr. Kobilka's life and work are tributes to scientific elegance, excellence and endurance, conducted over decades with passion, dedication and commitment. He wins this extraordinary prize with Bob Lefkowitz of Duke University, who was his mentor earlier in his career and who helped shape and launch his career in science. Trained as an MD, Brian became dedicated to solving deep and important scientific mysteries. When others felt the problem he was focusing on was impossible to solve, he devoted his energies to doing just that. Over the past decades he pursued with exquisite detail an understanding of the adrenergic receptor and succeeded in defining its 3-dimensional structure along with its function and physiological relevance. His work stands at the crossroads of chemistry, structural biology, and molecular medicine and has been greatly enhanced by the scientific environment of Stanford University, which bridges these and other disciplines.

Brian's commitment to staying focused on a problem of extraordinary complexity and to finding the techniques and technologies that answer both structural and functional questions is also a testament to the value of investigator initiated basic science research. In a day when big teams and massive labs have become the common mediator of modern science, Brian Kobilka stands as a model -- a small group of committed scientists who can illuminate deep mysteries and open doors to new solutions that will ultimately improve human life. His work is a powerful demonstration of the importance of supporting basic science research - whose payoff can take many years or decades to reach fruition but, when it does, changes the direction of medicine and science. And beyond all this, Brian Kobilka is one of the most humble, caring and generous people we are

privileged to know and value in our community at Stanford, where he serves as the Helene Irwin Fagan Professor and Chair of the Department of Molecular and Cellular Physiology in the School of Medicine.

It is also notable that a week prior to this year's Nobel announcements, we held a Partners in Medicine Event in the Paul and Millie Berg Hall that featured interviews with the then three current Nobel Laureates: Dr. Paul Berg, winner of the 1980 Nobel Prize in Chemistry; Dr. Roger Kornberg, winner of the 2006 Nobel Prize in Chemistry; and Dr. Andy Fire, winner of the 2006 Nobel Prize in Medicine or Physiology. Dr. Kobilka was one of the more than two dozen faculty in attendance at the dinner that preceded the "Conversations with Nobel Laureates." Along with his colleagues, Dr. Kobilka was helping to educate and inform the nearly 300 attendees of this event about the importance and relevance of basic science in leading to fundamental insights about the world in which we live, and also how basic science establishes the foundations for discoveries that can transform medicine and human health.

As noted above, many of dividends of basic research take years to decades before their impact is truly understood or applicable to the diagnosis and treatment of disease. Investment in basic science is what has made the USA the world leader in discovery and innovation. But, as I have written on numerous occasions, these investments are now threatened by our nation's economy and the priorities being set by our government, including the funding priorities set by the National Institutes of Health. Increasingly over the past decade (and with the exception of the years of stimulus funding from the American Recovery and Reinvestment Act), support for funding of research from the NIH and other agencies has become more limited and even more competitive, with less purchasing power and with an increasing shift to "big science" and more applied research than to investigator initiated basic research – such as that carried out by Brian Kobilka and many of our other outstanding basic science faculty at Stanford. We have witnessed science becoming more politicized and sometimes being accompanied with an anti-science bias, whether in climate research, stem cell biology or evolutionary biology. These are worrisome trends and could result in America losing its global preeminence in science and engineering.

While it is exciting and exhilarating to celebrate "Nobel moments," less appreciated is how challenging the work and life of an academic scientist can be. This is particularly the case in medical schools, where most of the support for research and a not insignificant proportion of personal compensation come from success in grant funding. It is true that at Stanford medical school faculty have the highest amount of competitive NIH funding per individual of any other medical school in the nation. This speaks to the extraordinary talents and tenacity of our faculty – as well as to the time and effort spent in writing grants and pursuing various funding opportunities. But it does not address the pressures and toll on faculty of continuously writing grants to sustain research funding. This is very much the story for Dr. Kobilka, who has spent enormous portions of his time and energy submitting grants and seeking new sources to support his work and that of his students, trainees and colleagues, sometimes with success but also with failure and disappointment.

This is the hard backstory of the celebratory news of discovery and success and the recognition that comes from major awards and honors.

While most of our faculty will continue to say how fortunate they are to be part of a community of excellence like that at Stanford, most would also acknowledge the pressures and worries about whether grants will be funded and whether they can pursue ideas and research directions that matter. This is enormously stressful – and is becoming even more so. Even great scientists, including Nobel Laureates, are not immune to these challenges, which are getting worse rather than better. This is, in part, why we held the Partners in Medicine event on October 2nd.

At universities like Stanford, philanthropic support from our community, both locally and globally, has been transformative. This extraordinary support has enabled us to build world-class laboratories and education facilities. The recently launched Campaign for Stanford Medicine will play a major role in the construction of the new Stanford Hospital, just as the Children's Health Initiative and the "Breaking New Ground" campaign have helped with the plans and construction for the Lucile Packard Children's Hospital. Support from grateful patients, alumni and wonderful community members has created financial aid funding for our students and has been a source for seed grants for innovative research, including for our Stanford Institutes of Medicine.

The Campaign for Stanford Medicine is just getting underway and will be led by our next Dean, Dr. Lloyd Minor, in collaboration with Amir Rubin, CEO at Stanford Hospital & Clinics, along with faculty and hospital leaders and the tremendous support from community volunteers and the Office of Medical Center Development. However, it is clear already that making the case for support for basic science research and graduate education is of essential importance. Of course no one envisions that philanthropic support can or should supplant or replace the competitive funding that comes from agencies like the NIH. That is not an attainable or even a meritorious goal. But when philanthropic support can be garnered to create Faculty Scholar Awards, Professorships, Graduate Student Education and Innovation Funds (among other needs) it can make a world of difference in the ability of our faculty to be successful – and innovative – and make transformative discoveries.

Many times we hear that raising philanthropic funds for basic research is too difficult or not feasible, because the connections between basic research and the drugs or treatments that impact human life and disease are too distantly separated in time. However, I would venture that, while those of us in science and medicine understand this dilemma, we have personal examples of how these connections are actually quite closely defined and how they have impacted our careers or the patients we have cared for. I can think of many examples in my own career, but one that stands out for me occurred at the beginning of the HIV/AIDS epidemic in the US. I was a pediatric oncologist and infectious disease specialist doing laboratory and clinical research in the Clinical Center at the National Institutes of Health when the first cases of HIV/AIDS occurred in adults and then children.

Initially the cause of what became known as AIDS was unknown and approaches to diagnosis and treatment were lacking. But advances in diagnosis and treatment were able to advance relatively rapidly and to a large measure because of discoveries and technologies that had been made years to decades earlier, some of which took place at Stanford. These included the Fluorescent Activated Cell Sorter (FACS) invented by Len and Lee Herzenberg and the discoveries of retroviruses and the enzyme reverse transcriptase. Of course, these basic science discoveries also happened because of other fundamental scientific insights that emerged from different disciplines, often driven by the curiosity of the investigator and not because of an anticipated impact on a human illness. Indeed none the examples I mentioned above anticipated the eventuality of HIV infection – but they each played a central role in the early diagnosis of HIV infection, the ability to make blood transfusions safe (which came from the work of Dr. Ed Engelman at Stanford) or in the first antiretroviral agents that blocked reverse transcriptase and that I was able to use in the children I was caring for at the NIH.

Simply put, if basic research hadn't been done years or decades previously in seemingly unconnected fields and disciplines, the opportunity to make progress against a new disease like HIV/AIDS would have been almost unthinkable. Similar stories can be told about many other basic science discoveries that ultimately had a big impact on medicine but which were not known or anticipated when they were first being conducted. This is the value and payoff of investments in basic research.

We are fortunate at Stanford to have outstanding basic and clinical science faculty who work collaboratively and who engage with amazing students and trainees. We have an environment that fosters innovation and discovery across disciplines and that has created an intricate ecosystem of excellence. It is a system that has facilitated extraordinary discoveries, including those made by Brian Kobilka and by others that helped his journey that culminated in the Nobel Prize. But we are at a point in history when we cannot expect this work to go on unless there is commitment from our government and community to invest in and support research broadly – including in the biomedical sciences. It is also a point in history when we need to be advocates for research and when our community can make an exceptional difference in supporting innovation and our pipeline to the future that includes our students and trainees. This is how we create the future – the fruits of which may not be known for years to decades from now, but which ultimately can be tracked back to fundamental discoveries resulting from probing minds and creative inquiries. That is an investment worth making and is the case for supporting basic science research at Stanford and beyond.

Welcome to the 2012 Stanford PhD Students

On Monday evening, September 24th, a newly designed graduate student Orientation and Welcome Dinner was held in Berg Hall of the Li Ka Shing Center for Learning and Knowledge (LKSC). Dr. Dan Herschlag, the Senior Associate Dean for Graduate Education and Postdoctoral Affairs, fostered discussions about issues highly relevant to new PhD students. Among the topics were: the transition from undergraduate to graduate school; choosing rotations and a thesis lab; and how to succeed in graduate school. These

topics were discussed by incoming PhD students together with current students and faculty and thus permitted a nice introduction to Stanford and the challenges and opportunities in graduate education. In addition, Dr. Adam de la Zerda, a newly appointed Assistant Professor in the Department of Structural Biology, spoke engagingly about his life as a graduate student – a perspective that is helpful to those just beginning their journey.

We are pleased to welcome the 135 incoming Bioscience and Interdisciplinary PhD students and 36 new Masters students, who began classes on September 24th. As with the MD students we welcomed in late August (see: http://deansnewsletter.stanford.edu/archive/08_27_12.html), the incoming PhD class is diverse, and the entering students have exceptional academic and personal credentials and accomplishments. Our 97 Biosciences PhD students were selected from a pool of 1820 applicants submitting a total of 4182 applications (applicants can apply separately to one or more departments or programs). This was an increase of almost 14% from last year. Women comprise 52% of the 2012 entering class, and 8.2% of the incoming PhD students are underrepresented minorities. Reflecting our global community, 20% of the students are international and were born in 19 different countries. Those born in the US come from 22 different states. Our new PhD students come from 60 different undergraduate schools, with four or more coming from each of the following: MIT (7), UC Berkeley (5), Brown (4), University of Washington (4), and Yale (4). Of note, 15 of these students already have advanced degrees: one Master of Technology, three MA degrees, 11 MS degrees (one student has two of these), and one has an MD.

The home programs of the Biosciences are housed primarily in the School of Medicine, but they also include the Humanities and Sciences Programs in Biology and Biophysics. In addition to the Biosciences programs, the new Stem Cell PhD program (see: <http://med.stanford.edu/ism/2011/april/stem-phd.html> and <http://stemcell.stanford.edu/education/phd/index.html>) matriculated 15 new students, and Bioengineering, a joint program of the schools of Medicine and Engineering (see: <http://bioengineering.stanford.edu/>), matriculated 23 new PhD candidates. The number of incoming students in a program/department ranges from "large" in the case of Biology (with 24 students) to small (with one student in Structural Biology). The 36 Masters students joining us are matriculating in Bioengineering, Epidemiology, Genetic Counseling, Biomedical Informatics, Masters in Medicine, and Health Services Research.

Also of note, the third annual White Lab Coat Ceremony will be held on October 19th in Berg Hall. This celebration parallels the Stethoscope Ceremony for MD students as a welcoming tradition in the School of Medicine. Stanford Medical School is unique in having nearly equal numbers of MD and PhD students (with lots of dual degree students), which is something worth celebrating in its own right. Our outstanding PhD students play an incredibly important role in contributing to the rich and creative scientific environment that defines Stanford.

Special thanks go to the staff who organized and brought the Orientation and Welcome Dinner to life: Sarina Tom, John Bray, Lorena Najarro, Dominique Kalata, Mary Boyer,

Samar Fahmy, and Zera Murphy and to Julia Tussing, Associate Dean for Education Programs and Services.

Having shared the names of the new MD students in my August 27th Newsletter I am also most pleased to share the new PhD students and their home program. Please note that these are only the PhD students entering the current Bioscience Program and the list does not include the new students in Stem Cell Biology and Regenerative Medicine or the new PhD students in Bioengineering. It is also important to point out that two of the major home departments (Biology and Biophysics) are officially housed in the School of Humanities and Sciences. It is terrific that we are able to have PhD programs that cut across schools and disciplines.

<i>Name</i>	<i>Home Program</i>
<i>Ahanonu, Biafra Owowonta II</i>	Biology
<i>Ahmadi, Nimit</i>	Bioengineering
<i>Asaad, Mazen</i>	Molecular and Cellular Physiology
<i>Babur, Sameen</i>	Developmental Biology
<i>Bahrami, Zahra</i>	Chemical Systems Biology
<i>Ballard, Ian Connors</i>	Neurosciences
<i>Bayless, Nicholas Logan</i>	Immunology
<i>Beckwith, Sean Lu</i>	Biology
<i>Bi, Yang</i>	Biology
<i>Bieri, Gregor</i>	Neurosciences
<i>Blair, Lily Margaret</i>	Biology
<i>Byers, James Samuel</i>	Developmental Biology
<i>Chan, Caleb</i>	Biochemistry
<i>Chandler-Brown, Devon</i>	Biology
<i>Chang, Andrew Hsiu-Hao</i>	Developmental Biology
<i>Chaudhari, Akshay</i>	Bioengineering
<i>Chavarha, Mariya</i>	Bioengineering
<i>Chen, Elizabeth Yang</i>	Stem Cell Biology and Regenerative Medicine
<i>Cherf, Gerald</i>	Bioengineering
<i>Chevez, Natalie</i>	Biology
<i>Chung, Hokyung</i>	Biology
<i>Chung, Jae Ik</i>	Biology
<i>Clarke, Donald Nathaniel</i>	Biology
<i>Comerci, Colin James</i>	Biophysics
<i>Conrad, Bogdan Heinrich Meno</i>	Stem Cell Biology and Regenerative Medicine
<i>Cormier, Olga</i>	Biology
<i>Course, Meredith Marie</i>	Neurosciences
<i>Cristea, Sandra</i>	Cancer Biology
<i>Cumnock, Katherine</i>	Microbiology and Immunology
<i>Cunningham, Anna Delia</i>	Chemical and Systems Biology

<i>Daneshjou, Roxana</i>	Genetics
<i>Davis III, Joe Reese</i>	Genetics
<i>Denisin, Aleksandra</i>	Bioengineering
<i>Deveza, Lorenzo</i>	Bioengineering
<i>Doughty, Emily Kathryn</i>	Biomedical Informatics
<i>Dulken, Benjamin</i>	Medical Scientist Training Program (MSTP)
<i>Edge, Michael Donald</i>	Biology
<i>Eiseman, Nathaniel Alexander</i>	Biochemistry
<i>Enos, Michael David</i>	Structural Biology
<i>Erlandson, Sonya</i>	Biology
<i>Flynn, Ryan Alexander</i>	Cancer Biology
<i>Fu, Xu Hua</i>	Genetics
<i>Fuentes, Daniel Roberto</i>	Cancer Biology
<i>Fung, Connie</i>	Microbiology and Immunology
<i>Garcia, Miguel Angel</i>	Biology
<i>Glanville, Jacob Eli Gunn</i>	Immunology
<i>Goldberg, Amy</i>	Biology
<i>Goldfeder, Rachel Lynn</i>	Biomedical Informatics
<i>Gomez, Jesse Lee</i>	Neurosciences
<i>Ha, Huong Thi Thanh</i>	Neurosciences
<i>Hale, William Dylan</i>	Molecular and Cellular Physiology
<i>Hall, Heather Elizabeth</i>	Biochemistry
<i>Han, Lichy</i>	Medical Scientist Training Program (MSTP)
<i>Hsueh, Brian</i>	Medical Scientist Training Program (MSTP)
<i>Hu, Kenneth Hsueh-heng</i>	Biophysics
<i>Jacobson, Amanda Rose</i>	Microbiology and Immunology
<i>Jaffe, Mia</i>	Genetics
<i>Jain, Nimit</i>	Bioengineering
<i>Javelosa, Edritz</i>	Neurosciences
<i>Jin, Xiaofan</i>	Bioengineering
<i>Keller, Thomas Joseph</i>	Immunology
<i>Kim, Rick Gyusik</i>	Biology
<i>Ko, Melissa Ellen</i>	Cancer Biology
<i>Kozyrytska, Kateryna</i>	Biochemistry
<i>Krampitz, Geoffrey</i>	Stem Cell Biology and Regenerative Medicine
<i>Kurtz, David</i>	Bioengineering
<i>Lee, Joo</i>	Biochemistry
<i>Leopold, Devin Robert</i>	Biology
<i>Li, Jian</i>	Biochemistry
<i>Liang, Jackson</i>	Molecular and Cellular Physiology
<i>Lin, Grant</i>	Medical Scientist Training Program (MSTP)

<i>Linde, Ian Lisle</i>	Immunology
<i>Liu, Chao</i>	Biochemistry
<i>Low, Hui Ning Natalie</i>	Biology
<i>Madl, Christopher</i>	Bioengineering
<i>Mallory, Caitlin Sierra</i>	Neurosciences
<i>Marzelli, Matthew</i>	Bioengineering
<i>Mason, John</i>	Bioengineering
<i>Matt, Rachel Ann</i>	Chemical and Systems Biology
<i>McIntosh, Lane Thomas</i>	Neurosciences
<i>McManus, Kimberly Faith</i>	Biology
<i>Memon, Farah</i>	Bioengineering
<i>Miguel, Amanda</i>	Bioengineering
<i>Mirza, Amar</i>	Medical Scientist Training Program (MSTP)
<i>Mitchell, Aaron</i>	Bioengineering
<i>Mitsunaga, Erin Michiko</i>	Genetics
<i>Morikawa, Megan Keiko</i>	Biology
<i>Moskowitz, David</i>	Biomedical Informatics
<i>Mychajliw, Alexis Marie</i>	Biology
<i>Owen, Leanna Marie</i>	Biophysics
<i>Payne, Hannah Logan</i>	Neurosciences
<i>Purger, David</i>	Stem Cell Biology and Regenerative Medicine
<i>Puschnik, Andreas Sebastian</i>	Microbiology and Immunology
<i>Qin, Elizabeth</i>	Medical Scientist Training Program (MSTP)
<i>Ramanathan, Muthukumar</i>	Stem Cell Biology and Regenerative Medicine
<i>Rastogi, Suchita</i>	Medical Scientist Training Program (MSTP)
<i>Reese, Angela Lynn</i>	Developmental Biology
<i>Richardson, Rhea Renee</i>	Genetics
<i>Rim, Young-soo</i>	Developmental Biology
<i>Roake, Caitlin</i>	Medical Scientist Training Program (MSTP)
<i>Rogers, Zoe Natasha</i>	Genetics
<i>Rose, Noah Hartmann</i>	Biology
<i>Rubin, Adam Joseph</i>	Stem Cell Biology and Regenerative Medicine
<i>Sapiro, Anne La Fleur</i>	Genetics
<i>Sathyamoorthi, Shyam</i>	Medical Scientist Training Program (MSTP)
<i>Scharr, Alexandra Laurel</i>	Neurosciences
<i>Schep, Alicia Nathalie</i>	Genetics
<i>Schroeder, John Will</i>	Biology
<i>Seligman, Benjamin Joseph</i>	Biology
<i>Seong, Yekyung</i>	Immunology
<i>Sharma, Arun</i>	Biology
<i>She, Richard</i>	Chemical and Systems Biology

<i>Silas, Sukrit</i>	Immunology
<i>SoRelle, Elliott Daniel</i>	Biophysics
<i>Stanley, Elizabeth Joy</i>	Microbiology and Immunology
<i>Strandberg, Erika</i>	Biomedical Informatics
<i>Sweere, Johanna Maria</i>	Immunology
<i>Taylor, Caitlin Ann</i>	Neurosciences
<i>Thompson, Abbey Carolyn</i>	Genetics
<i>Tom, Ariane</i>	Bioengineering
<i>Torrez Dulgeroff, Laughing Bear</i>	Stem Cell Biology and Regenerative Medicine
<i>Tsang, Emily</i>	Biomedical Informatics
<i>Ursu, Oana Maria</i>	Genetics
<i>Vandova, Gergana Andreeva</i>	Biochemistry
<i>Venkatesh, Humsa Srinidi</i>	Cancer Biology
<i>Volz, Katharina Sophia</i>	Stem Cell Biology and Regenerative Medicine
<i>Ward, Thomas Ray</i>	Genetics
<i>Weitz, Andrew</i>	Bioengineering
<i>Winters, Ian Paul</i>	Genetics
<i>Wu, Chun (Lyndia)</i>	Bioengineering
<i>Xiang, Shengnan (Joy)</i>	Bioengineering
<i>Ye, Anne</i>	Bioengineering
<i>York, Ryan Alexander</i>	Biology
<i>Young, Noah</i>	Bioengineering
<i>Yu, Kun-Hsing</i>	Biomedical Informatics
<i>Zappala, Zachary</i>	Genetics
<i>Zhang, Yunxiao</i>	Stem Cell Biology and Regenerative Medicine
<i>Zhou, Weizhuang</i>	Bioengineering
<i>Zhou, Xiang</i>	Biology
<i>Zhu, Danqing</i>	Bioengineering

Welcome to all!

Will November 6th Impact the Cost of Care in the US?

With the presidential election just weeks away, it is not a surprise that there is considerable interest and concern about how the results of the election will impact health care costs and the Affordable Care Act. While the topic of healthcare costs are certainly on the minds of voters, the discussions and debate between candidates and constituencies has seemed more rhetorical than illuminating. While the details of the Affordable Care Act are known, there is still confusion and debate about how its various components will unfold and, most importantly, how the ACA will impact health care costs into the future. This is a topic I have covered in a number of past newsletters (see: http://deansnewsletter.stanford.edu/archive/07_02_12.html, http://deansnewsletter.stanford.edu/archive/03_07_11.html, http://deansnewsletter.stanford.edu/archive/09_27_10.html#4

Recognizing that the details of the healthcare plan that would unfold under a Romney presidency are less well defined, the Commonwealth Fund recently reported an analysis entitled “*Health Care in the 2012 Presidential Election: How the Obama and Romney Plans Stack Up*” (see: <http://www.commonwealthfund.org/Publications/Fund-Reports/2012/Oct/Health-Care-in-the-2012-Presidential-Election.aspx>). The analysis and report question whether the respective candidates’ plans will increase the number of Americans who have health insurance, whether their stated or assumed plans will make health insurance more affordable and whether they will protect consumers, whether the plans will improve choice, and help small businesses and whether they will address some of the major challenges with entitlement programs like Medicare. The bottom line question is whether it can be determined which of the candidates’ plans will slow healthcare costs and improve the quality of the healthcare that is delivered.

Needless to say the answers to such questions are of enormous importance, but it is certainly safe to say that the conclusions drawn from the Commonwealth Fund report – or others – will be broadly contested and debated. That said, the Commonwealth Fund study concluded that “*On each of the seven criteria used in this analysis to evaluate the candidates’ health care platforms, President Obama’s plan to fully implement the Affordable Care Act would likely outperform Governor Romney’s plan to repeal the law and replace it with fewer federal requirements for insurance markets and reduced funding for the Medicaid and Medicare programs. This conclusion is driven in part by the considerable detail available in the health reform law and the new guidance and regulations issued by the Department of Health and Human Services to implement its provisions, compared with Romney’s far less detailed proposal to replace the law.*”

Of course details are important and we cannot dismiss that those that would unfold from a Romney plan would have a greater impact on the healthcare system and healthcare reform. Hopefully we will learn more of the details between now and November 6th. But there can be no question that the results of the election will impact healthcare in the US for the future. Regardless of the politics, we need to continue to advocate and support changes that improve the quality, service and costs of medical care – and at the same time, foster innovation and discovery to improve health and the delivery of healthcare. Based on the many programs put into place over the years, Stanford has the opportunity to lead in all of these areas, which would be great for our communities, locally and globally.

Massachusetts Voters Will Consider the Death with Dignity Act on November 6th.

Having come to Stanford from Massachusetts I well recall the feeling of being a member of a Commonwealth that was unique, sometimes singularly so. Although now ancient history, I recall having a bumper sticker on my car saying, “Don’t Blame Us – We are from Massachusetts” following the 1972 presidential election (can that really be 40 years ago!). And as we move to the upcoming election, it is of some interest that Massachusetts has been the testing ground for healthcare reform that one candidate offers as a model for the nation and the other seems to want to deny – or at least limit it to Massachusetts. While it won’t be the first state to do so (Oregon did so in 1990 and Washington in

2009), citizens of Massachusetts will vote on a ballot initiative called the “**Death with Dignity Act**” so that “*an adult Massachusetts resident who has the capacity to make health care decisions and who has been determined by his or her attending and consulting physician to be suffering from a terminal disease that will cause death within six months may obtain medication that the patient may self administer to end his or her life in a humane and dignified manner. It is further declared that the public welfare requires that such a process be entirely voluntary on the part of all participants, including the patient, his or her physicians, and any other health care provider or facility providing services or care to the patient.*”

The Death with Dignity Act is distinctly different from euthanasia or direct physician assisted death, such as is practiced in the Netherlands, Belgium and several other nations (see: “End-of-Life Practices in the Netherlands under the Euthanasia Act that was published in the New England Journal of Medicine in 2007 - <http://www.nejm.org/doi/full/10.1056/NEJMsa071143>). Julian Prokopetz and Lisa Soleymani Lehmann discussed this issue in an article entitled “*Redefining Physicians’ Role in Assisted Dying*” in the July 12, 2012 NEJM (see: <http://www.nejm.org/doi/full/10.1056/NEJMp1205283>). Of course there are strong views on all sides of this issue, one of which is provided by Marcia Angell, former Editor in Chief of the New England Journal of Medicine, in the October 11th issue of the New York Review of Books entitled “*May Doctors Help You to Die*” (see: <http://www.nybooks.com/articles/archives/2012/oct/11/may-doctors-help-you-die/>). As a physician and someone who has cared for many dying children with cancer and AIDS, I have opinions about these issues, but that is not the point of mentioning the ballot initiative in this newsletter. Simply it is to highlight that states are coming forward with initiatives to address the process of death and dying and importantly, this is a matter we should all understand better and about which we should form our own opinions.. But at least a dialogue is underway – even if still nascent.

Opening of the Stanford Women’s Cancer Center

On Thursday, September 27th we celebrated the official opening of the Stanford Women’s Cancer Center. This new Center, led and championed by Dr. Jonathan Berek, the Laurie Kraus Labov Professor and Chair of the Department of Obstetrics and Gynecology, was made possible through the dedicated efforts and commitments from Under One Umbrella. In addition to the incredible gifts from Laurie Labov and Jill and John Freidenrich, Under One Umbrella, representing a group of community leaders and volunteers, has worked tirelessly since 2009 to bring the Women’s Cancer Center to reality. Special thanks go to the Under One Umbrella leaders, including Deborah Berek, Fan Codisoti, Jill Freidenrich, Lanie Garrick, Jillian Manus, Lisa Schatz and Diane Taube. Numerous other members of the community have contributed their time, dedication and resources – for which we are enormously grateful. We also want to thank the partnership, support and contributions from the leadership of Stanford Hospital & Clinics (SHC), particularly Amir Rubin, President and CEO of SHC, and the wonderful support from Sridhar Seshadri, Vice President, Clinical Cancer Center and Cardiovascular Health.

The Women's Cancer Center provides a caring home facility for women facing the serious challenges of breast and gynecologic cancer. It also serves as important symbol to the community that Stanford Medicine cares deeply about the care of women.

Thanking CJ Huang and Family

On Thursday, October 4th we had the opportunity to thank CJ Huang and his family for the extraordinary gifts and support they have provided to Stanford over many years. Because of this support Stanford was able to launch the Asian Liver Center in the 1990s that has been so ably led by Dr. Sam So, the Lui Hac Minh Professor in the Department of Surgery. In November 2010, the Haungs pledged funding that will enable the construction of the CJ Huang Center that will be located at 780 Welch Road. Construction of this new facility, which will house the Asian Liver Center and other programs related to clinical and translational research, will begin in several months. We are deeply grateful to CJ Huang and his family and were so pleased to honor and celebrate his incredible contributions to Stanford.

Dean's Medal Celebration

On Saturday evening, October 13th, we had the wonderful opportunity to award and celebrate the 2012 winners of the Stanford University School of Medicine Dean's Medal. This is the highest honor that the medical school bestows and it was truly an honor to recognize the extraordinary contributions of this years Dean's Medal Awardees (see: <http://med.stanford.edu/ism/2012/october/medal-1008.html>).

The recipients of the 2012 Dean's Medal offer new depth to our understanding of how science shapes humanity and why Stanford Medicine unites medicine with compassion and communities, locally and globally.

The work of **Dr. Lucy Shapiro**, the Virginia and DK Ludwig Professor, Department of Developmental Biology, exemplifies an artist's exploration of life – how its basic elements are formed and assembled, how they interconnect, take shape and function in multiple domains and dimensions. Her work is a testament to the beauty of basic science and how discovery can lead to insights in the human condition.

The many contributions of **Dr. Sarah Donaldson**, the Catharine and Howard Avery Professor, show how fundamental physical energies can change the lives of children with cancer through discovery and compassion that has been extended to communities worldwide.

The Baxter Foundation has not only provided seminal funding for innovative research at Stanford, but has also provided the human presence of its Trustees, who have become a beacon of hope and opportunity for students and faculty for more than five decades.

Anna Deveare Smith is an artist and playwright (and former Stanford faculty member) who has connected the lives of individuals from different walks of life to give new voice and meaning to some of society's and medicine's most pressing dilemmas –by connecting sobering facts with compassion, humanity and deep insight.

While each of our 2012 Dean's Medal winners has had different and discrete life journeys, they share in common a passion and commitment to science, medicine, compassion and humanism – and to making the world a better place. Please join me in congratulating this year's recipients of the 2012 Dean's Medal.

Upcoming Events

Oral Cancer Screening at Stanford - FREE

Saturday, October 20

8 a.m. - 12 p.m.

Stanford's Adult ENT Clinic, 1st floor
801 Welch Road, Palo Alto

If you use alcohol or tobacco or lack dental care, you may be at risk for oral cancer. Come to our Oral Cancer Screening Clinic to be examined by Stanford doctors and learn more about oral cancer prevention and detection. Screening is quick and painless, and resources for tobacco cessation and low-cost dental care will be available.

For more information, call (650) 427-9777 or email oralcancer@stanford.edu.

Seminar – iPS Technology and its Potentials for Future Medicine

Tuesday, October 23

10 a.m. – 11 a.m.

Clark Center Auditorium

You are invited to hear Hiromitsu Nakauchi, MD, PhD, Director of the Centre for Stem Cell Biology and Regenerative Medicine at the University of Tokyo, speak about how iPS technologies will affect medicine in the future.

Four School of Medicine Faculty Are Elected to the Institute of Medicine (IOM)

On October 15th, the Institute of Medicine announced the 70 individuals who have been elected to the 2012 class. Election to the IOM of the National Academy of Sciences “is considered one of the highest honors in the fields of health and medicine and recognizes individuals who have demonstrated outstanding professional achievement and commitment to service”. This year's newly elected Stanford faculty IOM members are:

- ***Dr. Lloyd Minor***, Dean Designate, Stanford University School of Medicine
- ***Dr. Stephen Quake***, Investigator, Howard Hughes Medical Institute; and Lee Otterson Professor and professor of bioengineering and applied physics, department of applied physics
- ***Dr. David Spiegel***, Jack, Samuel and Lulu Willson Professor and Associate Chair, Department of Psychiatry

- **Dr. David Stevenson**, Dean and Senior Associate Dean for Academic Affairs, and the Harold K. Faber Professor of Pediatrics and Professor, by courtesy, of Obstetrics and Gynecology

Honors and Awards

- **Dr. Russ Altman**, Professor of Bioengineering, Medicine and Genetics, has been appointed to two major national leadership positions. He is now President-Elect of the American Society for Clinical Pharmacology and Therapeutics and will assume the role of President of ASCPT beginning in March 2013. Dr. Altman was also appointed Chair of the Science Board to the US Food and Drug Administration. In addition, Dr. Altman has just been appointed as the first Kenneth Fong Professor in the School of Engineering. The professorship carries with it a preference for faculty whose academic focus is at the intersection of engineering and medicine. Congratulations to Dr. Altman!
- **Dr. Ellen Yeh**, Acting Assistant Professor in Pathology, has been selected for a 2012 Career Award for Medical Scientists (CAMS) by the Burroughs Wellcome Fund (BWF). She is one of ten recipients chosen from 124 applicants from top research universities to receive this very competitive award, which honors her personal accomplishment and the scholarly environment at Stanford. Congratulations, Dr. Yeh.

Appointments and Promotions

Todd F. Atwood has been promoted to Clinical Assistant Professor of Radiation Oncology, effective 10/1/2012

James T. Badger has been reappointed to Clinical Assistant Professor of Surgery, effective 10/1/2012

Dipanjan Banerjee has been promoted to Clinical Assistant Professor of Medicine, effective 10/1/2012

Joy Brown has been promoted to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 10/1/2012

David R. Chen has been appointed to Clinical Assistant Professor (Affiliated) of Neurology & Neurological Sciences, effective 8/1/2012

S. Charles Cho has been promoted to Clinical Professor of Neurology & Neurological Sciences, and by courtesy Neurosurgery, effective 12/1/2012

Cheryl Cho-Phan has been reappointed to Clinical Assistant Professor of Medicine, effective 9/1/2012

Theodore Chu has been promoted to Adjunct Clinical Assistant Professor of Otolaryngology-Head and Neck Surgery, effective February 1, 2013

Todd Dray has been promoted to Clinical Associate Professor (Affiliated) of Otolaryngology – Head & Neck Surgery, effective 10/1/2012

Jeffrey C. Faig has been promoted to Clinical Professor of Obstetrics and Gynecology, effective 1/1/2013

Jennifer Kaci Fairchild has been promoted to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 10/1/2012

Jonathan D. Feldman has been promoted to Clinical Professor (Affiliated) of Pediatrics, effective 11/1/2012

Anthony L. Filly has been appointed as Adjunct Clinical Assistant Professor of Radiology, effective October 1, 2012

Jennifer D. Frankovich has been promoted to Clinical Assistant Professor of Pediatrics, effective 10/1/2012

Carlos Greaves has been reappointed to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 9/1/2012

Alan Greene has been appointed as Adjunct Clinical Professor of Pediatrics, effective September 1, 2012

Meghan N. Imrie has been reappointed to Clinical Assistant Professor of Orthopaedic Surgery, effective 9/1/2012

Aarif Y. Khakoo has been appointed as Adjunct Clinical Associate Professor of Medicine, effective November 1, 2012

Elizabeth Koehler has been promoted to Clinical Assistant Professor of Medicine, effective 11/1/2012

Amy Kunihiro has been promoted to Clinical Assistant Professor of Surgery, effective 10/1/2012

Truc M. Le has been promoted to Clinical Assistant Professor of Pediatrics, effective 10/1/2012

Charles Lin has been appointed to Clinical Assistant Professor of Ophthalmology,

effective 10/1/2012

Peter T. Lin has been appointed to Clinical Assistant Professor (Affiliated) of Neurology & Neurological Sciences, effective 8/1/2012

Amardeep K. Mann has been appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 6/1/2012

Ann L. Marqueling has been appointed to Clinical Assistant Professor of Dermatology and of Pediatrics, effective 10/1/2012

Halan Matles has been promoted to Adjunct Clinical Assistant Professor of Medicine, effective November 1, 2012

Martha J. Morrell has been reappointed to Clinical Professor of Neurology & Neurological Sciences, and by courtesy Neurosurgery, effective 2/1/2013

Hemalatha Narra has been appointed to Clinical Assistant Professor (Affiliated) of Neurology & Neurological Sciences, effective 8/1/2012

Periklis Panousis has been reappointed to Clinical Assistant Professor of Anesthesia, effective 4/1/2013

Ravi Prasad has been promoted to Clinical Associate Professor of Anesthesia, effective 10/1/2012

Nilima Ragavan has been promoted to Clinical Associate Professor of Pediatrics, effective 11/1/2012

Arun Rangaswami has been reappointed to Clinical Associate Professor of Pediatrics, effective 2/1/2012

Ella Reznik has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 11/1/2012

Katherine Sanborn has been reappointed to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 10/1/2012

Kimberly Genise Shepard has been reappointed to Clinical Assistant Professor (Affiliated) of Otolaryngology – Head & Neck Surgery, effective 10/1/2012

Eva Van Leer has been appointed to Clinical Assistant Professor of Otolaryngology – Head & Neck Surgery, effective 10/1/2012

Brian Yim Young has been appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 6/1/2012

The Dean's Newsletter: November 5, 2012

This is My Penultimate Newsletter

Following this more traditional Dean's Newsletter I will have one more to share a bit later in November. Beginning on my first official day at Stanford (April 2, 2001), I have tried to keep you abreast of various actions, undertakings, issues and challenges that have affected Stanford Medicine and beyond. Admittedly we have shared a lot of words together - in fact, over 3,000 pages worth according to David Haray, Vice President, Patient and Financial Services at Stanford Hospital & Clinics, who has tabulated the bits of information in the Newsletters over the past nearly 12 years.

I deeply believe that keeping our broad and diverse community aware and informed about the issues transpiring at Stanford Medicine is important as a way to building a sense of engagement and involvement in each of interrelated missions, goals and objectives. With that in mind, within the next weeks I will have shared 264 issues of the Dean's Newsletter with you (about 22 issues per year) that have chronicled day-to-day events impacting our community, important issues in medicine, science, education, health care as I saw them, and many other relevant issues. I made the decision to compose these issues myself (including typing them) but to benefit from very helpful format and style checks by Kathy Gillam, Senior Advisor to the Dean. I thank Kathy for that heroic work, which she has often done on Sunday evenings with the assistance of one or more lattes - depending on the size and scope of the DNL.

I also made the decision to "push" the newsletters to you broadly - students, trainees, faculty, staff and others - in the belief that you had the choice of reading them or not. However, because all the Newsletters are also archived and easily accessible (see: <http://deansnewsletter.stanford.edu/archive/>), they have offered me - and others - the opportunity to check issues, facts and events that occurred weeks - or years ago - and review them in a reasonably objective fashion. That said, I readily acknowledge that the Dean's Newsletters are unabashedly written in my own voice (not infrequently in the first person) and reflect my biases, beliefs and positions - something I also felt I wished to share with you. Needless to say, some of those beliefs, positions and decisions have been sustained and others not. Some positions were widely agreed to - and others not. But that is part of the leadership journey as well and is also how life unfolds - for individuals and institutions.

I have also received considerable feedback from readers of the DNL over the years - including individuals who are not even at Stanford. There is no denying that preparing these Newsletters has taken a lot of my personal time - often done on Saturdays, during travel or in other spare moments. Of course if I totaled up the number of hours I have spent composing and writing the Newsletters (at least 1,500 hours) that could be seen as an astounding number. Some might say it was a waste of my time - but I have viewed it as

one of my priorities and privileges, the opportunity to engage you in conversations on the developments, issues and the very evolution of Stanford Medicine. This will be the last DNL in the format of its 262 predecessors, and while I must admit that not having to build in time to compose and write future issues also brings a sense of relief and personal closure, it has been an honor and privilege to have shared more than 1.2 million words with you - and to share our individual and collective journey through this chapter in Stanford Medicine.

The Issue of Information Technology Security, Privacy and Personal Health Information

Since the initial passage of the Health Insurance Portability and Accountability Act of 1996 (HIPPA), data security and patient privacy have become major sources of concern and risk for individuals and institutions. These risks have increased with greater access to patient information (including through the Electronic Medical Record) and, increasingly, because of the risk of Protected Health Information (PHI) or other Restricted or Prohibited Data being stored on individual computers - which have increasingly shifted to laptops and other mobile devices. We now live in a world in which all of us (especially at institutions like Stanford) have multiple devices (computers, smartphones, tablets, memory sticks, etc.) for information storage. Most of the devices we use at work have been purchased through Stanford - but many individuals have personal devices, including those they have purchased themselves, which are also used to store information and communicate with colleagues at Stanford and well beyond. Given the complexity of these issues, Stanford University has clear policies on Health Information Privacy and Security (see: <http://hipaa.stanford.edu/policy.html>).

There are, of course a range of risks, the most stringent of which relate to breaches of patient privacy. Such breaches can occur within an institution and medical center by unauthorized access to patient information or by loss of a device (computer, mobile device or other) that potentially has PHI or Restricted or Prohibited Data on it. Unless those devices have been protected by encryption, when loss or theft occurs of a device that potentially contains PHI or Restricted Data, the episode is reportable, carries potentially significant fines and enormous individual and institutional risk - both reputational, financial, legal and operational. As you likely know, there have been some major infractions of HIPPA security at many major institutions - to which Stanford is not immune.

These privacy breaches violate a fundamental trust of our patients and research subjects, and the risk to their privacy and to their trust is a major concern, and one that raises this protection of such information to a higher level.

Managing information security is an enormous challenge, given the great number of devices that now exist - likely more than 10,000 in the School of Medicine alone. The School of Medicine, Stanford University Medical Center and Stanford University have been grappling with these issues and risks, which are heightened whenever a device is lost or stolen and especially if that device potentially contains PHI or Restricted Data and the device has not been secured or encrypted.

Over the past several weeks the School of Medicine Office of Information Resources and Technology in conjunction with Stanford University's Office of the General Counsel have been exploring better ways of protecting PHI and Restricted Data in a reliable and safe way - one protects patients, faculty, data and the institution. This is a topic about which I have communicated frequently - but which has gained considerable attention in the last weeks. The results of these discussions are a work in progress and have benefited from input from faculty as well as input and reactions from institutional leaders across the Medical Center and University. While they will evolve further over the next months based on input from both research and clinical faculty, a reasoned rendition of where we are as of November 5, 2012 follows:

The School of Medicine Data Security Policy **mandates** enterprise backup and encryption of all computers and mobile devices used for Stanford business by faculty, staff, residents, fellows and students, **if the device might store or access Protected Health Information (PHI) or other Restricted or Prohibited Data**. This requirement applies to both Stanford-owned and personally owned equipment.

The School also **strongly encourages** and supports backup and encryption of all computers, tablets, smartphones and storage devices used to support our community's work at Stanford even if the devices do not store or access Restricted Data, including PHI. This is not however mandatory.

All faculty, staff, students, residents and fellows are required to complete an attestation process declaring their access to PHI and other Restricted or Prohibited Data and attesting that their computers and mobile devices are compliant with this policy.

Mobile Device Management technology (MDM) automatically enables encryption and strong password protection on mobile devices as well as supporting the ability to remotely erase a device if it is lost or stolen. Given the particular risk of loss or theft of smartphones and tablet computers, and the requirement to investigate each loss when the device is not encrypted, **the School of Medicine requires that MDM be installed on all Stanford-owned and personally owned devices for which we have a satisfactory MDM solution**. Currently the School and University provide MDM for iPhones and iPads and hope to have effective MDM solutions for other mobile platforms in the coming months. Mobile devices, such as smartphones and tablets, that might store or access Protected Health Information (PHI) or other restricted data, must have MDM installed. If MDM is not available for a device it must not be used to store or access Protected Health Information (PHI) or other restricted data. Policies will be applied to all mobile devices when appropriate MDM solutions are finalized.

Additional background information, guidelines and fact checks can be found on the IRT information website (see: <http://med.stanford.edu/datasecurity/>). Additional information about data security issues that are relevant to those doing international travel can be

found

at: <https://www.stanford.edu/group/security/securecomputing/stanfordonly/travel.html>

We fully recognize that the issues of data security, computer backup, encryption and related topics evoke many responses and reactions. At this juncture it should be clear that the School of Medicine policies require an attestation regarding whether one's computers or devices might contain PHI or Restricted Data. The process of gathering that information is underway and will be completed in early December. Those computers or devices that might contain PHI or Restricted Data will require backup and encryption. Policies related to computers that do not contain PHI and Restricted Data will be further formulated over the months ahead.

The Transformation of Health Care and the Workforce of the Future

It is hard to not be mindful, even if only briefly, that this issue of the Dean's Newsletter will be posted on the eve of the Presidential Election at a time when the future of health and healthcare have such importance and impact to our nation and the world. Beyond the rhetoric of the debates are the substantive matters of what will happen to the still nascent efforts in healthcare reform - and the impact that political and economic forces will have on the future healthcare in the US and beyond. At a superficial but still informative level, the healthcare plans of President Barack Obama and Governor Mitt Romney were shared in side-by-side Perspectives

(see: <http://www.nejm.org/doi/full/10.1056/NEJMp1211514> and <http://www.nejm.org/doi/full/10.1056/NEJMp1211516>) along with an analysis by Robert Blendon, John Benson and Amanda Brule about "*Understanding Health Care in the 2012 Election*" in the New England Journal of Medicine (see: October 25th issue <http://www.nejm.org/doi/full/10.1056/NEJMp1211516>).

While some of these issues will be past tense in a relative way following the November 6th election, the impact on the health profession, including education in the health professions and our entire healthcare environment, will unfold over the next decade and more. "Transforming Health Professions Education; Creating a Health Workforce for the 21st Century" was the theme of the Annual Meeting of the Institute of Medicine on October 15th, which I helped plan and chair. Given the length of training and the slow pace of change, it is clear that many of the forces that will guide healthcare even a decade from now are already unleashed. But to all it seems clear that medicine of the future will require new teams of providers who will need to work much more effectively across interdisciplinary boundaries, using technology as a medium for healthcare delivery but not losing sight of the social and value contract with patients and providers.

The shift of focus from disease to health has important implications for where care is delivered and who is responsible for delivering and coordinating it. The traditional hierarchical model of healthcare will change - but will be influenced by the increasing need to also provide care of the growing population of individuals with chronic disease, many of whom will be more elderly and urban dwelling. There seems little doubt that revised payment systems will guide some of these changes, with significant implications for physicians, hospitals and other providers. Indeed it is highly plausible that there will

be continued challenges to the "scope of care" and how much is provided by doctors, nurses, pharmacists, mental health care workers and others.

The obvious implications of these changes on professional education - its content, length and expectations, among other factors - will also unfold. At the same time, it is clear that if progress is to be made we cannot lose sight of innovation and discovery, basic and applied, and the opportunities to better utilize new technologies to add to the value proposition rather than just increasing costs. While there is no question about the power of biology in better defining the risk for disease, this must be coupled with the reality that the actual expression of illness has more to do with social, psychological and environmental forces than with risk *per se*. Preparing future generations of healthcare providers to more proactively address these challenges will be essential - and certainly a place where academic centers, including Stanford, will play an important role.

Clearly exciting times ahead, including the impact of the presidential election on November 6th!

Transition in Leadership and Farewell to Dr. Bobby Robbins

On Wednesday, October 31st, we had a celebration to honor Dr. Bobby Robbins, who leaves Stanford to begin his new role as the CEO of the Texas Medical Center on November 5th (see: <http://med.stanford.edu/ism/2012/september/robbins-0907.html>). Dr. Robbins has been an exceptional faculty member and leader at Stanford for more than two decades, and he has made an indelible mark on students, trainees, staff, faculty, colleagues and our community. At the ceremony honoring Dr. Robbins, important perspectives about Bobby's multifaceted contributions were shared by Dr. Bruce Reitz, Norman E Shumway Professor, Emeritus and Past Chair of the Department of Cardiothoracic Surgery; Dr. Alan Yeung, the Li Ka Shing Professor and Chief of the Division of Cardiology; Dr. Amir Rubin, President and CEO of Stanford Hospital & Clinics; Dr. Joe Wu, Associate Professor of Medicine and of Radiology and Member of the Stanford Cardiovascular Institute; and Dr. Lloyd Minor, who becomes Dean of the School of Medicine on December 1, 2012. They and many others offered their tributes, accolades and appreciation to Dr. Robbins.

I am also pleased to announce that Dr. Phil Oyer, the Roy B. Cohn-Theodore A. Falasco Professor of Cardiothoracic Surgery, has agreed to serve as the Interim Chair of the Department until Dr. Robbins' successor is found. We are grateful and appreciative for Dr. Oyer's important leadership during this time of transition. To that regard, on October 27th, Dr. Lloyd Minor charged the search committee to begin its important work on finding Dr. Robbins' successor as department chair.

Celebration of Art in the Li Ka Shing Center for Learning and Knowledge

Art lifts our spirits and brings meaning, reflection and dignity to our lives and environment. Since its opening, the Li Ka Shing Center for Learning and Knowledge has benefitted from art, much of it thanks to the wonderful gifts and dedication of Helen and Peter Bing. An additional and wonderful feature of the artwork in the LKSC has been the selections chosen by the School of Medicine Committee on Art. The first collection included paintings, sculpture and photography from School of Medicine faculty. On

October 30th, the Art Committee celebrated new art pieces that are housed on the first three floors of the LKSC and that represent the work of our broader School of Medicine Community. Among the wonderful new art pieces are the work of medical student Tessa Lohung, faculty member Dr. Al Spivack, staff member Roxanne Blackwood and Stanford Medicine family member Lea Feinstein. These wonderful new additions will remain on exhibition through April 2013. I invite you to take a tour of these new artistic expressions.

I also want to thank our School of Medicine Committee on Art that is chaired by Dr. Ralph Greco, Johnson and Johnson Professor of Surgery, along with Dr. Paul Berg, Robert W. and Vivian K. Cahill Professor of Cancer Research, Emeritus; Sabrina Buell (Consultant); Niraj Dangoria, Associate Dean, Facilities Planning and Management; Hilarie Faberman, Curator, Cantor Art Museum; Dr. Peter Koltai, Professor of Otolaryngology; Dr. Daria Mochly-Rosen, Senior Associate Dean for Research and Training in the School of Medicine and the George D. Smith Professor in Translational Medicine; Jon Pierucci, Senior Director of Development Operations; Maggie Saunders, Education Project/Program Planner; Traudi Sedelmayr, Conference Center Retail Services Manager; Dr. Audrey Shafer, Professor of Anesthesia at the Palo Alto Veterans Affairs Health Care System; Chris Shay, Facilities Engineer and Dr. Sakti Srivastava, Associate Professor (Teaching) of Surgery.

School of Humanities and Sciences Announces the Stanford Center for Computational, Evolutionary and Human Genomics

With the support of Dean Designate Dr. Lloyd Minor, Dean of Research Ann Arvin and the Provost and President, Richard Saller, the Dean of the School of Humanities and Sciences, has approved the creation of a new center called the Stanford Center for Computational, Evolutionary and Human Genomics. The Co-Directors of the new center are Dr. Marcus Feldman, the Burnet C. and Mildred Finley Wohlford Professor in the Department of Biology, and Dr. Carlos Bustamante, Professor of Genetics (in the School of Medicine) and, by courtesy, of Biology.

Celebration of Dr. Suzanne Pfeffer as the Emma Pfeiffer Merner Professor

On November 1st we celebrated the appointment of Dr. Susan Pfeffer as the new holder of the Emma Pfeiffer Merner Professorship in the Medical Sciences. The Merner Professorship is one of the oldest in the School of Medicine and was first held by Dr. Arthur Kornberg, founding Chair of the Department of Biochemistry at Stanford and Nobel Laureate in Medicine or Physiology. As the Merner Professor, Dr. Kornberg's contributions to medicine, science and Stanford have been nonpareil. When he became the Emma Pfeiffer Merner Professor Emeritus, the next incumbent of the Merner Professorship was Dr. Gary Glazer. Dr. Glazer's pioneering efforts provided the foundations for the department of Radiology at Stanford and for imaging sciences worldwide.

With the wonderful support from the Gustavus and Louise Pfeiffer Research Foundation we are now honored to have Dr. Suzanne Pfeffer as the third incumbent of this distinguished professorship. Dr. Pfeffer is an extraordinarily distinguished scientist, educator and leader, at Stanford and globally. She brings wonderful distinction to the

Merner Professorship and I hope you will join me in congratulating her for this new honor.

Celebration of the Professorship Honoring Dr. Harry Oberhelman and Mark Welton

On November 8th a celebration will be held to honor the announcement of the Harry A Oberhelman Professorship and the investiture of Dr. Mark Welton as its inaugural holder. The wonderful opportunity to honor Dr. Oberhelman, a much beloved surgeon and remarkable individual, by the creation of a professorship in his name has been made possible by a wonderful gift from Ed and Liliane Schneider, along with support from the Department of Surgery, thanks to the efforts of Dr. Tom Krummel, the Emile Holman Professor and Chair of Surgery. Dr. Oberhelman served on the Stanford faculty for more than five decades and his impact on the lives of patients, faculty and students has been extraordinary. It is also a great privilege to honor Dr. Mark Welton as the inaugural incumbent of the Oberhelman Professorship based on his exceptional contributions to surgery and academic leadership.

Please join me in congratulating Drs. Harry Oberhelman and Mark Welton.

Oral Cancer Screening Day

The Department of Otolaryngology held its first annual Stanford Oral Cancer Screening Day on October 20th at 801 Welch Rd with great success. Free oral cavity exams were provided by medical students, residents, faculty, and physician assistants. Over 120 underserved patients were screened throughout the morning, traveling from areas ranging from San Francisco, to the East Bay, to Santa Clara and San Mateo counties.

Approximately 10% had some finding that called for follow up, and one (almost certain) malignancy was discovered. This high prevalence of suspicious lesions speaks to how well announcements and advertising were delivered to the appropriate communities. The department intends to continue this fantastic program in the years to come.

Special thanks to faculty advisor Dr. John Sunwoo and department chair Dr. Robert Jackler for their enthusiasm and generous support. The event was organized by two third year medical students, Cristen Olds and Frank Chen. The event would not have been possible without the logistical support provided by Karen Pendley (assistant clinic manager), Asha Viswanathan (clinic manager), and Erika Shimahara (academic research and programs officer). Special thanks to otolaryngology residents Paula Borges and Gabriel Tsao, as well as Chafeek Tomeh (clinical instructor of the head and neck surgery program), Dr. Gary Roberts (Stanford dental program), and the Stanford Stop Smoking Program, all of whom volunteered their time to staff the event. Finally, Linda Apeles, manager of media relations at SHC, and Sara Wykes, staff writer of the communications office, were crucial to the event's success.

Holiday Food and Toy Drive Sponsored by Dean's Office

The Dean's Office is conducting a food drive to benefit Second Harvest Food Bank of Santa Clara and San Mateo Counties. By participating we have the opportunity to assist those in our community who are struggling to make ends meet and ensure that no child, family or senior goes hungry. Please join us in this effort to feed our neighbors who, each

month, have to decide between paying for rent, utilities, or medicine and providing food for their loved ones. Through your generosity we can help feed the nearly one quarter of a million people that Second Harvest Food Bank of Santa Clara and San Mateo Counties assists each month.

Food donations may be dropped off in the barrels located at LKSC - 1st floor and the Dean's Office, LKSC, 3rd floor. Please note the most needed food items:

- Meals in a can (stew, chili, and soup)
- Peanut butter
- Cans with pop top lids
- 100% fruit juices
- Canned fruit
- Canned vegetables
- Tuna/canned meat
- Low-sugar cereal

In addition, the Dean's Office will also be collecting donations for children who will be inpatients at the Lucile Packard Children's Hospital during the holidays. We are sensitive to the many celebrations at this time of year, and will work with the Office of Child and Family Life Services and the various chaplains to ensure that all children are recognized. Your gift of a new toy, clothing item, or craft supplies will go a long way towards brightening a child's hospital stay.

The gifts have to be brand new and unwrapped. The greatest need is donations for preemies, infants, and adolescents. Donations will be collected in the Dean's Office and the main lobby of the LKSC by the receptionist's desk between November 26th and December 14th. A donation "Wish List" will be available at these collection sites.

Thank you in advance for your participation!

Appointments and Promotions

- **Justin Annes** has been appointed to Assistant Professor of Medicine, effective 10/01/2012.
Profile: https://med.stanford.edu/profiles/Justin_Annes/
- **Shiva Avari** has been appointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 11/1/2012
- **Michael Bellino** has been reappointed to Clinical Associate Professor of Orthopaedic Surgery, effective 11/1/2012
Profile: https://med.stanford.edu/profiles/Michael_Bellino/
- **Latanya Benjamin** has been reappointed to Clinical Assistant Professor of Dermatology and of Pediatrics, effective 9/1/2012
Profile: https://med.stanford.edu/profiles/Latanya_Benjamin/
- **Sarah M. Carey** has been appointed to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 12/1/2012
- **Jin H. Chang-Yu** has been appointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 11/1/2012

- **Frederick Chin** has been appointed to Assistant Professor (Research) of Radiology effective 2/01/2013.
Profile: https://med.stanford.edu/profiles/Frederick_Chin/
- **Stephen Fisk** has been reappointed to Clinical Professor (Affiliated) of Anesthesia for the period September 1, 2012 through August 31, 2017
- **Matthew J. Garabedian** has been appointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 11/1/2012
- **Jack Yu Jen Huang** has been appointed to Clinical Assistant Professor of Obstetrics and Gynecology, effective 11/1/2012
- **Daniel Katzenberg** has been appointed to Clinical Assistant Professor (Affiliated) of Neurology & Neurological Sciences, effective 11/1/2012
- **Bruce S. Linenberg** has been promoted to Clinical Associate Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 11/1/2012
- **Anne Yee Liu** has been appointed to Clinical Assistant Professor of Pediatrics and of Medicine, effective 11/1/2012
- **Daphne Ly** has been reappointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 9/1/2012
- **Birgit Maass** has been reappointed to Clinical Assistant Professor of Anesthesia, effective 5/1/2013
Profile: https://med.stanford.edu/profiles/Birgit_Maass/
- **Denise Monack** has been promoted to Associate Professor of Microbiology and Immunology, effective 10/01/2012.
Profile: https://med.stanford.edu/profiles/Denise_Monack/
- **Dung Nguyen** has been appointed to Clinical Assistant Professor of Surgery, effective 11/1/2012
- **Neda Pakdaman** has been promoted to Clinical Assistant Professor of Medicine, effective 11/1/2012
Profile: https://med.stanford.edu/profiles/Neda_Pakdaman/
- **Phillips Perera** has been promoted to Clinical Associate Professor of Surgery, effective 10/16/2012
Profile: https://med.stanford.edu/profiles/Phillips_Perera/
- **Elizabeth Price** has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 11/1/2012
- **Tohru Sato** has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 7/1/2012
- **Neil Schwartz** has been promoted to Clinical Associate Professor of Neurology & Neurological Sciences, effective 1/1/2013
Profile: https://med.stanford.edu/profiles/Neil_Schwartz/
- **Aimee Shu** has been appointed to Clinical Assistant Professor of Medicine, effective 11/1/2012
- **Laura Tarter** has been appointed to Clinical Assistant Professor of Medicine, effective 11/1/2012
- **Tessa Walters** has been promoted to Clinical Assistant Professor (Affiliated) of Anesthesia, effective 11/1/2012

- **Katherine Warner** has been reappointed to Clinical Assistant Professor of Ophthalmology, effective 4/1/2012
Profile: https://med.stanford.edu/profiles/Katherine_Warner/
- **Wolfgang Winkelmayer** has been reappointed to Associate Professor of Medicine, effective 10/01/2012.
Profile: https://med.stanford.edu/profiles/Wolfgang_Winkelmayer/
- **Joy Wu** has been appointed to Assistant Professor of Medicine, effective 10/01/2012.
Profile: https://med.stanford.edu/profiles/Joy_Wu/
- **Jennifer Young** has been promoted to Clinical Assistant Professor of Medicine, effective 11/1/2012
Profile: https://med.stanford.edu/profiles/Jennifer_Young/

Dean's Newsletter November 19, 2012

Thank You

I will be brief, which I fully recognize is at variance with my previous 263 *Dean's Newsletters*. Since I accepted the invitation of President John Hennessy to join the Stanford community as Dean of the School of Medicine in December 2000 through now, I have had the privilege of working with thousands of students, faculty and staff on behalf of Stanford Medicine. Through our shared goal in achieving the decade-long strategic plan *Translating Discoveries*, we have witnessed the continued evolution of excellence in our missions in education, research and patient care that have been aimed to better serve our communities, locally and globally. Today Stanford Medicine stands proudly as one of the very best academic medical centers in the world – thanks largely to your efforts. Of course the journey has had its debates, its ups and downs, its champions and detractors, its leaders and followers. While I recognize that I have sometimes been a lightning rod for change, I have always tried to put the future of Stanford Medicine first and foremost.

More importantly, you have been the source of illumination and luminescence. Along the journey I have done my best to create connections between students, faculty and staff across the medical school, medical center, university and community. Today we stand more united and unified in our commitment to discovery, innovation and to doing all we can to make Stanford Medicine a model of excellence for our community, the nation and beyond. Of course this is a journey that will continue long into the future and I am honored to have served with you for one small set of time points. This month is an ending for me personally but a beginning for the leadership Dr. Lloyd Minor will bring to Stanford in the years ahead. It is also a continuum that has its deep foundations in the outstanding contributions that each of you brings to Stanford.

I wish you and your families a very happy holiday season and look forward to Stanford's continued excellence into the future. Thank you very much and very best wishes to all.